Effects of COVID-19 Pandemic on Access and Delivery of Reproductive Health Services in Some Health Units in Cameroon's Capital City, Yaounde

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ABSTRACT

The COVID-19 pandemic brought major challenges to the capacity of health systems which had continue the delivery of essential health services including reproductive health care while at the same tackling it. The purpose of this study is to assess and document the effects of the COIVID-19 pandemic on access and use of sexual and reproductive health services in some health units in Cameroon's capital city, Yaoundé. This is done by comparing the recorded number of pre-COVID-19 and during COVID reproductive health service visits. Interviews of reproductive service providers and were carried out in order to find out the new difficulties faced in accessing and delivering SRH services during the COVID-19 pandemic. Using data from registers of clients seeking reproductive health services, this study found a significant reduction in the number of reproductive health service clients after one year of COVID-19. This reduction was more pronounced in private than public health units. Clients mentioned fears of contamination, reduction in the quality of services and fear of being tested for COVID-19 as some of the reasons for this situation. Faced with this situation, some health personnel tried to develop distant consultations techniques using telephones and the internet but unfortunately this did not work well. There is need to draw lessons from the weaknesses of providing reproductive health services during this pandemic period in order to avoid their re-occurrence during future pandemics.

Keywords: COVID-19, sexual and reproductive health, Family planning, health personnel

INTRODUCTION

The novel coronavirus (SARS-CoV-2) that causes COVID-19 t and was declared by WHO as a global pandemic on the 11th of March, 2020 has come to place enormous strains on health systems worldwide. Its sudden outbreak has greatly negatively impacted health services causing the collapse of others including sexual and reproductive health especially in Developing Countries. The key challenge of every health system with the outbreak of this pandemic is how to maintain a balance between responding to this new health crisis while maintaining essential health services including sex and reproductive health systems.

Unfortunately, the coming of COVID-19 has been reported to have shifted emphasis from other health concerns to tackling this new emergence. This has significantly disrupted the delivery of essential health services including sexual and reproductive health services. Key sexual and reproductive health services negatively impacted by the new shift of attention to the COVID-19 pandemic are services such as family planning (FP), contraception, comprehension safe abortion care, post abortion care, pre-and post-natal care, HIV/AIDS and other sexually transmitted diseases, counselling, maternal and child care services (CDC, 2020). In the face of the COIVID-19 pandemic, routine essential sexual and reproductive health services are being deprioritized with potentially devastating impacts. This transfer of resources towards fighting the pandemic

can lead a shutdown of health services which are not deemed necessary, limited provision of family planning commodities, etc.

Other challenges to the provision of sexual and reproductive health services within the COVID-19 context include fear of patients contracting COVID-19 during visits to health facilities, closure of services as some health facilities have been converted to COVID-19 isolation centres, inadequate information on the continued provision of essential sexual and reproductive health services, heavy workloads on existing health personnel. This is compounded by the limited capacity and investments to confront the challenges associated with containing the spread of COVID-19 and treating existing cases (Puri, M.C. and Stone, L., 2020).

The 2018, Cameroon Demographic and Health Survey shows that much still has to be done to meet the targets set by the 2020-2030 National Development Strategy and the Sustainable Development Goals in the domain of reproductive health. The ravaging COVID-19 and the shift of attention from other health concerns including sexual and reproductive health in a poor resource setting is surely going to make the bad situation worse. The objective of this study is to assess the continuity of the delivery of essential sexual and reproductive health services during the COVID-19 context.

Justification for the Study

It is now more a few years since the COVID-19 pandemic hit Cameroon and the world at large. It is important to examine the difficulties faced by this important component of Cameroon's health delivery system during this emergency period. COVID-19 might not be the last pandemic and it is necessary for us to come out with the lessons learnt that could be useful in case of another pandemic or its resurgence.

Objective

The general objective of this study is to examine the how emphasis on fighting on fighting the spread of the COVID-19 especially the accompanying lockdown due to the pandemic affected access to and u of reproductive health services in some health units in Cameroon's capital city, Yaoundé.

Method and Data

Data for this study was collected from through three methods:

-Firstly, registers of reproductive health services in the health units concerned were used to extract information on the number of pre-COVID-19 service clients (March 2019 to February, 2020) and the number of clients during the COVID-19 period (March 2020 to June 2021). Access these registers was not granted by all the health units covered by for this study.

-Secondly some heads of reproductive health services in the health units selected were interviewed. These interviews collected qualitative information on changes in access and utilisation of reproductive healthcare services due to the COVID-19 pandemic.

-Thirdly, clients for reproductive health services were interviewed in order to have their qualitative assessments on changes in access to and utilisation of reproductive services before and during COVID-19.

The following health units were purposefully selected. Their main selection criterion is the fact that they are among the biggest and most visited for sexual and reproductive health service needs in this city.

I Public health Units

Gynaecological, Obstetric and Paediatric Unit of the Yaoundé Reference Hospital with ten (10) clients and one official interviewed

-National Social Insurance Hospital with five (5) clients and one official interviewed

II Lay Private and Confessional Health Units

- Centre de Santé Bethesda with three (3) clients interviewed
- Centre de Santé Déo Gracias with 3 clients interviewed
- Centre de Santé CASS Nkoldongo with 1 official and five (5) clients interviewed
- Centre de Santé Sacré Coeur de Mesamendongo with 8 clients interviewed
- Centre de Santé Catholique Mont Camel with 4 clients interviewed.

Definition of concepts

Reproductive health

Reproductive health services include services regarding HIV/AIDS, breast cancer, infertility, hormone therapy, reassignment therapy, and abortion. In this study, focus is placed only on prenatal care and family planning. Other services are not considered due to the absence of information

Access to Reproductive Health Services

Access to reproductive health care services refers to the ability of individuals to timely obtain medical, surgical, counselling and referral services related to the human reproductive system safe, affordably, and without discrimination.

Utilization of Reproductive Health Services

This refers to how frequently individuals' access and use healthcare options such as family planning, STI testing and maternal care.

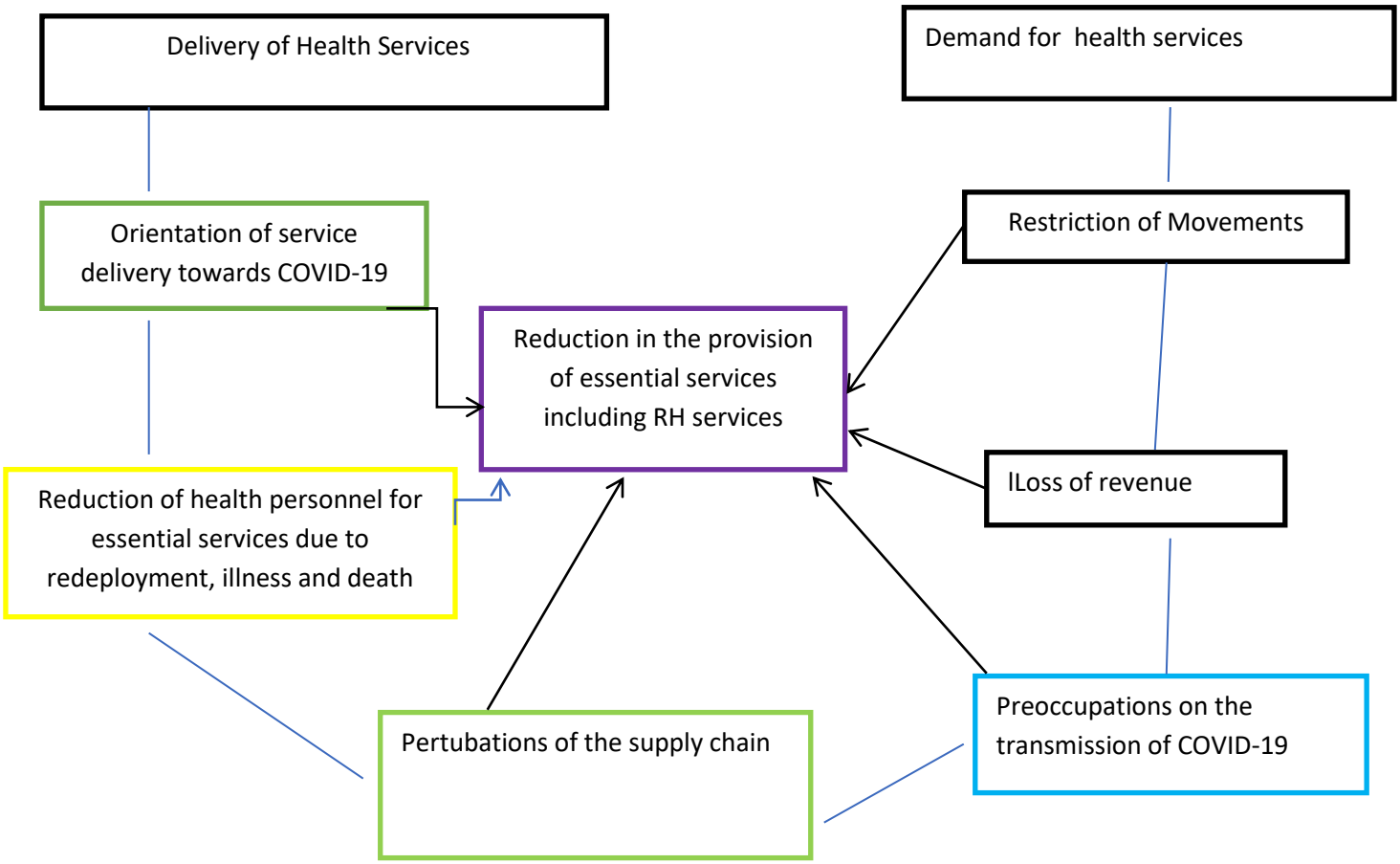
COVID-19

COVID-19 stands for the Coronavirus disease 2019, named because the virus was first identified in December 2019.It is a respiratory disease caused by the SARS CoV-2 virus, a strain in the coronavirus family. Its symptoms include cold or fever, cough and sore throat, shortness of breath, extreme tiredness or fatigue, loss of taste or smell. its health consequences range from mild cold to severe live threatening illness. It spreads from person to person through fluid droplets and particles in the air when an infected person breathes, talks, coughs or sneezes. It can also spread by touching contaminated surfaces and then touch your eyes, nose, or mouth (Centre for Disease Control and Prevention, 2020)

Conceptual and Theoretical Framework

The underlying theoretical and conceptual frame work for this study is the fact that the sudden outbreak of the COVID-19 pandemic needed urgent attention. In order to respond to it, emphasis was diverted for other health concerns towards handling the pandemic. This led to a qualitative and a quantitative decrease in the delivery of essential health services including sexual and reproductive health services. A part from this curtail in resources, the increased workload of health workers, the need for social distancing, the fear of potential reproductive health clients contracting this virus leads reduction of access and use of these services. This situation is illustrated by figure 1

Figure1: Conceptual Framework of the Effects of COVID-19 on the Supply, Access and Use of Reproductive Service



Access to and Use of Pre-natal Consultations

Prenatal care is health care received during pregnancy. Prenatal care is necessary to identify mothers at risks of delivering a preterm or growth-retarded infant and to provide a number of medical, nutritional, and educational interventions intended to reduce the determinants and incidence of low birth weight and other adverse pregnancy conditions and outcomes. Adequate prenatal care is important during pregnancy as it helps in the prevention of problems during delivery. Because of the importance of this care, many visits are prescribed for each pregnant woman and the number of these visits should not be curtailed even in the presence of a pandemic such as the COVID-19. Unfortunately, studies have revealed their reduction as a result of COVID-19 (Riley, T. et al., 2020).

Table 1: Prenatal Visits before and during the Pandemic

Health Unit	Number of Pre-COVID-19 Visits (A)	Number of Visits during the COVID-19 Period (B)	Changes in absolute Numbers (B-A)	% Changes
Messamndongo Integrated Health Centre	4738	2921	-1817	-38.34
National Insurance Fund Hospital	10087	9306	-781	-7.74
Gynecologic, Obstetric and Pediatric Hospital	33847	27766	-6081	-18
Centre de Santé Catholique Mont Camel	4335	2742	-1593	-36.75

Source: BUCREP:(2021) Survey of SRHS Delivery during the COVID-19 Pandemic in Yaoundé, Cameroon

Table 1 makes a comparison of the number of prenatal visits one year before the advent of COVID-19 and one year into the COVID-19. From this table, all health units concerned witnessed varying levels of reductions in the number of prenatal visits with. For private health units where some payments are required for prenatal service delivery, the drop is quite greater, getting to close to 40%. For public health units the drop was relatively low, below 20%.

Effects on Family Planning Services

Family planning services help in the prevention of unintended pregnancies and the reduction of the spread of sexually transmissible disease thereby curbing infertility. Family planning services delivery needs to go on uninterrupted even in times of crises such as that brought by the COVID-19 pandemic.

Table 2: Visits for Family Planning One Year before COVID-19 and One Year into COVID-19

Health Unit	Number of Pre-COVID-19 Visits (A)	Number of Visits during the COVID-19 Period (B)	Changes in absolute Numbers (B-A)	% Changes
Messamndongo Integrated Health Centre	4600	2890	-1710	-37.17
National Insurance Fund Hospital*	10022	9171	-851	-8.49
Gynecologic, Obstetric and Pediatric Hospital (HGOPY)*	33889	28760	-5129	-15.13
Centre de Santé Catholique Mont Camel	4244	2795	-1449	-34.14

Source: BUCREP. (2021) Survey of SRHS Delivery during the COVID-19

***public health units**

All health units registered drops in the number of family planning visits one year before COVID-19 and one year into COVID-19. For public health units, this drop was small, ranging from 8.49 to15% while for the private health units, it was more remarkable (table 2)

This drop can be attributed to fear of contacting the disease and reduction in both the quality and quantitative of SRHS services provided with the context of COVID-19. As on client, a woman aged 29 declared, “I only came here because my case was serious. Coming to the hospital at this time increases the likelihood of contacting this deadly pandemic that has no cure. I strongly advise people with less serious cases to remain in their homes”. Apart from clients, some health workers themselves were equally afraid of contacting the disease in health units. News of health workers who have suffered and died of the virus intensified. The head of one health unit reported on this fear in the following words, “We of the health sector are also afraid of catching this deadly virus. Some of us caught the virus and could not come to work. In this way, the few workers who managed to come here, are overloaded. Even when patients come, service provided are few resulting to long waiting time, low quality services and some clients may not be served “.

Another cause of the reduced access and use of SRHS is lack money. Money was needed to pay for transportation to health units, payment of services delivered and medication. One client, a 25-year housewife who came for family planning services at the National Social Insurance Hospital declared expressed her fear in the following words, “This pandemic has caused me to lose my job and my husband’s income has dropped. We don’t know what the future holds. I can only spend on anything including medical care unless it is extremely necessary”.

Restrictions on movements during the lockdown period increased the cost of movement. Taking of transport cost within the COVID-period, a woman,26, who came for prenatal care at the Bethesda Hospital said,” I live 30 km form this health unit. I used to pay 1200 Francs CFA to come here before this pandemic and the restrictions on the number of persons that a vehicle transports at once has brought this cost to 2000. I can therefore, not come for prenatal care as often as prescribed”.

The consequences in the drop in the access and use of reproductive health services are many. This often results to increase in unintended pregnancies, resurgences of STD and clandestine abortions. The COVID-19 lockdown was mostly likely to push youths into risk sex ventures which usually lead to unwanted pregnancies and abortions. This is line with the following declaration from the head of reproductive health services at HGOPY), "In 2020, we registered only six (6) cases of serious illnesses resulting from poorly managed abortions but this year (2021) we have already registered 12 ".

Another effect of the reduction of the use of reproductive services is the reduction of the revenue of private health units. Many private health units reported their increasing inability to pay the salaries of their workers due to the drop in the number of their clientele. In this connection, one head of a private health unit made the follow declaration "If this situation continues, we may be forced to reduce the salaries of our workers in the next few months".

Many users of reproductive health services did not immediately adopt the new anti-COVID-19 barrier measures. Many of them were reported to have gone for these services without face masks. As the head of these services at HGOPY reported, "Many users of our services did not immediately adopt the barrier measures (physical distancing, frequent washing of hands using soap and wearing of face masks). We had to employ people specially to oblige them to respect these new measures".

The prohibition of the coming together of many people in an effort to halt the spread of COVID-19 created a number of problems for reproductive health service access and use in the health units concerned. There was the problem of limited space to receive clients while respecting the prescribed physical distance, the difficulty of holding evaluation meetings via video, a conferencing in a context of low internet connections, slow adaption of service providers and users to service provision using the telephone and the internet. As one service provider, declared, "Service provision using the internet is new and not yet properly mastered by service providers and clients ".

DISCUSSION

This study has shown that the smooth provision of sexual and reproductive health services in all health units in Yaoundé, Cameroon's capital city has been largely handicapped by the shift of attention towards containing the COVID-19 crisis. This was also noted during the Ebola pandemic. When Sexual and Reproductive Health problems remain unresolved additional maternal and neonatal mortalities, morbidities, stillbirth, and disabilities occur. These implications can stretch to the post-COVID-period (Cousins, S., 2020) and could overturn all the gains that have been made before the pandemic. Evidence shows that in any emergency or humanitarian crises, women and girls face multiple sexual and reproductive health challenges (United Nations Policy Brief, 2020).

Unmet needs for sexual and reproductive health services in Cameroon as in most Developing Economies are still quite high. Many women do not deliver in health facilities nor receive the care needed following major obstetric complications. High quality services for the treatment of complications resulting from unsafe abortions, the treatment of STDs such as chlamydia, gonorrhea, syphilis and HIV/AIDS are insufficient. This study has shown that current COVID-19 crisis can lead to a sharp fall of these already limited services. If this situation remains at it is, we could we witness additional maternal deaths, adolescent pregnancies and other negative sexual and reproductive health outcomes

After the above analysis, the following policy options are important for consideration:

- Establishment of a program of preparedness, prioritization of sexual and reproductive health services alongside the strengthening of health systems during pandemics;
- The development of a reporting mechanism that can be used for advocacy, prioritization, mobilization of resources and policy changes during emergencies and pandemics that include sexual and reproductive health care and other essential services;
- Development of innovative and sustainable interventions for timely provision of sexual and reproductive health care via tele- medicine, mobile clinics and use of trained and motivated community

health workers or volunteers to enhance and integrate accessibility and maintain positive outcomes while overwhelmed by the COVID-19 pandemic
- Integration of sexual and reproductive in communication amid COVID-19.

CONCLUSION

This study has revealed that access and use of sexual and reproductive health services in Cameroon's capital city, Yaoundé were negatively affected by the COVID-19 pandemic. Within only one year of the pandemic the number of visits for sexual and reproductive health services in all health units fell drastically. These negative impacts are likely to stay for some time and extend into the post COVID-19 period. This means a likelihood of resurgence of unintended pregnancies, maternal deaths, sexually transmissible infections, unsafe abortions. This will further reduce Cameroon's possibility of attaining Sustainable Development Goal 3 target 3.7 –which seeks to reduce the global maternal mortality ratio to less than 70 per 100,000 live births and ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.by 2030.

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