

## **Pandemic and Reproductive Rights: A Study on Challenges in Accessing Maternal Health Services during COVID-19 Pandemic in Rural Varanasi**

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### **Abstract:**

The covid-19 pandemic has been a major disaster worldwide, and has impacted healthcare services and institutions in every nook and corner of the world. The services pertaining to reproductive health of the mother, infant, child and family planning services has equally been affected. In India also, during the pandemic there were majority of healthcare services not accessible to a significant number of population especially falling under the reproductive age. During the emergence of the pandemic the government had to impose a series of lockdown in order to curb the spread of the unusual virus. The healthcare services across the country were severely disrupted due to persistent lockdown. The restrictions also led to a lack of manufacturing and supply of a number of medical equipments such as masks, PPE kits and other essential materials. Therefore, the people faced a number of challenges in the access to public health services especially the women under reproductive age. In this regard, the study emphasizes how the services such as regular ANC/PNC checkups, health counseling, distribution of IFA tablets, institutional deliveries were highly impacted during the pandemic. Moreover, the study also highlights the key challenges faced by rural women belonging to reproductive age in the access to maternal health services during the pandemic.

*Keywords: Healthcare services, Covid-19 Pandemic, Reproductive health, Access to Rights*

### **1. Introduction:**

#### **1.1 Pandemic and Quality Healthcare in India**

The developing countries still face a lot of issues in the access to quality and equitable healthcare facilities. There are various challenges in the access to quality healthcare due to lack of funds, lack of resources and innovation. In recent times, the country has suffered major setbacks in the healthcare sector due to overload of covid-19 cases, lack of human resources, manpower and equipments. Also, an imbalance between demand and supply chain also led the healthcare system to collapse. Therefore, a need for breakthrough in diagnosis and treatment arose after the covid-19 pandemic set in. There were several mitigation strategies designed to curb the spread of the unusual virus which led to the cessation of major services. Even, the healthcare services were heavily impacted during the pandemic. As India is a vast and populous country the lockdown measures were strictly imposed in the country to stop the chain of virus. During the covid-19 pandemic there were more than 10 million people shifted to extreme poverty for healthcare spending (World Bank, et.al)

#### **1.2 Pandemic and strategies for good health & well-being**

In 1987, The World Commission on Environment and Development quoted "meeting the needs of the present without compromising the ability of future generations to meet their needs." There have been several programs in the context of promoting well being for the citizens of the country. The Agenda 21 (1982), the Millenium Development Goals in the 21<sup>st</sup> century and the Sustainable Development Goals (SDGs) recently passed in the year 2015 by the UN has been formulated to achieve major milestones in the arena of development and well-being. The Sustainable Development Goals (SDGs) states in its Goal 3 for good health and well being, however every effort seemed to fail in front of the pandemic. Women were exposed not only to the pandemic but also various social taboos, sexual rights violations and domestic violence. Although, the effect of pandemic was observed in March 2020, it had already spread its contagion beforehand. Stress, lifestyle disorder and poor dietary habits had badly affected the women during pandemic. The burden of unemployment, lack of job and finance to run the family had deeply impacted the women at large. Therefore, it was necessary to maintain the physical, social and emotional well being of the pregnant and nursing mothers.

## **2. Review of Literature**

- **History of Pandemic in India:**

India being a developed country still faces some challenges in keeping maternal health. Although, Covid-19 pandemic affected the population worldwide and it severely affected the pregnant and lactating mothers as the public health systems were highly stressed to its maximum stage. Due to a series of lockdown it was advised even for the frontline health workers to not expose themselves. The pregnant, expectant and nursing mothers were advised to stay indoors in order to prevent themselves from getting infected. The Covid-19 might be a novel virus, though there have been many virus attacks in the country over the period of time from cholera in 1817 to bubonic plague in 1896 and Spanish flu in the 1918. During the British era, India had to face a lot of successive visits of foreign experts to investigate the recurrent epidemics such as cholera and plague. Though, the colonial medicine did not find its reputation much in the country, however the anti-plague serum was developed by Russian scientist and bacteriologist Waldemar Haffkine by an intensive research in Bombay. The world learned a lesson from India's Plague which proved fatal for the mankind. Again during the Second World War, there was a rapid spread of influenza virus and the war struck country had to face a lot of challenges in maintaining hygiene and sanitation. Though, the covid-19 situation in the country was also not less than a war like situation as the stranded migrants were returning just as the infected soldiers of war. The struggle was equal to life and death but even the Prime Minister motivated the citizens to wage the war and to win it. (David Arnold, Pandemic India: Coronavirus and the Uses of History)

- **India's response towards Management of Pandemic:**

There have been a number of infectious cases in the country; however covid-19 was a rapid one. In Kerela, the first case of coronavirus on 30<sup>th</sup> January 2020 was detected. During the outbreak, there were various agencies such as USAID (United Nations Agency for International Development) to reach India and to provide relief from Covid-19 virus. The Ministry of Family

Welfare associated with USAID to prepare vaccine supply across the country. Moreover, logistics such as life saving support, addressing myths and misinformation and training of the healthcare providers also performed by USAID along with VaxNow campaign. India also categorized 10 million vulnerable population groups who were in dire need of vaccine. Though, it had to face some difficulty in reaching every nook and corner of the country due to huge demand. The first case of covid-19 was reported on January 30 2020 when the no of active cases already increased in the country. The lockdown was imposed by the government since March to April 2020 and proved to be the strictest. There were only essential services which were available except public or private operations. The services such as essential manufacturing, hospitals, pharmacies, groceries were kept active. The phases of lockdown seemed to extend day by day as the containment of the virus seemed impossible. Therefore, the lockdown extended till May 2020 after which the phases of unlock began along with creation of containment zones. On June 8 2020, the government started it's unlock phase with some restrictions in containment zones and night curfew in the affected zones. Even the international borders and public transport and travel restrictions were slowly progressing. Though, physical distancing and face masking were strictly being followed as a part of national protocol in the country. It was important to note that the states which saw a high burden of covid-19 caseload followed a stringent rule of unlock phase.

- **Effect of Pandemic on MMR rate**

According to **WHO**, (2019) maternal health remains a key challenge in most middle and low income countries. It also stated that in the year 2020, there were 287,000 women worldwide who died of pregnancy and child birth related complications. In almost two minutes a maternal death occurred. It was also reported that these complications were preventable and curable which led to the death in 2020. In addition WHO also stated that the MMR rate from 2000-2020 dropped to 34% which was severe.

- **Right to Health, Bodily autonomy, Meaningful choice and Reproductive Rights of Women**

However, India has witnessed a fastest growth due a number of healthcare schemes and services provided by the Government. It was during the covid -19 pandemic that the healthcare services were poorly affected thereby hindering the access to reproductive rights of a significant number of population belonging to the reproductive age group. The pregnant women are mandated by the Ministry of Health and Family Welfare to be provided with necessary care and support in maternal health services. The states like Uttar Pradesh, Bihar and Kerela have abundant vaccination programs and door to door services delivered by ASHA(Accredited Social Health Activists) and LHVs (Lady Health Volunteers) and ANM (Auxillary Nurse and Midwife). It was during the covid-19 wave all the frontline health workers were supposed to track covid-19 patients in the concerned areas. Under Article 12 of the CEDAW, the state is mandated to provide healthcare services and facilities without discrimination. Even the Supreme court has recognized reproductive rights as a major part of right to health just as right to information. The Article 12 of the constitution as personal liberty and to live with dignity. Abortion was more or less inaccessible to women apart from rape

survivors or patients of mental health. It was not included in the essential services during the pandemic.

The central government has also declared abortion as the legal rights of a woman keeping her situation of mental health. The Supreme court has also mandated that women have the freedom for decision for contraception and sterilization. Though, in pandemic sterilization was not included among the essential services. In Article 21 (Right to Life) the bodily autonomy is also considered as a part of control and regulation of women's sexuality and reproductive rights. It also implies right to freedom from sexual violence. During the pandemic it was evident that the government did not mandate medical aid as a part of essential service as these include access to sanitary napkins, contraceptives and other hygiene resources.

In addition, there are such beliefs and superstitions in the society which women have to cope up with takes a toll on their social, mental and emotional well being. Therefore, the government should come up to their rescue. Another aspect is for meaningful choice which regards not only maternal health service to be provided as an essential service during the pandemic but also the quality of service being provided. It was witnessed during the pandemic that the healthcare workers were solely dedicated for covid-19 relief which was no doubt necessary though; services such as antenatal care, post partum care, immunization, safe abortion were hampered. It is estimated that about 25.6 million couples did not have access to safe abortion or contraception violating a woman's right to meaningful choice and freedom. Reproductive rights are a crucial part of human right as well as fundamental right of an individual. As it includes family planning, termination of a pregnancy, contraceptives, access to reproductive health services and sex education in schools. The individuals are free to decide the no of children, their spacing and also have the right to information for reproductive health in order to make their right decision free from any discrimination or coercion.

- **Quality healthcare for women during pandemic: Situations in Uttar Pradesh**

Women need good quality care during conception, pregnancy and gestational period. The delay in these kinds of facilities might lead to birth defect in the fetus and can be a major cause of maternal mortality. Pregnancy and gestation include major health risks if not treated on time or lead to complications for the mother and child. During covid-19 the major healthcare services such as ANC/PNC care for women, immunization, perinatal support and even institutional deliveries were affected leading to lack of care and maternal deaths in remote regions of India. Therefore, it is necessary to provide good care to both mother and child in order to avoid long term health problems. There has been a gross and tremendous effect of Covid-19 on everyone's lives. During Covid-19 pandemic a major setback was witnessed in the access to maternal health services because of which majority of women could not access their reproductive rights. In its report, "A Coordinated Global Research Roadmap 2019; Novel Coronavirus" the WHO highlighted that there is a need to research on the impact of covid-19 on pregnant women and children as there are several knowledge gaps. According to WHO, the data from high income countries is completely different from that of the low income countries (LMIC). Moreover, there are different strategies applied in different countries which cannot be generalized for women and children. Therefore, the one size fits all approach cannot be applied to every region.

Since, the genomic structure of the virus keeps on changing it is important to note the impact of nutrition, diet and immunity of the pregnant women and children. There is a lack of nutrition and poor dietary habits in low income regions where there are lack of resources. Therefore, it is necessary to pay attention to those beneficiaries in need. The MNCH working group of Covid-19 clinical research coalition comprises of several gynecologists , public health experts, pediatricians, and other health specialists who work on the research priorities of maternal and child health and identify their pressing needs.

### **3. Objectives of Study:**

- To identify the key challenges faced by pregnant, nursing and expectant mothers in the access to maternal health services during the pandemic
- To acknowledge and mitigate the impact of any infringement of any reproductive rights and choices on the level of healthcare institutions towards its beneficiaries
- To suggest any recommendation by the beneficiaries towards the access to health services and reproductive rights in future pandemic

### **4. Research Methodology:**

The research was conducted qualitatively based on pre-existing data provided by community health centers and beneficiaries associated with it. The data was collected from March 2020-May 2020 i.e. pre-existing data from the covid-19 first wave.

#### **4.1 Research Questions:**

1. How did the pandemic affect and impact the institutional healthcare services pertaining to maternal health?
2. Did the healthcare centre lead to any infringement of the reproductive rights of the beneficiary?
3. What were the challenges in the access to maternal health services faced by the beneficiaries?

**4.2 Sources of Data collection and tools:** The data has been collected from various secondary sources such as books, journals, articles and newspaper clippings. The type of study is descriptive in nature.

**4.3 Contextual Analysis & Case Studies:** In districts such as Varanasi it has been evident that during the pandemic anemia was discovered a major health issue among rural women and children. Even the National Family Health Survey NFHS -5 (2019-21) states that women in age group (15-49) were 50 % affected in the state of Uttar Pradesh. The major cause of anemia has been nutritional deficiencies and iron & folic acid (Vit B12 & B9) is the most common supplement used to treat it. The cases like maternal mortality, still birth, perinatal mortality is highly linked to anemia. There have been a few case studies which shows that there were a very few women who had consumed IFA tablets regularly. The NFHS- 5 shows a consolidated

report of 2019-2021 that in U.P only 22% of the mothers took 100 days of IFA tablets and the rate steeply declined during the pandemic. Women had certainly experienced a lot of infringement of reproductive rights during the pandemic only because of the huge case load of covid-19 patients and the lack of supply and resources in the healthcare centers. Some case studies provided by ASHA workers for women from Chiraigon of Varanasi shows that these women beneficiaries were highly anemic and underweight during the pandemic which created complications during the pregnancy. The one form of diet and lack of vegetables also led to severe anemia among women. The women from this village also report that the crops are washed away during heavy rainfall which also leads them to live a life in utter poverty. Some recently delivered women from this village also reported that they were unable to access public health facilities due to remoteness and lack of transport facility also made them vulnerable for high risk pregnancies.

## **5. Discussion and Analysis**

- **ANC Care and Immunization services:**

Antenatal care (ANC) services are a prime focus of the Government of India's National Health Mission (NHM), of which a key pillar is the promotion of maternal and child health. To ensure uninterrupted service delivery at the last mile, a cadre of Frontline Health Workers (FLHWs) has been appointed and health centers established at the village level. However, the onset of the COVID-19 pandemic and the nationwide lockdown from late March to June 2020 impacted pregnant women's access to institutional antenatal care services.

In rural Varanasi there was Immunization services also experienced a declining trend during the study period in March 2020 compared to the same in 2019. It was witnessed that about 20% of the women could access the immunization in March 2020 for Tetanus particularly due to stringent lockdown measures and other travel restrictions. There were very few women who could access complete ANC care particularly due to inability of ASHA/LHWs or timely home visits. Another major aspect is the decision making of the women which highly depends upon their take on ANC care. The daily livelihood pressure, mistrust, anxieties and superstitions created by families also played a major role in their inability to access ANC care during the pandemic.

- **Institutional deliveries:**

A decline of 2.26%, in several institutional deliveries, was observed during the pandemic period. Though there was an increase in March 2020, in comparison to March 2019, there was a continuous downward trend during the three subsequent months. Therefore, in rural areas of Varanasi in one such village close to its border, maternal mortalities were reported during the pandemic due to lack of transport facility during the pandemic.

- **Services under JSSY: Janani Shishu Suraksha Yojana**

In the country during the year 2019, there were 47.45% of institutional deliveries availed the free transport services from home to healthcare facility whereas 54.69% of women delivering in a public health facility were benefitted from free drop-back after delivery. Out of the total pregnant women delivering in a public healthcare facility, 48.47% were provided with a free diet during their hospital stay. However, a declining trend in numbers was observed during the same months in the year 2020. Even in districts such as Varanasi there were several women availing free transport services from home to healthcare facility was only for a few and only a few of them availed free drop back post institutional delivery. Free diet during hospital stay was provided to a small no. of women and only some of them utilized free referral services in a tested for HIV, as a part of routine investigations. Several high-risk pregnancies identified were also identified.

- **Services under PMSMA: Pradhan Mantri Matratva Suraksha Yojana**

In India in the year 2019, a total of 1436 women received ANC under PMSMA, out of which 800 women received ANC for the first time in the 2nd or 3rd trimester and 443 left out pregnant women received PMSMA services. In rural areas of Varanasi it was reported that the presence of obstetricians and gynecologists were not there during pandemic. Therefore, a significant no of pregnant and expectant mothers were left out. The ANC services include a chunk of tests including tests for albumin, hemoglobin, urine tests, blood group test, tests for gestational diabetes and HIV etc. These all remained affected in rural areas from March 2020-May 2020 during the pandemic leading to infringement of maternal care during and after pregnancies for women. Therefore, identification of high risk pregnancies was also there in these areas.

- **Safe abortion access to contraception and other reproductive rights:**

The goal of family planning services is to improve pregnancy planning and spacing, and prevent unintended pregnancy. It allows individuals to achieve desired birth spacing and family size, and contributes to improved health outcomes for children, women, and families. Family planning services include contraceptive services for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, STD services (including HIV/AIDS), and other preconception health services.

Family planning, abortion and contraception were similarly affected during the pandemic. According to the ASHA workers in the areas, due to the suspension of the routine services and difficulty in demand and supply there were a lot of women who went through unplanned and unintended pregnancies. Tele-consultation for safe abortion and family planning was also lagging during the pandemic. Family planning should have been included in the essential services rules as the right to plan a family is a fundamental right of an individual.

## **6. Conclusion:**

There was a need to build up strategies in the post covid times in order to maintain the continuity of services and ensure women access to their reproductive rights. These efforts could

include the capacity building programs for frontline health workers, communication and awareness campaigns through media, non govt organizations or civil society in that area. Social media is one of the emerging tools for activities like awareness generation on issues, myths and challenges towards access to maternal health services and reproductive rights of the women. Moreover, it might also highlight the fact as to how to build up strategies to manage upcoming pandemics in the concerned area or country. Capacity building and extensive IEC programs would strengthen the ASHA and ANMs to cope up with maternal health during the pandemic. Healthcare innovation, allocation of resources, capacity building programs and strategies are required to be build up in order to cope up for the future pandemics. Considering all these, it is crucial to understand the research needs and priorities in different regions and draw an approach towards funding and resource management. It is imperative for the policy makers also to put effort to address the research priorities for pregnant women and children struck in natural disaster and pandemic. Therefore, an equitable , justifiable and diverse approach is the need of the hour for handling future pandemic and covid-19 caseload for the healthcare centers and also broaden an insight to help secure and upheld the rights of these vulnerable groups under the pandemic.

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