

## World Population Day 2021 Brief

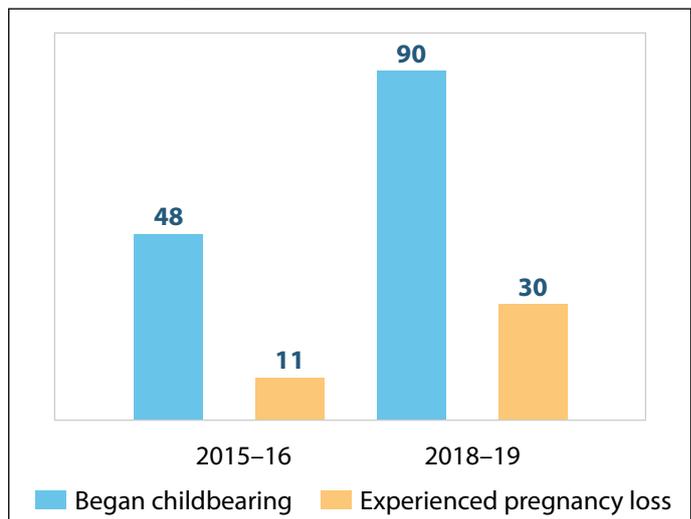
# Sexual and reproductive health of adolescent girls and young women amid COVID-19

COVID-19 has had widespread impact on utilisation of routine health care services due to restrictions on movement, lockdowns, and fear of COVID infection. However, for adolescents the impact will be far reaching and lifelong, particularly in absence of access and use of sexual and reproductive health (SRH) services already limited due to social and mobility restrictions, low programme prioritisation, provider bias and poor levels of knowledge.<sup>1</sup> In India, among all women in the reproductive age, 59 million or 16 per cent are adolescent girls in the age-group of 15 to 19 years.<sup>2</sup> Continued access to adequate and timely SRH services for adolescent girls and young women through the pandemic and beyond will define their transition to healthy adulthood, as well as the country's overall development goals.

## Early marriage and childbearing undermine autonomy of adolescent girls

Despite legal provisions against the practice, marriage before 18 years for girls is still widely prevalent in many parts of India. According to the National Family Health Survey of 2015–16 (NFHS-4), in 16 states more than 20 per cent of women aged 20–24 years were married before 18.<sup>3</sup> As per NFHS-5 of 2019–20, over 20 per cent girls were married before the legal age in 10 out of 22 states and union territories<sup>4</sup> for which data is currently available. Of these, West Bengal, Bihar and Tripura had the highest numbers, with more than 40 per cent girls marrying under age 18 years. The UDAYA study carried out by the Population Council with over 20,000 adolescents in Bihar and Uttar Pradesh over two survey waves (2015–16 and 2018–19)<sup>5</sup> showed the consequences of early marriage in terms of high rates of early childbearing, and higher pregnancy loss among younger married girls.

### Reproductive health status of married adolescent girls (%)



*Of girls surveyed in 2015–16 who were in the age-group of 15–19 years and married*

<sup>1</sup> UNFPA. *Not on Pause: Responding to the Sexual and Reproductive Health Needs of Adolescents in the Context of the Covid-19 Crisis*. June 2020

<sup>2</sup> National Commission on Population, Ministry of Health & Family Welfare. *Population Projections for India and States 2011 – 2036*. July 2020

<sup>3</sup> *National Family Health Survey (NFHS-4) 2015–16*

<sup>4</sup> *National Family Health Survey (NFHS-5) 2019–20*

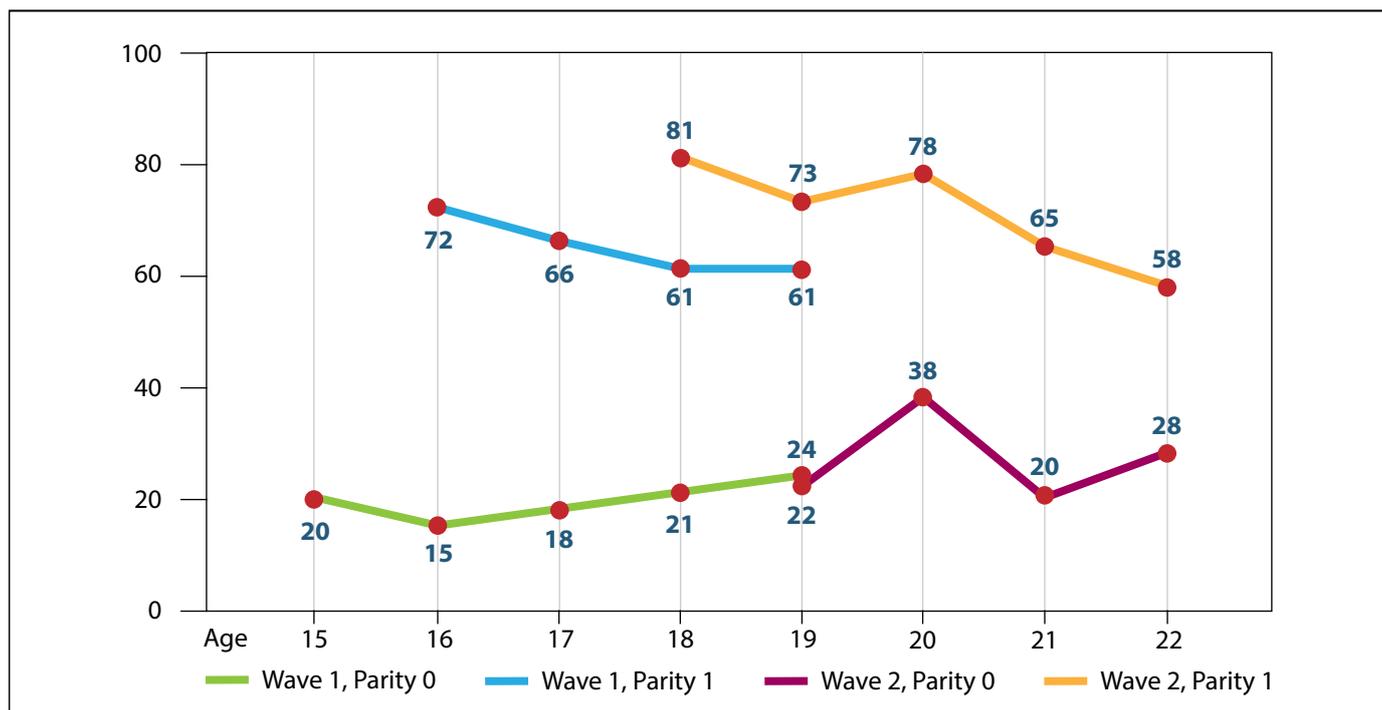
<sup>5</sup> Population Council. *UDAYA Study*. 2015–16, 2018–19

## Low reach of health service providers limits exercise of choice

The ability of adolescents and young people to exercise their choice in SRH is plagued by lack of adequately responsive services, and the reluctance of frontline health workers (FLWs) to reach out to unmarried and newly married women. The UDAYA study found that interaction with FLWs was poor among unmarried girls (26 per cent), while among married women the first contact took place largely upon conception, and was dependant on the number of children they had. There was little change in the

level of contact with FLWs among lower parity women between the two survey waves, even after the girls had been married for a longer time by the second round of survey in 2018–19. Consequently, the unmet need for contraception was high, ranging from 68 per cent for 15-year-old married girls in 2015–16 to 44 per cent among 22-year-old married girls in 2018–19. Over 80 per cent married girls across ages never used any modern contraceptive methods.

### Married adolescents who reported having interactions with FLWs by parity over time (%)



Wave 1: UDAYA survey in 2015–16; Wave 2: re-interview of UDAYA participants in 2018–19

## The far-reaching impact of COVID-19 on access and use of SRH services

Closure of schools and disruption of basic health facilities due to COVID-19 led to further limitations on the access to SRH information and services by girls and young women. Based on evidence from previous crises such as the 2014 Ebola outbreak, and post-COVID projections, the United Nations Population Fund (UNFPA) anticipates long-term repercussions such as increase in adolescent pregnancies and sexual and gender-based violence.<sup>6</sup> The second round of World Health Organization’s national pulse survey found that on

average, 35 per cent of countries reported disruptions across reproductive, maternal, newborn, child and adolescent health (RMNCAH) and nutrition services.<sup>7</sup> Family planning and contraception services, along with management of malnutrition, were the most frequently disrupted in more than 40 per cent of reporting countries. Over a third reported disruptions to antenatal and postnatal care, essential health services that ensure pregnant women and newborns survive and stay healthy.

<sup>6</sup> UNFPA. *Not on Pause: Responding to the Sexual and Reproductive Health Needs of Adolescents in the Context of the Covid-19 Crisis*. June 2020

<sup>7</sup> World Health Organization. *Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic. Interim report*. April 2021

An updated technical note of the UNFPA suggests that the pandemic disrupted contraceptive use for about 12 million women, resulting in nearly 1.4 million unintended pregnancies during 2020 across 115 low- and middle-income countries.<sup>8</sup> A projection in India estimated that more than 24 million couples would not be able to access contraception in 2020.<sup>9</sup> Analysis of the HMIS data of India's National Health

Mission from March 2020 showed that institutional deliveries dropped by 43 per cent and cases of Caesarean Section by over 46 per cent compared to March 2019.<sup>10</sup> The findings indicate that disruptions caused by COVID-19 led to more home births, with a possible long-term impact on maternal and child mortality rates.



## Drop in contraceptive availability and use leading to more unintended pregnancies

A rapid phone survey carried out in May 2020 found that among selected married UDAYA participants who were not using any method or using traditional method at the time of interview, 11 per cent expressed the need for a method, and an additional 19 per cent reported non-receipt of family planning services due to lockdown.<sup>11</sup> On an average, the respondents already had two children. Another survey by the Population Council among the UDAYA cohort found that while 24 per cent of 18–24-year-old women wanted family planning services during the first wave in 2020, only 16 per cent reported receiving such services.<sup>12</sup> An eight-state rapid survey conducted by the Population Council among rural young (18–34

years of age) women during October–November 2020 showed that 53 per cent had no contact with frontline health workers during the lockdown from April to June 2020.<sup>13</sup> The topic of discussion for those who were visited by FLWs was predominantly about COVID-19 (88%). Just one in 10 got method-related information. The survey showed that unintended pregnancies rose significantly, from 11 per cent till March 2020, to 21 per cent after March 2020. Among women who reported unintended pregnancies, more than a quarter (26%) gave unprotected sex as the reason, and 10 per cent stated they could not get a contraceptive method due to COVID restrictions.

<sup>8</sup> UNFPA. *Impact of COVID-19 on Family Planning: What we know one year into the pandemic*. March 2021

<sup>9</sup> FRSHI. *Impact of COVID 19 on India's Family Planning Program*. May 2020

<sup>10</sup> <https://www.newindianexpress.com/nation/2020/may/16/covid-lockdown-hits-maternal-health-services-2143968.html>

<sup>11</sup> Population Council, UNICEF. *Demand For and Access to Family Planning Services Among Young Married Women During Covid-19 Crisis*. May 2020

<sup>12</sup> Population Council. *Access to RCH services during the COVID-19 crisis: Insights from Bihar and Uttar Pradesh*. 2020

<sup>13</sup> Population Council and USAID. *Family Planning Service Delivery by Frontline Workers (FLWs) During April–June 2020: Rapid Family Planning (FP) Study in Eight Indian States Amidst Covid-19 Pandemic*. October–November 2020 (Unpublished)

## Safeguarding the sexual and reproductive health of adolescents in emergency situations

The benefits of timely and regular contact of adolescent girls and young women with frontline health workers, and exposure to family life education, extend beyond addressing their immediate health needs. The UDAYA study found that interaction of married girls with FLWs increased their chances of decision-making and autonomy by 10 percentage points, and freedom of movement by 36 percentage points. Girls who attended family life education programmes had 43 per cent less chances of getting married before 18 years.

The impact of the pandemic's second wave on women's sexual and reproductive health status in India is yet to be documented. In view of the social and systemic barriers adolescents faced in accessing SRH information and services even before the spread of

COVID-19, there is urgent need to roll out innovative approaches in maintaining outreach to adolescents and young girls, especially considering limited in-person interactions. Health systems should be made resilient through renewed training and orientation of FLWs, as well as engagement with communities. These would ensure uninterrupted reproductive health services and readiness for a third wave or other emergencies. Most importantly, adolescents' and young girls' unmet needs for health and related education, especially sexual and reproductive health, need to be addressed through a just and equitable delivery mechanism, irrespective of age and marital status.

### About Udaya Study

The UDAYA (Understanding the lives of adolescents and young adults) study establishes the levels, patterns and trends in the situation of younger (10-14) and older (15-19) adolescents in Bihar and Uttar Pradesh. Its findings provide insights on how and where to make investments to improve their lives by the time they reach young adulthood and beyond. The study recruited more than 20,000 adolescents aged 10–19 years in Uttar Pradesh and Bihar in 2015–16 (Wave 1) to record their transition from adolescence to young adulthood.

Wave 1 was followed by another survey round in 2018-19 (Wave 2) with the same respondents and achieved an 80% follow-up rate. This makes UDAYA the largest adolescent-centric longitudinal study in India and globally, carried out by the Population Council. The recruitment of adolescents for the study coincided with the adoption of the global Sustainable Development Goals (SDGs) in 2015, providing an opportunity to track their progress over time.

*This brief was prepared by UDAYA project team*

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