

COVID-19 Pandemic and Change in Fertility Performance: Experiences of Women in Lagos who Became Pregnant During COVID-19 Lockdown After Ending Childbearing

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Abstract

The COVID-19 pandemic outbreak and associated curtailment measures affected major social institutions. Report indicates a surge in unplanned pregnancies during the lockdown. This study examined the factors that led to pregnancy during COVID-19 lockdown among women who had ended childbearing. The study was qualitative and involved the purposive selection of six women who became pregnant during COVID-19 lockdown after ending childbearing. The study tried to provide answers to the following research questions: What was the nature of the pregnancy that resulted among women who had ended childbearing during the COVID-19 lockdown? What was the attitude of the sexual partner to modern contraceptives? How did lockdown affect access to modern contraceptives? Findings indicate that all the participants did not plan the pregnancy. The women reported that they bear the burden of the practice of family planning. Most of them avoided family planning clinic because of the fear of COVID-19 infection.

Keywords: COVID-19, unplanned pregnancy, family planning, Lagos

Introduction

The outbreak of a new severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), code named COVID-19, in December 2019 created unprecedented disruptions of major institutions and socio-economic life of people around the world. Immediate efforts at containing the spread of the pandemic were marked with challenges that affected people's everyday life, and access to vital social services and institutions was impinged. The prolonged home stay and lack of access

to contraceptive treatments and other forms of modern family planning methods (MFPMs) led to a surge in unplanned pregnancies, with some resulting from incestuous relationship, while others involved women who have ended childbearing (Ibrahim, Ajide & Julius, 2020; Kadi, 2020; News Agency of Nigeria [NAN], 2020).

The occurrence of pregnancy after achieving the desired family size and ending childbearing increases fertility performance and leads to high fertility burden on women, and pregnancy among women who have ended childbearing is mostly unintended or unplanned. Unplanned pregnancy is a source of serious public health concerns because of its associated health hazards and potential to fuel high fertility. Studies have shown that unplanned pregnancy is the leading cause of induced abortion, and about 25 percent of women in Nigeria who undergo abortion suffer life-threatening post-abortion complications (Sedgh, Bankole, Oye-Adeniran, Adewole & Sigh, 2007). Beyond its implication for abortion, unintended pregnancy leads to high fertility performance and rapid population growth (United Nations [UN], 2009). Furthermore, pregnancy after childbearing among women is most likely to occur at the later age of the reproductive ages of women (15-49 years), which constitute high risk pregnancy for most women (NDHS, 2018). The foregoing highlights the health and societal implications of unplanned pregnancy and pregnancy after ending childbearing.

Before the outbreak of the COVID-19 pandemic that affected the normal functioning of social life and social institutions, existing evidence from reproductive health and fertility research in Nigeria indicated that, on the average, Nigerian women have one child more than their desired family size as a result of unplanned pregnancy (Nigerian Demographic and Health Survey [NDHS], 2013). Most systematic attempts at interpreting the phenomenon of unwanted pregnancy among women who have ended childbearing tended to blame unmet need for family planning and men's dominance of reproductive processes (Isiugo-Abanihe, 2003). Across societies in sub-Saharan Africa, the culture of patriarchy gives men power over women in almost every sphere of family life and decision-making process, including reproduction and choice of reproductive health service (Caldwell & Caldwell, 2000; Chaudhuri, 2008; Dodoo, 2007; Frost & Dodoo, 2009; Kabagenyi *et al.*, 2014). To deal with the negative attitudes of their husbands towards modern family planning methods, some women who wanted to avoid pregnancy tend to secretly adopt contraceptives (Eboraka, Akarawak, Owolabi, Chibuzor & Adeleke, 2021). With

the outbreak of COVID-19 pandemic and the associated containment measures such as stay-home and lockdown measures, access to secretive contraceptive is equally affected. This study is like peeping through the key hole to gain insights into what happened to make women become pregnant in that context of COVID-19 lockdown in Lagos State.

The general objective of the study is to unravel the factors responsible for unwanted pregnancy in the course of COVID-19 outbreak and lockdown, with special focus on women who have ended childbearing. The first specific objective was to examine the effect of COVID-19 lockdown on access to modern contraceptives and antenatal services among women who have ended childbearing. The second specific objective was to understand the attitude of their sexual partners towards the use of contraceptives during the COVID-19 lockdown (whether their partners were disposed to using modern family planning method or not), and the third was to ascertain the nature of the pregnancy (i.e., whether the pregnancy was planned or unplanned).

Material and Method

The study was conducted in Lagos State, Nigeria. Lagos State is one of the six states in the Southwest geopolitical zone in Nigeria. The State is noted as the most urbanized state in the country and serves as the nation's economic hub. The population of the state is estimated to be about 20 million people (National Population Commission [NPC], 2016), making it one of the most populous states in Nigeria. Lagos State is unique in the history of COVID-19 pandemic in Nigeria. It was in the State that the index case of COVID-19 in Nigeria was confirmed on 27 February, 2020 and it continued to lead in the number of confirmed cases and fatalities in the country at the time (NCDC, 2020). The study was conducted during post-lockdown period of COVID-19, between November and December 2020. COVID-19 lockdown in Lagos could be said to involve three phases, which roughly corresponded with the phases at the national level. The first phase of the lockdown commenced with an initial period of 14 days from 30th March, 2020, and later extended by two weeks. The second phase ranged from April 27th to June 25th, 2020. The third phase was from June 30th to July 27th, 2020.

The non-experimental research design was adopted to carry out the study, and the study was primarily qualitative. For sample selection, the purposive and snowballing sampling techniques were utilized. The participants cut across different local government areas (LGAs) in line with

the location of a participant. Initially, six women were selected but one was dropped because she refused to be audio recorded and interviewed after accepting an interview schedule. The selected participants were contacted through phone calls and interviews were scheduled. The ages of the participants range from 36 years to 51 years old. Three of the participants were interviewed over the phone, while two were interviewed physically with strict maintenance of COVID-19 physical distance measure. The interviews were audio recorded after obtaining their permission. COVID-19 and ethical protocol were observed throughout the course of the interview. Data analysis was based on content analysis and adopted the thematic and framework approach.

Limitation of the study

There was a lack of sufficient number of participants that met the inclusion criteria, and restrictions on movements as a result of COVID-19 made it difficult to find more people to participate in the study and this can affect the generalizability of the research findings.

Results

All the participants, except one, reported that the pregnancy was unplanned, just as they all revealed that they bear the burden and responsibility of family planning practice, even when their husbands don't want pregnancy. This reinforces the persistence of the idea among men that "it is the responsibility of the woman to take care of herself" in sexual context. In what follows, the results are presented in thematic approach.

COVID-19 lockdown and access to modern family planning methods

Access to safe, voluntary, effective and affordable family planning services is an important component of human rights and central to gender equality, women empowerment and poverty reduction among women (UN, 2009). But under pandemic emergency, these rights might be compromised and negated. The majority (4 out of 5) of the women interviewed revealed that their pregnancies were unplanned, and that COVID-19 lockdown and restriction posed a barrier to obtaining reproductive health treatment. Among them, two noted that they were using contraceptives and their pregnancy resulted as a result of contraceptive failure. One of the

participants who revealed that she had ended child bearing and that her last child was already five years, noted the following:

I became pregnant in the first month of the lockdown. When I first checked I was like I can't be pregnant because I know the kind of things I did to prevent pregnancy. But when I checked my pregnancy strip, it showed positive and I was like it can't be! Again, I started feeling sick and I and my husband went to the hospital, of which I knew that we were not supposed to go to the hospital then because it was very dangerous. When we got to the hospital gate, the gatemen refused to open the gate. They kept asking me questions related to COVID-19, and truly, I had a running temperature. I was also afraid of being asked to go into isolation, so we decided to leave. I was really disappointed because I didn't plan for it but we have to cope with it. At this age, I don't expect to be pregnant after the fourth child (IDI/37 years /Yaba).

The above response did not only reveal the role of contraceptive failure, it also showed the influence of COVID-19 restriction and associated fears that characterized the pandemic outbreak. There were rumours of people being forced into isolation centres and others being misdiagnosed of the disease once they exhibited any sign thought to be related to COVID-19. These rumours of force isolation and misdiagnosis also served as barriers to visit and utilization of healthcare centres.

Another participant observed that she had six children and had ended childbearing, and was not quite comfortable when she noticed that she was pregnant. In her words:

It was the lockdown that affected me. I was using IUD, but at a point during the lockdown, my husband complained that the thing was touching him when we are meeting. I was supposed to go and change it but, but I couldn't go because of fear of contracting Corona virus. I removed it without any replacement. Again, during that period, people don't like to go out because of increase in crime in my area with police everywhere. I decided that it was better to avoid trouble and didn't go out (IDI/45 years / Ojo)

It can be deduced from the above responses that, although the lockdown affected movements, the fear of security personnel deployed to enforce lockdown order and the fear of COVID-19 infection were as much responsible for their inability to access reproductive health services. One other participant reported that lack of finance affected her ability to obtain contraceptives, while

another revealed that she was on implant that failed. According to the participant who reported the problem of finance as a factor:

I noticed that I was pregnant around May, but there was nothing I could because there was no money. The lockdown affected businesses, and people were more concern about what to eat. We were not prepared for a child, we didn't want any more children. It wasn't planned, most times we were frustrated, especially me who is the pregnant woman, I was so frustrated, I didn't even like it (IDI/38 years /Yaba).

When the participant was asked if she was using any modern family planning method (MFPM), she responded in the negative, arguing that she had no need for it. Hear her:

No, I was not using any family planning methods. There is no need for it. I had my last born when I was 30 years. I wanted another child then and became pregnant, but it ended in miscarriage and I became very sick. After that, we decided that we were not going to have another. Although I have been seeing my menstruation but I have not missed my period.

A probe question was posed to the participant on how lack of finance affected her, since she had not been using MFPM. She responded thus:

Ah ah! If I had money then, I would have gone to the hospital early before the pregnancy will become mature.

Attitude of male sexual partners towards use of contraceptives during the COVID-19 lockdown

In many societies in sub-Saharan Africa, with special reference to Nigeria, males have negative disposition to MFPM, and women tend to bear the burden of family planning responsibility (Isiugo-Abanihe, 2003; Kabagenyi, Jennings, Reid, Ntozi & Atuyambe, 2014). This attitude was found to have played out during COVID-19 lockdown. In response to the question on whether their husband adopted condom, which is the most popular and accessible modern methods of family planning for men, one participant responded thus:

My husband doesn't really like to use those things. But I have IUD and sometimes, I take injection. Since I know my husband, he had never used condom and I cannot ask him to use it. I don't want trouble. But I was using it before this incident. I really don't know what happened (IDI/45years/Ojo).

It could be gleaned from the above response that, not only that some men have negative attitude to MFPMs, the women have accepted the attitude as the norm, and willing to bear the burden of family planning responsibility, even though family planning is easier if the men were to take up the responsibility. For instance, the male condom requires no special skill to adopt it, but IUD and implant require some special skills to insert. African men should be encouraged to take up MFPM as their responsibility and help their wives to reduce the risks associated with the adoption of more complicated methods such as IUD.

In general, all the participants noted that their husbands are not favourably disposed to the use of MFPMs, although some reported that they receive support from their husbands. According to one of them:

I use contraceptives, my husband doesn't. But he takes me to the clinic and pays for anything pertaining to my health. As far as he can pay, I don't think it's a problem (37 years/Yaba).

The nature of the pregnancy

The need to ascertain the nature of the pregnancy (i.e., whether the pregnancy was intended or unintended) followed some anecdotal report that some women who had been suffering some form of infertility (primary or secondary infertility) and those trying to give birth to a particular sex, became pregnant during the lockdown. However, all the participants interviewed in the study reported that their pregnancy experiences were unintended. This is equally clear from the responses of the participants reported in the preceding themes.

Discussion of Findings

This study explored the impact of COVID-19 outbreak on fertility performance among women who became pregnant after ending childbearing in Lagos State, Nigeria. Unwanted pregnancy is a public health concern given its impacts on high fertility and negative reproductive health outcomes. The study was guided by three specific objectives: examine the effect of COVID-19 lockdown on access to modern contraceptives; understand the attitude of their sexual partners towards the use of contraceptives during the COVID-19 lockdown; and ascertain the nature of the pregnancy (i.e., whether the pregnancy was planned or unplanned).

Findings indicate that the outbreak of COVID-19 and the associated lockdown and restriction on movement affected women's regular access to reproductive health services. Also, fears and insecurity that were the case at the peak of the lockdown created a barrier to contraceptive adoption among women. Some women who could reach family planning clinic were denied services because hospitals tended to focus on COVID-19 patients.

Furthermore, majority of the participants reported that their male sexual partners are not favourably disposed to the adoption of MFPMs, although some revealed that their spouses supported them financially to obtain family planning services. This finding on attitude of men towards contraceptives corroborates findings from earlier studies in Nigeria and elsewhere in Africa. For instance, literature on fertility and reproductive health in Nigeria and parts of sub-Saharan Africa indicates that men have negative attitude to MFPMs (Eborka, et al., 2021; Ntozi, Ahimbisibwe, Ayiga, Odwee & Mulindwa, 2000). The men tend to display poor attitudes to contraceptives even in sexual acts in which they do not want pregnancy, and they expect their women to take care of themselves, leaving women to bear the greater burden of family planning responsibility, reproductive health and unplanned pregnancy issues; and sometimes, deny paternity of the child (Varga, 2000). This attitude tends to perpetrate the idea that women can take care of themselves on matters of family planning. From the responses of some of the women who participated in the study, the idea that family planning is the responsibility of women is taking hold of their mind as some believed that there was nothing wrong with the women going through family planning procedure, provided the men can pay for the services. Similarly, it was found that all the women who participated in the study did not intend to become pregnant. Thus, all the pregnancies among them were unplanned, and this situation has implications for fertility performance.

Conclusion and Recommendations

The study examined the effects of COVID-19 on reproductive health of women in Lagos State. It sought to understand how lack of access to family planning services, occasioned by the outbreak of COVID-19 pandemic, resulted in pregnancy among women who have ended childbearing. The study concluded that COVID-19 outbreak and the associated lockdown and curtailment measures affected women's access to reproductive health services, and consequently, some of them who have ended childbearing experienced unintended pregnancy, leading to a change in their fertility performance. In general, evidence suggests that during the pandemic, women's sexual and reproductive health rights (SRHRs) were infringed. Furthermore, the study indicated that the men were not favourably disposed to the use of MFPMs even in coital situation where they (the men) did not want pregnancy, tending to leave the women to continue to bear the burden of family planning responsibility. As a way forward, the study is suggesting the following recommendations:

1. The creation of integrated safe spaces for accessing sexual and reproductive health (SRH) services into existing Family Planning units of Primary Health Care (PHC) Centres and private facilities. This will help to overcome the impact of lockdown during pandemic outbreak.
2. More training on contraceptives use (traditional and modern) to mitigate the problem of contraceptive failure.
3. There should be demand generation through community health centres' officials and social media.
4. Efforts should be made to engage husbands to involve in modern family planning methods and lessen the burden of family planning responsibility on women.

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