

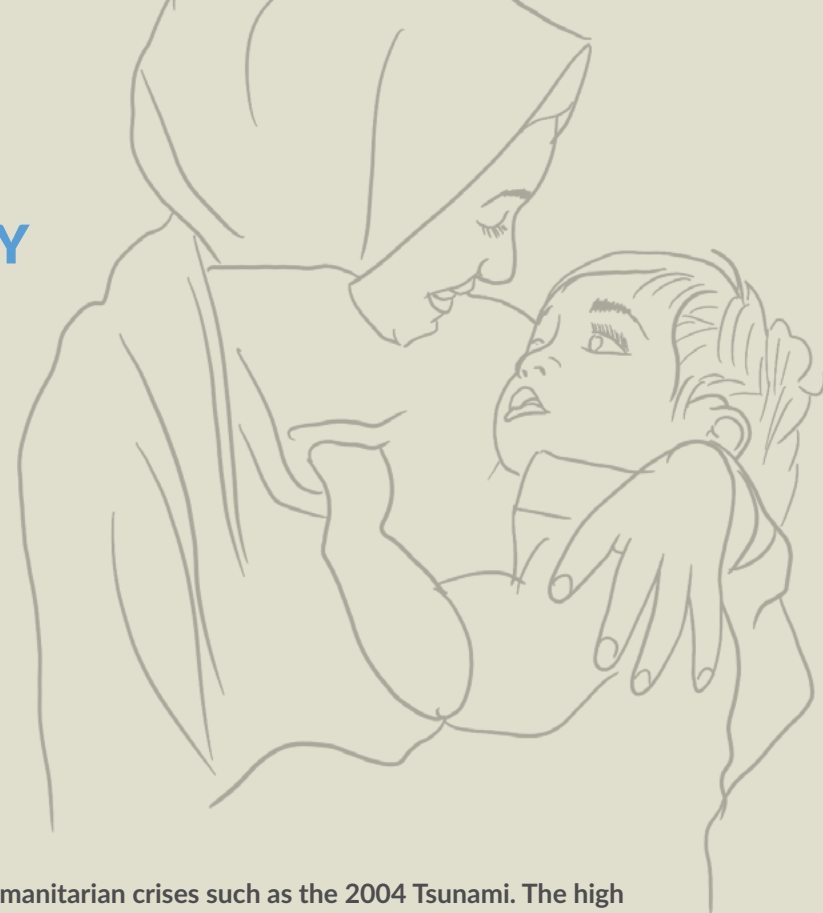


**THE IMPACT OF COVID-19 ON MATERNAL HEALTH  
AND FAMILY PLANNING IN MALDIVES**

# THE IMPACT OF COVID-19 ON MATERNAL HEALTH AND FAMILY PLANNING IN MALDIVES

The recent onset of the COVID-19 pandemic has threatened to become one of the most challenging tests faced by humanity in modern history, with governments facing multifaceted health and socio-economic challenges. Impacts can range from affecting livelihoods, increasing morbidity and mortality, overwhelming health systems, and triggering lasting geopolitical change.

Maldives is currently implementing measures like lockdowns and travel bans. The consequential disruption of services on an already overstretched health system and the deviation of resources from essential sexual and reproductive health (SRH) services are expected to increase the risk of maternal and child morbidity and mortality, as shown in past



humanitarian crises such as the 2004 Tsunami. The high population density in Male' compounds the likely social and health impacts of COVID-19.

Compounded with the above factors, there could be an impact on the ability of women and couples to access family planning methods during this time. Some of the drivers of a potentially reduced access to contraceptive services include:

- *Strict lockdown measures, disruption of continuity of essential SRH services including family planning, and limited access to such services;*
- *Geographical distribution of the country and scattered population on small islands may contribute to inaccessibility of proper maternal health services and facilities, and this is amplified during the current crisis;*
- *Contraceptive stocks are likely to run out and replenishing stocks is difficult because of restrictions of movement and limited service availability.*
- *Health systems are already overburdened by the COVID-19 response and the focus is on controlling the virus spread, life-saving measures and critical care. SRH issues are generally neglected during emergencies.*



# METHODOLOGY AND ASSUMPTIONS

Using current demographics and statistics we have modelled the expected number of births and unintended pregnancies for the Maldives for 2020-2021 using the FamPlan modules of Spectrum (Avenir Health, 2019). We have reflected in these analyses the effect of a reduction in access to contraception in 2020, due to the COVID-19 pandemic. Baseline data for key input variables were taken from the Maldives Demographic and Health Survey, MDHS. This methodology is consistent with other global analysis, such as the recent John Hopkins University global analysis.

We have modelled 3 scenarios to estimate the impact of COVID-19 on maternal health and family planning, more specifically in coverage for skilled birth attendance, deliveries

in health facilities and users of short-term methods of contraception (condoms, pills and injectables) during 2020.

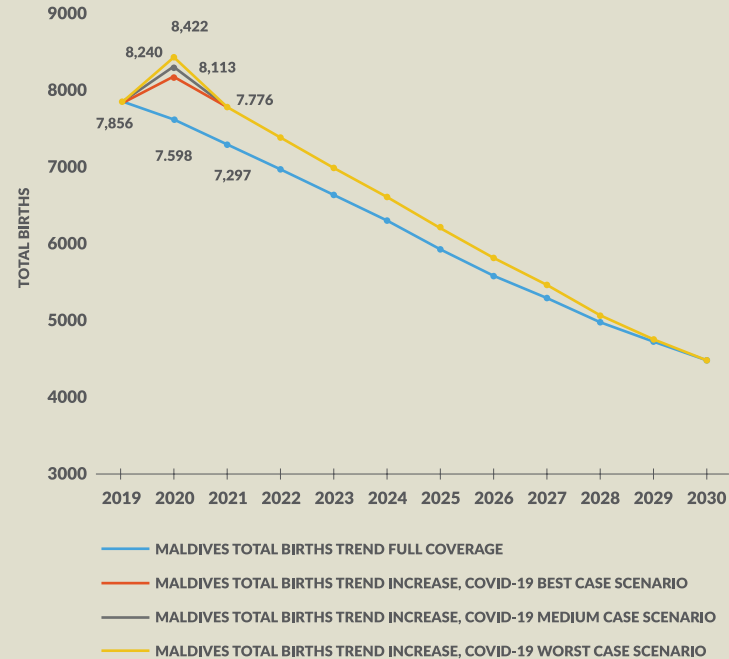
- *The best-case scenario looked at a 10% drop.*
- *The medium case scenario is a 20% drop.*
- *The worst-case scenario modelled is a 45% drop.*

These three scenarios of the impact of COVID-19 were modelled against a 'Full Coverage' Scenario, whereby instead the coverage of the key services above continued to increase gradually to reach full coverage by 2030, in line with the targets of the Sustainable Development Goals.

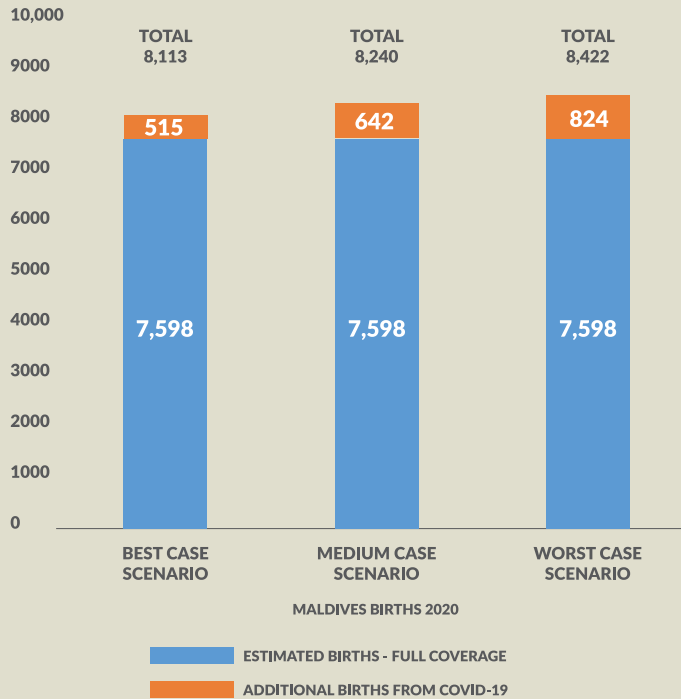
# IMPACT OF COVID-19 ON BIRTHS AND UNINTENDED PREGNANCIES

This analysis estimates that because of the COVID-19 pandemic and associated lockdown during 2020, the numbers of pregnancies and births are expected to increase in the Maldives. The effects of the reduction in contraceptive access in 2020 would be felt also after 2020, as the country's progress in increasing contraceptive prevalence and reducing unmet need for family planning would be delayed. As a result, the number of births will spike in 2020, but also continue to be slightly higher than the 'Full coverage' scenario over the course of the decade.

MALDIVES TOTAL BIRTHS INCREASE 2020-2030, COVID-19 IMPACT



### MALDIVES BIRTHS INCREASE 2020, COVID-19 IMPACT



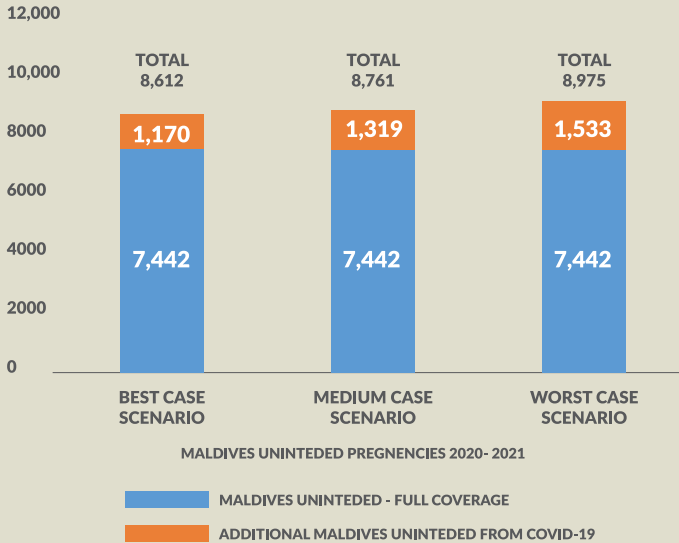
The increase in number of births is a consequence of the projected increase in the number of total pregnancies in the country, of which a significant amount can be considered unintended or unwanted pregnancies (due to the low contraceptive prevalence of married or in-union women in the Maldives).

In 2019, around 9,000 total pregnancies were estimated to have taken place in the Maldives, resulting in the total number of live births presented above. However, up to 40% of these pregnancies could be considered unintended.

Given this proportion and the expected drop in access to contraception due to the COVID-19 pandemic, our models estimate that over the next two years (2020 and 2021) the Maldives could experience an increase in the numbers of unintended pregnancies in the country.

# COVID-19 AND UNINTENDED PREGNANCIES IN MALDIVES FOR 2020 -2021

MALDIVES UNINTEDED PREGNENCIES 2020, COVID-19 IMPACT



The estimated number of unintended pregnancies for each scenario for 2020 & 2021 is as follows.

- *In the best-case scenario there will be an additional 1170 unintended pregnancies from the baseline of 7,442 unintended pregnancies expected pre-pandemic in 2020 and 2021. This would amount to a total of 8,612 unintended pregnancies over two years.*
- *In the medium case scenario there will be a total of 8,761 unintended pregnancies over 2020 and 2021, of which 1319 are expected to be additional unintended pregnancies due to COVID-19.*
- *In the worst-case scenario there will be a total of 8,975 unintended pregnancies over two years, of which 1533 are expected to be additional unintended pregnancies due to COVID-19 and the reduction in contraceptive access.*

It is evident that even in normal situations many pregnancies in Maldives are unintended. Unintended pregnancies especially among young people are a major concern. It is a health as much as a social and financial concern for the families. Pregnancy during adolescence increases the risk of morbidity and mortality for both mother and child. This could also lead to adverse social consequences such as limitations in educational and employment opportunities. Sexual intercourse outside of marriage is illegal in the Maldives and social stigmatization and associated religious and cultural consequences may result in women seeking access to abortions in unsafe conditions, which could lead to death or disability for the woman.

The use of modern family planning methods is the best way to prevent unintended pregnancies and reduce the risks associated with unwanted pregnancies and childbirth.

However, in the Maldives the use of contraceptives is decreasing, and the country did not achieve its 2018 target of 39% for overall contraceptive prevalence amongst married women.

It is striking to note, however, that the low contraceptive use and demand and the corresponding increase in unmet need, happened at the same time that the total fertility rate (TFR) was declining. This is quite uncommon as normally a decrease in TFR is associated with an increase in the modern contraceptive prevalence rate and a decrease in unmet need for contraception.

An in-depth analysis on this is a crucial requirement to facilitate more responsive and targeted SRH programming, policy advocacy and to improve the wellbeing of women and their reproductive health.



# CONCLUSION AND KEY POLICY RECOMMENDATIONS

It was observed that a drop in coverage due to COVID-19 in 2020 alone could be damaging for SRH programmes, particularly for access to family planning services and modern methods of contraception. There is a risk of reversal on the progress made in building functioning health systems and improving women's health through access to SRH services and contraceptive methods of choice. The negative consequences of COVID-19 will last much longer than 2020, and therefore the results of this analysis may be considered a conservative estimate. Therefore, strengthening SRH programmes across the country to ensure improved and accessible SRH services need to be prioritised.

The following are the key policy recommendations in the context of expected increase in unintended pregnancies in the coming years:

- *Prioritise sexual, maternal, and reproductive health services as an essential health service during and post COVID-19 as detailed in the RMNCAH Strategy.*
- *Maintain or increase resources for continuation of SRH services with a functional referral system, including emergency obstetric and newborn care and linkage with higher-level hospitals.*
- *Optimize service delivery settings and platforms including the use of technological solutions such as telemedicine and ensuring establishment of effective risk screening, triage and patient flow for all.*

- *Ensure allocation of adequate infrastructure and health care workers with correct skill-mix to provide care for women and children. Ensure that essential SRH workers are not diverted away from providing critical SRH services, but rather they are retained to continue providing care to women of reproductive age, pregnant women and their infants, adolescents and children.*
- *Ensure commodity security for uninterrupted supplies for SRH health services during and post pandemic including lifesaving maternal medication and contraceptives.*
- *Formally incorporate/operationalize Minimum Initial Service Package (MISP) in the Health Emergency Operational Plan and the National Emergency Preparedness and Response Plan, and endorse the national RMNCAH Strategy*
- *Prioritize adequate financing for research, strengthening logistics and data systems to adequately meet the family planning needs.*



Ensuring rights and  
choices for all

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