

INFLUENCE OF COVID-19 PANDEMIC ON SEXUAL AND REPRODUCTIVE HEALTH SERVICES

(results of monitoring assessment)

Introduction

It's not new that any kind of pandemic causes difficulties in healthcare system. Overcoming the pandemic becomes the high priority for the country's healthcare system and other healthcare services can be affected by this fact, since it can lead to lack of professional services (concentrated on overcoming the pandemic), travel bans, total lockdowns, cancelation of various non-urgent interventions, etc.

In this regard, the World Health Organization (WHO) Director General's remarks on COVID-19 emphasized that "*All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights¹*". Therefore, the WHO encouraged the country governments to engage in strategic planning and coordinated action to maintain essential health service delivery. Moreover, the WHO highlights the need to respect women's choices and rights to sexual and reproductive health care regardless of COVID-19 status.

During the period of March 20 to May 20, Women's Resource Center has conducted on-line interviews with 62 gynecologists and 14 women who have seek sexual and reproductive health (SRH) services during lockdown to discover the situation regarding sexual and reproductive health rights (SRHR) during Covid-19 pandemic in Armenia. The monitoring revealed that the Ministry of Health had made a decision for all healthcare facilities to postpone all non-essential surgeries, but no other regulation on SRHR issues were made for the period of state of emergency. The abortion services were provided by many doctors, although many women had lack of access to transport to reach abortion services, moreover, the medical abortion was not widely used by the doctors, so the women have lack of access to those as well. Maternity hospitals operated normally and the contraceptive methods were available in most of the monitored pharmacies. Based on the results of the monitoring of healthcare system, a follow-up online survey or a formative assessment was conducted among women during June-August, 2020.

Methodology

The on-line survey in a form of formative assessment was conducted among the women to reveal their experiences in sexual and reproductive health services during the pandemic. The main tool of the survey was a standardized questionnaire consisting of questions related to sexual and

¹ Retrieved from: <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-SRH/en/>

reproductive health services, their quality, compliance with the anti-pandemic requirements, as well as the challenges faced and overall satisfaction with the provided services.

Although the survey was intended for the women who have applied to gynecologist during the pandemic, driven from the limitations of the on-line surveys, only 61.3% (65 out of 106) of the respondents reported applying for the sexual and reproductive health services. Therefore, the overall picture of the sexual and reproductive health services quality is based on the responses of those 65 respondents. The questions related to the respondents' health self-assessment and general influence of the COVID-19 on their SRH were answered by all 106 respondents of the survey.

Respondents' Characteristics

No special sampling frame was developed for current survey, given the specifics of the on-line surveys. The post-factum data analysis shows that at least one respondent from each region except for Vayots Dzor region participated in the survey.

Table 1: Main Characteristics of the Respondents (by age, region and type of residence)

Region Type of residence		Age			Total
		18-35	36-50	51+	
Aragatsotn	Urban	1	0	0	1
Ararat	Rural	1	1	0	2
Armavir	Urban	2	1	1	4
	Rural	0	1	0	1
Yerevan	Urban	52	13	0	65
Lori	Urban	7	2	0	9
	Rural	1	0	0	1
Kotayk	Urban	7	1	0	8
	Rural	1	0	0	1
Shirak	Urban	6	1	0	7
	Rural	2	1	0	3
Syunik	Rural	1	1	0	2
Tavush	Urban	1	0	0	1
	Rural	0	1	0	1
Total	Urban	75	18	1	95
	Rural	7	4	0	11
	Total	82	22	1	106

As seen from Table 1, the highest rate of participation was reported from Yerevan (65 respondents), followed by Shirak (10 respondents), Lori (10 respondents) and Kotayk (9 respondents). Other regions' involvement index varied between one to four participants. In fact, the respondents from urban communities were 9 times more than from rural communities. This means that unfortunately no specifics can be driven from the type of residence, given the unproportioned distribution of the variables. Moreover, the age disaggregation also suggests that the number of respondents between 18 to 35 years olds was 4 times as much as the number of respondents aged 36 to 50.

Given that the main part of the data will be analyzed around those participants who visited gynecologist during the specified timeframe, it is worth reviewing also their statistical characteristics. The latter suggests that among the sampled respondents no representatives from Ararat region, as well as no 51+ respondents have reported receiving any SRH services during the period of June-August 2020.

Table 2: Respondents Receiving SRH Services During Pandemic (by age and region)

Age Region	Aragatsotn	Armavir	Yerevan	Lori	Kotayk	Shirak	Syunik	Tavush	Total
18-35	1	2	39	2	3	3	1	1	52
36-50	0	2	10	0	0	0	0	1	13
Total	1	4	49	2	3	3	1	2	65

As already mentioned, the assessment of the quality of SRH services are based on the feedback provided by these 65 respondents, the majority of whom happened to be from Yerevan. Given this fact, the generalization of the responses for other regions will be statistically insignificant leading to impossibility of reviewing the correlation between the set questions and the respondents' residence.

The respondents reporting no visits to gynecologists during the pandemic computed 41 out of 106 respondents, including 13 respondents who didn't need the SHR services, 2 respondents who had the need of SHR consultancy, but avoided the visit being afraid to getting COVID-19 infection and one respondent who had the need but was unable to apply to doctor due to financial problems.

Main Findings

Sexual and Reproductive Health Services (n=65)

The general practice of applying to the doctor, especially to receive SRH services can be described in extreme polarities. Some people are over-concerned with their SRH conditions and are used to apply for a medical consultancy even when there is no need, another group passes annual preventive check-ups, third group applies to doctor when there is a need, the others do not pay any attention to their health until there is a serious problem, which usually happens to be the most complicated stage of the issue. The assessment of 100-120 women conducted in 2014 by Pedros Kojyan, professor of the University of California², suggests that women in Armenia mainly represent the two extreme polarities of described groups – i.e. those over-concerned with their health and those totally inattentive.

Reasons for Applying to Gynecologist

The current monitoring assessment showed that the main reason for visiting the gynecologist for a relative majority of the respondents (mentioned by 26 out of 65) was **pregnancy**, which was in most cases accompanied with ultrasound examination. The second most frequent reason (20 out of 65) was the **issues and diseases of female internal genital organs** which was also accompanied with ultrasound examination and STI testing. **Ultrasound examination** and **STI testing** as independent reasons of the visit were reported by 10 and 4 respondents out of 65 respectively. Although the appropriate correlation between the type of received SHR services and the place of residence cannot be done due to the unproportioned distribution of the respondents, however, the obtained data suggests that only women from Yerevan applied for the STI testing.

Other reasons like **parturition, abortion, planned gynecological surgery** and various **check-ups** were reported **once or twice each**. Thus, the results suggest that during the COVID-19 pandemic the main SRH visits were those irreplaceable such as mandatory checks during the pregnancy and urgent issues with internal genital organs. Although the monitoring of the hospitals conducted earlier revealed no postponed abortions, there was only one case of abortion reported by the surveyed women.

Quality of Services

As for the quality, the compliance of the provided services of sexual and reproductive health with the national requirements set for the period of COVID-pandemic was evaluated in a complex considering several mandatory components. The evaluation was grouped in three: (1) **patients' safety and protection**, (2) **medical personnel's safety and protection** and (3) **medical facility's sanitary conditions**.

² <https://www.panorama.am/am/news/2014/09/22/bedros-qojyan/203609>

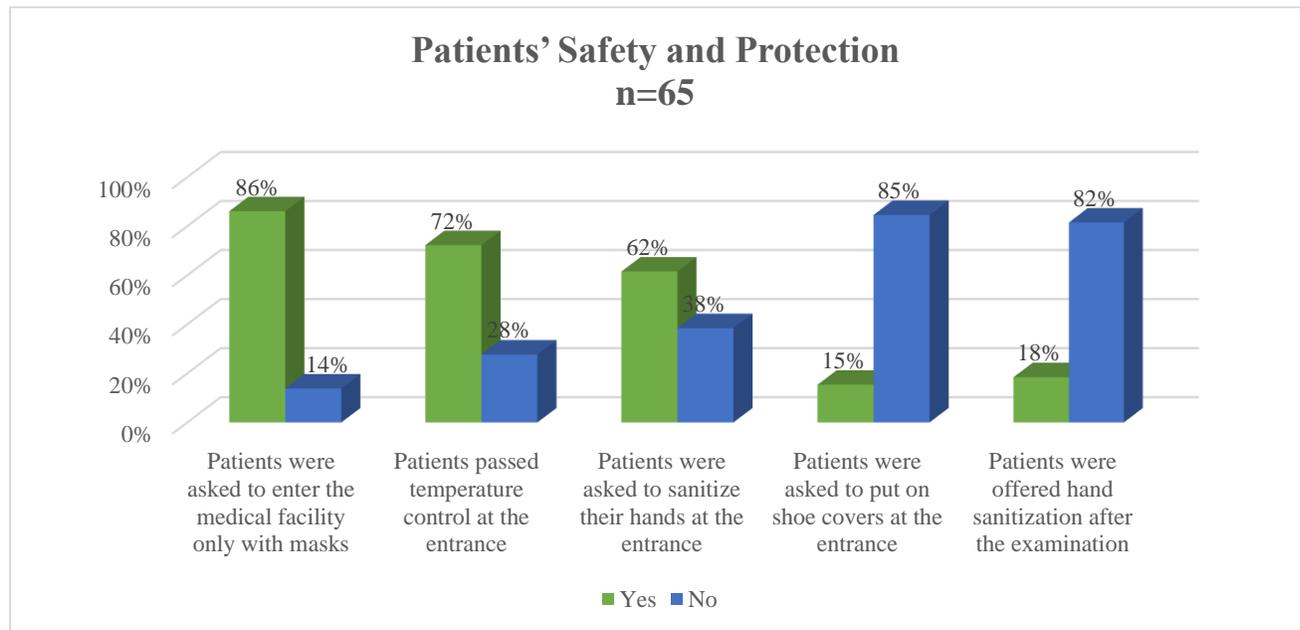
Patients' safety and protection

In order to understand how well were the safety and protection of patients been ensured, five indicators were defined –*mask requirement, temperature control at the entrance, hand sanitization at the entrance, shoe covers requirement, hand sanitization after the examination.*

According to the obtained data the **mandatory** procedures, such as **mask wearing (86%)**, **temperature control (72%)** and **hand sanitization at the entrance (62%)** were well followed in the majority of the medical facilities. In fact, these were the requirements regulated by the legislative and other legal norms specifically defined for the period of COVID-19 pandemic. Even though, the mentioned activities were followed in the vast majority of reported cases, however, the non-provision of those conditions even in few cases alarms about existence of misconduct.

As for such requirements like **wearing shoe covers** and **ensuring hand sanitization after examination**, indeed, not necessarily regulated by the legal norms, were reportedly ignored in the majority of the cases. The vast majority of the respondents mentioned that **no shoe covers (85%)** and **no sanitization after examination (82%)** was offered to them during their visit. The latter can also be explained by the limited resources and the assumption that each patient should have their personal sanitizers with them.

Chart 1: Patients' Safety and Protection



Medical personnel's safety and protection

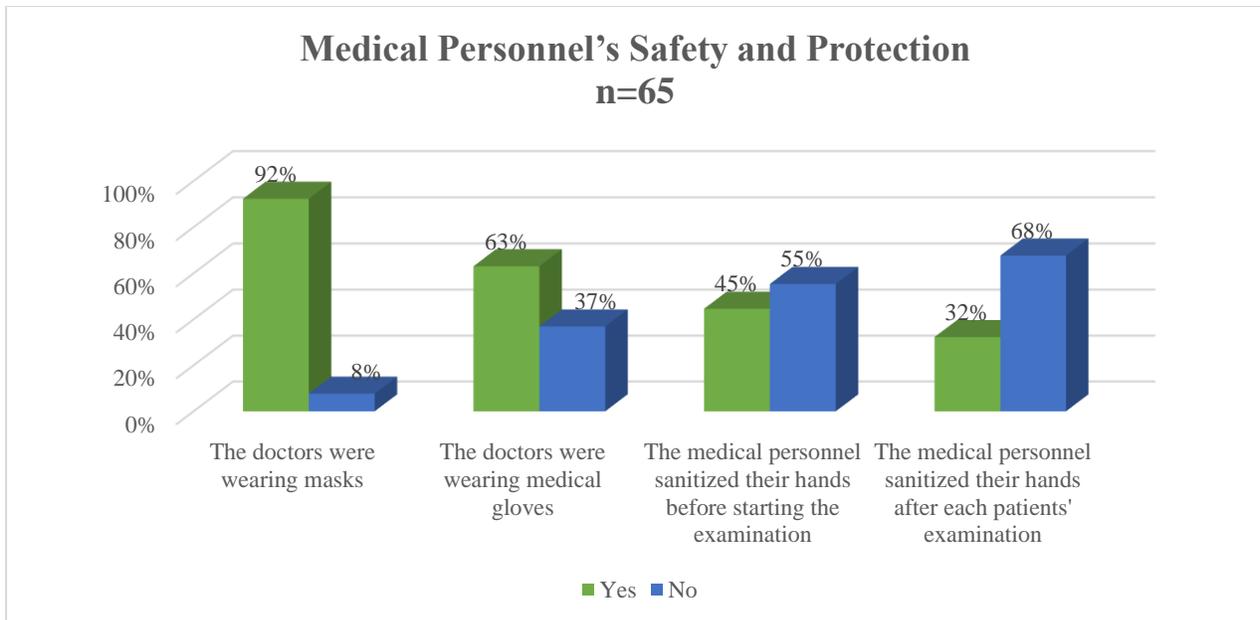
The second component of the quality service provision, is the medical personnel's safety and protection, including activities ensuring the protection of the patients. The **majority of respondents (92%)** mentioned that **the doctors were wearing masks**, although there were **five doctors reportedly working without masks**, mentioned by the respondents residing in urban

communities. The percentage of the **doctors wearing medical gloves** happened to be **1.5 times less than** those wearing masks (**63%**).

The more **alarming statistics** is the significantly **low percentage of doctors who sanitized their hands before the patients' examination**. In more than half of the cases doctors were reported not sanitizing their hands prior to starting the examination. Considering the specifics of the SRH services, it is very critical that the medical personnel ensures sterile conditions for their examination procedures. **Indeed, the vast majority of doctors reportedly not sanitizing their hands before the examination were also not wearing medical gloves (17 out of 24)**.

The doctors who were mentioned **sanitizing their hands after each examination** computed only **one-third of all cases**. In fact, this is the case when the patients may not notice the process of hand sanitization after the examination, being concentrated on their own clothing or other activities, therefore the reported number may not reflect the real picture. Moreover, one of the respondents mentioned that the doctors were not sanitizing their hands but were changing the medical gloves after examination. This is to say that similar practice could have been used in more cases but not reported by the respondents. Nevertheless, the existence of abovementioned cases of not wearing medical gloves and not sanitizing hands, can lead to conclusion that similarly the post-examination sanitization was also poorly practiced in medical facilities during the pandemic.

Chart 2: Patients' Safety and Protection



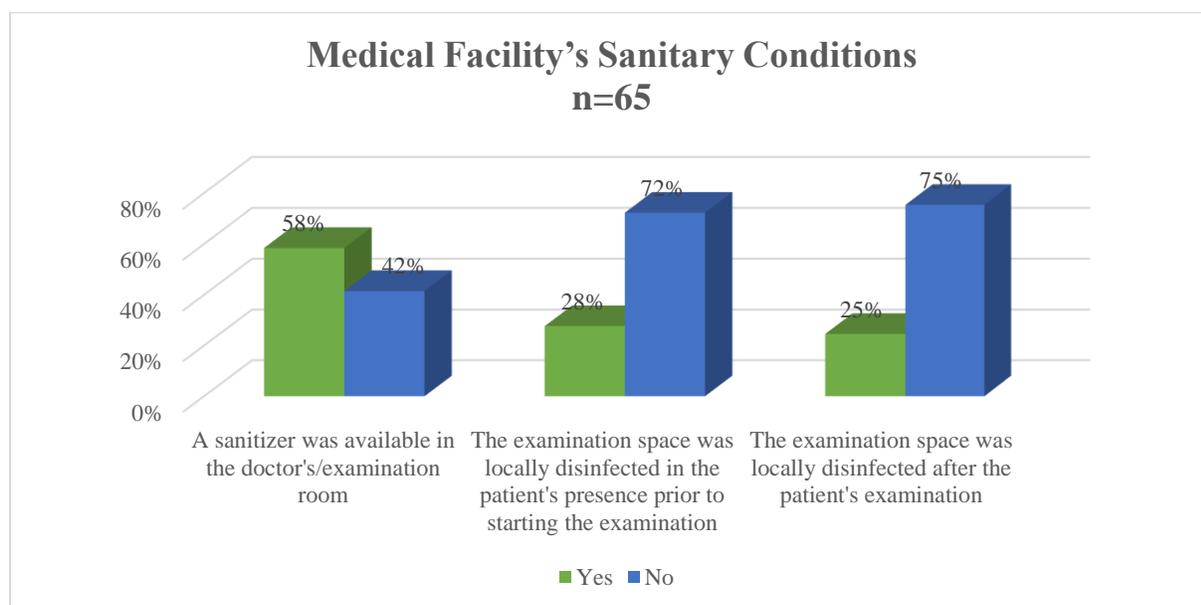
Medical facility's sanitary conditions

As a final piece to the big picture, the overall sanitary conditions of medical facilities were evaluated by the respondents. In fact, the majority of respondents reported that **the examination**

spaces were disinfected neither before (72%) nor after (75%) their examination. This situation was especially typical for regional medical facilities, although the share of poor conditions was also quite significant in Yerevan. This is another alarming statistic considering the specifics of the SRH examinations and the space used for it. It is mandatory to disinfect or ensure individual sanitary conditions for each patient regardless the pandemic.

The availability of the sanitizers was reported in more than half of the cases, but the quite low 18% of cases when the patients were offered to sanitize their hands in the doctors' room, speaks of non-purposeful use of the sanitizers available in the doctors' or examination rooms.

Chart 3: Medical Facility's Sanitary Conditions



The overall evaluation of the sanitary conditions ensured and the measures taken to protect the patients and the doctors from possible infection of COVID-19, can be stated as medium tending to minimum. This conclusion is driven from the fact that only those very mandatory and legally regulated procedures were followed, often neglecting other important activities, such as disinfection, that even if not regulated by the requirements during the pandemic, are essential for the patients' safety and health. Moreover, there was one negatively outstanding case, reported by one of the respondents from Yerevan that none of the mentioned activities were ensured during her visit.

Challenges Faced and Satisfaction with the Services

Although the quality of the provided SRH services were reviewed as medium based on several indicators, more than the half of the respondents (62%) themselves mentioned not facing

serious challenges during their visit. Among the reported challenges, the relatively repeatedly mentioned ones were the fact that **the doctors were not in a protective wear (17%)** and that **the consultancies were not provided in isolated conditions (15%)**. Lack of transportation or difficulties in completing the travel pass were reported as obstacles for getting the medical support only by one respondent each. Medical facility conversion or cancelation of the planned gynecological surgeries although mentioned by more than one respondent, but didn't represent a statistically significant trend. Lack of relevant doctors was mentioned by three respondents. No serious challenges with getting the contraceptives were reported, indeed only one respondent mentioned having difficulties.

According to the obtained data, the **vast majority of the respondents (74%)** who have visited the SRH services reported **being fully satisfied** with the latter, another **20% were partially satisfied**. The number of the respondents being **dissatisfied** with the provided services was quite low computing **six percent**. The respondents being dissatisfied with the provided SRH services, were those facing such challenges as cancelation of planned gynecological interventions, consulted with doctors not wearing protective clothing, experiencing lack of relevant medical personnel and transportation bans.

Overall State of and COVID-19 Influence on Sexual and Reproductive Health (n=106)

The self-assessment of one's own health condition is quite a difficult task mainly depending on their knowledge, general inclination to their health and the personal skills to understand own body, including the health-related signs sent by one's body. Therefore, the analysis of the question "How would you evaluate your health condition" should consider a very high subjective component and can't be regarded as medically stated condition. Nevertheless, the **half of the respondents (55 out of 106)** rated their health state as "**good**", the **other 43% (46 out of 106)** of the respondents noted that their health conditions were "**satisfactory**", whereas **4 out of 106** of respondents rated their own health conditions as "**bad**" and **1 out of 106** as "**awful**". The young woman rating own SRH condition as awful reported having reproductive problems and was absolutely dissatisfied with the provided services, since she didn't receive appropriate medical support. The majority of women rating their SRH as "good" were at the age of 18-35, whereas those rating it "bad" were mainly above 35.

In regard to the influence of COVID-19 on SRH, the vast majority of the respondents **75% (79 out of 106)** reported that it has had no influence on their SRH condition. Nevertheless, the **main negative result** of COVID-19 reported 9 times was **getting female genital issues during pandemic and being unable to visit the doctor**, followed by **cancelation of the planned gynecological interventions** mentioned 7 times, **inability to get appropriate SRH services and treatment** mentioned 6 times, and **having serious health problems but avoiding doctor visits** due to COVID-19 mentioned 5 times. Among other negative influences of COVID-19 were *hospital conversion causing in inability to receive appropriate treatment, transportation bans*

causing in difficulties of specific medicine purchase available only in Yerevan each mentioned once.

Areas for Improvement (n=106)

As a conclusive question, the respondents were asked to recommend changes for improvement of the sexual and reproductive healthcare system. Interestingly, one third of respondents either found it difficult to suggest any changes for improvement of sexual and reproductive healthcare system or thought everything was fine at this stage and no changes were required.

The other two third of the respondents have answered this question and provided some ideas for improvements. Although the question was open ended, the responses were very similar and they were grouped in three main categories (see Diagram 1), which are indeed interlinked and sometimes interdependent. Consideration of the recommendations provided by the patients can lead to improvement of the sexual and reproductive healthcare quality.

Diagram 1: Recommendations for Improvement Provided by Respondents



Recommendations

Based on the analysis of the obtained data, as well as improvement ideas raised by the respondents, the following recommendations can be done:

COVID-19 SPECIFIC

- To present the findings of the survey to the Ministry of Health and other stakeholder bodies in order for them to ensure better quality of the services fully complying to the requirements set for the period of the pandemic.
- To organize an on-line meeting for the SRH specialists and discuss the shortcomings revealed through the survey and the required procedures set for the pandemic as kind of refresher and reminder sessions.

GENERAL

- To organize series of trainings or capacity building sessions for the following groups of people:
 - ✓ **Medical workers** on medical ethics, confidentiality, appropriate attitude and conduct to female patients, specifics of conduct during the pandemic, etc.
 - ✓ **Young girls and women** on overcoming shame of applying to SRH services, My body, my rights, SRH diseases and their early detection, etc.
 - ✓ **Newly married couples (both husbands and wives)** on family life, sexual and reproductive health, conflict resolution techniques, child upbringing, healthy relationships etc.
- To organize discussions on healthcare service quality improvement with leading specialists of each sphere to come up with realistic improvement plans.
- Based on these plans, develop a package of recommendations for improvement of healthcare system including those related to **administrative issues** such as queues, application procedures, price policy, etc. and **professional aspects** such as improvement of medical personnel qualifications and knowledge.
- To organize discussion of the recommendation package and submit it to the Ministry of Health for further consideration.