

Impact of COVID-19 Lockdown Restrictions on Access to Ante-Natal and Post-Natal Care Services by Women of Childbearing Age in Harare, Zimbabwe

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ABSTRACT

The research aimed to assess the impact of the COVID-19 lockdown restrictions on access to ante-natal and post-natal care services by women of childbearing age in Harare, Zimbabwe. The study used a cross-sectional explanatory research design to assess the effects of lockdown restrictions on access to ante-natal and post-natal care services by women of childbearing age in Harare, Zimbabwe. A multi-stage cluster sampling was used to select the study respondents, who were women of childbearing age. The researcher used the structured questionnaire to electronically elicit data from a sample of 384 women of childbearing age in Harare between December 2021 and January 2022. Data were analyzed using a Statistical Package for Social Scientists (SPSS). Descriptive statistics were used to determine the proportion of women who accessed ante-natal and post-natal care services during the COVID-19 lockdown period. Furthermore, inferential statistical analysis was used to assess the level of satisfaction, comfortability, and accessibility of the ante-natal and post-natal care services by women of childbearing age. Data analysis revealed that the COVID-19 lockdowns greatly affected access to ante-natal and post-natal care services during the coronavirus pandemic. The results revealed decreased levels of satisfaction and “comfortability” with the ante-natal and post-natal care services women were receiving as a result of the COVID-19 pandemic. These results showed that there is a need for the government to offer resources such as more health workers, equipment to support mobile clinic services and to provide suitable personal protective equipment to the health workers during pandemics. This will ensure that access to ante-natal and post-natal care services are not disrupted during future pandemics.

Keywords: Ante-Natal Care, COVID-19, Post-Natal Care, Health, Lockdown Restrictions.

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I. INTRODUCTION

In 2019, a coronavirus was identified as the cause of COVID-19 in Wuhan City, China (Rodriguez-Morales *et al.*, 2020). At the beginning of 2020, the COVID-19 disease started to rapidly spread to the international community and as a result, it was declared a pandemic by the World Health Organization (WHO) on 11 March 2020 (WHO, 2020). In Zimbabwe, the first case was confirmed in March 2020 and the number of cases continued to increase daily. In order to control the spreading of the COVID-19 pandemic and to mitigate the impact of COVID-19, a national lockdown was declared by the government on the 30th of March 2020. Apart from declaring a lockdown, the government adopted other measures to limit the spread of the disease, such as social distancing, closing the international borders, and movement restrictions. This could have affected access to ante-natal and post-natal care services by women of childbearing age. As such, the impact of COVID-19 lockdown restrictions on ante-natal and post-natal care services is of much concern among the researchers. However, there is limited literature on the impact of COVID 19 on ante-natal and post-natal care services in Harare, Zimbabwe.

The COVID-19 pandemic resulted in a restriction of non-essential activities, closure of schools and universities, people being encouraged to stay home, the lockdown of entire cities and/or countries, demanding essential businesses to run skeletal operations and allowing employees to work from home (Ozili, 2020). COVID-19 strained the health system globally. Due to the pandemic, healthcare workers, equipment, and facilities have been altered to cope with the rising number of patients having COVID-19 (Singh *et al.*, 2021). Singh *et al.* (2021), further state that COVID-19 infections among health workers have

further reduced the health workforce (Kursumovic, Lennane and Cook; 2020). Public health programs meant to deliver Reproductive, Maternal, Neonatal, and Child Health (MNCH+) services (e.g., vaccinations, free ANC, etc.) were either paused or reduced in scale (Singh *et al.*, 2021). There is limited literature on the impact of COVID-19 lockdown restrictions on access to ante-natal and post-natal care services by women in general, and childbearing women in particular. The current study looked at the impact of COVID-19 lockdown restrictions on access to ante-natal and post-natal care services by women in Harare, Zimbabwe. The paper contributes to the literature by exploring the impact of COVID-19 lockdown restrictions on access to maternal and child health services by women in Harare, Zimbabwe, a context that has not been widely explored yet.

II. RESEARCH OBJECTIVES

The main objective of the study is to assess the impact of COVID-19 lockdown restrictions on access to ante-natal and post-natal care services by women in Harare, Zimbabwe. The specific objectives are:

1. Assessing how the COVID-19 lockdown restrictions affect the ante-natal and post-natal care needs of women of childbearing age in Harare, Zimbabwe.
2. Assessing how the COVID-19 lockdown restrictions affect the availability of ante-natal and post-natal care services at health facilities in Harare, Zimbabwe.

III. METHODOLOGY

We used a cross-sectional descriptive survey design to carry out the research. The main aim of descriptive research is to describe and interpret the current status of individuals, settings, conditions, or events (Mertler, 2017). The descriptive research design was chosen for this study because it helped the researchers to gain insight into the impact of COVID-19 lockdown restrictions on access to maternal and child health services by women. The research used a deductive approach. The population for this research included women of childbearing age in Harare province. A multi-stage cluster sampling was used to select 384 women of childbearing age from the total target population. Cluster sampling was used because it reduces the cost of data collection (Turner 2003), making the survey more cost-effective, especially with respect to travel costs. According to (Cochran, 1977), systematic sampling produces better estimates, if the sampling frame is in some order. Data was collected using a structured questionnaire. According to Roopa and Rani (2017), a questionnaire enables quantitative data to be collected in a standardized way so that the data are internally consistent and coherent for analysis. The data were collected electronically using tablets and phones on the Open Data Kit (ODK) application and it was sent to an excel sheet in the google drive server. The researchers observed the following ethical issues when carrying out the research: obtaining informed consent from each respondent, ensuring that confidentiality of the data was guaranteed and that the respondents were not coerced into responding to the questionnaire, i.e., the participation was voluntary. Data analysis was conducted using a Statistical Package for Social Scientists (SPSS) version 23.

IV. RESULTS

This section presents an analysis of the data collected and the results from the research. In addition, the interpretation and presentation of the findings in line with the research objectives are made.

A. Demographic Analysis

The study recorded the demographic variables of the sample. Four variables (age, marital status, education level, and employment status of each respondent) were presented. The demographic data are presented in Table I. In order to understand the characteristics of a sample, it is essential to establish the distribution of values for all the demographic variables that contain numerical data before starting any statistical tests (Saunders *et al.*, 2009). The demographic data may influence other research findings.

Out of the 384 women selected for the study, most of them (48.6%) were aged between 25-39 years. This is because the majority of women of childbearing age are in this age group. Most of the women (40.7%) were married and 18% were cohabiting. Most of the women, 59% attended high school only, whilst 41% have a diploma or higher degree. This implies that all the women interviewed were adequately educated to be well informed about the information and messages about ante-natal and post-natal care services. Of the 384 interviewed women, most of the women (39%) were unemployed and about 31% were self-employed. Only 30% were employed. This could be attributed to the economic situation in the country which was also worsened by the emergence of the coronavirus pandemic.

TABLE I: DEMOGRAPHIC RESULTS

| Variable | N | Percent |
|------------------------------|-----|---------|
| Age | | |
| 15-19 years | 51 | 13.4 |
| 20-24 years | 78 | 20.4 |
| 25-39 years | 185 | 48.6 |
| 40-44 years | 41 | 10.8 |
| 45-49 years | 26 | 6.8 |
| Marital Status | | |
| Married | 155 | 40.7 |
| Divorced | 22 | 5.8 |
| Single | 102 | 26.8 |
| Cohabiting | 69 | 18 |
| Widowed | 33 | 8.7 |
| Educational level | | |
| High school | 225 | 59.3 |
| Diploma/National certificate | 82 | 21.6 |
| Bachelor's degree | 59 | 15.6 |
| Master's degree | 3 | 0.8 |
| Doctoral degree | 1 | 0.3 |
| Other | 9 | 2.4 |
| Employment status | | |
| Employed | 112 | 29.6 |
| Self Employed | 118 | 31.1 |
| Unemployed | 149 | 39.3 |

B. Descriptive and Inferential Statistics

In the study, descriptive statistics were computed from the responses obtained in order to determine the mean scores and standard deviations for the variables of interest in the study. The study collected data which was obtained using a 5-point Likert scale. The study revealed that 51% of the interviewed women had access to ante-natal and post-natal care services during the COVID-19 lockdown restrictions. The latest household survey conducted by the Zimbabwe National Statistics Agency and ICF international in 2015 indicated that 78.9 percent of women gave birth in a health facility, in Harare (Zimbabwe National Statistics Agency & ICF International, 2016). Hence, it is evident that the lockdown restrictions imposed by the government during the COVID-19 pandemic affected access to ante-natal and post-natal care services by women of childbearing age. The level of satisfaction with ante-natal and post-natal care services by women of childbearing age decreased from mean scores of 3.89 and 4.04 before the COVID-19 pandemic to 2.29 and 2.79 respectively during the COVID-19 lockdown. Though, half of the women interviewed accessed ante-natal and post-natal care services during the lockdown restrictions, the level of comfortability by those women when they visited the healthcare facilities decreased. For ante-natal care, the level of comfortability decreased from a mean score of 3.98 before the COVID-19 pandemic to a mean score of 2.74 during the COVID-19 pandemic and for post-natal care, the level of comfortability decreased from a mean score of 4.23 before the COVID-19 to a mean score of 2.93 during the COVID-19 pandemic. This could be attributed to the fear of contracting COVID-19 by the women who were surveyed. Further analysis of the data showed that the coronavirus pandemic affected access to ante-natal and post-natal care services by women of childbearing age in Harare (p -value < 0.001). A paired sample t-test was conducted to assess whether there was a significant decrease in the overall level of satisfaction with the ante-natal and post-natal care services by women of childbearing age during the coronavirus pandemic compared to before the coronavirus pandemic. The results showed that there was a significant decrease in the mean score during the pandemic compared to before the pandemic (p -value <0.001). Another paired sample t-test was conducted to assess whether there was a significant decrease in the overall level of comfortability by women who were visiting the health facilities for ante-natal and post-natal care services during the coronavirus pandemic compared to before the coronavirus pandemic. The results showed that there was a significant decrease in the mean score during the pandemic compared to before the pandemic (p -value <0.001).

V. DISCUSSION

This research aimed to assess the impact of COVID-19 lockdown restrictions on access to ante-natal and post-natal care services by women of childbearing age in Harare, Zimbabwe. The results showed that the COVID-19 lockdown restrictions contributed to reduced access to ante-natal and post-natal care services by women of childbearing age in Harare, as only 51% reported having access. The findings were consistent with the literature. Kotlar *et al.* (2021) conducted a scoping desk review on the impact of the COVID-19 pandemic on maternal and perinatal health in 95 publications and the results revealed that the COVID-19

pandemic led to a mandatory postponement of many non “essential” health services to prevent transmission within health facilities, which led to significant reductions in the obtainment of ante-natal and post-natal care.

The results revealed that there was a decrease in the level of satisfaction with the ante-natal and post-natal care services women were getting from the health facilities. This is consistent with the results from a study conducted by Meany *et al.* (2022) which revealed that when women reported dissatisfaction with maternity services, it was mostly linked to COVID-19-related restrictions implemented, which resulted in antenatal appointments and classes being canceled, postponed, or delivered through telemedicine clinics. The results also revealed that there was a decrease in the level of comfort associated with visiting care facilities in order to access ante-natal and post-natal care services. This is consistent with the findings by Dupuis *et al.*, (2021), whose findings indicate that movement restrictions, social distancing, and the closure of many services, have resulted in a reasonable level of fear of possible exposure to COVID-19 for many people. The results also revealed that the COVID-19 pandemic affected the availability of ante-natal and post-natal care services at healthcare facilities. The findings from the current research support findings from other studies where COVID-19 lockdowns and restrictions resulted in a decrease in the availability of health supplies commodities, diversion of healthcare providers, service closures and fear of clients about contracting COVID-19 from health facilities among other issues (Purdy, 2020; Dupuis *et al.*, 2021; Sharma *et al.*, 2020).

VI. CONCLUSION AND IMPLICATIONS

This article discussed the impact of the COVID-19 lockdowns on access to ante-natal and post-natal care services by women of childbearing age in Harare, Zimbabwe. The results reveal that the coronavirus pandemic affected access to ante-natal and post-natal care services by women. The Government of Zimbabwe could prioritize policies that would boost healthcare delivery whether or not there is a pandemic. There is a need for policymakers to enforce social policies and economic policies that ameliorate the effects of the COVID -19 pandemic. The government could ensure that access to ante-natal and post-natal care services is not affected during COVID-19 and any other future pandemics. This could be done by ensuring the safety of the health workers and the patients by providing adequate Personal Protective Equipment (PPE) and providing health workers with incentives including risk allowances. Apart from that, there is a need to provide equipment to support mobile clinic services.

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