

Impact of Conflict and COVID-19 on MATERNAL HEALTH SERVICES UTILIZATION IN SOUTHERN

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BACKGROUND

Yemen’s seven year conflict has created a humanitarian crisis, destroying its health system and posing significant threats to health access. This crisis has been exacerbated by geographic, demographic, economic, and social challenges as well as the COVID-19 pandemic that has minimized the ability of a fragile

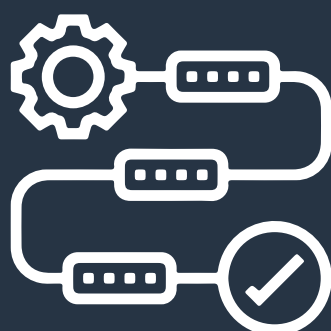
health system to provide services to the populations in need and the healthcare-seeking behavior of communities.

As a result, Yemen has experienced increased morbidity and mortality rates and worsening health and nutrition indicators, especially for women and children. A greatly depleted and demoralized health workforce has struggled to provide care.



RESEARCH OBJECTIVES

The research objective is to better understand the effect of the conflict and COVID-19 on access to and utilization of essential reproductive health services.



METHODS

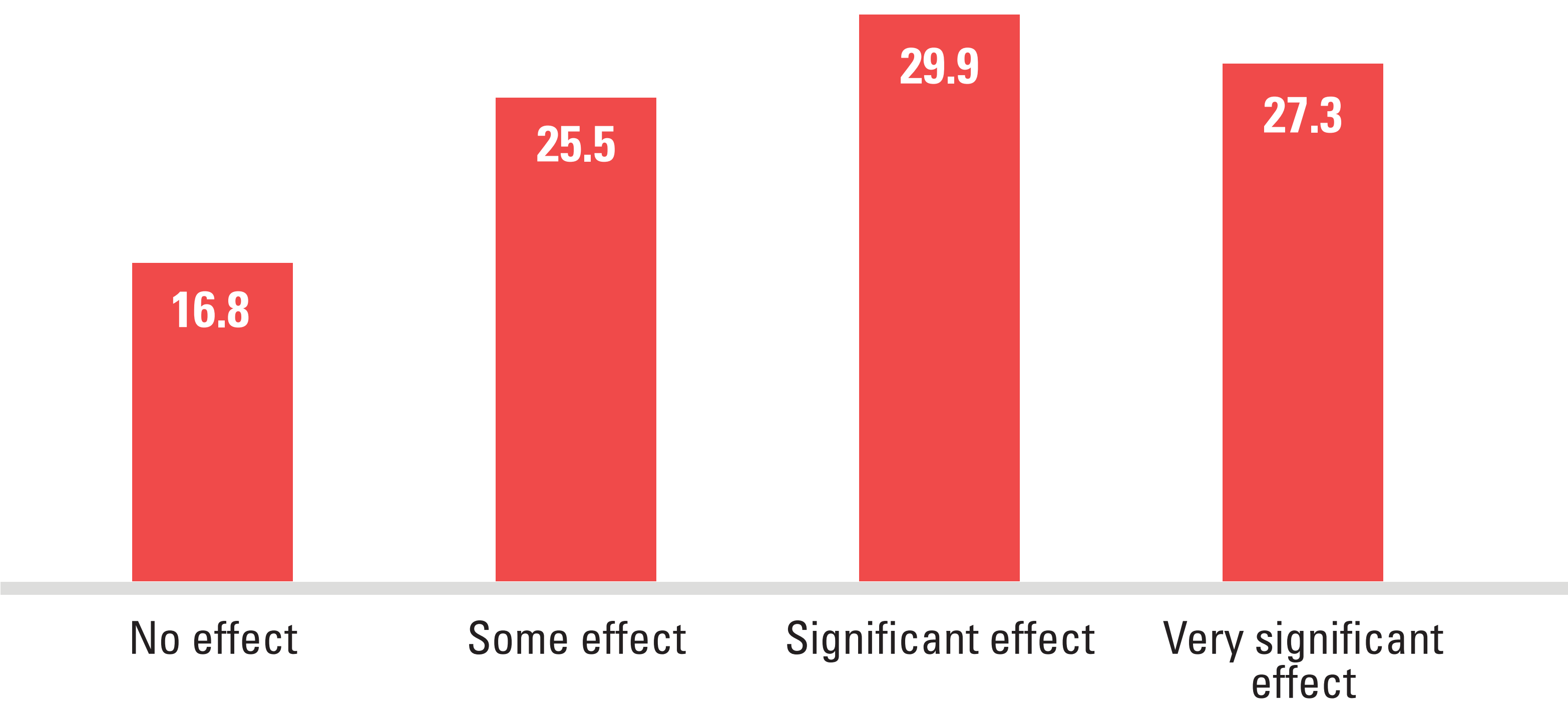
- The Systems, Health and Resiliency Project (SHARP) and the Ministry of Public Health and Population (MoPHP) conducted a cross-sectional, mixed methods study in nine districts of Aden, Lahj, and Ta’izz governorates in Yemen between February and March 2021.
- The study employed a household survey administered to 1,200 married women aged 18-49 years with children five years or younger.
- Quantitative data was collected through structured questionnaires on Android tablets, which helped ensure high quality data collection through programmed checks, real-time reporting, and feedback mechanisms.
- For the qualitative component, the study employed semi-structured in-depth interview guides with 18 healthcare professionals and 18 local government and community leaders as well as 18 focus group discussions (FGDs) with adult community members (men and women) with children five years and younger.
- The outcome variables of this study were contraceptive use, ANC visits, institutional/skilled delivery assistance, and PNC visits. The predictor variables include socio-demographic variables, such as respondent’s age, marital status, educational status, literacy, place of residence, employment status, conflict, and COVID-19.
- We employed a descriptive and inferential analysis for the quantitative data using Statistical Package for Social Sciences (SPSS) to determine the healthcare-seeking behavior of the study participants and logistic regression was employed to determine the net effects of conflict, COVID-19, and other sociodemographic factors.
- Approval and permission to conduct the study was obtained from the Ministry of Public Health and Population, and ethical clearance was obtained from JSI Institutional Review Board.



PRINCIPAL FINDINGS

- Half (49.7%) of the women were currently using family planning (FP) methods.
- 79.3% of the women had at least one ANC visit during their last pregnancy.
- 55.5% of the women delivered their last child at a health facility.
- Only 37.9% of the women received PNC from skilled professionals for their last birth.
- Women stated that COVID-19 had a “significant effect” (29.9%) or a “very significant” effect (27.3%) on the way they seek healthcare.
- Women also feared being misdiagnosed and subjected to quarantine. Women were also afraid of going to the health facilities since this might increase the risk of getting the virus.

Perceived impact of COVID-19 on care-seeking behavior



- Among women who believed COVID-19 didn’t affect care-seeking behavior, 55.2% used contraceptives compared to those who believed COVID-19 affects care seeking at 49%.
- Women who believed that COVID-19 negatively affected the ability of women to seek care at health facilities were less likely to give birth at health institutions (41.6% vs 52.2%).

Perceived effect of COVID-19 on care-seeking behavior

| VARIABLES | NO EFFECT | HAS EFFECT | TOTAL |
|------------------------|-----------|------------|-------|
| Contraceptive use | 55.2% | 49.0% | 50.0% |
| ANC visit to HFs | 82.6% | 78.9% | 79.5% |
| Institutional delivery | 52.2% | 41.6% | 43.4% |
| PNC visit to HFs | 17.5% | 42.0% | 37.8% |

- Women who believed that the current conflict negatively affected the ability of women to seek care at the health facilities were less likely to go to health facilities for FP (46.8% vs 58.0%) and ANC services (79.1% vs 81.0%).

Perceived effect of COVID-19 on care-seeking behavior

| VARIABLES | NO EFFECT | HAS EFFECT | TOTAL |
|---------------------------|-----------|------------|-------|
| Current contraceptive use | 58.0% | 46.6% | 49.8% |
| ANC visit to HFs | 81.1% | 79.1% | 79.6% |
| Institutional delivery | 39.6% | 44.8% | 43.4% |
| PNC visit to HFs | 30.2% | 40.9% | 38.0% |

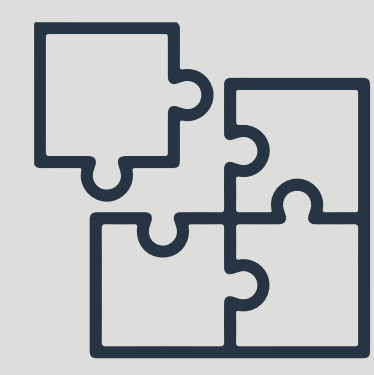
- The logistic regression analysis showed that those who consider security/conflict as a threat in seeking health care were 37.7% (OR=0.62) and 43.7% (OR=0.56) less likely to seek FP and delivery care respectively. However, COVID-19 did not maintain its net effect on women’s contraceptive, antenatal and delivery care, but it was positively associated with PNC in the multivariate analysis.
- Literacy had a significant effect on women’s FP, ANC, and PNC utilization.
- The other socio-demographic factors that showed a statistically significant net effect on FP, ANC, DC, and PNC include age, employment status, place of residence, and educational status.

| VARIABLE | CONTRACEPTIVE (AOR) | ANC (AOR) | DC (AOR) | PNC (AOR) |
|---------------------------------------|---------------------|-----------|----------|-----------|
| Security/conflict | | | | |
| No effect (RC) | | | | |
| Has effect | .62 | 0.91 | 0.56 | 1.00 |
| COVID-19 | | | | |
| No effect (RC) | | | | |
| Has effect | 1.13 | 1.07 | 1.31 | 3.80 |
| Age of respondent | | | | |
| 15-24 (RC) | | | | |
| 25-34 | 2.05 | 0.75 | 1.77 | 0.86 |
| 35-49 | 1.61 | 0.80 | 1.75 | 0.90 |
| Place of residence | | | | |
| Urban (RC) | | | | |
| Rural | .76 | 0.62 | 3.19 | 0.80 |
| Highest level of education | | | | |
| No formal education (RC) | | | | |
| Primary | .90 | 1.05 | 0.69 | 0.55 |
| Secondary | .72 | 1.25 | 0.72 | 0.64 |
| Tertiary or higher | 1.10 | 1.90 | 0.23 | 0.95 |
| Can read a letter or newspaper | | | | |
| Not at all (RC) | | | | |
| With difficulty | 1.35 | 2.23 | 0.77 | 2.76 |
| Easily | 1.94 | 4.60 | 0.77 | 2.48 |
| Employment status | | | | |
| Not employed (RC) | | | | |
| Employed | 42 | 3.85 | 1.35 | 1.10 |



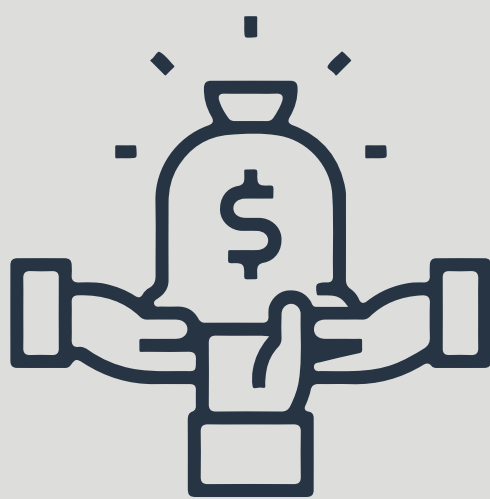
CONCLUSIONS

- The conflict, compounded with the infrastructural damages due to the ongoing conflict and the odds of the socio- demographic and economic challenges, has been playing a critical role in the reproductive and maternal healthcare-seeking behavior and service uptake of mothers in Yemen.
- COVID-19 definitely had an impact on the women’s health seeking behavior; women fear accessing health structures and becoming infected with COVID-19 or being misdiagnosed and subjected to quarantine.



RELEVANCE TO POLICY AND PRACTICE

- The solutions for the complex problems in Yemen need to involve multiple approaches, including measures on how to tackle outbreaks, conflict resolution mechanisms, and awareness-raising campaigns using different outlets as opposed to just intending to solve health systems-related challenges.
- Evidence-informed swift responses, including measures for boosting the confidence of clients, are crucial to minimizing the impact of the pandemic.



RESEARCH FUNDER

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