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Impact of Covid-19 Pandemic on Family Planning Services: A Case of Mutare City, Zimbabwe

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Abstract
Zimbabwe recorded its first case of the novel deadly disease on the 21st of March 2020 in Victoria Falls and since then, the country has been recording cases and deaths in all provinces. Whilst the initial Government's response was focused on curbing the disease, the Covid-19 related response measures directly and indirectly impacted family planning (FP) services in the country. This study was conducted due to observable disruptions in FP service delivery at health facility level in Mutare, the third largest city of Zimbabwe. The study sought to establish if the Covid-19 pandemic affected the married women's fertility intentions and access to FP services, including method of choice by the married women and explore the unmet need for family planning for the married women. Qualitative approach was used to collect data from a total of 30 married women who were purposively selected from 2 suburbs of each residential zone for the individual face-to-face interviews and online focus group discussions. Data was collected using an interview guide for the individual face-to-face interviews and online FGDs. Constant comparative analysis and content analysis methods were used to analyze the data, and results were presented as quotes or interpretations. The study found that most women preferred delaying pregnancy during the pandemic, whilst some preferred either having another child or stopping fertility. Although access to FP services was affected by mobility restrictions, fear of Covid-19, contraceptive stock-outs and unavailability of methods, the women used alternative methods or sources. Utilization of contraceptives was affected by reduced visits or consultation, unaffordability of contraceptives and disrupted FP service delivery at facility level. The unmet need for FP for the married women was very low. Hence the impacts of the Covid-19 pandemic on family planning services were not as severe as anticipated. The study recommended the need to reduce stigma about Covid-19 and help to allay fears of getting infected at the public health facilities, strengthen the supply chain of contraceptives and consumables at provincial and national level to prevent disruptions in contraceptive supplies and contraceptive stock-outs and budget refocusing and reallocation of health resources must be done in a manner that preserves FP programs.

Key Words: *Covid-19, Pandemic, Family Planning Services, Women, Contraceptives*

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I. Introduction And Background To The Study

Access to family planning is a fundamental human right for women. Not only does family planning allow women and couples when to have children, the number of children and how to space children, but family planning is a development strategy that helps to reduce poverty and improve the health and well-being of women (UNFPA, 2020). Family planning is a cost-effective health intervention and it promotes sustainable population growth, thereby reducing strain on environmental resources and draining national and regional developmental efforts (WHO, 2018). Modern family planning methods regulate fertility and effectively reduce unintended pregnancies, maternal and infant morbidity and mortality, and has various socio-economic benefits for the woman (UNFPA, 2020). This study looked at the access to and use of the locally available modern family planning methods, which include oral contraceptive pills, depo Provera injection, jadelle, implanon implants and the intra-uterine copper device, which are highly effective and convenient.

Without access to quality rights-based family planning services, ending hunger and poverty; ensuring quality education for all and promoting sustainable economic growth would be hard-to-reach sustainable development goals (International Planned Parenthood Federation (IPPF, 2020).

However, family planning service delivery worldwide has been disrupted by the emergence of Covid-19 pandemic which was declared a global pandemic by the World Health Organization (WHO) in March 2020 and is still on-going. Given the spread of Covid-19, infection prevention and control measures during healthcare delivery, are extremely necessary and due to the competing health priorities in strained health systems, family

planning service disruptions, stock-outs of family planning commodities, and lock downs have significantly impacted family planning service delivery (Mickler et.al, 2021; UNFPA, 2021).

An analysis by the United Nations Agency for Family Planning (UNFPA) (2021) across 115 low- and middle- income countries, estimates that 12million women were unable to access family planning due to disruptions in supply and services on 2020, resulting in approximately 1, 4 million women with unintended pregnancies. Indeed, the pandemic has caused a further strain on the already strained health systems in developing countries, including Zimbabwe, which are faced with a plethora of socio-economic challenges affecting health service delivery (UNFPA, 2020). Magure et.al (2010) noted that the province of Manicaland recorded the highest total unmet need for child-spacing between 1994 and 2006. Although recent data on unmet need is not available in the past decade, it is likely that the province still faces challenges with family planning service delivery and uptake as concluded by Chikwature et al. (2019) that the city of Mutare is experiencing poor health service provision and serious health service delivery challenges, which include staff shortages, poor health facilities, transport problems and drug shortages. Mutare is the capital and most populous city of Manicaland situated in the Eastern part of Zimbabwe. The aforementioned challenges in health service delivery predict the impact of Covid-19 pandemic on the delivery and utilization of family planning services in the city. It is of paramount importance that family planning services are treated as an essential health service during the pandemic, which is still on-going hence: the need to undertake this study.

II. Revew Of Related Literature

Theoretical framework

This study was guided by the theoretical framework proposed by Aassave et.al (2020) focusing on the potential impact of the Covid-19 pandemic on fertility preferences and trends. The study realizes the appropriateness of Aassave et al's theoretical framework as the theory is in agreement with the findings from studies on the early impacts of the Covid-19 pandemic on family planning services across the globe. According to Aassave et.al (2020), economic retardation and disruptions in access to family planning services in urban areas of low-income countries could affect levels and trends of fertility. Aassave and others drew lessons from historical pandemics' impacts on family planning and argued that the impacts on fertility would vary according to the socio-economic conditions per given countries.

The historical background of the theoretical framework suggests that the 2014-2016 Ebola pandemic in Guinea, Sierra Leone and Liberia saw disruptions in access to family planning services, as well as, disruptions in contraceptive distribution leading to an increase in unintended pregnancies (McBain et al, 2016; Sochas et.al, 2017; Bietschet.al, 2020). The UNFPA (2021) in its report on the potential impact of the pandemic on family planning services, concurs with Aassave and others(2021), and argue that the varying scope of impact of the pandemic on fertility preferences and changes would be determined by the prevailing institutional, cultural and policy environment per given country. However, UNFPA identifies disruptions in access to family planning services, economic down-turns and disruptions to assisted reproduction services among the key dimensions of the pandemic affecting fertility trends and patterns.

Family Planning Services

Family planning or contraception is defined as preventing pregnancy due to sexual intercourse through the use of traditional and modern methods (Aliyu, 2017). The provision of family planning services is an integral part of the maternal and child health and a key component of the primary health care system and a key component of the Safe Motherhood Initiative launched in 1987 in Nairobi, Kenya to reduce maternal mortality in developing countries which constitute 99percent of the total maternal deaths (Aliyu, 2018; UNFPA, 2020). Family planning services include but are not limited to: initiation on contraceptives, provision of contraceptives, treatment of side effects, contraceptive method switching, discontinuation of methods, pregnancy test and family planning counselling and health education (WHO, 2021). Family planning services can be facility-based, that is, offered within a clinical setting at primary, secondary and tertiary health facilities. On the other hand, community-based distribution involves the distribution of simple contraceptives and promotion of family planning through health education and referrals for facility-based services. Contraceptives are methods used to prevent pregnancy (ibid).

However, modern contraceptives are known to be more effective and more convenient than the traditional methods. Modern contraceptive use in Africa has increased over the past decades with prevalence rate ranging from 20percent to 69percent and Zimbabwe stands as the highest in terms of modern contraceptive use, with a prevalence rate of 54 percent (Hossain et al, 2018; Msoffe and Kiondo, 2018). Since the adoption of modern contraceptives by Zimbabwe, the public health care facilities have been providing short-acting contraceptives (oral contraceptive pills, including emergency contraceptive pill, injectable and condoms), long-acting reversible contraceptives or LARCs (implants and intra-uterine device) and permanent methods for both men and women (vasectomy and tubal ligation). Each method has its own mode of action, effectiveness,

advantages and disadvantages. The effectiveness of modern contraceptives is less than 1 percent for other methods mentioned above except male and female condoms whose failure rate is 2 percent and 5 percent respectively. However, modern contraceptives are known to have side effects which can be undesirable for the users and may render treatment of the side effects or removal of LARCs and method changing or switching. Most importantly, a method that may be suitable for one woman may not be suitable for another depending on medical eligibility, religious factors and socio-economic situations.

Covid-19 Pandemic and Response

The Corona virus disease (2019), commonly known as Covid-19, is an infectious respiratory disease caused by a novel virus known as Sars-Cov-2 (WHO, 2020). The disease emerged in China in late December 2020 and by January 2021 the WHO declared it a public health emergency and as the disease spread across continents, rapidly infecting millions and killing thousands of people, the WHO declared Covid-19 a pandemic in March 2020. Zimbabwe recorded its first case of the Coronavirus disease in late March 2020 of a traveler based in Victoria Falls who returned from the United Kingdom, and became Zimbabwe's first fatality (Ministry of Health and Child Care, 2020). Since then, the cases of Covid-19 illnesses have spread to all regions and to date the country is still recording new cases and deaths (ibid). Due to the nature of transmission of the deadly air-borne infection, governments across regions and across the globe enacted strict periodic national lockdown, mobility restrictions, social distancing measures and closures of public facilities at the beginning of the pandemic with a narrowed focus on averting new infections (UNFPA, 2021; Krubiner et al, 2021). However, the interventions resulted in simultaneous shocks on the economic, social and health systems, with indirect but adverse impacts on the health and well-being of women (ibid). One year into the pandemic, the epidemiology of the virus and consequent mitigation measures have continued to evolve. However, governments have broadened their focus to not only implement mitigation measures that averts transmission of the virus within the community but also to ensure continuity of other health services, such as, sexual reproductive health services, particularly family planning and maternal health.

Fertility Preferences

Studies show that fertility preferences of women are determined by social and economic factors. Fertility preferences determine the number of children, timing and spacing of child births, and consequently the choice of contraceptive method preferred by the woman or couple (Msoffe and Kiondo, 2009; Sedgh et al, 2018). Various factors influence fertility preferences, such as, age at first childbirth, current age of woman, education, employment, medical conditions of woman, household income and country's health policies or national population policies (ibid). Spousal influence on fertility preferences cannot be overlooked, as men being household heads in patriarchal societies have the final decision-making power (ibid). The same authors cite that fertility preferences can change over time and with age of the woman and her partner.

Challenges in Access to Family Planning Services

The use of family planning services can be determined by access to family planning services and availability of family planning services. WHO (2001), captured in Mosefe and Kiondo (2009), asserts that "poor access to quality services, limited choice of methods, lack of information, concerns about side effects and partner disapproval affected access to and use of family planning methods." Mosefe and Kiondo (2009) corroborates that various factors which affect access to and use of family planning services include proximity to health facility, lack of trust among couples, inadequate knowledge about family planning, fear of side effects, unavailability of contraceptives at health facilities, poor family planning service provision at health facility and the need for more children. Programmatic factors have a significant impact on access to family planning services and use of contraceptives by women. Factors such as, lack of trained family planning service providers, staff shortages, contraceptive supply shortages, shortages of consumables or equipment for long-acting reversible contraceptives (LARCs) resulting in inconsistencies in family planning services provision in health facilities and limited contraceptive choices for women (Maliccio and Duncan, 1996; Mosefe and Kiondo, 2009). However, presence of community-based distributors and mobile family planning clinics also increased women's access to family planning services (ibid). Maliccio and Duncan (1996), report that living close to a health facility increased use of contraceptives by women.

Unmet Need for Family Planning

Despite the increased knowledge of modern contraception, the Sub-Saharan region remains with the highest unmet need (Aliyu, 2018). Zimbabwe is among the region's countries with the lowest unmet need comparatively, at 13percent. Msoffe and Kiondo reveal that socio-economic and demographic factors had implications on the use of family planning services. According to the Demographic Health Survey (2012), captured in Sedgh et al (2016) a woman between 15 and 49 years of age is said to have an unmet need for family

planning if she is married (legally, or cohabiting, or consensual union) or unmarried but sexually active; is fecund but not using any method of family planning and does not want to have a child or another child in the coming two years or at all. The behaviour and experiences of sexually active married women in terms of sexual activity, fecundity, fertility preferences, contraceptive use and autonomy, are different from those of sexually active unmarried women (Sayi, 2015; Aliyu, 2018). Whilst married women are assumed to be having regular or more frequent sexual activity compared to unmarried sexually active women, studies have revealed that some married women report infrequent sexual activity as a reason for non-use of contraceptives (ibid). Therefore, this analysis focused on women who had had sexual activity in the past month (31 days). Earlier studies on unmet need for family planning assumed that lack of access to family planning services and high cost of family planning services was the major reason for unintended pregnancies among women not wanting to become pregnant and not using contraceptives (ibid). However, many studies cite other reasons specific to the contraceptive methods, in particular, concerns about side effects and failure rates. Since researches indicate that the disruptions in movements due to the restricted measures to curb Covid-19, it is most likely that some women could have been concerned about using methods with known common side effects, which needed management at the health facilities, and hence fears of being unable to travel to health facility for treatment could limit choice of desired methods resulting in non-use of method. Whilst previous studies have focused on unmet need for spacing births and limiting childbirths, this study also considered the current fertility trends among women wishing to delay childbearing for various reasons, such as, education and career, amongst others, and considered this third category of unmet need for postponing motherhood. Hence, the interviews focused on asking women why they were not using contraceptives during the Covid-19 pandemic, yet they did not want to become pregnant.

III. Research Methodology

This study was guided by a qualitative research design. Bolarinwa (2006) and Hancock (1998), captured in Musingafi and Mukungwa (2017), describe a qualitative research design as a research plan that employs methods that seek information from specific groups in the population and describe or tell or interpret what happens or what has happened, as well as, develop explanations to a social phenomenon. Qualitative research produces subjective data obtained directly from the affected individuals by capturing opinions, experiences and feelings of the individuals (ibid). This study focused on a specific group of women, that is, married women. Thus, this research study aimed at understanding how the social phenomenon, that is, Covid-19 pandemic, impacted family planning services by capturing the experiences and feelings of the individuals through direct encounters with married women, through one-to-one interviews and group interviews. The study further described the events and experiences as they occurred naturally, and the researchers did not attempt to manipulate the situation under study. The study followed a post-positivist approach. "Post-positivist approaches are interpretive, which led to an emphasis on meaning, seeing the person, experience and knowledge as multiple, relational and not bounded by reason," Musingafi and Mukungwa, (2017). Because the Covid-19 pandemic is a social phenomenon, the researchers realized the common humanity that connected to the researchers and the women participating in the study hence, the interest of conducting the study among the women and learn with them and from them, rather than conducting a study on them to test an ideology. The researchers recognized the multiplicity and complexity of people, and thus, acknowledged that there was no neutral knowledge and no overall truth. Hence, in this study, the participants played a central role and the study placed focus on interpreting the meanings, experiences and knowledge as seen by the participants. The study delved into the personal experiences of the married women to establish their actual perceptions on fertility preferences and their perceptions about the accessibility, availability and utilization of family planning services during the Covid-19 pandemic since its onset in late March 2020 in Zimbabwe. The study valued problem-setting rather than problem-solving, thus, the study outcomes would offer thoughtful guidelines, principles and acknowledgements. Such an approach was valuable as it allowed the affected populations to monitor and evaluate family planning services provision or delivery during the public health crisis and contribute towards developments that benefit them directly. The study involved thirty (30) women who were purposively selected in order to recruit 12 women for individual face-to-face interviews and 18 women for the three groups for online Focus group discussions.

IV. Research Findings

Fertility preferences during the Covid-19 pandemic

The study found that fertility preferences varied amongst the married women across the age groups, levels of parity and across the socio-economic groups. The common factors affecting the fertility preferences of the women during the Covid-19 pandemic were age of woman and her parity; Covid-19 related economic constraints and uncertainties; concerns about Covid-19 infection and outcomes; and influence of spouses.

Age of woman and parity at time of the pandemic.

Younger women and middle-aged women with one or two children expressed they still wish to have more children in the near future with the majority of the women considering delaying pregnancy for now. This finding corroborates with Karp et al (2021) and Philip et al (2020) who found that most of the married women in Burkina and Kenya considered delaying pregnancy during the Covid-19 pandemic. Most women in their middle ages with three children or more reported that they no longer wish to become pregnant again. On the other hand, middle-aged women who had planned to have another child before the pandemic started, expressed that they withheld their fertility intentions when the pandemic began but as the pandemic progressed they had reconsidered their fertility plans due to age factor. A middle-aged woman said, *"My husband says we should wait until Covid-19 is over, but l am worried that l am growing of age and l do not want to risk becoming pregnant after 35 years of age. Covid-19 has become a part of our lives, and l see no harm in having another baby now and get done with childbearing the sooner the better".* The majority of the middle-aged women who wished to have another child expressed their concerns about getting pregnant after reaching 35 years. One respondent from FGD 1 said,

"I'm running out of time and l risk facing complications if l get pregnant after 35 years. I am considering stopping my pills any time from now this year even if the pandemic doesn't stop." These findings agree with Micelli et al (2020), captured in Ullah et al (2020), that older women had a desire to have another child now compared to the younger women. This could be related to the women's knowledge about menopause and the related concerns about cessation of fertility during the Covid-19 pandemic without reaching their desired number of children. Older women, above 35 years of age, confidently expressed their desires to suppress fertility during and after the pandemic. The majority of the older women cited that they risked facing complications if they became pregnant. Some of the older women reported they changed methods to longer-acting ones to protect their contraceptive status, whilst a few reported they wished to have female sterilization to prevent unintended pregnancies.

Economic constraints and uncertainties during the pandemic

A few women expressed that they had considered having one more child before the Covid-19 pandemic, but after the pandemic started they have decided to maintain the number of children they have. *"I think it is best that we stick to the three children that we have now. A lot has happened since Covid-19 started and we cannot afford another child anymore," said one woman in her mid-30s.* Another middle-aged woman said, *"I may want to have one more child, but we will wait for now and see how it goes when Covid-19 stops."* One young woman with 1 child said, *"My husband and I are both self-employed, and business has been slow with the on and off lockdowns and mobility restrictions. Our plans to have another child soon are not feasible for now."* A middle-aged woman who earlier had expressed her intentions to have one more child said, "*I am worried if we can support our children adequately if l become pregnant now. What if my husband loses his job due to Covid-19 related reasons?"* On the other hand, another woman expressed how the pandemic has brought uncertainties and affected fertility preferences, *"I have been waiting for this pandemic to stop but it seems it has become a part of our lives. So, l have decided l need to remove my implant now and try conceiving again, and maybe for the last child."* The study observed that perceptions of economic impacts of the Covid-19 pandemic differed across the social classes of the women. Whilst most of the women from lower socio-economic classes reported facing economic down-turns that influenced changes in fertility preferences, the majority of women in the higher socio-economic class reported that although some economic aspects were affected at the beginning of the pandemic, their living standards could sustain another child. Formally employed women reported there were no significant economic changes to deter their wish to have another child soon, whilst the self-employed and unemployed women expressed mixed feelings about having another child soon.

Fear of Covid-19 Infection and Pregnancy Outcomes during the Pandemic

Most women expressed their fears of getting infected with Covid-19 during pregnancy. *"What if l get sick of Covid-19 whilst pregnant? I am just concerned but l want to have another child soon,"* said one young woman. Some women from FGD 2 cited fears of having a complicated pregnancy and negative maternal outcomes in the event of being infected with Covid-19 if they became pregnant during the pandemic. According to one young woman from FGD 1, fear of disrupted maternity services due to the Covid-19 pandemic was her main concern since her nearest clinic once closed at the onset of the pandemic. Another woman from FGD 1 added in agreement, *"The local clinic has been advising women not to visit the Antenatal clinic unless it was an emergency or for delivery. I am worried l may get poor Antenatal care if l get pregnant during the pandemic."* On the other hand, most women from FGD 3 were concerned about effects of getting ill due to Covid-19 whilst pregnant.

A woman from FGD 3 expressed her concerns, *"I read online about studies showing that pregnant women had high risk of miscarriages with Covid-19 infection, so l would rather delay pregnancy and try after the pandemic."* These findings are in agreement with Dickson et al (2021), captured in Ullah et al (2021), who found that the majority of women preferred delaying pregnancy until the pandemic is over due to insecurities about pregnancy outcomes. The women with tertiary education across all focus groups displayed a better knowledge about Covid-19 and were concerned about the possible impacts of the pandemic on their health, pregnancy outcomes during the pandemic in the midst of health delivery challenges in Mutare. These findings concur with Micelli et al (2020) who found that the majority of the highly educated participants preferred delaying pregnancy during the pandemic citing fears of maternal complications and adverse pregnancy outcomes.

Spousal Influence on Fertility Intentions during the Covid-19 Pandemic

Most women reported their spouses had influence on their fertility intentions before and during the Covid-19 pandemic. Whilst some of them reported that they were in agreement with their husbands, others expressed their disagreement on timing of pregnancy and number of children. According to one woman with 3 children and in her mid-30s, her husband agreed that they no longer wanted another child even after Covid-19 pandemic. On the other hand, two women expressed that they were dissatisfied with their husbands' disapproval of another child despite their growing age. *"Time is not on my side. I'm getting older and l need to bear another child soon,*" said one of the women. A middle-aged woman with three children said that she was only removing jadelle to make her husband happy since he wanted another child now, but she opted to use the injectable without the husband's knowledge.

Similarly, a middle-aged woman with 3 children opened up that she had to take pills secretly to prevent pregnancy because her husband is demanding a fourth child. She went on to narrate her previous obstetric complications and mentioned that she was afraid of similar complications especially with unpredictable health system challenges during this pandemic. *"My husband says he wants a fourth child now, but l am satisfied with the three. Men do not understand the challenges women face during pregnancy and childbirth,"* uttered one woman in her late 30s. The findings are in tandem with the Centre for Gender Equity for Health's (CEH, 2021) findings, which show that some of the young women in Burkina Faso faced coercion by their husbands to stop contraceptives and have another child during the Covid-19 pandemic. The findings are similar, in that, in the Burkina Faso, coercion by spouse was the least reported determinant of the married women's fertility intentions who were found to have been coerced by spouses to have another child, whereas in this study, only a minority reported coercion by spouse.

This similarity could be due to possible similarities in gender dynamics in the two countries. The covert use of contraceptives reported in this study concurs with the findings by CEH (2021), which show that women who felt that they were being forced by their spouses to have another child ended up using contraceptives secretly without their spouses' knowledge to prevent pregnancy. The findings concur with UNFPA (2021) assertion that the Covid-19 pandemic has exposed married women to gender inequalities resulting in them having no choice but to become pregnant. Hence, the married women have resorted to the covert use of contraceptives to protect their contraceptive interests and status. The findings also agree with UNFPA (2017) assertion that husbands in SSA, feel they should make decisions about fertility because they paid lobola.

Accessibility of FP services during the pandemic

The study established various factors affected the women's ability to access family planning services during the Covid-19 pandemic. These factors included the women's ability to access FP services varied across the group. The challenges in accessing FP services, reported by the married women included, fears of contracting Covid-19, mobility restrictions, closures of health facilities and suspended FP services, staff shortages and lack of trained staff, as well as, contraceptive stock-outs.

Fears of Contracting Covid-19

The most reported challenge in accessing family planning services was fears of contracting Covid-19. Almost all the women reported they were too afraid of contracting Covid-19 at the health facilities and some of the women reported that they chose to stay at home without seeking contraceptive services. These findings are similar to CEH's (2021) findings that the majority of married women in Burkina Faso and India reported fear of contracting Covid-19 was the major challenge in accessing contraceptives. All the FGDs reported that their fears were at peak at the beginning of the pandemic but as the pandemic progressed they learned to adapt to the prevailing situation, though they are still afraid of the disease. One woman from FGD1 said, *"L chose to stay at home to avoid traveling with my newborn baby to access the implant in town when the pandemic started. Instead we agreed to use condoms temporarily."* A middle-aged woman from the medium density residential area, reported that her fears of contracting Covid-19 at the clinic made her opt to buy oral contraceptive pills at

the pharmacy. She went on to say, "*Although pharmacies seemed less risky because of the few clients, l needed the comprehensive contraceptive services provided at the clinic."* This finding concurs with CEH's (2021) findings that women in Nigeria were too hesitant to visit the public health facilities in fear of Covid-19 and preferred buying contraceptive pills at the pharmacy.

One woman from FGD2 echoed, *"Yes, l needed the services at the clinic but l heard some nurses at the local hospital got infected with Covid-19. What if some of the nurses at the clinic are infected too?"* On further probing the respondents, it was established that they were knowledgeable that asymptomatic Covid-19 patients were capable of spreading the virus unknowingly. Hence, the respondents expressed their worrisome about nurses spreading the virus to them without knowing. The fears of the women can be supported by Vesper (2020) who found that 300 health workers in Zambia got infected with Covid-19 and many health workers were quarantined. Other respondents from FGD1 and FGD2 reported that the long-acting contraceptives were only readily available at clinics in the Central Business District and they were afraid of using public transport where the transport system exposed them to high risk of contracting Covid-19.

Mobility restrictions during the pandemic

"The clinic is a walking distance from my home, so the travel bans didn't affect me since l could easily walk and get my contraceptive service," said one woman from FGD 3. Other FGD 3 participants reiterated they did not face any mobility constraints since they did not need to use public transport to access the health facility. On the contrary, married women residing in the high density suburbs of Dangamvura and Sakubva reported the most mobility challenges in accessing FP services. "*Traditionally, my local clinic has never provided implants and l have been traveling to the town clinics where it is available all these years before the pandemic. Unfortunately, the initial strict lockdown and travel bans by the government made me use oral pills from the nearest clinic instead of my preferred jadelle.*" echoed one woman from FGD 1. Other focus group members of FGD 1 confirmed that the local clinics only offered short-term FP methods, thus forcing those in need of the long-term methods to travel to the city Centre. "*I have had bleeding problems with all the hormonal methods, and l needed to try the copper IUD after delivery for a change. The clinic did not offer the IUD but l could not travel to the clinics in town because of transport shortages,"* said one woman from Dangamvura.

Another woman residing in Dangamvura, said she could not tolerate the long and crowded queues for the ZUPCO buses. She added that sometimes there were bus shortages and there would be reports of fuel shortages. One woman from Sakubva reported that the local health facility was open since the onset of the Covid-19 pandemic in the city but initially the women were turned away because the health facility was said to be open only for emergency health issues. These findings corroborate with Murewanhema et al (2020) who found that access to health services was negatively impacted by the public transport restrictions and the associated fuel shortages. Not only the women were affected by mobility restrictions, but the mobility restrictions also affected the family planning providers in accessing their workplace for service provision. One nurse reported one incident of failing to attend work due to transport shortage during the initial lockdown period. She added that most family planning providers would report to work late during that period, hence resulting in delays in service delivery. These findings concur with UNFPA (2021), Krubiner et at (2021), CEG 2021) who highlighted that the imposed travel bans negatively impacted women's access to family planning services in the LMICs and MICs. The findings of this study also agree with Murewanhema et al (2020), who found that mobility restrictions affected access to health services by women in Zimbabwe. It is also important to note the impact of the mobility restrictions cited by Murewanhema et al (2021), that is, dedication of public transport to one passenger company, ZUPCO. The research findings agree with Murewanhema et al (2020), that the transport system faced operational challenges, in particular, fuel shortages, which affected the mobility of women and the health workers and hence negatively impacted access to family planning services at the health facilities.

Closure of health facilities and cut family planning services during the pandemic

Two of the clinics were reported to have closed at the onset of the pandemic, though the closure was temporary and lasted one to two months. 1 clinic was also reported to have suspended family planning services at the onset of the pandemic and focused on Covid-19 issues and emergencies. One young woman from Sakubva said the family planning unit at the clinic was closed and she heard reports that the staff were focusing on emergency cases and Covid-19 issues. *"I was stranded, the clinic staff told me they were only attending to emergencies and Covid-19 related health issues,"* said the woman. She went on to say, *"To make it worse, the local NGOs had also stopped distribution of oral contraceptive pills and condoms in the community."* On further probing, she reported of having to resort to a reliable friend for resupply of the pills until the clinic resumed contraceptive services. Commenting on the cut of family planning services at one local clinic, the nurse said, *"There was a severe panic at the onset of the pandemic and health authorities considered contraceptive services*

amongst other SRH issues as less essential. Hence, we were re-directed to Covid-19 prevention and treatment programs."

The reports about suspended NGO-led community-based distribution of contraceptives confirm Church et al (2021) findings that many donor funded community-based contraceptive distribution programs were either suspended due to travel restrictions or fears of transmission of the coronavirus, or the teams were cut. The other clinic, located in the Central Business District, which had been the source of implants and the copper IUD for most women, was reported to have closed at the onset of the pandemic due to lack of PPE. The family planning provider working at the facility confirmed the closure of the facility, citing unavailability of basic PPE to operate without compromising the health of the service providers and that of the clients. However, she reported that the clinic re-opened after 2 months and has been operating fully until time of study. *"Yes, we faced serious shortages of PPE and we were forced to close the facility for 2 months. It was important that family planning services continue in a safe environment to ensure that we are protected from Covid-19 during service delivery, as well as, the clients as they came for their contraceptive supplies,"* said the female nurse. One woman in her late 40s from FGD 3 reported that she had to wait for re-opening of the clinic for IUD replacement since the private practitioners' services were unaffordable. These findings corroborate with Church et al's (2021) findings, which reveal that the suspension of community-based donor programs in the underserved urban areas, resulted in cessation of delivery of long-acting contraceptives at the urban clinics which did not offer the methods. The research findings suggesting the closure of primary health care facilities concur with Solomon and Gihwala (2020) who found that the closure of public health facilities in South Africa affected the utilization of contraceptives by the women who could not afford the expensive FP services at the private practitioner. However, the findings from this research study reveal that the women affected by clinic closure sought their contraceptives from alternative sources to continue family planning, though their choice of method was limited.

Contraceptive Stock-Outs and /or Unavailability of Contraceptive Methods

Only one of the clinics was reported to have faced contraceptive stock-outs during the Covid-19 pandemic. According to one woman, she failed to get her resupply of the injectable because the clinic staff said they ran out of the contraceptive. *"L was forced to use condoms since my Depo Provera injection was due but the clinic was out of supplies,"* said the 42 year old woman. Upon interviewing the family provider at the clinic confirmed they ran out of contraceptive stocks in the first quarter of the pandemic. *"We were operating at minimum contraceptive stocks, and l would acknowledge that the Covid-19 pandemic took us by surprise and there was no adequate time to order more stocks,"* said a female family planning provider at the affected health facility. *"To worsen things, there were disruptions in the supply chain of contraceptives when the lock downs and mobility restrictions began. Hence, contraceptive stock-outs were inevitable,"* she added. This research finding follows the findings by Adelekan (2021), that whilst most of the health facilities remained open during the initial and subsequent Covid-19 lockdowns, there were reports of stock-outs of some contraceptive commodities. These research findings confirm with UNFPA (2020) anticipations of contraceptive stock-outs due to the disruptions in the global supply chain. The results also corroborate with the findings by UNFPA (2020), CEH (2021), Karp et al (2021) and Krubiner et al (2021) that shortages in contraceptive commodities affected access to family planning services by women across the globe. Other clinics reported that they were adequately stocked before the pandemic and they did not run out of stocks at the onset of the pandemic and thereafter, though traditionally they had not been offering implants and IUDs due to long-term lack of trained family planning providers. This report is in tandem with one respondent from FGD 2, who stressed that although the nearest clinic was open throughout the pandemic, they did not offer implants and the IUD and she had to get her preferred method at the private surgery at a higher price. In agreement with the former's challenges, a young woman from the same group said, *"My local clinic has always provided implants on a specific day of the week due to lack of trained staff at the facility, but because of the Covid-19 pandemic the procedures were suspended indefinitely."*

According to one family planning provider, the majority of the local public health facilities have not been offering implants and IUD before the pandemic due to lack of trained staff for the FP services. For this reason, he said they had been referring women who preferred the LARCs to seek the service at the city clinic or private practitioners for those who could afford. The findings confirm with Msoffe and Kiondo's (2009) assertion that lack of trained health workers is one challenge in accessing family planning services in sub-Saharan Africa countries. The reports by the health workers confirm Church et al (2021) findings that the community-based done programmes filled the gap where long term contraceptives where not angered due to lack of trained staff. Furthermore, training of health workers was not possible during the pandemic due to the social distancing measures and mobility restrictions (Church et al, 2021).

Staff shortages during the pandemic

Out of the 6 health facilities, only 3 clinics were reported to have faced Covid-19 related staff shortages during the period under study. According to the family planning provider at one of clinics, the major cause of staff shortage was ill-health of staff related to Covid-19. She further reported that some staff went into isolation after testing positive to the corona virus, while others went into quarantine. "*Some of the nurses were not required to provide services for the Covid-19 prevention and testing campaigns, leading to staff shortage at the family planning units,"* said a family planning provider at the other facility that was affected by staff shortages. According to the family planning providers, staff shortages has been a prevalent challenge affecting quality FP service delivery at the local health facilities before the Covid-19 pandemic. This is in agreement with Chikwangure and Chikwangure (2019), who found that staff shortages in Mutare affected health services delivery in the city. "Covid-19 came at a time our health facilities were facing staff shortages, and the outcomes of the pandemic worsened the situation," reported one of the nurses. This observation confirms the assertion of Karp et al (2021), Krubiner et al (2021) and UNFPA (2020) that the Covid-19 pandemic has caused strain on already weakened health systems. Staff shortages due to Covid-19 related illness and quarantined health workers can be depicted from Vesper (2021) in his findings that approximately 300 health workers got infected with Covid-19, whilst many went into quarantine.

Unaffordability of Family Planning Services.

The least reported challenge in accessing family planning services during the Covid-19 pandemic was inability to afford family planning services. According to a few women from Dangamvura and Sakubva, the contraceptive price hikes at the local clinics during the pandemic deterred their access to FP services. *"I couldn't afford the new price of Depo Provera injection at my nearest clinic and my only hope was to wait for the free FP services by the outreach teams from a local Non-government Organisation to resume operations,"* said a young woman from Sakubva who reported she earned a living as a vendor. Respondents from FGD1 and FGD2 reported the same challenges in affording contraceptive methods of their choice and the impact of the suspension of the free donor contraceptive programs on their ability to access contraceptive methods of choice. The concerns of the women agree with Church et al (2021) findings that the NGO-led community-based FP programs provided free contraceptives to underserve or poor urban communities. The findings also confirm Church et al (2021) assertion that suspension of community distribution of contraceptives would result in unaffordability of FP services by married women from poor households.

A family planning provider in Dangamvura commented that the new price hikes were exorbitant for the majority of households which survived on self-jobs. He added that he observed some women returning home without any contraceptive due to inability to afford contraceptives. A few women who were affected by closure of their nearest clinics reported that the user fees at the private practitioners was too much for their reach. This confirms Soewondo et al's (2020) observation that the closure and cuts of family planning services in South Africa resulted in the increase in women seeking FP service at in the private sector and most failing to afford the out-of-pocket payments. Utilization of FP services during the pandemic and unmet need for contraception. Most women from the low-density residential areas reported that there was no significant change in their use of contraceptives since the pandemic started. On the contrary, the majority of the women from the middle and high residential areas reported that they had challenges in continuing consistent use of contraceptives due to various reasons. The study found that the factors, which affected utilization of FP services were disruptions in FP service delivery which were attributable to fears of contracting Covid-19 at the health facilities and lack of trained family planning providers for some services; and reduced working hours.

Disruptions in FP service delivery at the onset of the Covid-19 pandemic

Out of the 6 health facilities under study, only 2 were found to have closed for at least one to two months after the onset of the Covid-19 pandemic in Mutare. "*We did not have the recommended basic PPE, that is, face masks, hand sanitizers, infra-red thermometers, adequate soap and gloves, to continue operating normally. So the clinic was closed for almost 2 months until procurement of basic PPE,"* narrated one nurse from a health facility in the low density residential areas. Furthermore, the nurse reported that family planning providers were afraid of contracting the virus even after procurement of PPE and therefore were hesitant to provide contraceptive methods which required contact and invasive procedures. *"Our clinic had serious shortages of standard PPE when the Covid-19 broke out in Mutare and l was afraid of going to work and contracting the illness from unsuspecting women,"* commented one female FP provider.

The nurses reported that their fears of Covid-19 compromised quality service delivery. One nurse reported that to date her institution had not facilitated for a training on Covid-19 Infection, Prevention and Control, and their morale was at its lowest ebb in the first few months of the pandemic due to fears of contracting Covid-19. According to the nurse, the risk of infection made it essential to limit consultation time with family planning acceptors, though it compromised effective family planning counseling prior to providing

contraceptives. According to one woman from FGD2, she could not get a resupply of the jadelle implant because the trained practitioner who came to the clinic for the insertion of the implants was not coming for the services during the initial lock down period. The family planning provider at the clinic confirmed the aforementioned weekly provision of provision of implants on a weekly schedule was due to lack of trained staff to offer the long-term methods. A middle-aged woman from FGD1 mentioned how frustrated she was to be turned away without a resupply of oral contraceptive pills from her local clinic where FP services had been suspended and they were focusing on emergencies and Covid-19 issues. She added that she had to resort to street vendors since the community-based distributors had also suspended their community distribution of contraceptives.

Unaffordability of contraceptives

Most of the respondents from FGD1 reported that they could not use the FP services at their local health facility due to the price hike that was effected soon after the pandemic started. They expressed they wished to benefit from the health education and thorough screening for pregnancy which was part of the FP service package but the prices were too exorbitant for them. *"L really don't know why the clinic raised the user fees that much at a time when we are facing regular lockdowns which are affecting our livelihoods and businesses,"* said one of FGD1 members. Other members echoed the same sentiments. *"The price hikes do not reflect how family planning services are essential and a need for couples, especially for the poor during these difficult times,"* said another respondent from FGD3. Respondents from FGD2 and FGD3 shared similar concerns, although none of the group members reported failure to pay for the FP services. However, one of the participants said, *"Of course l could afford the new user fees but l am worried about women who are unemployed and poor. Can they afford contraceptives now with the current economic challenges?"*

The researchers assured the women that their concerns were being considered for recommendations. A male family planning provider confirmed that the local health authorities effected new prices for contraceptives and other SRH services. *"The new price hikes are too exorbitant for many women to safeguard their contraceptive status during this pandemic. I am seeing some women who are going back home without receiving any contraceptive service because they cannot afford our new user fees,"* he added. The findings also agree with Krubiner et al (2021), that household poverty due to economic contractions affects the ability of some women to afford out-of-pocket family planning services. The research findings also support Krubiner et al (2021) and Ahinkorak et al (2020) assertions that the economic constraints brought by the Covid-19 pandemic has left some women unable to use family planning. However, from this research study, only one responded informed she was unable to use her preferred method due to unaffordability. This could be due to the small sample size, hence the extent of the non-use of modern contraceptives due to unaffordability cannot be generalized for the entire population of women but only for this specific group. There is therefore, a probability of more women having been unable to afford contraceptives if a larger sample is employed.

Reduced visits or consultations

All the family planning providers reported that the number of women who visited the clinics was reduced compared to the pre-pandemic period. However, the nurses specified that the initial lockdown period recorded the lowest number of women who visited the heath facilities for contraceptive services. One of the nurses suggested that the reduced visits could be attributable to mobility restrictions and fears of contracting Covid-19 at the health facilities. According to another family planning provider, the imposed reduced working hours during lockdown periods could have also contributed to the reduced consultations and reduced uptake of contraceptives. None of the health providers reported that there were limitations on the number of FP clients per day. Most of the women concurred that there were no restrictions on the number of FP clients at the health facilities. The research findings are in agreement with Church et al (2021) findings that Marie Stopes International (MSI) reported declining client numbers across all channels attributable to mobility restrictions, reduced community outreaches and fears of Covid-19 infection. The research findings are in agreement with WHO (2021) that the number of women visiting health facilities for SRH services, including FP services declined in all the 10 provinces of Zimbabwe.

Sources of Contraceptive Methods during the Covid-19 Pandemic

According to most respondents, the public health facility was the major source of their contraceptive supplies. Although most of the respondents reported that they faced challenges in accessing family planning services at the public health facilities, particularly, during the first lock down period the majority of the women who faced challenges in accessing the contraceptives reported that they resorted to alternative sources for their supplies. According to the respondents, the alternative sources reported included, pharmacies, street vendors, community-based distributors and relatives or friends. This finding agrees with reports by CEH (2021) that married women in Nigeria resorted to alternative sources of contraceptives, in particular, pharmacies. *"Of*

course l faced mobility challenges due to the travel bans imposed at the beginning of the pandemic, but because l did not want any pregnancy l was forced to ask for pills from my sister," emphasized one woman in her 40s who resides in Dangamvura. A young woman with 1 child and staying in Sakubva reported that after finding out that her local clinic had suspended contraceptive services, she resorted to street vendors for a temporary resupply of her oral contraceptive pills. However, she expressed her concerns about the risks of buying contraceptives on the streets. These findings concur with Aliyu et al (2017) that other sources of contraceptives for women include street vendors and family or relatives. A woman in her late 30s and with 4 children said, *"I could not get my expired jadelle implant removed at my nearest clinic because the trained practitioner who used to provide implant services had stopped coming. So, l decided to use oral pills until l accessed a new jadelle at the city clinic."* According to the women from FGD1 and FGD2 who needed to travel to the City Centre where implants and the copper IUD were provided, it was most convenient to use oral contraceptive pills temporarily whilst waiting for relaxation of the lockdown measures. Most of the women reported that oral pills were more convenient especially during the strict lockdown period. *"The pharmacies were always open and operating until 6pm, so l got my resupply of oral pills easily but at a higher fee,"* said one young woman who expressed her fears of Covid-19 infection at the health facility. *"When the nurses told me that they ran out of the injectable, l opted for the pills instead, whilst waiting to visit another clinic where l was advised the injectable was available".* A few women from FGD1 reported that because of fears of Covid-19 infection they preferred staying at home and were happy to get their oral contraceptive supplies from the community-based distributors (CBDs) when the CBDs resumed their operations. None of the women reported that they got their contraceptive supplies from a private practitioner.

Non-use of Contraceptives during the Covid-19 Pandemic.

Only one of the women reported that she failed to use a modern method of family planning whilst being sexually active and staying with spouse for the period under study. She cited lack of money to pay for the injectable after the new fees hike at her nearest clinic in Dangamvura. However, she reported that she used the withdrawal method, a natural and traditional method, until she secured funds for the injectable which she perceived less risky and preferable. *"I have had challenges with other methods and Depo Provera injection has been suitable for me. My husband refused to use condoms whilst we sought money for my injection,"* narrated the middle aged woman who had earlier expressed she no longer wanted any more children. The research finding on the extent of unmet need is contrary to the projections of unmet need for family planning made by UNFPA (2021). This variance is possibly due to the women's adoption of alternative sources of contraceptives as cited by some respondents in the research study, as well as, the availability of alternative sources of contraceptive supplies, such as, private pharmacies, street vendors among others. It is also imperative to note that the high levels of education amongst the respondents influenced their knowledge and acceptance of the modern FP methods.

V. Recommendations

Recommendations for this study were drawn from the respondents' opinions and suggestions as obtained from probing and were derived from the findings of this research study:

- There is need to recognize that gender norms influence sexual and reproductive health decisions of women. The documented covert use of contraceptives due to male opposition from the research findings and from the studies cited in literature review, the study recommends the need to involve men in studies on family planning. However, there is need to strike a balance between pragmatic couple involvement and women's rights in controlling their bodies and choosing to use or not use contraceptives.
- There is need to strengthen the supply chain of contraceptives and consumables at provincial and national levels to prevent disruptions in contraceptive supplies and contraceptive stock-outs.
- There is need to prioritize family planning services in the health budget and therefore, suspend or subsidies FP services for vulnerable women during the Covid-19 pandemic and future emergencies.
- There is need for the government to invest in strategies such as, mobile clinics to resolve mobility challenges faced by the married women and establishing online FP consultations, as guided by the World Health Organisation to ensure access to FP services by all married women during the Covid-19 pandemic. Developments in ICT can enable online FP service delivery, for instance, FP counselling and self-management of side effects of contraceptive methods.
- Budget refocusing and reallocation of health resources must be done in a manner that preserves FP programs.
- There is need to embark on health workers' development, by enhancing training of family providers through engaging the donor community for technical assistance, so that all modern contraceptive methods become available at public health facilities for women in Mutare and at national level.

- There is need for equitable distribution of resources for the protection of health workers from Covid-19 during the pandemic to avoid disruptions in FP service delivery related to shortages of PPE.
- In order to increase awareness on Covid-19, as well as, reduce stigma about Covid-19 and help to allay fears of getting infected at the public health facilities, there is need to engage local mass media such as the local newspaper, Manica Post and the local radio station, Diamond FM on disseminating accurate health risk information about Covid-19. . Not only will this intervention impact married women in Mutare but the media advocacy will impact women at national level as they access the newspaper and local radio station.
- There is need for continuous outreach and monitoring by health care workers to ensure continued use of contraceptives by acceptors.
- It is imperative to collect routine data on FP services coverage for use in developing strategies for continuous FP services during the pandemic and future emergencies.
- There is need to research on impact of the Covid-19 pandemic on other provinces and reconcile the findings of this research study at national level.

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