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POPULATION COUNCIL
Ideas. Evidence. Impact.

RESEARCH BRIEF

COVID-19, REVERSE MIGRATION AND FAMILY PLANNING IN BIHAR

Background

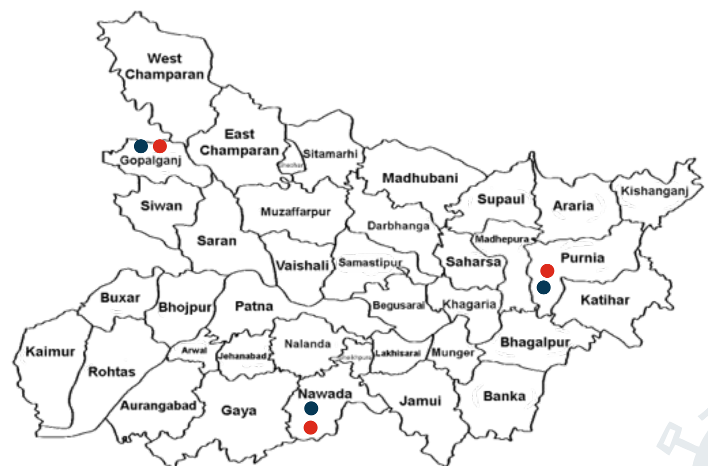
The countrywide lockdown and fear of COVID-19 resulted in an unprecedented volume of reverse migration. According to the World Bank, more than 40 million internal migrants in India were affected by COVID-19, and more than 50,000 individuals migrated from urban to rural areas of origin within a few days after lockdown was announced. Estimates suggest that, by the second week of May, more than four million migrants had returned to Bihar and that number continued to rise as the weeks proceeded. As the reverse migration unfolded, a range of socio-economic and healthcare issues were expected to emerge. The current health system, already strained by the pandemic, may face additional challenges in providing adequate sexual and reproductive health (SRH) services to women and girls. An upsurge in the volume of reverse migration is likely to increase the demand for SRH services and will further burden the stressed health system.

The Population Council undertook a study in three districts of Bihar (Purnea, Nawada and Gopalganj) to understand how COVID-19 and reverse migration affected contraceptive use and access to family planning services. The research sought to answer:

- **How COVID-19 affected women in migration areas? What has been the extent of reverse migration?**
- **What has been the impact of COVID-19 and reverse migration on demand, utilization, and access to SRH services among women in areas affected by migration?**

Methods

A mixed-method, telephone-based approach was used in three high male out-migration districts of Bihar: Purnea, Gopalganj and Nawada. Telephonic interviews were conducted with women - currently married, aged 15 to 49 years - in November 2020. In each district, one high (Warsaliganj in Nawada, Phulwaria in Gopalganj, and Banmankhi in Purnea) and one relatively low (Rajauli in Nawada, Thawe in Gopalganj, and Srinagar in Purnea) male out-migration blocks were selected after consulting local civil society organizations (CSOs) and district labor officers. A multi-stage sampling approach was used to select respondents. In the first stage, five villages in each block were systematically selected using a probability proportional to size approach. In the second stage, 10 households with eligible women were selected. Local CSOs were engaged in each district to prepare a list of all eligible women in the selected villages and obtain the contact numbers.



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The research investigators dialed 863 phone numbers, reconfirmed eligibility (if phone was reachable) and completed 303 interviews with women in the three districts. This sample of interviews excluded women who were using female sterilization as a method of contraception. In these interviews with women, data was collected on husband's migration, contraceptive use, and access to family planning (FP) services since COVID-19 restrictions were put in place. Following the survey, in-depth interviews (IDIs) were conducted with 15 women. These women were selected purposively if they had reported either unplanned pregnancies, discontinued contraceptive use, or were unable to access contraceptive methods as was reported in the survey interview. The IDIs explored issues on access to contraceptive, reasons for discontinuation of contraceptive use and challenges faced due to COVID-19.

Measures

Low/high out-migration village: Using information collected by the Population Council in its formative research on the extent of male out-migration from the study villages, they were categorized into low and high male out-migration villages. Villages that had more than 33% of the male out-migration were defined as high volume male out-migration areas (HMAs); otherwise considered as low volume male out-migration areas (LMAs).

Husbands' migration status: Currently married 15-49 year old women who responded that their husband worked outside the native district before COVID-19 lockdown were defined as having a migrant husband; rest were considered to have a resident husband.

User of reversible contraceptive methods: Women who reported using any reversible contraceptive method such as condom, intra-uterine devices, oral contraceptives, emergency contraceptive pills and injectables were considered as users of reversible contraceptive methods.

Results

Reverse migration of men due to COVID-19/lockdown

Almost three-fifths (61%) women reported that their spouses who worked outside their native districts had returned home due to lockdown and COVID-19 restrictions. The reverse migration of men was higher in HMAs compared to LMAs (70% vs. 52%) (Figure 1). Of those who reported husband's return, more than two-fifths (45%) reported that their husbands have now returned to the place of work. Returnee migrants stayed at home for five months before they went back to their employment destination (Figure 2).

Figure 1: Percentage of women who reported their husbands returned home following the lockdown, Women Survey, Bihar, 2020

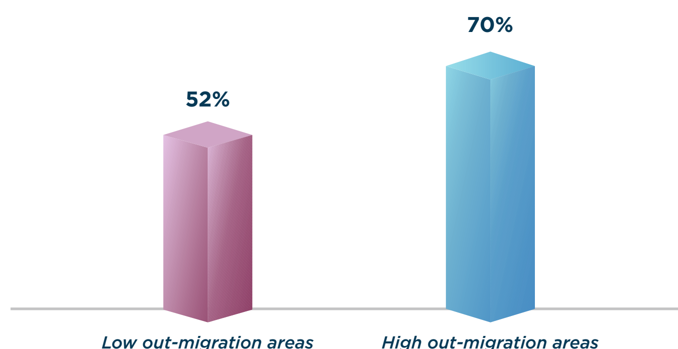
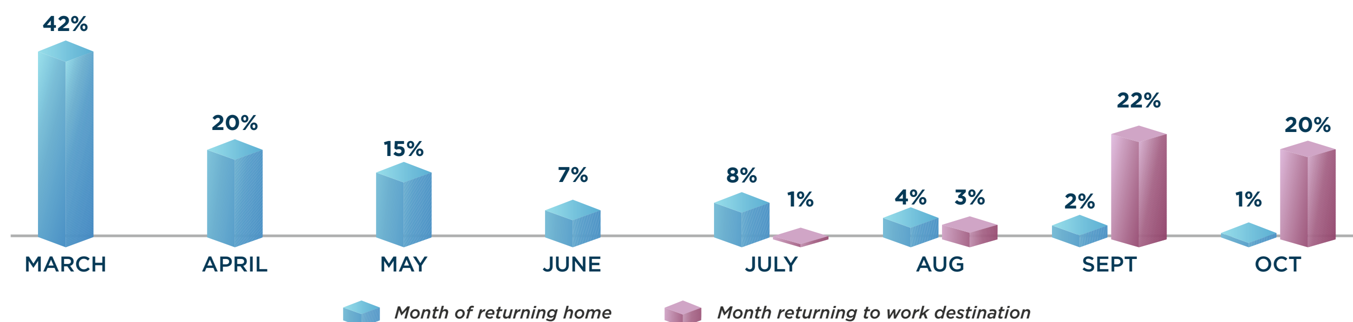


Figure 2: Percent households showing months when men returned home following lockdown and going to back to destination post completion of lockdown, Women Survey, Bihar, 2020



Impact of COVID-19 on daily lives of women and their family

90%	Women reported that husband's job was lost due to COVID-19 and lockdown
90%	Families compromised on meeting at least one basic needs[1]
49%	Families compromised on meeting all the basic needs[1]

1 quantity of food consumed, children's education, buying medicine, buying clothes, visiting hospitals, investment on agriculture.

> My husband had to come back from the city due to lockdown. Now we have started working in the field here (as labourers), but people are saying that police will catch us if we go to the field. I think if we do not die of Corona (COVID-19), we will definitely die of hunger.
>
> **Woman with migrant husband, Age 25, NAWADA**

Impact of COVID-19 on use of reversible methods of contraception

At the time of survey, slightly more than a quarter of women (29%) used reversible methods of contraception. About 7% women reported using condoms and pills each and 6% used Antara (injectables). Compared to use of reversible contraceptives before March 2020, a significant reduction was observed in use of reversible contraceptive methods at the time of survey, specifically among those with a migrant husband. Before March 2020, 36% women with migrant husband were using a reversible contraceptives, which reduced by 14 percentage points (pp) to 22% after March 2020 (Figure 3). Further, the discontinuation of reversible contraceptives was higher among women with migrant husbands in LMAs (20 pp) compared to women in HMAs (8 pp) (Figure 4).

> ASHA didi told me to insert Copper-T some time back. But then Corona (COVID-19) happened, ASHA didi asked me to wait for few more days. Now I do not know when Corona will end and when I can get Copper-T.
>
> **Woman with resident husband, Age 27, NAWADA**

Figure 3: Percentage of women using reversible contraceptives, by husband's migration status, Women Survey, Bihar, 2020

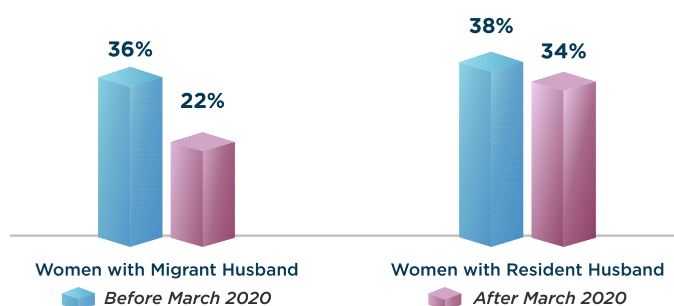
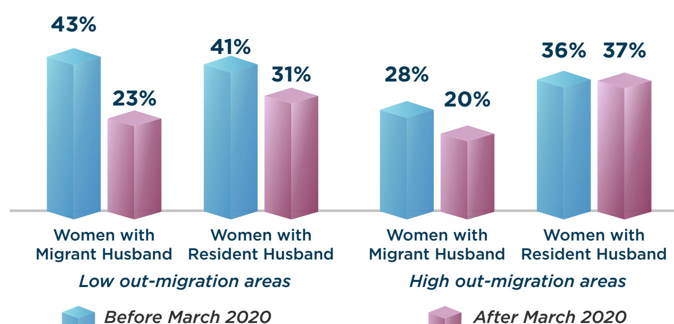
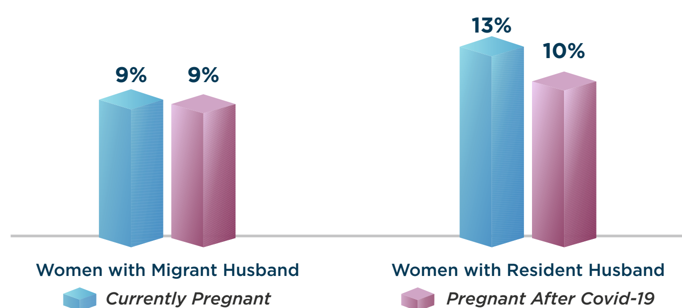


Figure 4: Percentage of women using reversible contraceptives by volume of migration, Women Survey, Bihar, 2020 husband's migration status, Women Survey, Bihar, 2020



Impact of COVID-19 on current pregnancy

Figure 5: Percentage of women who are currently pregnant by husband's migration status, Women Survey, Bihar, 2020

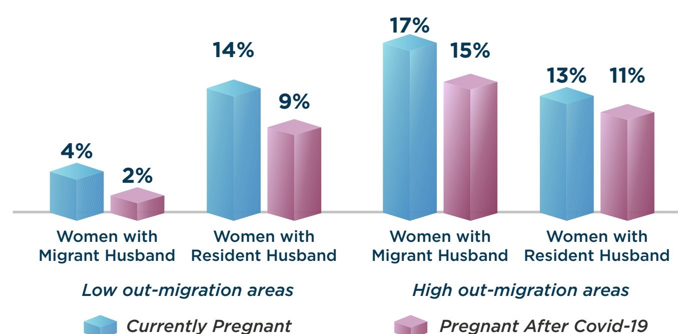


Overall, 11% women reported that they were pregnant at the time of survey (Figure 5). More than four-fifths of currently pregnant women became pregnant after March, 2020; half of them (53%) did not plan the pregnancy at that time (Data not shown). A higher proportion of women with migrant husbands in HMA (15%), compared to LMA (2%), reported getting pregnant after the onset of COVID-19 (Figure 6).

I did not want to become pregnant now. I used to take Antara every three months. But due to Corona. I missed my shot in April. After three months I had bleeding and visited the doctor and he told me that I am pregnant.

Woman with resident husband, Age 25 - NAWADA

Figure 6: Percentage of women who are currently pregnant by volume of migration, women survey, Bihar, 2020



Impact of COVID-19 on access to modern contraceptive methods

Only about one-fifth of the surveyed women tried to access contraceptive methods since COVID-19 restrictions were put in place. While the pandemic affected only 12% women in the way they obtain a contraceptive method; about 18% of current contraceptive users had to switch methods due to COVID-19 restrictions.

12% Women were affected in the way they obtain a contraceptive method due to COVID-19

18% Women currently using a contraceptive method switched to another method due to COVID-19 restrictions

20% Women tried to access contraceptives since COVID-19 restrictions

I contacted ASHA in the month of May to check if she could give me an Antara injection, but she was busy with Corona duty and could not come. After that, she has not contacted me and I am still not using any method.

Woman with resident husband, Age 28, GOPALGANJ

My husband came back from the city two days before the lockdown was imposed. Knowing that I had stocked up the medicines (Ayurvedic contraceptives). But his stay got extended and my stock ran out. Now I do not have money to buy those medicines again.

Woman with migrant husband, Age 30, GOPALGANJ

I had taken three shots of Antara injection. But when I contacted ASHA for my fourth shot, she asked me to wait as there was no supply of Antara due to Corona. After that ASHA never visited me.

Woman with resident husband, Age 28, GOPALGANJ

When my husband came back home during lockdown (March), I contacted ASHA for contraceptives. She gave me pills (Chhaya) which I took once-twice a week.

Woman with migrant husband, Age 30, GOPALGANJ

Impact of COVID-19 on contact with front-line health workers (FLWs)

About three-quarters (74%) women reported that FLWs met them at least once since COVID-19 restrictions were put in place (Figure 7). Notably, a higher proportion of women in HMAs than in LMAs reported not being contacted by FLWs even once in the last eight months (Figure 8). It was also noted that a significantly higher proportion of women who were currently pregnant were contacted by FLWs than who were not currently pregnant (90% vs 75%) (Data not shown). While pregnant women were contacted nearly two times, on average, since March 2020; those who were not pregnant were contacted only about 1.6 times during the same time period. Further, among women who were not pregnant, the contraceptive non-users were contacted only 1.4 times as compared to 1.9 times among those using a reversible contraceptive method.

46% Women reported reduction in frequency of contact with ASHAs since COVID-19 restrictions (49% in HMAs)

23% Women also reached out to FLWs over phone

Figure 7: Frequency of contact with ASHAs since COVID-19 restrictions by husband's migration status, Women Survey, Bihar, 2020

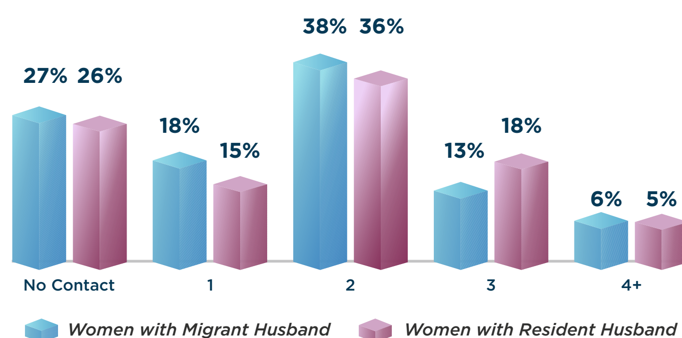
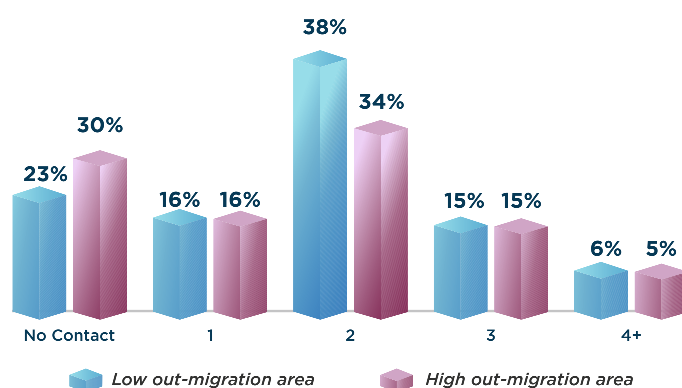


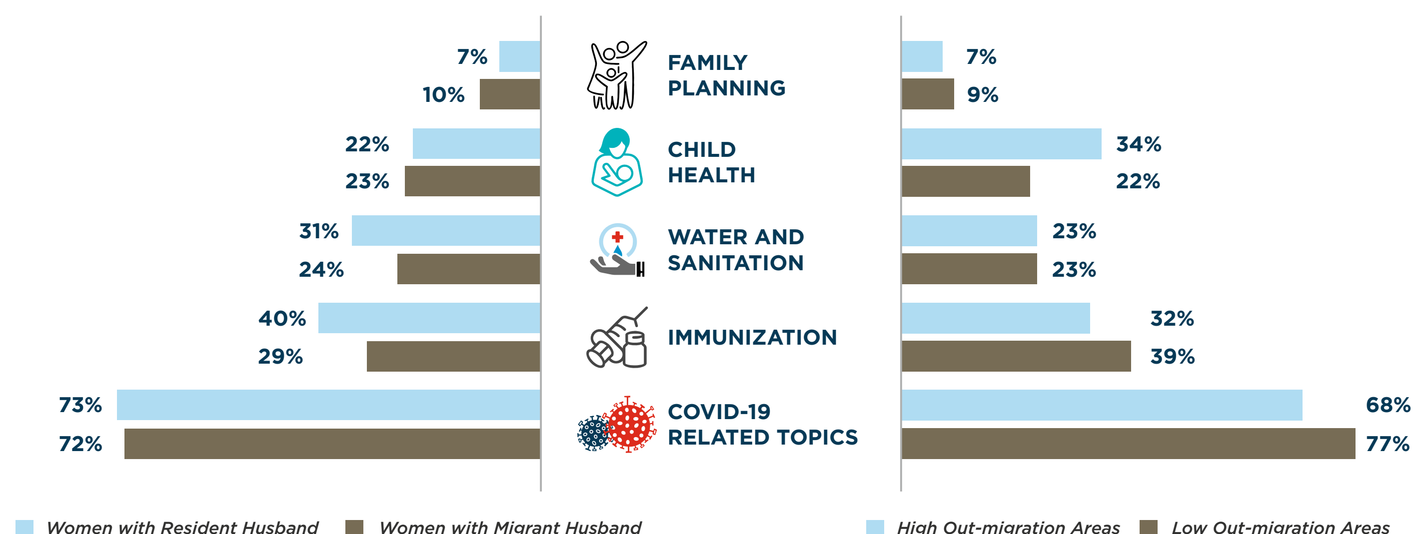
Figure 8: Frequency of contact with ASHAs since COVID-19 restrictions by volume of male out-migration, Women Survey, Bihar, 2020

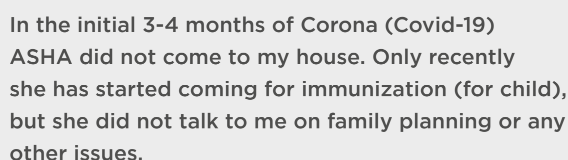


Impact of COVID-19 on services received from FLWs

Since the onset of the pandemic, interactions between women and frontline health workers (FLWs) have mostly been limited to COVID-19 related topics with very few women reporting discussions around FP related topics (Figure 9). FLWs have communicated with nearly three-quarters of women on COVID-19 related topics; more in LMAs than HMAs. Less than one in ten women reported that they had a discussion on FP related issues.

Figure 9: Services received by women from FLWs by husband's migration status and volume of male out-migration, Women Survey, Bihar, 2020





In the initial 3-4 months of Corona (Covid-19) ASHA did not come to my house. Only recently she has started coming for immunization (for child), but she did not talk to me on family planning or any other issues.

Woman with migrant husband, Age 30, NAWADA

Discussion

The current study explored the impact of COVID-19 and reverse migration on women's life and their use and access to contraceptives in migration affected areas of three districts of Bihar. COVID-19 had a devastating impact on the lives of women and their families. Majority of families had to cut-down their basic needs as every nine out of ten women reported their husbands losing the jobs they had before COVID-19 restrictions were imposed.

The impact of COVID-19 on use and access to contraceptives was equally diabolical. The gap in contraceptive use between women with resident husbands and those with migrant husbands has been documented empirically with the gap favouring the former. With COVID-19, the gap has further widened as comparison of use of reversible contraceptive methods before and after March 2020 suggests that there has been a decline of 14 pp among women with migrant husbands as compared to only 4 pp among those with resident husbands. Further, in HMAs, the decline in use of reversible methods is seen only among women with migrant husbands but not with those with resident husbands. In LMAs, this decline is almost double among women with migrant husbands than those with resident husbands. It is not only the use that has reduced, but the communication from FLWs on FP and the frequency of contact by FLWs has also reduced. FLWs' outreach to women on FP issues, specifically among those with migrant husbands and in high out-migration areas had reduced significantly. Given the current situation, it is best for interventions to be innovative to connect with women through digital technology, specifically in HMAs.

The long-term negative consequences of lack of access to family planning services during COVID-19 period may lead to increased health needs of new mothers and children, resulting from the high proportion of unwanted pregnancies. This study estimates an increase of approximately 20,000 pregnancies/births in the three high migration districts during the first eight months of COVID-19, which calls for increased planning and provision of maternal, newborn and child health services in these districts in the months ahead.

Limitations

The survey results should be interpreted with caution as the samples selected in the study are those referred by CSOs. Also, the sample of contraceptive users include women who are using spacing methods of contraception given the interest of the research is to understand the access and barriers to method use.

Recommendations

Based on the study findings, the following programmatic actions are suggested:

High migration areas shall continue to be the focus for FP program:
According to the survey, a significant proportion of returned migrants continue to remain at home and that the contraceptive use in general in HMAs has reduced as a result of COVID-19. Innovative outreach approach, specifically, in houses where men have returned, is required given the constraints arising out of COVID-19.

Reversible contraceptive methods should be available for women who have delayed their plan for sterilization:
The study suggests that several women postponed their plan for sterilization. Program planning is needed to identify and counsel women who have delayed their plan for sterilization to encourage them to use reversible contraceptive methods.

Increase focus on maternal and newborn services in migration affected areas:
The high proportion of pregnancy among migrants or HMAs (mostly unwanted among those who were pregnant after onset of COVID-19) suggests the potential increase in maternal and newborn health needs now and in the coming months. FLWs should be asked to keep track of such women who are expecting delivery of a baby in the next couple of months so that such women can be counselled for post-partum contraception at the time of delivery.

Concerns around discontinuation and switching of methods needs to be addressed the context of migration:
A substantial number of women who were using contraceptive before onset of COVID-19 switched to another method either due to unavailability of the method or inability to access a particular method. Therefore, it is important to strengthen the supply chain so that the FLWs or health facilities do not run out of contraceptive stocks.

Overall well-being of migrants should be a priority for program:
Given that several migrant families are experiencing difficulties in meeting basic needs, it may be important to also focus on strengthening livelihood programs, possibly through SHGs and MNREGA program.

Acknowledgments

The Population Council acknowledges the support provided by **Mahila Shishu Kalyan Sansthan Evam Hast Shilp Kala Prashikshan Kendra** in Gopalganj, **Deepalaya** in Purnea and **Gram Nirman Mandal** in Nawada for their support in the implementation of this study. The support provided by **PopulationCouncil Consulting Pvt. Ltd.** in ensuring smooth data collection is also acknowledged. The research team is highly indebted to the study participants for their time and information provided over phone in these difficult times.