

# WOMEN, UNINTERRUPTED: THE HINDU EDITORIAL ON ACCESS TO CONTRACEPTION AND ABORTION SERVICES

Relevant for: Geography | Topic: Demography of the World - Growth of Population

Among the more serious ramifications of the pandemic has been the rather extensive, even if unintended, disruption of health-care services. Normal life has been crippled by the restrictions flowing from control measures, and access to medical services has become infinitely tougher for a vast majority. The scale of the impact on women's lives is only now being recognised, as global reports of inability to access contraceptives and abortion services during the long lockdown warn of dire consequences, including unwanted pregnancies, increase in domestic violence, and maternal mortality. A [recent estimate by Marie Stopes International \(MSI\)](#) said about two million women missed out on services between January and June; 1.3 million were in India alone. According to WHO, a recent survey of responses from 103 countries found that 67% reported disruption in family planning and contraception services. UNFPA projections indicate that 47 million women in 114 low- and middle-income countries would be [unable to use modern contraceptives](#) if the average lockdown continued for 6 months with major disruptions to services, and an additional 7 million unintended pregnancies are expected to occur.

At the heart of this issue is the bulk of health-care services shifting to cater to COVID-19 related emergencies, and lockdown disruptions. India listed abortions as essential services under the lockdown, but the disruption of transport services hampered access to centres of care, and lack of awareness about these services being available during this period was a factor. It is pertinent to ask if services to facilitate abortion and contraception were indeed available in the cities and rural areas during the period, despite being listed as 'emergency' and thus allowed to remain open even during intense lockdowns. Almost 30% of the respondents seeking an abortion said that the clinic in their area was closed, according to the MSI report. Further, [a study in six States](#) by the Foundation for Reproductive Health Services India, showed a severe shortage of medical abortion drugs in pharmacies. For a country setting out to bolster its contraception and abortion services outreach, this pandemic and its lockdowns have dealt a blow. The need for contraceptive services remains high in India, with over 1 in 3 women (35%) reporting a need for contraceptive advice, as per the MSI study. Providing uninterrupted abortion and contraceptive counselling, devices and care services are essential to safeguard the reproductive rights of women, and protect them from abuse. These services must continue through measures such as telemedicine, incentives to local clinics to open their doors, resolving drug supply chain disruptions, besides improving access to health care. For, countries that do not prioritise women's health-care needs will bear the heaviest of burdens, not so long after.

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