Effects of the Lock down on Maternal and Child health in Uganda

Universal access to sexual and reproductive health is essential to the enjoyment of the highest attainable standard of physical and mental health, as guaranteed by Article 12 of the International Covenant on Economic, Social, and Cultural Rights. Many challenges, indeed, obstruct individuals' enjoyment of this right. These obstacles are interrelated and entrenched in society, operating at different levels: in clinical care, at the health systems level, and in the underlying determinants of health. In addition to biological factors, social, economic, and other conditions bear upon a woman's sexual and reproductive health. It is often linked to poverty and economic stability in general. Criminal and other legal restrictions also affect abortion.

The Covid-19 pandemic and its mandatory procedures have impacted sexual and reproductive health services, especially those related to access to public services due to COVID-19 pandemic lockdown decisions in some countries and the difficulty of accessing health services.

Whilst almost every country has experienced disruption to its health services since the start of COVID-19 pandemic.Several countries in Africa Uganda inclusive have been severely impacted, leading to suspension of maternal, neonatal and child health care; unfortunately there is limited data to fully document the extent to which the COVID-19 pandemic has impacted on women and children across Africa.However, some preliminary numbers have shown a drop of utilization of essential reproductive, maternal and neonatal health services. (Project Hope)

According to the World Health Organization, Uganda, as with many nations in the World Health Organization (WHO) Africa region, has largely avoided the considerable infection rate and death toll from COVID-19 that other nations have seen, with 121,166 confirmed cases and 3,085 deaths reported as of the 08th September 2021. Whilst Uganda has minimized the spread and direct impact of COVID-19 within its borders through its early, rapid and severe response, Sexual and Reproductive Health rights and services (maternal and child health services) were severely impacted by these measures during the height of the lockdown, leading to increase in morbidity and mortality.

The maternal mortality rate associated with the availability of the right to sexual and reproductive health increased, despite the progress made in reducing the maternal mortality rate in Uganda from 524 deaths to 336 deaths per 100,000 live births for the seven years, according to the 2001 and 2016 Uganda Demographic Health Survey (UDHS). Overall, an estimated 35 million women and girls aged 15-49 require humanitarian assistance with SRHR services.[1]

However, the response to COVID-19 in Uganda has negatively impacted Sexual and Reproductive Health services including; maternal, child and neonatal health, with the biggest and long lasting impact seen in complications of pregnancy, stillbirths and low-birth weight infants likely due to delayed care-seeking behavior. This is largely due to fear by mothers to contract the virus especially during the second wave and the restrictions on movement in attempt to curb the spread of COVID-19. This led to change in health

[1]Research Square, Sexual and Reproductive Health and Rights Challenges among Ugandan Youth during COVID-19 Pandemic lockdown: An online Cross-Sectional Study, at: https://www.researchsquare.com/article/rs-48529/v1

seeking behavior for the pregnant women and mothers with decline in antenatal attendances and vaccination for children under five.

According to a research on Indirect Effects of COVID-19 on Maternal, Neonatal, Child, Sexual and Reproductive Health Services in Kampala, Uganda,the country registered a decline in Antenatal attendances which decreased by 26% in April 2020 and remain below pre-COVID levels, decline in vaccination clinic attendance especially for oral poliovirus vaccines (OPV),DPT vaccines, Rotavirus vaccines and pneumococcal vaccine which has implications for vaccine-preventable diseases, with a cohort of infants currently unprotected.

Although the Ugandan government has issued directives to protect pregnant women's access to maternity services, access to essential sexual and reproductive health information and services such as contraceptives, family planning, and health protection has not been prioritized during the lockdown. That affected the right to sexual and reproductive health, as 28% of family needs were not met at that time.

In the context of the Corona pandemic restrictions on public transportation, access to health care services has become a privilege reserved for only a few. Consequently, women have to travel long distances to reach health centers and services, which puts the lives of expectant mothers in particular at risk. The fetus is also at risk because there is the possibility of birth occurring along the way, which is carried out by traditional dangerous methods.[2]

During the lockdown situations for the first and second waves of COVID-19, the government's major focus was on the prevention, control and treatment of COVID-19 with priorities in testing and treating and vaccination of most at risk populations. This affected other medical services including maternal and child health services. Whereas Uganda as a country has registered a decline in maternal mortality over the years, there is a likelihood that if efforts are not targeted towards increasing antenatal care attendances, vaccinations for under-fives and other maternal and child health services, there will be an increase in maternal, infant and child mortalities, complications of pregnancy, stillbirths and low-birth weight infants and death due to vaccine-preventable diseases for children under five years of age.

The Government of Uganda and other Non-Governmental Organizations focusing on Maternal and Child Healthshould develop approaches towards increasing capacity of VHTs and supporting them to be able to provide MCH services in their communities. VHTs are the first contact health workers in the local communities commonly known as Health Center I and with knowledge and support, they can be able to provide these servicesespecially immunization of children under five, providing nutritional supplementation (folic acid and iron) to pregnant women and also health education on safe motherhood in their local communities. VHTs should be trained on care for new mothers and newly born babies so that they can closely monitor both the mother and the baby to ensure proper recovery for the mother and proper

[2]- Globalization and Health, A review of prospective pathways and impacts of COVID-19 on the accessibility, safety, quality, and affordability of essential medicines and vaccines for universal health coverage in Africa, April 2021, at: https://2u.pw/8NAGy

development of the baby. This approach coupled with the already existing approaches can create a positive impact towards Maternal and Child Health in the country.

In conclusion, the Ugandan response to COVID-19 has negatively impacted maternal, child and neonatal health, with an increase seen in pregnancy complications and fetal and infant outcomes, likely due to delayed care-seeking behavior. Decreased vaccination clinic attendance leaving a cohort of infants unprotected and affecting all vaccine-preventable diseases. Future pandemic responses must consider impacts of movement restrictions and access to preventative services to protect maternal and child health.