

Emergency contraception in post- conflict Somalia: Assessing awareness and perceptions of need

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Background: Somalia

- ◆ Gained independence in 1960
- ◆ Civil war (1991-) devastated available public services
- ◆ Federal Government of Somalia 2012



Background: Reproductive health in Somalia



- ◆ TFR= 6.7 children/woman
- ◆ MMR= 850 deaths/100,000 live births
- ◆ Reproductive health services are scarce/inaccessible

EC in crisis/conflict settings

- ◆ May be first preventative method women encounter after sexual intercourse
- ◆ Contraceptive prevalence rate=15% (global average ~ 62%)
- ◆ No dedicated emergency contraceptive pill (ECP)
- ◆ This study explored EC in the Somali context



Research Questions



- ◆ What is the level of awareness of EC among different stakeholders?
- ◆ What is the perceived need for EC among stakeholders?
- ◆ What are the various facilitators and barriers to expanding access to EC in post-conflict Somalia?

Interviews with key informants

- ◆ **10 formal, semi-structured interviews with key informants**
 - ◆ Representatives from local/international NGOs, the Ministry of Health, medical doctor
 - ◆ Provided insight into decision making involved in registration of EC, awareness, opinions

Interviews with key informants: Findings

- ◆ Lack of awareness of EC: Only 2/10 knew about EC
- ◆ Believed it to be a necessary service that should be made available
- ◆ Believed anyone could make EC available in Somalia
- ◆ Awareness raising about service is critical

Interviews with pharmacists

- ◆ **20 structured, in-person interviews with pharmacists**
 - ◆ Critical point of first access for health services in Somalia
 - ◆ Provided insight into perspectives of potential service providers



Interviews with pharmacists: Findings

- ◆ Only 1/20 pharmacists knew about EC
- ◆ EC was never sold in their pharmacies
- ◆ Excited about idea of EC
- ◆ Supported EC as a future service they would provide in pharmacies
- ◆ A lot of awareness would need to be done to let women know EC exists

Focus group discussions with women in Mogadishu

- ◆ **4 FGDs with married and unmarried groups of women (21 participants)**
 - ◆ From various districts in Mogadishu; 1 group from IDP settlement
 - ◆ Focused on knowledge, opinions and experiences with EC and reproductive health more generally

Focus group discussions: Findings

- ◆ None of the women in the FGDs ever heard of EC before
- ◆ Found it very difficult to understand, but after much explanation were very excited this existed
- ◆ Believed it could put an end to dangerous methods women currently use because it was “the only other way”
- ◆ Believed education/awareness raising was extremely important

Expanding EC access to Somalia: Barriers

- ◆ Health care system is underdeveloped/largely privatized
- ◆ No regulatory body that oversees services currently provided
- ◆ HCPs lack awareness about EC and other basic family planning services
- ◆ Poverty, famine, insecurity may overshadow access to services like EC

Expanding EC access to Somalia: Facilitators

- ◆ Need is great and interest exists
- ◆ Medications can enter market easily
- ◆ Misinformation about EC does not exist
- ◆ Federal Government of Somalia currently in place

Conclusion

- ◆ 2010-2015 Somali Reproductive Health National Strategy and Action Plan (SRHNSAP): birth spacing
 - ◆ EC must be integrated into national family planning strategies
- ◆ Awareness raising efforts that target different stakeholders needed
- ◆ Focus on Yuzpe could be valuable (OCPs are available)
 - ◆ Awareness/knowledge of this method, especially among pharmacists, must be increased

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