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
L 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

  - 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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