

Baseline Study: Family Planning Among Somali Refugees in Ali Addeh, Djibouti

An Inter-Agency Study Conducted by UNHCR,
Women's Refugee Commission and CDC

July – August 2011

REPORT FOR COMMUNITY CONTRIBUTORS

WHO ARE WE?

The United Nations High Commissioner for Refugees (UNHCR) leads and coordinates international action to protect refugees and their rights worldwide.

The Women's Refugee Commission is an advocacy organization based in New York, United States (U.S.). It advocates for changes in laws, policies and programs to improve the lives and protect the rights of refugee and internally displaced women, children and young people.

Centers for Disease Control and Prevention (CDC) is a U.S. government agency. The CDC has a Division of Reproductive Health that addresses the reproductive health of refugees and internally displaced persons in emergency and post-emergency settings.

WHY DID WE COME TO DJIBOUTI?

We visited Djibouti to examine how Somali refugees uti-



Women in the community gathered for a group discussion.

FAMILY PLANNING AND REFUGEES

Family planning is the ability of individuals and couples to anticipate and have their desired number of children. It is also the ability for them to choose the space between their children through use of contraceptive methods. Under international human rights law, access to family planning is a human right. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) says all individuals and couples have the "right to decide on the number, spacing and timing of children." The Programme of Action from the 1994 International Conference on Population and Development also notes the right of couples and individuals "to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so."

lize family planning services in Ali Addeh, a refugee camp where Somali refugees reside. We wanted to learn about what the Somali people think about family planning and whether they are able to obtain contraceptives; how many people use them; and what family planning services are available to them in health facilities.

WHAT DID WE DO DURING OUR VISIT?

One member of the Women's Refugee Commission visited Ali Addeh for three weeks in July and August 2011. She and a team of 12 community members interviewed 412 women of reproductive age (15-49 years). They met with 34 men, women, and adolescent girls

and boys in group discussions, and interviewed refugee community leaders to learn about their thoughts on family planning. They also visited the camp health facility and interviewed providers about the services they offer.

By listening to people in Ali Addeh, we learned directly about their thoughts and experiences. We are grateful to have met with them and for their permission to let us share the information and stories in a responsible way.

WHAT DID WE LEARN DURING OUR VISIT?

We learned that 5.6% of women of reproductive age currently use a method of contraception. Although this number is very low, it is a higher rate of use than that found among Somalis who live in Somalia. This suggests that Somali refugees who live in Ali Addeh are more open to using family planning methods or can get methods more easily than in Somalia. The most commonly used methods of family planning are injections for women that are effective for three months; and oral contraceptive pills, pills a woman takes every day.

We also learned that religion plays a very important role in refugees' perceptions about family planning. A common belief in the community is that the number of children a woman has is determined according to God's will, and that large families are best. However, women and men believe that spacing births is important for the health of the mother and children.

We learned that refugees are concerned about confi-



Youth in the community gather for a group discussion.

dentiality and waiting times when they visit the clinic for family planning information and services, and that long-term methods are not available. We also found that many people do not know a lot about reproductive health and family planning, and that there are many misunderstandings about contraceptives.

WHAT WILL WE DO NOW?

The Women's Refugee Commission and UNHCR will share these findings and recommendations to improve family planning services for Somali refugees. Some of the recommendations are:

- Trainings should be given to all health facility providers of family planning services, with special priority given to counseling on all of the contraceptive choices.
- Reach out to the community to increase knowledge of family planning. Priority should be given to including men, since they play an important role in decision-making. This effort should be integrated into existing reproductive health and HIV programs.
- Make simple improvements to the camp health facility to increase privacy, space, and equipment. Educational materials should also be made available at the clinic in Somali.

WHAT CAN YOU DO IF YOU WANT TO LEARN MORE ABOUT OUR WORK?

To learn more about family planning in Ali Addeh, go to UNHCR/AMDA Refugee Health Centre.

To learn more about the Women's Refugee Commission's advocacy on behalf of displaced women, children and youth, visit www.womensrefugeecommission.org or contact us at info@wrcommission.org.

Photographs: Women's Refugee Commission/Nassrin Farzaneh.

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