Baseline Study: Family Planning Among Refugees in Nakivale Refugee Settlement, Uganda

A Study Conducted by UNHCR,
Women's Refugee Commission and CDC

June – 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 NAKIVALE?

We visited Uganda to examine the extent to which refugees use family planning services in Nakivale Refugee Settlement, where Congolese, Somali, Rwandese, Burundian, Sudanese, Ethiopian and Eritrean refugees reside. We wanted to learn about what 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.

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."

WHAT DID WE DO DURING OUR VISIT?

One member of the Women's Refugee Commission visited Nakivale for seven weeks in June and July 2011. She and a team of 6 community members interviewed 540 women of reproductive age (15-49 years). They also met with 48 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 four health facilities and interviewed health care workers about the services they offer.

By listening to people in Nakivale, 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 16.1% of women of reproductive age currently use a method of contraception. Although this number is low, it is higher than what it used to be in the settlement. The most commonly used methods of family planning are injections for women that are effective for three months; oral contraceptive pills, pills a woman takes every day; and the male condom, a method used by men. Temporary methods, including condoms, pills and injections, are now being offered by health facilities in the settlement.

We also learned that culture and religion play a very important role in refugees' thoughts about family planning. A common belief in the settlement is that large families are best and it is good to have many children since many were lost in the conflict. We also learned that there is incorrect information being shared among community members about the side effects of contraceptives, for example that they lead to cancer and infertility.

While there are health clinics that have family planning services in Nakivale, refugees said that many people need to walk long distances to get to the clinics, and that family planning services are not usually considered a priority. Some people mentioned a need for youth-friendly services since family planning services are offered in the maternity ward, which is not a place where adolescents want to be seen. Others mentioned that condom dispensers in youth centers and places other than the health centres are often empty.

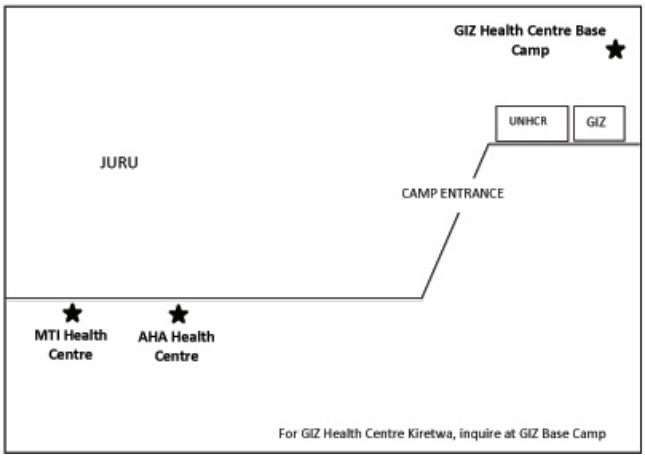
WHAT WILL WE DO NOW?

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

- Make temporary methods of family planning, including condoms and long-term methods, such as implants and intrauterine devices, more available.
- Develop a referral system to make sure that women learn about family planning services while they are at the health clinic for other reasons, and that they are properly followed-up to make sure they receive information and services if they express interest.
- Help community health workers and health facility staff work more with the community to increase awareness of family planning through education.

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

To learn more about family planning in Nakivale, go to GIZ Health Centre–Base Camp. You can also visit GIZ Health Centre–Kiretwa, Medical Teams International (MTI) Health Centre–Juru, or Africa Humanitarian Action (AHA) Health Centre–Juru. Or contact Dr. Stephen Mwaura, Health and Nutrition Coordinator at UNHCR at 0772-701049.



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/Neha Mankani.

This report was written by Erin McCoy.