

# Baseline Study: Family Planning Among Somali Refugees in Eastleigh, Nairobi, Kenya

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

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.

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) is an aid agency that supports the German government in the field of international cooperation and sustainable development. GIZ is an implementing partner of UNHCR in Kenya.

### WHY DID WE COME TO EASTLEIGH?

We visited Kenya to examine the extent to which Somali



Women preparing for a group discussion about family planning in the community, July 2011.

### 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."

refugees use family planning services in Eastleigh, the area of Nairobi with the highest number of Somali refugees. 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 Eastleigh for six weeks in June and July 2011. She and a team of 12 community members interviewed 442 women of reproductive age (15-49 years). They also met with 41 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 three health facilities and interviewed health care workers about the services they offer.

By listening to people in Eastleigh, 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 6.9% of women of reproductive age currently use a method of contraception. Although this number is very low, it is higher than among Somalis in the Dadaab refugee camp (also in Kenya). This suggests that Somali refugees who live in urban areas are more open to using family planning methods or can get methods more easily. The most commonly used methods are oral contraceptive pills, pills a woman takes every day; injections for women that are effective for three months; and the male condom, a method used by men.

We also learned that religion plays a very important role in community members' 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. They also reported that, according to Islam, breastfeeding and withdrawal ('azl) are acceptable methods of spacing children.

We heard that access to family planning services is good and several health clinics in Eastleigh provide a wide range of contraceptive methods. But community members are concerned about confidentiality when they visit a clinic for family planning information and services, and feel that they are not always treated well by health care workers. We also learned that community members do not know a lot about different methods of contraception.

## 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:

- Reach out to the community to address religious, cultural and social factors related to family planning. Reli-

gious leaders and men should be reached, since they play an important role in decision-making.

- Provide training to all community health care workers who offer family planning services, with special attention to increase counseling on exclusive breastfeeding for six months and long-term contraceptive methods, and increasing knowledge about emergency contraception, which can prevent pregnancy if used up to 120 hours after unprotected sex. Trainings should focus on helping health care workers understand incorrect information and fears about family planning.
- Make simple improvements to public clinics, such as adding doors to consultation rooms to increase privacy and help the clients feel comfortable. Educational materials should also be made available at the clinics in the Somali language.

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

To learn more about family planning in Eastleigh, go to Eastleigh City Council Health Centre, located at 4th Street, 2nd Avenue. You can also visit Marie Stopes Eastleigh Nursing Home, located on 1st Avenue in Section 1, or Mother & Child Hospital on 1st Avenue opposite Wilson Court, next to California Estate. For other questions, contact Dr.

Emmanuel Ojwang, Health Coordinator UNHCR/BMZ Partnership Programme of GIZ at + 254 0722206593.

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

Photographs: Women's Refugee Commission/Erin McCoy. This report was written by Erin McCoy.

