Exploring Somali women's reproductive health knowledge and experiences: results from focus group discussions in Mogadishu, Somalia

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Background:

With a maternal mortality ratio over 1,000 deaths per 100,000 live births, high rates of sexual and gender-based violence, and the lowest contraceptive prevalence rate in the world, women's reproductive health indices in Somalia prove worrying. Over two decades of civil conflict in Somalia devastated an already fragile public health sector, leaving much of the population without access to basic health services, and women in particular with little to no access to reproductive health services. The voices of women impacted by this significant gap in service delivery are under-represented in the literature, thus we undertook this qualitative study to explore women's reproductive health knowledge and experiences.

Methods:

Study Design
- Qualitative study
- Component of larger qualitative multi-methods study on emergency contraception access
- Focus group discussions

Sampling and recruiting
- Our local NGO partner recruited participants from various districts in Mogadishu and an IDP camp
- 21 women of reproductive age were recruited

Data collection and analysis
- Discussions took place in Somali
- NVivo used to analyze findings using coded transcripts

Study objective
- To explore women's knowledge of, experiences with, and need for reproductive health services

This project was supported by a trainee grant from the Society of Family Planning. The study team thanks COGWO for their support of the project and assistance with recruitment, facilitation, and translation.

Results:

21 married and unmarried women participated in this study.
Four key themes were observed following analysis:

1 Knowledge of contraception is limited and misinformation is widespread

"Only God knows how much I want to space my children apart! I want to space my children apart so bad…right now my child is two months, and my period already came back, what am I supposed to do?"

Many women were taught to rely on breastfeeding as a method of contraception, but were dissatisfied with this: "When I go to work, the child won't get proper breast milk, and the period will come…the woman will become pregnant…my child is two years old and now I am already pregnant…and I need to go to work."

2 Women engage in a variety of unsafe and/or ineffective abortion practices

"A woman who after three months realizes that she may be giving birth to a bastard child [will] go to an [abortion provider] and get an injection and then have very bad problems and start bleeding and the child will come out…these women have suffered."

"I'm talking about the real honey! If you mix half a litre [of honey with oil] it will release the child"

3 Mistrust of providers is common and influences care-seeking behaviours

The doctors here are not like the doctors from before [the war]; they just open up clinics…to feed their children like everybody else"

"Even when you get pregnant and you say 'I will visit a doctor' you have to fear whether or not the doctor might kill your child"

4 The need for culturally resonant reproductive health information and services is acute

"I have seen my neighbour who had 12 children, her youngest child was a bit paralyzed, and she said she couldn't afford to have any other children… so she said she was going to get injected [with Depo Provera]. He [her husband] refused. She was stubborn so she went and got injected anyway, so he [divorced her]; she supports her children on her own now."

"There needs to be a lot of awareness-raising and education done, people need to be reached and to be talked to. It will not take one day or two days or a year for these people to understand, it will take a lot of time."

Discussion:

- The findings from our FGDs reveal that there is much to be done to improve reproductive health information, services, and outcomes in Somalia.
- Our participants' reproductive health experiences and those of their family members, friends, and other community members were shaped by a variety of factors, including misinformation, restrictive laws and policies, mistrust of clinicians, and prohibitively expensive services. When developing reproductive health programs, women's concerns about safety, cost, and service quality, which were highlighted throughout our FGDs, must also be considered.
- As Somalia begins rebuilding state institutions, such as the Ministry of Health, after over 20 years of conflict and mass displacement, it is important that women's concerns are included in decision-making efforts shaping the development of future women's health and reproductive health policies.