

## Access to family planning in refugee camps

Lauren Wedekind<sup>1,2</sup>

### WHAT'S THE ISSUE?

Access to family planning (FP) is critical to women and children's health globally.<sup>1,2</sup> Family planning services allow for the deliberate spacing and timing of births and prevent unsafe abortions. Although human rights laws such as Article 25 of the United Nations Declaration of Human Rights (UDHR) guarantees a fundamental right to health for all, 289,000 women die annually from complications during pregnancy and childbirth, almost all in developing countries.<sup>3</sup> However, if members of this population who do not wish to become pregnant access and use effective contraception, one in three of those deaths can be prevented.

The awareness, use, and efficacy of family planning remains especially low in refugee camps, which are temporary settlements for people undergoing forced migration due to natural disaster, conflict, persecution, and other threats to well-being in their country of origin. However, refugees in camp settings may have even greater needs for FP due to correspondingly higher rates of sexual violence of refugee camps than those of surrounding areas.<sup>4</sup> Despite the unmet need for contraceptives in refugee camps, international aid efforts collectively allocate below one percent of total reproductive health funding toward family planning.

In addition to high levels of unmet need for contraception worldwide, studies involving women residing in refugee camps have observed the following trends:

1. Contraceptive use is generally lower in refugee camps than in surrounding settlements.
2. Awareness of family planning methods in women living in refugee camps remains low.
3. Among women who are currently using any family planning method, the most commonly used method type varies across refugee camps.
4. Access to information and services is particularly difficult for adolescents.
5. Emergency contraception is only available in the context of post-rape care.

### WHAT'S THE CONTEXT?

#### Global Development Goals and WHO

99 percent of maternal deaths occur in the developing world, mainly in Africa and South Asia.<sup>1</sup> However, sexual and reproductive health are key aspects of every woman's right to health. Therefore, the Millennium Development Goals (MDGs) aim to

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encourage governments around the world to provide public benefits and humanitarian aid to raise overall health, socioeconomic status, and gender equality data toward target measures.

The achievement of universal access to reproductive care is specifically targeted within the United Nations' fifth Millennium Development Goal, "Improve maternal health": To "reduce by 75% the maternal mortality ratio" and "achieve universal access to reproductive health" by 2015<sup>5</sup>—neither of which has been accomplished in many refugee situations. In sum, though the MDGs campaign has formally ended, it set a precedent for future international development goals to have intricate monitoring and evaluation systems to ensure the goals' realization and sustainability.

Five of the other MDGs are also closely linked with reproductive health: (1) Eradicate extreme poverty and hunger, (2) Achieve universal primary education, (3) Promote gender equality and empower women, (4) Reduce child mortality, and (7) Ensure environmental sustainability. In sum, MDGs relate to global reproductive health since appropriate nutrition for mother and baby, gender equity and equality, and environmental health target social and environmental determinants of reproductive health, while child mortality is a downstream effect of poor neonatal and continued health throughout development.

The United Nations' health division, the WHO (World Health Organization) defines reproductive

health as each person's capability to reproduce—and the freedom to decide if, when, and how to do so. Reproductive health issues are the leading cause of morbidity and mortality in women of childbearing age, internationally. Furthermore, maternal and newborn deaths result in global productivity losses of about US\$15 billion per year.<sup>6</sup> In sum, FP education, access, and sustainability is crucial to guaranteeing all people's right to health, especially in vulnerable humanitarian settings.

### Family planning and refugee health

The present policy brief focuses on main forms of family planning that can be used in refugee camps: (1) barrier methods, (2) hormonal methods, and (3) intrauterine devices (IUDs).<sup>7,8</sup>

First, barrier methods of FP block sperm (male reproductive cells) from entering the female uterus (e.g. condoms).<sup>9</sup> Second, hormonal methods use various female hormones to prevent the release of female eggs (e.g. birth control pills), and if used correctly and consistently, they approach 100% effectiveness. Third, IUD implantation is an efficient form of FP that can be performed immediately after a woman delivers her baby, and similar to barrier methods, prevents male reproductive cells from entering the uterus.<sup>10</sup> For instance, IUDs can be inserted in refugee camps accompanied by education by community health workers and nurses who have trained under a task-shifting framework by obstetrician-gynecologist physicians.<sup>11</sup> In sum, FP can and should be provided along with patient education in camps.

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women worldwide  
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Family planning (FP), also called contraception, plays an important role in reproductive health. The use of contraception can prevent unintended pregnancy, reduce abortion, increase opportunities to attain higher education, and stimulate economic growth. According to the United Nations Population Fund, one in three deaths in women of childbearing age is preventable through family planning. There are currently 222 million women of reproductive age worldwide with unmet contraceptive needs. In some countries, more than half of women report that their last pregnancy was unintended.<sup>12</sup>

Multiple studies have shown that refugee populations can be particularly vulnerable to having unmet contraceptive needs. A Spanish cross-sectional study found that more than one-third of induced abortions occurred in immigrant women. For instance, Yugoslavian refugees in the United Kingdom presenting to a genitourinary clinic were more likely to report no contraceptive use and one or more previous pregnancy terminations compared with age-matched UK women.<sup>13</sup> In sum, migration surrounding humanitarian settings can strain one's access to family planning and reproductive health.

### Family Planning Financing

More recently, family planning financing plans have propagated to sustainably provide family planning resources to refugee camp residents, including: (1) conditional cash transfers, (2) voucher programs, (3) performance-based financing, (4) community-based insurance, and (5)

out-of-pocket payments and fees.<sup>14</sup> However, since the interventions are relatively new, international agencies, such as the World Health Organization Department of Reproductive Health Research, are prioritizing research on financing mechanisms for family planning specific to different settings. However, interventions should take into account that refugees in humanitarian settings may not be able to pay for FP on their own.

## POLICY RECOMMENDATIONS

To make sustainable progress toward the human right to health, international organizations in cooperation with each country's government should ensure access to family planning. In conclusion, I present three recommendations to all stakeholders:

- 1. Prioritize building a comprehensive evidence base for family planning need, use, efficacy, and financing.**
- 2. Provide culturally sensitive brochures and classes to educate vulnerable populations about various types of FP to counteract their surrounding stigma in favor of public health.**
- 3. Implement and policies that increase access to family planning to refugee women regardless of ability to pay (e.g. providing subsidies or FP at no cost).**

## Related Resources

- **Women's Refugee Commission** | Sexual & Reproductive Health: [www.womensrefugeecommission.org/programs/reproductive-health](http://www.womensrefugeecommission.org/programs/reproductive-health)
- **World Health Organization** | Human Reproduction Program: [www.who.int/reproductivehealth/en/](http://www.who.int/reproductivehealth/en/)
- **UNHCR** | Reproductive Health in Refugee Situations: [www.unhcr.org/3bc6ed6fa.html](http://www.unhcr.org/3bc6ed6fa.html)
- **Inter-Agency Working Group (IAWG)** | On Reproductive Health in Crises: [www.iawg.net/](http://www.iawg.net/)
- **Journal of Refugee Studies** | Oxford University Press: [jrs.oxfordjournals.org/](http://jrs.oxfordjournals.org/)

## Publication Information

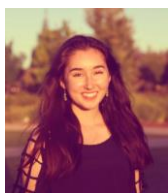
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