

The Utilisation of Modern Contraceptives in Refugee Camps

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ABSTRACT

BACKGROUND: Sexual and reproductive health services are fundamental rights. However, healthcare providers poorly address reproductive health issues in most humanitarian crises due to other health competing priorities, resulting in unwanted pregnancies and short interpregnancy intervals. This study aimed to evaluate the demand, supply, and utilization of family planning commodities in the Nyabiheke and Gihembe refugee camps in Rwanda.

METHODS: Data was extracted from family planning registers, electronic Logistics Management Information System, and the Rwanda Health Management Information System. We used descriptive statistics to analyze key outcomes such as the number of refugees who attended Information Education and Communication sessions, family planning commodities supplied throughout the year 2017, and women who adhered to various contraceptives methods.

RESULTS: The majority of refugees who attended reproductive sessions were women (74,4%). Various family planning commodities were supplied in the camps with high portions of condoms and injectables. The prevalence of family planning uptake was 40% and 32% in Nyabiheke and Gihembe camps. The most adhered method was injectable with more than 70%, and the least was Intra Uterine devices with a proportion of 0.2%.

CONCLUSION: Having optimal family planning commodities available was a significant determinant of contraceptive uptake. However, much effort is needed to increase family planning uptake among refugees.

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INTRODUCTION

Accessibility and availability of reproductive health services, including family planning, are fundamental rights [1]. During and after crises, women are at significant risk of pregnancy-related deaths due to the inaccessibility of adequate services [2]. During a humanitarian crisis, family planning services are significantly reduced due to limited access to health care services as a result of

other competing priorities. The number of displaced people increased from 65.6 million refugees in 2015 [3] to 79.5 million at the end of 2019. The majority of refugees are women and children, with a proportion of 51% and 48%, respectively [4]. This increment was due to vulnerable individuals who fled from their countries due to various human rights violations, and the majority were from low and middle-income countries [5]. The Great Lakes region in Africa hosts the highest number of these

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refugees. In 2013, the World Bank reported that of an estimated 3.3 million people who were forced to leave their homes, 82% were internally displaced people, and 18% refugees [6].

Since 1997, Rwanda has hosted refugees from neighboring countries, and the majority live in Nyabiheke and Gihembe refugee camps. Due to limited resources, comprehensive family planning services were not often available in the early years. The different humanitarian organizations have offered limited contraceptive methods, usually condoms and pills [7]. Since 2007, the Government of Rwanda, in partnership with its development partners, integrated family planning services into the national program. We conducted this study to evaluate the demand, supply, and utilization of family planning commodities in refugee camps.

METHODS

This study was conducted in the Nyabiheke refugee camp located in Gatsibo district and Gihembe refugee camp in Gicumbi district, Rwanda. The total population in both camps was 26,970 refugees [8]. This population receives healthcare services from two HCs, both founded by UNHCR in partnership with the government of Rwanda and other humanitarian actors.

This was a descriptive cross-sectional study conducted interrogating data from January to December 2017. Participants in this study were refugees from the two camps mentioned above, targeting a total of 7,062 women of reproductive age (15-49 years) and sensitized men attending Information Education and Communication (I.E.C.) sessions. The study analyzed secondary data from Rwanda Health Management Information System (RH MIS) and Electronic Logistics Management Information System (eLMIS) and routine data from registers in the family planning program.

We used descriptive statistics to analyze outcomes such as the number of refugees reached in I.E.C. sessions, the contraceptives supplied throughout the year 2017, and the number of contraceptive methods used. Contraceptive methods considered in the study were Depo-Provera, Intra-Uterine Device (I.U.D.), Implanon, Cycle Beads, Microgynon, Microlutes, male and female condoms

RESULTS

Demographic distribution of participants

A total of 11328 (75,4%) women and 3696 (24,6%) men from Nyabiheke, and 4678 (72,2%) women and 1799 (27,8%) men from Gihembe refugee camps attended I.E.C. sessions on the family planning use and adherence in which they were motivated to avoid unintended pregnancies.

Contraceptives supplied to Nyabiheke and Gihembe refugee camps in 2017

Throughout 2017, both refugee camps received contraceptives through e-LMIS as follows: In Gihembe refugee camp, received 450 vials of Depo-Provera, three I.U.D. devices, seven Implanon implants, 45 cycles of Microlutes, 300 cycles of Microgynon, and 21000 male condoms. In Nyabiheke refugee camp, 800 vials of Depo-Provera, 270 cycles of Microlutes, 450 cycles of Microgynon, 200 Implanon implants, 20 I.U.D. devices, and 6000 male condoms.

Contraceptives used in Nyabiheke and Gihembe refugee camps in 2017

By the end of 2017, women from Gihembe and Nyabiheke used long and short-acting contraceptive methods according to their choices. In Gihembe refugee camp, 1012 women of reproductive age used contraceptive methods as follows: 798 vials of Injectables (Depo-Provera), one I.U.D. device, 107 Implanon implants, 3 Cycle Beads, 47 cycles of oral contraceptives, 649 cycles of combined oral contraceptives, and 1060 male condoms. In the Nyabiheke refugee camp, 1579 women used contraceptives: 3789 injections of Depo-Provera, 612 cycles of contraceptives, 649 cycles of combined oral contraceptives, 85 Implanon implants, 2 I.U.D. devices and 1968 male condoms.

Percentage of family planning Methods used in Nyabiheke and Gihembe Refugee camps

In the Nyabiheke refugee camp, 3913 women were expected to uptake contraceptive methods. However, only 1579 (40%) have used modern contraceptives, among which 1152 (73%) women mostly used injectables, combined oral contraceptive pills by 252 (16%) women,

implant by 164 (10.4%) women, I.U.D. by 7 (0.4%) women, and male condoms by 4 (0.3%) women. In the Gihembe refugee camp, a total of 3,149 women were to demand any contraceptive method. However, only 1012 (32%) women used contraceptives with a high proportion of Injectables at 70.4% (712), 248 (20.4%) implants, 28 (2.8%) contraceptive pills, 22 (2.2%) male condoms and 2 (0.2%) I.U.D. devices.

DISCUSSION

Inadequate information and insufficient knowledge about sexual and reproductive health are barriers to family planning uptake in most humanitarian crises settings [9]. This study shows that refugees from both camps received free information about family planning, which increased their knowledge and contributed to family planning uptake.

In Rwanda, the pharmaceutical supply chain is integrated. All health facilities request health commodities through e-LMIS at the central medical store (C.M.S.) and get products through an active distribution system. In this regard, refugee camps are integrated as well [10]. Findings from this study show that these settings received family planning commodities from district pharmacies. Most products derived in both settings are male condoms because these commodities are used in H.I.V. and other sexually transmitted infections (S.T.I.s) prevention programs.

Our study results revealed that contraceptives uptake was at 40% in Nyabiheke, higher than 32% in Gihembe. These percentages are relatively higher compared to findings from other studies conducted by UNHCR in Djibouti (5.1%), Kenya (6.8%), Uganda (14.6%), Malaysia (34.2%), and Jordan (21.4%) [11]. However, this uptake remains low compared to findings from a study carried out in Shimelba Refugee Camp situated in Northern Ethiopia (47.7%), hosting Eritreans refugees [12]. From this study, preferred contraceptives methods in Nyabiheke camp were mainly short-term contraceptive methods, namely injectable. These figures have similarities to those found in Shimelba Refugee Camp, as migrant women used injectables at 63.1%. But these findings defer from our study results on the usage of implants (3.8%) and male

condoms (3.8%) [12]. Our results were similar to Djibouti's (56.5%) and Uganda (63.2%), where women used injectable contraceptives in the same proportion. However, our results were different from Somalian and Burnese refugees hosted in Kenya and Malaysia, where contraceptive pills uptake rate was higher than other methods at 41.9% and 37%, respectively [9]. This difference may be due to the availability of various contraceptive methods in the camps.

Limitations

Certain limitations could influence the findings of this study. As the study was cross-sectional, it was impossible to measure the relationships between the family planning uptake and the corresponding causalities. We observed the family planning uptake at one point in time, which may cause bias in measuring some indicators, such as the number of women adhering to long-term methods.

In conclusion, it was noted the prevalence of family planning uptake is still low in the study area. Countries hosting refugees, development partners, and humanitarian actors should foster the family planning uptake for refugees through integration in their national existing programs. Therefore, further research is needed to document the knowledge, attitudes, and behaviors of Nyabiheke and Gihembe refugees towards family planning services.

Authors' contributions

N.J.D: Conceptualization, Investigation, original draft preparation, data collection, and analysis. **B.B:** Data collection, **M.C.I:** Conceptualization, **M.M:** Conceptualisation and original draft preparation, **P.C.K.:** Supervision, original draft preparation, data curation, and formal analysis.

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