Women living in crisis areas of Sub-Saharan Africa’s use of family planning:
A review of the literature
Kelly Ackerson, PhD, RN, WHNP-BC and Ruth Zielinski, PhD, CNM, FACNM

Introduction
Sub-Saharan Africa has the highest rate of maternal mortality at 546 deaths per 100,000.¹
Greater utilization of modern family planning (FP) methods decreases the rate of maternal morbidity and mortality, with an estimated 222 million women worldwide having an unmet need.²
Access to FP is often already limited in resource-poor countries; additional refugee populations tax the already stretched health care infrastructure.³
Sustainable Development Goal 3 is to achieve universal access to reproductive health care, which includes FP, by 2030.⁴
The aim of this review was to explore available research and summarize factors that inhibit or promote FP and contraceptive use among refugee women and women from surrounding areas living in sub-Saharan Africa.

Methods
- Data bases searched: Cochrane Library, Cumulative Index to Nursing and Allied Health Literature (CINAHL), OVID, Power Search, and PubMed.
- Inclusion criteria: original qualitative and quantitative study, collected from refugee and non-refugee women living in sub-Saharan receiving countries, addressing FP.
- Search terms: sub-Saharan Africa, refugee, and a combination of FP and contracep*.
- 16 articles chosen for full review; 4 excluded based on content, leaving 12 articles meeting inclusion criteria.
- Key findings from these 12 research studies were evaluated by both authors, using the interaction model of client health behavior as a guiding framework for common themes related to refugees living in sub-Saharan Africa and their use of FP.

Influencing Factors
- Women were socially influenced by husbands and community members to avoid contraceptive use
- Low socioeconomic status and proximity of clinics
- Providers unqualified, treating women disrespectfully
- Lack of trust in western medicine
- Belief that contraceptives cause death, infertility and side effects
- Polygamy as a child spacing method - no need for contraceptives
Most women wanted to space or limit births, with some women secretly using contraceptives, purchasing from street vendors

Study Specifics
- Qualitative (58%; n=7)
- Convenience sampling (58%; n=7)
- Data collection refugee camps or nearby communities (75%; n=9)
- Contraceptive use from 1% to 54% (50%; n=6)
- Age range 13 to >49

Conclusions
Despite the benefits to maternal and infant health, utilization of FP services and contraception is low in sub-Saharan Africa.

Implications to women’s health:
While maternal mortality has decreased, far too many women still die from childbirth-related causes.
Interventions designed to increase use of modern FP methods using a variety of approaches to educate communities while also increasing accessibility and affordability of FP methods are needed.
Next steps: Develop training materials that include reproductive health/anatomy/physiology/fertility, FP and contraception.

Bibliography