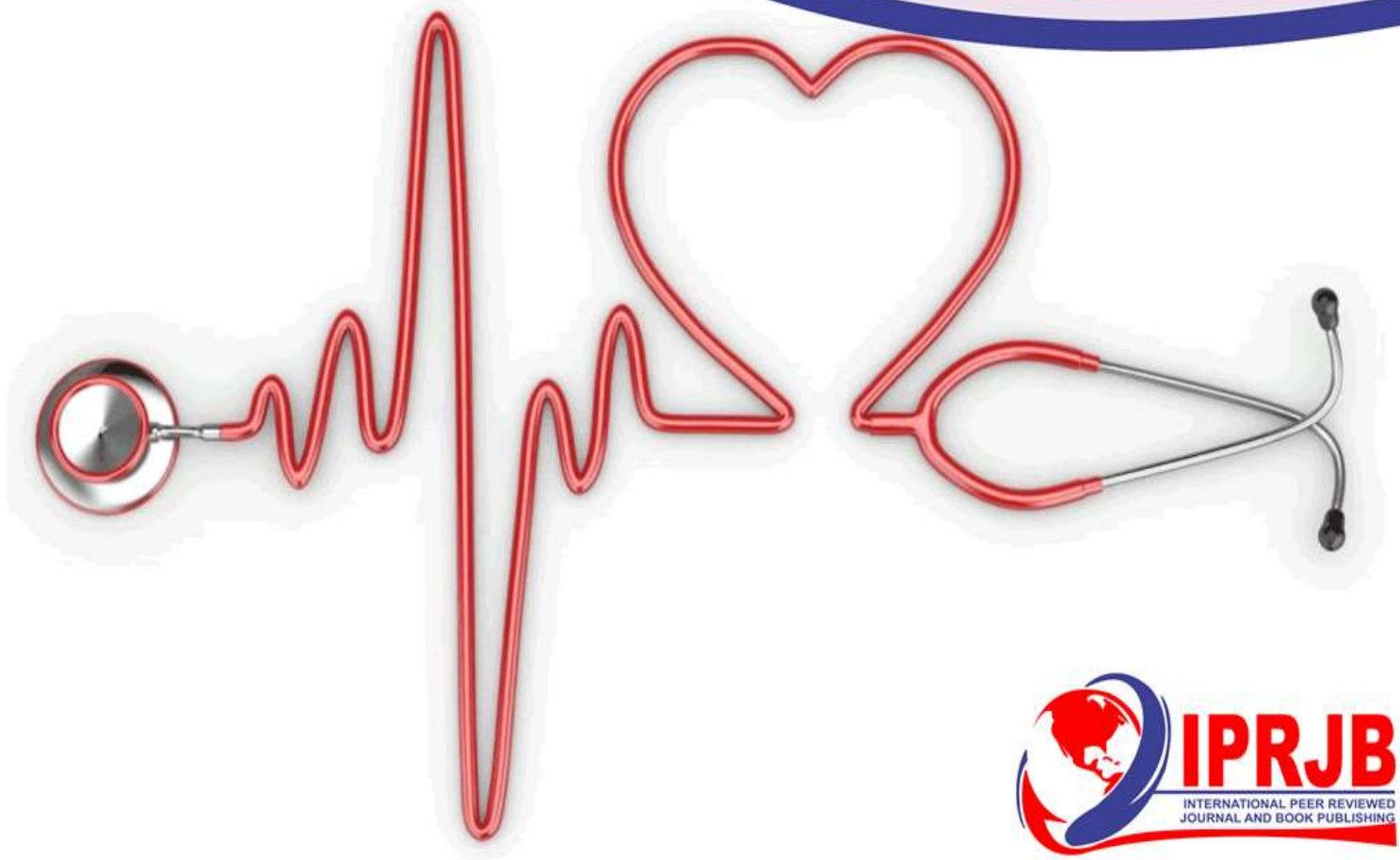


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Utilizing Citizen Generated Data to enhance Women's Access to Sexual and Reproductive Health Services in Somalia: Insights, Barriers, and Pathways Forward

Africa's Voices Foundation, Samuel Kimeu, Damaris Ndegwa, Moses Maina, Mary Nzilani,
Mercy Njung'e and James Madegwa



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 ^{1*}Africa's Voices Foundation,  ²Samuel Kimeu,  ³Damaris Ndegwa,  ⁴Moses Maina,  ⁵Mary Nzilani,  ⁶Mercy Njung'e,  ⁷James Madegwa
^{1*}Africa's Voices Foundation
Non-profit Research Organization, Kenya
²Samuel Kimeu
Executive Director, Africa's Voices Foundation, Kenya
³Damaris Ndegwa
Deputy Executive Director, Africa's Voices Foundation, Kenya
⁴Moses Maina
Programmes Manager, Africa's Voices Foundation, Kenya
⁵Mary Nzilani
Project & Grants Manager, Africa's Voices Foundation, Kenya
⁶Mercy Njung'e
Senior Research Officer, Africa's Voices Foundation, Kenya
⁷James Madegwa
Qualitative and Quantitative Researcher, Africa's Voices Foundation, Kenya

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Abstract

Purpose: This study was undertaken to capture citizen's insights on practical steps that individuals, families, communities, and institutions could take to support the improvement of Sexual and Reproductive Health (SRH) services in Somalia. This includes raising awareness of issues affecting women's access to SRH, such as Gender-Based Violence (GBV) and Female Genital Mutilation (FGM).

Methodology: This research employed a qualitative research design, utilizing semi-structured radio questions distributed through various channels such as radio promos, mini-dramas, interactive radio shows, and Short Messaging Service (SMS) on mobile phones. To enhance and validate the findings from the radio series, thirty Focus Group Discussions (FGD) involving 270 'hard-to-reach' participants were conducted across all Federal Member States (FMS) of Somalia, excluding Somaliland. Collaborating with 20 radio stations, a total of 4,268 participants from across Somalia were involved in this study. The qualitative data obtained was categorized into themes, and the subsequent information was analyzed using content analysis methodology for qualitative data, as well as descriptive statistics and inferential analysis through statistical package for social science (SPSS) version 25 and excel for quantitative data. The presentation of the data included the use of tables and figures.

Findings: This study outlined key challenges in accessing quality SRH services for women in Somalia. Priorities included enhancing healthcare infrastructure and availability of SRH professionals, along with emphasizing health education on reproductive health and family planning. Food insecurity's impact, especially among displaced populations, was noted. GBV and FGM were highlighted, calling for comprehensive survivor care and male involvement in prevention. Collaboration between schools and the private sector was proposed for menstrual hygiene. Men's support for SRH access was deemed crucial. Addressing stigma around SRH access, GBV, and FGM was stressed, urging comprehensive awareness campaigns and improved healthcare provision for survivors.

Unique Contribution to Theory, Practice and Policy: Addressing women's SRH in Somalia involves investing in healthcare infrastructure, expanding health education programs, ensuring access to nutritious food, and engaging men as allies in promoting women's SRH rights. Moreover, efforts to combat stigma, GBV, and FGM must be culturally sensitive and inclusive, involving religious and community leaders, and addressing underlying socio-economic factors contributing to these issues.

Keywords: *Female Genital Mutilation, Gender-Based Violence, Sexual and Reproductive Health*

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INTRODUCTION

Between March and August 2023, Africa's Voices Foundation (AVF) designed and aired an interactive radio series across Somalia, excluding Somaliland due to challenges in securing operational approval in the state. At the time of the research, there were serious concerns about the increasing proliferation of arms in the region and a surge in attacks by Al Shabab, a militia group based in Somalia. This led to heightened insecurity, making it unsafe to conduct the study in Somaliland. This citizen engagement was conducted in partnership with the Swiss Agency for Cooperation and Development (SDC) and its Health Domain implementing partners including Save the Children, World Health Organization, United Nations Population Fund, and Kulmis. The public engagement aimed to gather the perspectives of citizens, achieved through interactive radio shows with a primary goal to provide and understand citizen-led data that will support the improvement of SRH services in Somalia and address other issues affecting women's access to SRH such as GBV and FGM.

The content for the radio series was carefully designed with social behavior change messaging employed to challenge prevailing norms, negative beliefs, and attitudes obstructing women's access to SRH services. Simultaneously, the content promoted positive behaviors fostering a supportive environment for women at individual, family, community, and institutional levels. This comprehensive approach aimed to better understand the barriers and challenges that women face in accessing SRH services, whilst at the same time raising greater awareness of the types of services available in Somalia. Recognizing that a key barrier to accessing SRH services lies within patriarchal societal structures, the series aimed to target both men and women with messaging about the importance of high-quality care, such as maternity healthcare.

Statement of the Problem

Globally, approximately 4.3 million sexually active individuals face inadequate access to Sexual and Reproductive Health (SRH) services throughout their lives (Tazinya et al., 2023). Alarming statistics reveal critical issues, including about 200 million women and girls enduring female genital cutting and 33,000 child marriages occurring daily. Despite advancements, significant gaps persist in addressing SRH, particularly impacting women and girls in humanitarian settings (UNICEF Report, 2023). These contexts often experience high rates of GBV, unsafe abortions, and limited obstetric care, contributing to higher rates of female morbidity and mortality.

Unfortunately, SRH service delivery in humanitarian settings remains insufficient, leading to heightened health risks for women and girls. With the increasing number of displaced individuals and persisting SRH gaps in such environments, where SRH conditions including GBV, unsafe abortions, and poor obstetric care are among the leading causes of female morbidity and mortality the need for prompt, comprehensive solutions to address this intricate challenge is more urgent than ever (Tazinya et al., 2023).

These conditions are particularly acute in Somalia, which has experienced a decades-long humanitarian and displacement crisis driven by extreme domestic insecurity and climatic changes. This, combined with entrenched patriarchal societal norms, has resulted in the extremely limited availability of, and access to, SRH services in Somalia. Generally, women in Somalia are still predominantly viewed as homemakers, responsible for raising children and managing domestic tasks. They must contend with sexist stereotypes in the workplace, clan-based politics that prioritize men, and pervasive gender-based violence. Barriers to education

further exclude women from acquiring essential skills. Harmful practices like female genital mutilation and early marriage expectations are some of the social norms that negatively affect women. Leadership roles for women and girls in public spaces remain a privilege that must be fought for daily. This hinders their ability to aspire to breaking barriers and shattering glass ceilings and as such, this paper aims to gather and understand citizen priorities for the improvement of SRH issues in Somalia.

LITERATURE REVIEW

Theoretical Review

This study is based on Bronfenbrenner's ecological systems theory, which asserts that an individual's behavior is shaped by a series of interconnected environmental systems. These systems range from the microsystem, which includes family and peers, to the mesosystem, which involves interactions between different areas of the individual's life, the exosystem, encompassing broader community factors, and the macrosystem, including cultural norms, laws, and policies, as well as the chronosystem. Sexual and Reproductive Health (SRH) behaviors are deeply influenced by societal and cultural factors that are part of these interconnected systems. In Somalia, women face numerous challenges such as Gender-Based Violence, Female Genital Mutilation, and related psychiatric issues like depression, anxiety, and post-traumatic stress disorder, all of which impact their access to SRH services. Applying an ecological systems theory perspective could provide individuals, families, communities, and institutions with a comprehensive understanding of the factors affecting SRH services in Somalia and how they can contribute to improving women's access to these services.

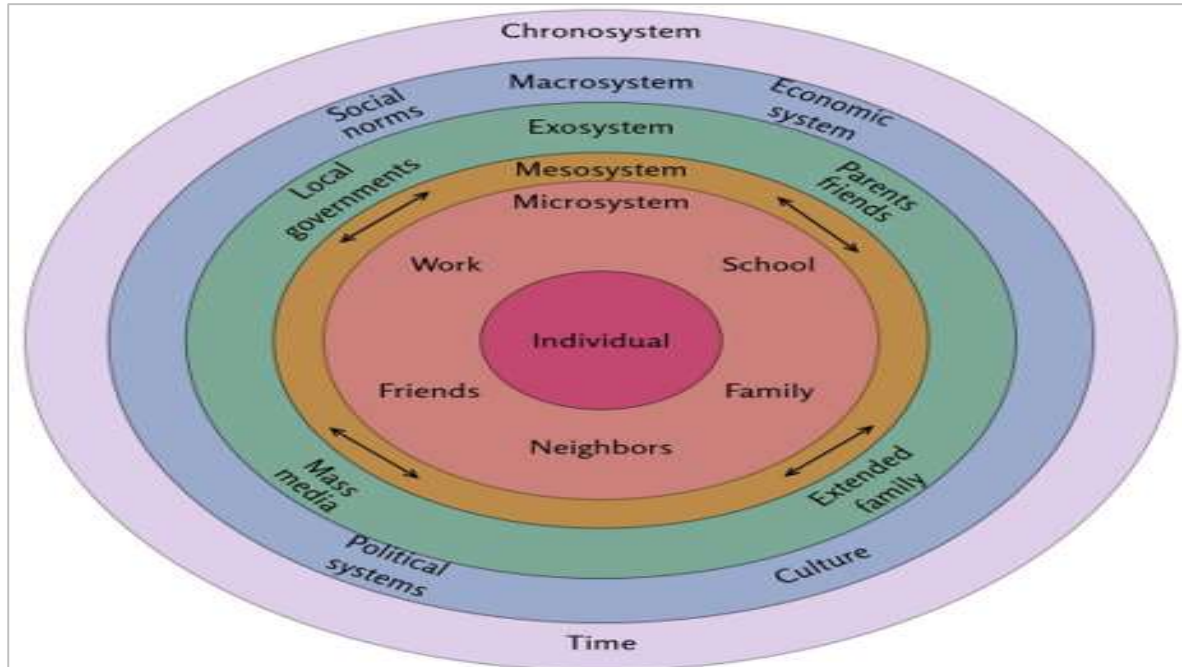


Figure 1: Bronfenbrenner Ecological Systems Theory Model

Empirical Review

Various authors have explored strategies, both preventive and reactive, to address the complex challenges facing Sexual and Reproductive Health (SRH) services in conflict and crisis situations. This review synthesizes key findings from selected studies, focusing on the

effectiveness of SRH interventions, access to services, and the specific needs of vulnerable populations, particularly women and adolescents. Drawing from a range of reports, evaluations, and reviews, the paper aims to enhance understanding of reproductive health in emergency settings.

Embleton et al. (2023) illustrated the utilization of SRH services by adolescent girls in Kenya and how various factors, including structural, health facility, community, interpersonal, and individual factors, influence this usage. They found that obstacles were linked to caregivers' disapproval of treatment and the visibility of adolescents at the centers. Conversely, Mihretie et al. (2023) demonstrated the prevalence of SRH issues among female secondary school students aged 15-24 in the Amhara region, Ethiopia. Their research revealed that 32.7% of participants had encountered at least one SRH issue, such as rape, sexually transmitted diseases, teenage pregnancies, unwanted pregnancy, early marriage, or abortion, throughout their lives. These studies underscore numerous factors affecting adolescent SRH service utilization and highlight the necessity for integrating multifaceted interventions to enhance access to these essential services.

Tazinya et al. (2023) underscored the critical SRH concerns in humanitarian contexts, emphasizing the imperative of improving access to SRH services. With over 160 million people worldwide requiring humanitarian aid, including 32 million women and girls of reproductive age, the report identifies SRH challenges as life-threatening, including gender-based violence (GBV), unsafe abortions, and inadequate obstetric care, leading to high morbidity and mortality. Heidari et al. (2019) discusses the progress and obstacles in ensuring access to Sexual and Reproductive Health and rights (SRHR) in humanitarian crises since the 1994 International Conference for Population and Development (ICPD). Despite strides in integrating SRHR into humanitarian programming, such as the inclusion of the Minimum Initial Service Package (MISP) in standards and appropriate funding mechanisms, access to SRH services remains insufficient in crisis settings, often due to weak health systems, socioeconomic disparities, and cultural barriers. The commentary highlights both knowledge gaps in providing SRH services in humanitarian settings, stemming from collapsed health systems, limited resources, and SRH information deficits among affected communities and the need for increased funding, robust policies, and comprehensive SRH solutions to address crises affecting all communities.

A systematic review by Singh et al. (2018) evaluated SRH service utilization in humanitarian crises across low- and middle-income countries (LMICs). It highlighted successful interventions for increasing SRH service utilization, including peer-led education, interpersonal communication, mass media campaigns, and community-based programming. Also, Arnott et al. (2022) conducted a pilot study in northern Uganda to assess the feasibility and acceptance of human rights strategies, particularly participatory community-led complaints mechanisms, to support Sexual and Reproductive Health rights accountability in humanitarian settings. Over 15 months, the study received 107 complaints, revealing issues such as disrespect, abuse, adolescent exclusion, sexual and gender-based inequality, and poor-quality healthcare. Despite growing interest, evidence supporting SRH services in humanitarian crises remains weak, necessitating further implementation research to identify effective interventions across diverse contexts and populations. The review underscores the need for rigorous study designs and comprehensive reporting in future research.

O'Connell et al. (2022) aimed to address the Sexual and Reproductive Health and rights (SRHR) needs among internally displaced persons (IDPs) in the Somali region of Ethiopia by

identifying key strategies and challenges associated with SRH service provision. Engender Health developed a model for delivering SRHR services, with a focus on improving conditions for 2 million IDPs in Ethiopia, where the unmet need for modern contraceptives exceeds 40%. The study emphasizes the significance of building partnerships, engaging in community-based activities, co-creating solutions, and establishing links with government entities as effective approaches for delivering SRH services within IDP communities. The evaluation underscores the importance of prioritizing SRHR in humanitarian contexts and implementing tailored SRHR programs for IDPs and similar populations.

Gele et al. (2020) examined the barriers and facilitators to contraceptive use among Somali immigrant women in Oslo, seeking to understand why there was underutilization of modern contraception methods despite persistent high rates of unwanted pregnancies and abortions. Gele et al. (2022) conducted further research on the topic, highlighting the complex systemic, cultural, individual, and societal factors influencing contraceptive use among Somali immigrant women. The findings underscore the need for culturally responsive approaches to ensure the accessibility of contraceptives and SRH knowledge for immigrant women, offering potential avenues for enhancing access to and the quality of reproductive health services.

Tran et al. (2021) introduced the concept of self-care for Sexual and Reproductive Health (SRH) in humanitarian crises, particularly in countries like Somalia and disaster-prone regions, examining both the challenges and benefits associated with such interventions. The paper suggested integrating self-care advocacy into the Minimum Initial Service Package for Sexual and Reproductive Health, emphasizing the need for collaborative efforts to establish supportive environments for implementing self-care practices, thereby ensuring that interventions reach those most in need. Gure et al. (2015) investigated the reproductive health experiences and knowledge of Somali women through focus group discussions in Mogadishu, uncovering significant obstacles to accessing reproductive health services. These barriers included misinformation, policy constraints, provider attitudes, and prohibitively high service costs. The study underscored the importance of culturally relevant reproductive health information and services, advocating for the inclusion of women's perspectives in shaping healthcare policies and interventions. As Somalia strives to recover from years of civil unrest, this research underscores the necessity of addressing reproductive health comprehensively at the national level, with women's lived experiences serving as a fundamental basis for intervention strategies.

Research Gaps

Despite considerable research efforts to address the multifaceted challenges in Sexual and Reproductive Health (SRH) services within conflict and crisis contexts, significant gaps persist in understanding and effectively addressing these issues. While studies have focused on the effectiveness of SRH interventions, access to services, and the specific needs of vulnerable populations, such as women and adolescents, there remains a dearth of comprehensive understanding. Tazinya et al. (2023) highlighted critical SRH concerns in humanitarian contexts, emphasizing the need to improve access to services due to life-threatening challenges like gender-based violence (GBV) and inadequate obstetric care. However, there is limited knowledge regarding SRH service provision in such settings, stemming from collapsed health systems and resource constraints. Heidari et al. (2019) discussed progress and obstacles in ensuring SRH access during humanitarian crises, emphasizing the need for increased funding, robust policies, and comprehensive solutions. Yet, challenges persist due to weak health systems and cultural barriers. Singh et al. (2018) identified successful interventions but noted

weak evidence supporting SRH services in crises, highlighting the need for further research to identify effective interventions. Arnott et al. (2022) and O'Connell et al. (2022) addressed specific SRHR needs in humanitarian settings, emphasizing the importance of rights-based approaches and tailored interventions for internally displaced persons (IDPs). However, gaps remain in understanding the full scope of SRH challenges and implementing effective strategies. Gure et al. (2015) highlighted barriers to accessing reproductive health services among Somali women, emphasizing the cultural relevance of interventions. Despite these insights, there is a need for more comprehensive research to inform evidence-based policies and interventions to address SRH challenges comprehensively in conflict and crisis settings.

METHODOLOGY

This research employed a qualitative research design and a collaborative design process where AVF worked closely with project partners to co-design the content of the radio series. Thematic priorities, subjects, and overarching content for seven 30-minute radio shows were collectively determined through collaborative discussions. Additionally, expert guests were carefully selected to provide insights on designated topics relevant to SRH services. The production phase involved meticulous review to ensure the quality of the shows met desired standards. Facilitated by 20 radio stations, a total of 4,268 participants from across Somalia engaged in the study, with data collection and preliminary data cleaning and processing facilitated through KoboToolbox. Additionally, five focus group discussions (FGDs) were conducted in each Federal Member State (FMS) of Somalia, excluding Somaliland, targeting marginalized groups including women, youth, Persons Living with Disabilities (PLWDs), Internally Displaced Persons (IDPs), and minority clans with low literacy levels. Each FGD comprised nine participants, resulting in a total of 270 participants across the country. Qualitative data obtained from radio engagement and FGDs were categorized into themes and analyzed using content analysis methodology. Descriptive statistics and inferential analysis were conducted using Statistical Package for Social Science (SPSS) version 25 and Excel for quantitative data. The presentation of findings included the use of tables and figures to enhance clarity and understanding.

RESULTS

Socio-Demographic Characteristics

Table 1 presents the demographic composition of participants involved in the dialogue, whose relevant messages were included in the analysis. The dialogue effectively engaged women, constituting 44.0% (n=1216) of participants, youth aged 18-35, comprising 63.7% (n=1528), internally displaced persons (IDPs), accounting for 51.4% (n=1320), persons with disabilities (PLWDs), representing 32.8% (n=856), and minority groups, making up 11.2% (n=277) of participants. This underscores the effectiveness of the interactive radio approach in reaching demographic segments typically marginalized from formal decision-making processes in Somalia.

Table 1: Demographic Characteristics of Research Respondents

Characteristics	Category	Frequency	Proportion (%)
Age	15-17	603	25.1%
	18-35	1528	63.7%
	36-54	195	8.1%
	55-99	74	3.1%
Gender	Male	1550	56.0%
	Female	1216	44.0%
State	Banadir	513	22.2%
	Galmudug	712	30.8%
	Hir-shabelle	503	21.7%
	Jubbaland	97	4.2%
	Puntland	212	9.2%
	Somaliland	28	1.2%
	Southwest	249	10.8%
Displaced	Yes	1320	51.4%
	No	1246	48.6%
Disability	Yes	856	32.8%
	No	1754	67.2%
Language	Somali	2018	81.8%
	English, Kiswahili, Arabic, Multiple Languages	172	7.0%
	Mother Tongue, Maimai, Barawe, Other	277	11.2%

Key Priorities Regarding Women's Health in Somalia

The research aimed to identify key priorities addressing the existing gaps and challenges in healthcare provision hindering Somali women's access to quality Sexual and Reproductive Health services. Six themes, outlined in Table 2, were identified to shed light on these priorities.

Table 2: Key Priorities for Improving Women's Health in Somalia

Theme	Frequency	Proportion (%)
Healthcare Centers	264	47.2%
Health Education	130	23.3%
Women's Health Specialists	70	12.5%
Provision of Nutritious Food	45	8.1%
Treatment of Gender Based Violence	38	6.8%
Stop Female Genital Mutilation	12	2.1%

Nearly half (47.2%, n=264) of the respondents prioritized enhancing healthcare infrastructure as crucial for women's health in Somalia. They emphasized the necessity of augmenting the quantity of hospitals and clinics offering specialized women's health services. This underscores the significant challenge posed by insufficient healthcare facilities, hindering women and girls from accessing essential healthcare services. Additionally, more than one in ten participants (12.5%, n=70) highlighted the demand for additional healthcare professionals specializing in

SRH, maternal healthcare, and other relevant women's health services. To this front, it is crucial to make significant investments in increasing the number of healthcare facilities and improving service quality by training healthcare professionals and addressing other quality-related concerns.

“We have to increase the number of women hospitals we have, pregnant women should get quick services when they visit hospitals.” Woman, 22, Baidoa.

The second most emphasized priority was heightened health education, endorsed by 23.3% (n=130) of participants. They advocated for civic education campaigns covering topics such as reproductive health, family planning methods, medically recommended life-saving abortions, and postnatal care services, aiming to address the specific health requirements of mothers and newborns during the postpartum phase. The notable number of respondents advocating for increased access to information was especially promising, considering the cultural sensitivities surrounding discussions on menstrual hygiene, sexual health, and family planning in Somalia. Policy implementors could therefore capitalize on this demand for information sharing by delivering coordinated public awareness campaigns and civic education activities on key SRH issues.

“We should get free health courses, experts who know how to deal with mothers and the poor people” Woman, 27, Galkacyo, Recently displaced.

Possibly indicating the impact of widespread food insecurity due to recent droughts, a minority of participants (8.1% n=45) emphasized the importance of access to nutritious food for women and children. Notably, this concern was more pronounced among displaced individuals, suggesting their heightened vulnerability. Prioritizing the integration of internally displaced persons (IDPs) into established healthcare services within host communities should be a focus for partner initiatives, alongside short-term interventions such as food and nutrition programs.

“Our Somali women need to take food rich in vitamins and reduce eating food that has too much oil and salt and also when they become pregnant let them take vaccines” Man, 28, Wanlaweyn, Recently displaced.

Supporting survivors of GBV was also emphasized by 6.8% (n=38) of respondents as a priority. This entails providing comprehensive care, which includes both mental health support and physical treatments. Such an approach holds promise in alleviating psychiatric conditions associated with GBV, such as depression, anxiety, and post-traumatic stress disorder. Additionally, 2.1% (n=12) highlighted the importance of addressing FGM, citing its detrimental effects on women's well-being, including health complications, reduced self-esteem, and instances of discrimination. Again, health domain policy implementors should be particularly interested in supporting initiatives aimed at eradicating both GBV and FGM in society, as doing so would contribute to improving women's access to SRH services.

“It is important to look at vulnerable women, especially refugees who are survivors of violence” Man, 19, Hodan.

“For me I would say let us ban FGM” Woman, 20, Galkacyo.

Areas of Collaboration Between School Administrators and the Private Sector to Provide Support to Enable Girls to Access Menstrual Hygiene Products

This research also explored opportunities to enhance menstrual hygiene for girls through better integration between education and private sector services, identified as a significant gap in SRH service access in Somalia. A notable finding was that half of the respondents (50.9%, n=316)

emphasized the necessity for schools to supply sanitary pads to menstruating students, with women more likely to highlight this need than men. Strategies to address this issue may include direct financial aid or donations of sanitary products from various organizations, aiming to alleviate school absenteeism among girls and mitigate the risk of menstrual-related stigma.

“I would like to say that they should provide sanitary pads in educational institutions. If not, the girls may get their periods/menses while they are studying and they have to go home. So the learning institutions should be provided to the sanitary pads. Thank you.” Women, 16, Wadajir.

Table 3: Areas of Collaboration Between School Administrators and the Private Sector to Provide Support to Enable Girls to Access Menstrual Hygiene Products

Theme	Frequency	Proportion (%)
Provide Sanitary Pads	316	50.9%
Menstrual Hygiene Awareness	219	35.3%
Female Teachers	36	5.8%
Provide Separate Changing Rooms	35	5.6%
Provide Separate Latrines	15	2.4%

Additionally, more than a third of participants (35.3%, n=219) advocated for the inclusion of menstrual hygiene training for school-aged girls. The urgency for schools to offer educational sessions on menstrual hygiene and other SRH topics was emphasized, as girls often lack this knowledge from their parents or guardians. Inadequate menstrual hygiene could lead to severe health consequences such as reproductive and urinary tract infections, potentially impacting their future fertility and increasing the risk of birth complications.

“To educate/ to give awareness to girls to take care of themselves and maintain their hygiene during menstruation”. Man, 20, Garowe, Recently displaced.

A small percentage of respondents (5.8%, n=36) stressed the importance of having more female teachers in schools, indicating a perceived correlation between the presence of female role models and enhanced menstrual hygiene for girls. Additionally, a fraction of participants (5.6%, n=35) highlighted the necessity for separate changing rooms and, notably, separate latrines (2.4%, n=15), possibly indicating a lack of gender-segregated facilities in schools. This situation not only impacts menstrual hygiene but also raises concerns about child protection due to the risks of sexual and gender-based violence.

“The first thing to do is to make a separate toilet or bathroom for girls at school. There is a men's latrine and that makes girls go to the neighbor's latrines next to the school”. Woman, 16, Beledweyne.

Men's Support to Women's Access to Better SRH Services in Somalia

The research also examined how men in the community could facilitate women's access to improved SRH services. In this regard, more than a third (36.6%, n=242) of participants highlighted the importance of men enabling women to access SRH services, indicating that the primary barrier to access is often due to male relatives preventing women from seeking healthcare, rather than financial or logistical constraints. Similarly, one-fifth (20.9%, n=138) suggested that men should offer general support to women, including encouragement and emotional assistance, while a smaller percentage (4.1%, n=27) specified providing financial support and sanitary pads (2.1%, n=14). It is evident that any initiatives aimed at enhancing women's access to SRH services must involve men to effectively address this issue.

“Yes, any kind of support, Somali women should be emotionally supported wherever they are”. Woman, 27, Walanweyn.

Table 4: Men’s Support to Women’s Access to Better SRH Services in Somalia

Theme	Frequency	Proportion (%)
Enable Health Access	242	36.6%
General Support	138	20.9%
Practice Good Sexual Health Behaviors	80	12.1%
Reproductive Health Awareness	80	12.1%
Stop Female Genital Mutilation	23	3.5%
Prevent GBV	57	8.6%
Financial Support	27	4.1%
Provision of Sanitary Pads	14	2.1%

More than one in ten participants (12.1%, n=80) expressed the sentiment that men should assume responsibility by adopting safe sexual practices, emphasizing the importance of mutual respect and care in sexual relationships. Embracing safe sexual behavior could significantly enhance the sexual well-being of their partners. Similarly, a comparable proportion of participants (12.1%, n=80) advocated for men to actively participate in raising awareness about reproductive health to ensure the effectiveness of such campaigns.

“They can support and every man should always give his wife a health check-up and counseling to reduce the health problems in the family such as infections and the like.” Man, 23, Galmudug, Disabled.

A minority of respondents emphasized the importance of men in addressing FGM (3.5%, n=23) and preventing GBV (8.6%, n=57). Identifying male advocates to lead these efforts could effectively challenge stigma and patriarchal beliefs that often associate GBV as solely "women’s issues". Moreover, extensive social and behavior change campaigns through mass media are likely essential to alter these negative perceptions.

“Female genital mutilation should be stopped, the perpetrator who cause the problem should be punished according to Islamic law without looking traditional, cultural and tribal affiliation. The victim should be counseled and given care to the ladies.” Woman, 17, Guriceel.

Comprehensive Awareness Creation Efforts Needed to Address Stigma Surrounding Women's Access to Sexual and Menstrual Healthcare

The study also examined community involvement in addressing stigma related to women's access to SRH services, as well as the taboo surrounding FGM and GBV. Nearly half (45.0%, n=209) of participants believed that providing general health education and awareness could significantly reduce stigma. These initiatives could be implemented through various means such as training sessions, workshops, community outreach programs, and peer education sessions, including SRH education in schools. Participants stressed the importance of inclusive community-wide awareness campaigns involving both men and women to effectively tackle stigma. The emphasis on civic education underscores existing information gaps on SRH and gendered healthcare issues, contributing to negative health-seeking behaviors and stigma.

“The type of awareness that is needed is to make people understand that this is not a shame and that people should encourage women in this matter to be implemented in the country” Woman, 16, Guriceel.

Table 5: Awareness Creation Efforts Needed to Address Stigma Surrounding Women's Access to Sexual and Menstrual Healthcare in Somalia

Theme	Frequency	Proportion (%)
Health Education or Awareness	209	45.0%
Provision of Healthcare	129	27.8%
Stop Female Genital Mutilation	47	10.1%
Provision of Sanitary Pads	47	10.1%
Personal Hygiene	32	6.9%

In addition to increasing awareness, more than a third (27.8%, n=129) of participants stressed the importance of improving healthcare services for women, particularly in making access to Sexual and Reproductive Healthcare more commonplace. This indicates a belief among community members that reducing stigma can be achieved by ensuring ample availability of healthcare services to address Sexual and Reproductive Health needs.

“Women are supposed to contact doctors when they have issues relating to delayed conceiving so that men don't call them barren”. Woman, 15, Guriceel, Recently displaced.

Once more, one out of every ten participants (10.1%, n=47) emphasized the significance of ensuring access to sanitary pads for women and girls to mitigate stigma. Insufficient access to proper sanitary care exacerbates the visibility of menstrual bleeding, reinforcing stigma and hindering women's ability to participate in public activities such as attending school or going to work during their menstrual cycle. This concern was notably more pronounced among women and persons with disabilities, possibly indicating their heightened susceptibility to feelings of shame associated with menstruation.

“Women during menstruation should be given sanitary pads and be made aware of its benefits.” Woman, 45, Baydabo, Disabled person.

Another one in ten respondents (10.1%, n=47) underscored the importance of addressing FGM, which they perceived as intricately linked to the stigma surrounding women seeking SRH care. They observed that some oppose FGM on religious grounds, while others view it unfavorably due to its perceived impact on marriage prospects for women. Regrettably, participants highlighted that mothers predominantly perpetuate this harmful practice compared to fathers. Hence, it is imperative to raise awareness within communities, particularly targeting mothers. This focused initiative should aim to reduce and ultimately eradicate FGM cases, acknowledging the influential role mothers hold on the lives of their daughters compared to fathers.

“Stop female genital mutilations” Man, Galgaduud, Recently displaced, Disabled.

Support Needed for Survivors of Gender-Based Violence in the Community

41.9% (n=266) of participants highlighted the necessity for financial assistance, the establishment of rehabilitation centers, and the encouragement of GBV survivors. This underscores the urgency of improving healthcare provision for GBV survivors, a sentiment echoed by 14.5% (n=92) of participants. This presents an opportunity for investors to consider establishing well-equipped rehabilitation centers to address the comprehensive needs of GBV survivors.

“First of all, the person who is the victim should find a good doctor, should undergo all necessary medical tests and be treated after because they may be infected by sexually transmitted diseases.” Woman, 27, Baidoa.

Table 6: Support Needed for Survivors of Gender-Based Violence in the Community

Theme	Frequency	Proportion (%)
Support: Financial, Rehabilitation Centers, Encourage Victims	266	41.9%
Justice for the Victim	134	21.1%
Community Awareness	96	15.1%
Provision of Healthcare	92	14.5%
Stop Female Genital Mutilation	47	7.4%

21.1% (n=134) of participants stressed the necessity for improved access to equitable justice services for survivors of GBV, which includes imposing severe penalties on perpetrators. They emphasized the importance of combating discrimination and stigma against survivors, advocating for increased support to empower survivors to speak out. Tailoring safety measures to individual survivors' needs, assisting them in identifying support networks, and addressing their emotional well-being would significantly aid in overcoming GBV-related challenges. Enhanced community justice systems are likely to not only decrease GBV prevalence but also mitigate the deep-seated stigma associated with reporting such incidents.

“All the perpetrators of violence should face the law, so that the problem should be solved. Thank you” Woman, 19, Guriceel.

“They need to be encouraged to speak up when the abuse happens” Man, 18, Howlwadaag, Recently displaced.

15.1% (n=96) of respondents emphasized the importance of heightened awareness campaigns to address the prevalence of GBV, suggesting a significant role for religious leaders in this endeavor. Limited knowledge about their rights, financial constraints, and cultural norms related to GBV have hindered many women from seeking both physical and mental health assistance. This underscores the necessity for culturally sensitive community education initiatives, collaboratively developed with local leaders, to effectively address GBV-related issues.

“Brother, the abuse of women and rape has increased a lot this years, we need to do a lot of awareness and the religious scholars should take part in the awareness to encourage them, rape is always a big issue”. Woman, 34, Galkacyo, recently displaced

Interestingly, a modest fraction of participants (7.4%, n=47) associated GBV with FGM, suggesting that some individuals in Somalia perceive FGM as a form of violence against women. Despite FGM being deeply ingrained in the culture, with an estimated prevalence rate of 99% (Somalia Health and Demographic Survey Report, 2020), the recognition of FGM as a problem by some dialogue participants indicates potential support for its eradication within certain segments of the population. Efforts to address FGM should target this demographic to develop tailored campaign messages and initiatives.

“Female genital mutilation should be stopped because it is violence against women” Man, 40, Recently displaced.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

This study identified key themes that underscore the challenges facing women in accessing quality SRH services. Among the priorities highlighted were the urgent need for improved healthcare infrastructure and increased availability of healthcare professionals specializing in SRH. Additionally, participants emphasized the importance of health education, particularly addressing reproductive health, family planning, and postnatal care. The study also shed light on the impact of food insecurity, with some participants stressing the need for access to nutritious food for women and children, especially among displaced populations. Addressing GBV and FGM emerged as crucial priorities, with recommendations for comprehensive care for survivors and efforts to involve men in prevention and awareness campaigns. Collaboration between schools and the private sector was suggested to improve menstrual hygiene among girls, while men's support for women's access to SRH services was highlighted as essential. Furthermore, the study identified the importance of addressing stigma surrounding women's access to SRH services and cases of GBV and FGM, with recommendations for comprehensive awareness campaigns, improved healthcare provision, and support for survivors. The findings underscore the need for holistic approaches that involve multiple stakeholders, including government, civil society, and local communities, to address the complex challenges facing women's health in Somalia. Recommendations include investing in healthcare infrastructure, expanding health education programs, ensuring access to nutritious food, and engaging men as allies in promoting women's SRH rights. Moreover, efforts to combat stigma, GBV, and FGM must be culturally sensitive and inclusive, involving religious and community leaders, and addressing underlying socio-economic factors contributing to these issues.

Conclusions

In conclusion, addressing the key priorities identified in the study requires a multi-sectoral and holistic approach, with active participation from government, civil society, community leaders, and international partners. By prioritizing investments in healthcare infrastructure, promoting health education, addressing food insecurity, preventing GBV and FGM, engaging men as allies, and reducing stigma, significant progress can be made towards improving women's health outcomes and advancing gender equality in Somalia.

Recommendations

Addressing women's health priorities in Somalia necessitates increasing the availability of hospitals and clinics specialized in women's health services, coupled with coordinated public awareness campaigns and civic education initiatives on SRH issues. A multi-faceted approach, combining education, advocacy, and community engagement, is crucial to challenge stigma and foster behavioral change, potentially through establishing well-equipped rehabilitation centers for GBV survivors and integrating internally displaced persons (IDPs) into existing healthcare services. Engaging male champions, creating men's forums, and fostering collaboration between various stakeholders to provide a comprehensive response to GBV are essential steps, alongside targeted awareness efforts focusing on mothers to combat harmful practices like FGM. Breaking communication barriers and addressing gaps in access to justice and support services for GBV survivors require collaborative efforts among governmental institutions, development partners, healthcare providers, NGOs, and community-based organizations.

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