

Family planning in conflict

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Many areas of the world are at war and both the conflict and aftermath have dire consequences for the health of people affected. New research published in BioMed Central's open access journal *Conflict and Health* reports that while women in war-torn areas want access to family planning, these services are often not available at local hospitals or health centers. This can lead to further deprivation and unintended pregnancy.

It is often the case that political disturbances occur in areas of the world where access to health care is poor even before the conflict began. Violence and destruction disrupt health services even further and access to facilities which can provide safe delivery, emergency caesarean sections, treat complications of pregnancy and childbirth and offer [family planning](#) services becomes limited for those who flee and those who remain behind. Women and girls who are raped, or are subjected to other violence, resulting in emotional and physical trauma are also vulnerable to [unwanted pregnancy](#) and STIs, including HIV.

Researchers questioned women, from six areas in Sudan, northern Uganda and [Democratic Republic of Congo](#), about their views on family planning. Their results showed that 12-35% of the women did not want any more children and 30-40% of the women did not want to have another child in the next two years. Despite this the proportion of women who were using modern contraception was under 4% at four of the sites and 12% and 16% in two sites where there had been some prior family planning services. These rates are low, even for sub-Saharan Africa, and illustrate the gap between what women want and what services are available to them.

Therese McGinn, an Associate Professor at the Mailman School of Public Health, Columbia University and Director of the RAISE Initiative, New York, said that, "It is clear that many women are unable to obtain family planning services during a time when few would choose to become pregnant, and women who have complications due to unsafe abortions have no access to treatment. Consequently it is vitally important that family planning services are made available for conflict-affected men and [women](#) as part of strengthening local health services and aid packages."

More information: Family planning in conflict: results of cross-sectional baseline surveys in three African countries, Therese McGinn, Judy Austin, Katherine Anfinson, Ribka Amsalu, Sara E Casey, Shihab Ibrahim Fadulalmula, Anne Langston, Louise Lee-Jones, Janet Meyers, Frederick Kintu Mubiru, Jennifer Schlecht, Melissa Sharer and Mary Yetter, *Conflict and Health* (in press)

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