Following over two decades of civil war, Somalia is now experiencing a new phase of stability, nation-building, and development. The national health system, largely crippled during years of conflict, is faced with a significant maternal mortality rate and the debilitating effects of a high fertility rate. Struggling to address its population’s basic human necessities as a result of severe impoverishment, family planning and reproductive health service delivery has received minimal attention. Emergency contraception provides immense benefits to women, particularly in conflict and post-conflict settings and in the context of post-rape care. Emergency contraception appears to be unknown or misunderstood by the majority of the Somali refugee population affected by the civil war, however there is minimal information available in the literature exploring access to this reproductive health service within Somalia’s borders.

This study aimed to address this gap through the employment of a qualitative, multi-methods study. Key informants, pharmacists, and Somali women in Mogadishu provided insight into levels of awareness and perceived levels of need for EC (and broader reproductive health services) in the country through a series of interviews and focus group discussions. Findings from this research project revealed a profound lack of knowledge of existing family planning methods, in general, and emergency contraception, in particular. However, once emergency contraception was described, all stakeholders involved in the study expressed tremendous enthusiasm for expanding access to post-coital contraceptive methods in Somalia. Key informant participants relayed the many benefits expanding a dedicated ECP to Somalia would have on the various segments of the Somali population they currently serve. Pharmacists overwhelmingly reported that providing an ECP in their respective pharmacies would fill a major gap in service delivery. Focus group discussions with Somali women further outlined the important role EC would play in their lives, as well as the lives of all women throughout the country. All stakeholders involved in the study identified a number of facilitators for incorporating emergency contraception into the health system. Although the importation and utilization of pharmaceuticals in Somalia is severely deregulated, and measures for formally registering medications in Somalia do not exist, results from our study highlight various methods that may be utilized to expand EC to this region.

Findings from this study have filled a major gap in the literature regarding reproductive health care, and specifically EC, in Somalia.