

## **FAMILY PLANNING KNOWLEDGE, ATTITUDES AND PRACTICES AMONG BHUTANESE REFUGEE WOMEN**

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Female refugees are some of the most vulnerable members of the healthcare system in the United States. Women seeking-asylum often lack resources necessary to take care of their own health. In the United States, female refugees are at increased risk for inadequate reproductive health care compared to non-refugee women. Unwanted pregnancies and abortion rates are 2.5 times higher among refugees compared to local populations. While these increased risks demonstrate a significant need for the improvement of health education programs for refugee women, it also demonstrates the opportunity for intervention through refugee-targeted family planning programs. The Bhutanese refugee population in Pittsburgh, PA has grown from 228 in 2008 to over 1,000 in 2010 and continues to exponentially increase due to government-sponsored relocation projects.

Despite the substantial increase in this population, little was known about the family planning needs and practices among the Bhutanese community. The purpose of this project was to understand the current family planning practices in the Bhutanese refugee community in order to create an effective contraceptive counseling program. We conducted a series of in-depth one-on-one interviews with young Bhutanese women who recently immigrated to the United States. The interviews explored topics of pregnancy, motherhood, contraception, social norms, and abortion. Major themes that reappeared throughout multiple interviews were identified in order to provide a foundation for understanding family planning practices in the Bhutanese community.

The results of the study demonstrated that Bhutanese women desire to limit their family size with most women wanting two or less children. Many of the women were familiar with multiple forms of contraception and had a history of contraceptive use. Unfortunately, very few women were currently using birth control. The most popular forms of birth control included injections and pills however these women were lost to follow up after relocation to the U.S leaving them without a contraceptive method. The decision for contraceptive use was influenced by male partners, family, and Bhutanese friends. Many of the women were uncomfortable discussing abortion, and most of the Bhutanese women were morally opposed to abortion citing cultural beliefs. None of the women had ever personally considered having an abortion.

Bhutanese women desire to limit their family size and are receptive to multiple forms of contraception. Partners, family, and friends are important influences on contraceptive choice and desire for future pregnancies.