Sexual and reproductive health barriers among Eritrean refugee women in Ethiopia: a key informant approach

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Background

Migration health is a growing global public health issue that should be addressed in line with the United Nations (UN) 2030 Sustainable Development Goals (SDG), particularly Goal 10, reducing inequalities, goal 5, gender equity and Goal 3, good health and well-being for all. The World Health Organization (WHO) advocates for universal health coverage, leaving no one behind. This includes the most vulnerable populations including refugees. However, the public health priorities during migration on sexual and reproductive health (SRH) needs are often overlooked by the health system, with staggering consequences.

Migration negatively impacts everyone, particularly women, girls, and children are the most vulnerable. Nearly half, 48.4% of refugees are women and children. Refugee women face a double burden; in addition to the hardships of forced migration, they suffer from challenges related to their gender. They are at increased risk for sexual abuse, rape, unwanted pregnancies, unsafe abortions, and the spread of sexually transmitted infections, including HIV, and short birth interval, which lead to long-term mental health problems and high infant and maternal mortality.

Objectives

aimed to explore the experiences and perceptions of healthcare providers (HCP) regarding the sexual and reproductive health (SRH) challenges of Eritrean refugee women in Ethiopia.

Methodoloy

Key informant (KI) research approach. The study was conducted in the Asaita refugee camp in Ethiopia. HCP are key informant researchers as they are in a better position to tell what challenges and opportunities the health system poses to the refugees.

Result

Eritrean refugee women posses worse health outcomes than the host population. The SRH needs were found to be hindered at multiple layers of Socio-Ecological Model (SEM). High turnover and shortage of HCP, restrictive laws, language issues, cultural inconsistencies, and gender inequalities were among the main barriers reported.

Conclusion

A complex set of issues spanning individual needs, social norms, community resources, healthcare limitations, and structural mismatches create significant barriers to fulfilling the SRH needs of Eritrean refugee women. Complex multi-structural factors are needed to improve SRH needs of Eritrean refugee women. Factors like limited awareness, cultural taboos, lack of safe spaces, inadequate healthcare facilities, and restrictive policies all contribute to the severe limitations on SRH services available in the refugee settings. The overlap in findings underscores the importance of developing multi-level interventions that are culturally sensitive to the needs of refuge women across all SEM levels. A bilateral collaboration between Refugees and Returnees Service (RRS) structures and the Asayta district healthcare system are critically important.

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