

**KNOWLEDGE, ATTITUDES
AND PRACTICES
OF SYRIAN REFUGEES
IN LEBANON TOWARDS
FAMILY PLANNING**



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KNOWLEDGE, ATTITUDES, AND PRACTICES OF SYRIAN REFUGEES IN LEBANON TOWARDS FAMILY PLANNING

Study background

Various studies have shown that birth rates among refugees are high, possibly reflecting lack of knowledge, improper use, socio-cultural barriers, and negative attitudes towards family planning in general and contraception in particular. Indeed, family planning is a fundamental human right and a main contributor to achieving universal access to sexual and reproductive health and ensuring zero unmet needs in family planning. Additionally, family planning calls for gender equality, serving as a mean to empower women and girls, and helps alleviate the burden of unwanted pregnancies and maternal and infant mortality.

Study design

A cross-sectional study was conducted between September 2016 and February 2017 in four main geographic areas in Lebanon, where Syrian refugees are mostly concentrated: Bekaa, Beirut and Mount Lebanon, North Lebanon and South Lebanon.

Objectives

1. Examine the knowledge and attitudes of Syrian refugees towards various contraceptive methods
2. Assess the prevalence, patterns of contraceptive use, and the experienced side effects among male and female Syrian refugees
3. Explore possible program and policy interventions to ensure universal access to family planning services and information among refugees in Lebanon

Study sample

A random sample of 795 married Syrian refugees, 366 males above the age of 18 and 429 females between the ages of 18 and 49, participated in the survey. The respondents were recruited from various primary health care centers that provide essential services for Syrian refugees in the selected study areas.

Research team

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RANDOM SAMPLE OF 795 MARRIED SYRIAN REFUGEES



366 males
above the
age of 18



429 females
between the
ages of 18
and 49

RESULTS

DEMOGRAPHIC DATA

- The average age of the male respondents was **34.9**, while that of the female respondents was **29.9** years.
- The highest educational level attained by the majority of the respondents was elementary level (**62.6%** of the males and **59.0%** of the females).
- Most of the male respondents reported that they work (**75.1%**), while most of the female respondents reported that they do not (**81.4%**).
- The monthly family income of the majority of the respondents ranged between 200,000 and 500,000 LBP (**47.0%** of the males and **47.9%** of the females).

DEMOGRAPHIC DATA OF THE RESPONDENTS*

		Males n=366	Females n=429
Age		34.9 ±10.2	29.9 ±7.8
Educational level	Illiterate	93 (25.4)	116 (27.0)
	Elementary level	229 (62.6)	253 (59.0)
	Secondary level	31 (8.5)	49 (11.4)
	University degree	13 (3.6)	11 (2.6)
Working status	Employed	275 (75.1)	80 (18.7)
	Unemployed	91 (24.9)	349 (81.4)
Monthly income (LBP)	<200,000	59 (16.1)	107 (25.1)
	200,000-500,000	172 (47.0)	204 (47.9)
	500,000-1,000,000	130 (35.5)	104 (24.4)
	>1,000,000	5 (1.4)	11 (2.6)

* Data reported as N (%) or Mean ±SD

REPRODUCTIVE HEALTH DATA

- Most of the respondents had three children or less (**60.1%** of males and **54.3%** of females).
- **17.8%** and **28%** of the male and female respondents respectively reported that they planned with their partner the number of children they want to have.
- Out of those respondents who planned the number of children they want to have, **39.4%** of the male respondents and **35.8%** of the female respondents reported that they have the same number of children as planned.
- Around **15.3%** of the male respondents and **38.8%** of the female respondents declared that they had at least one unplanned pregnancy.

REPRODUCTIVE HEALTH DATA OF THE RESPONDENTS*

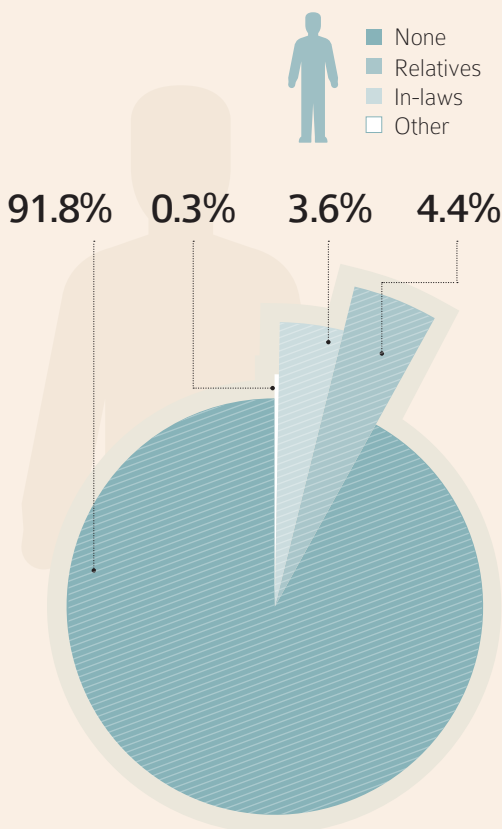
		Males n=366	Females n=429
Current number of children	≤ 3 children	220 (60.1)	233 (54.3)
	≥ 4 children	146 (39.9)	196 (45.7)
Had plans for the desired number of children		65 (17.8)	120 (28.0)
Have the same number of children as planned**		26 (39.4)	43 (35.8)
Had at least one unplanned pregnancy		56 (15.3)	166 (38.8)

* Data reported as N (%)

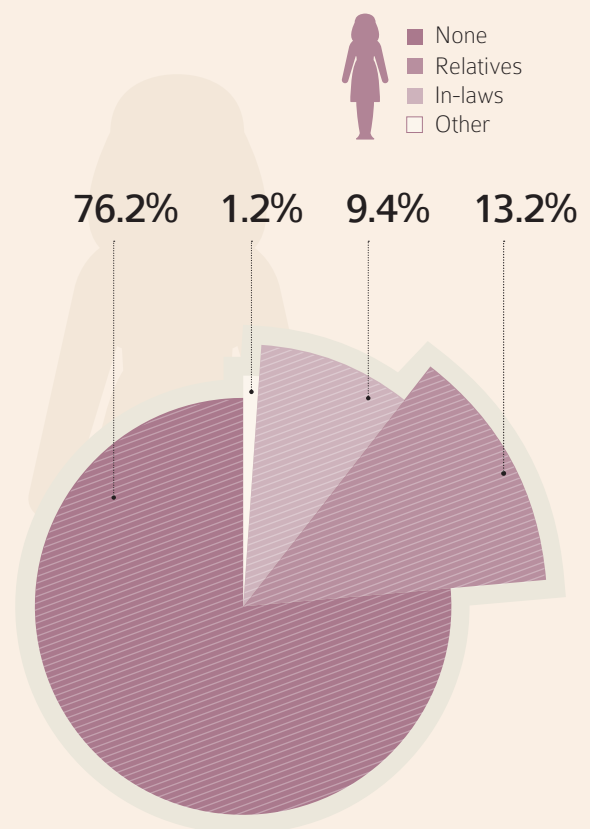
**Total is 65 for the male respondents and 120 for the female respondents

- While the majority of respondents said that their decision to use contraceptive methods was independent, **4.4%** of the male respondents and **13.2%** of the female respondents indicated that relatives mostly affect their decision.

Individuals influencing male respondents' decision to use contraceptive methods (n= 366)

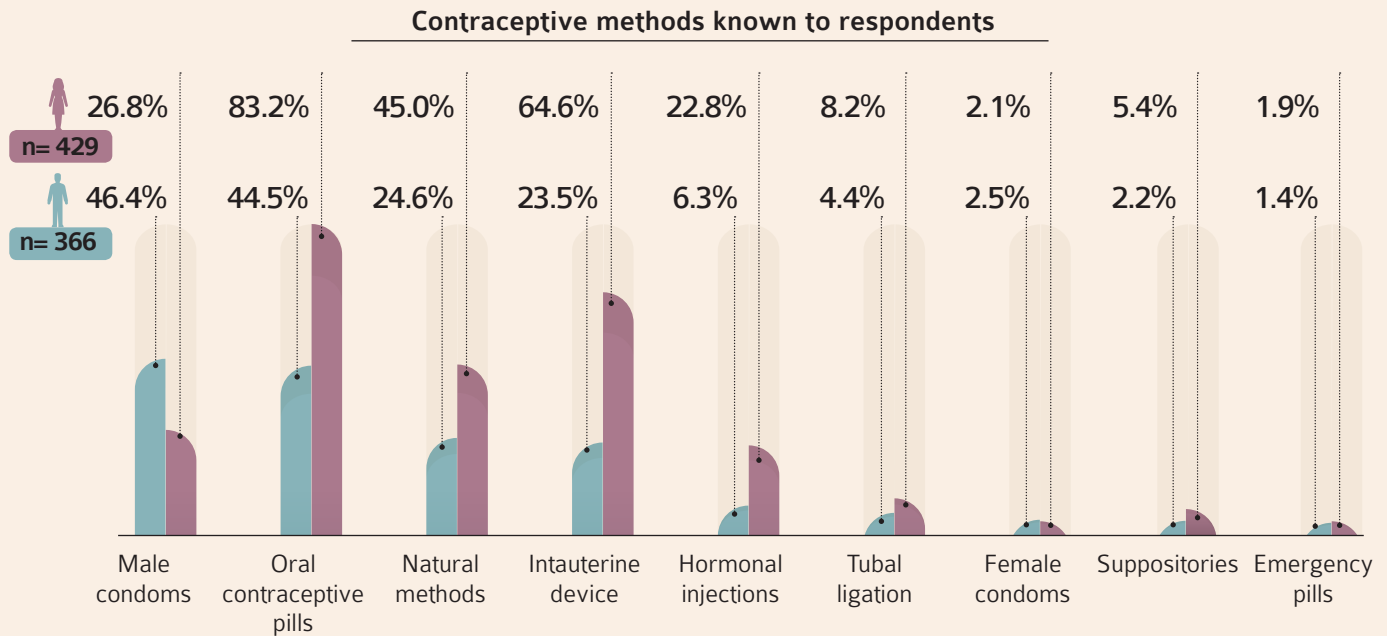


Individuals influencing female respondents' decision to use contraceptive methods (n= 429)

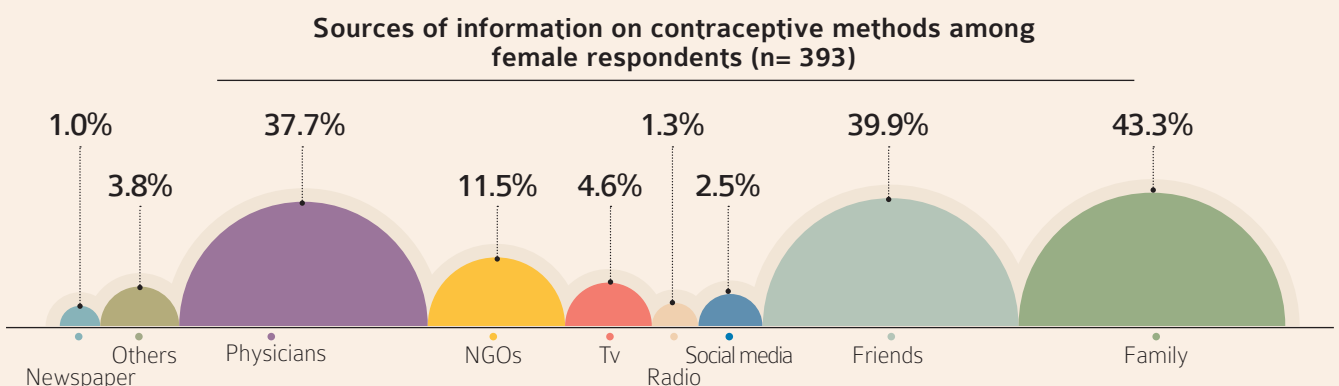
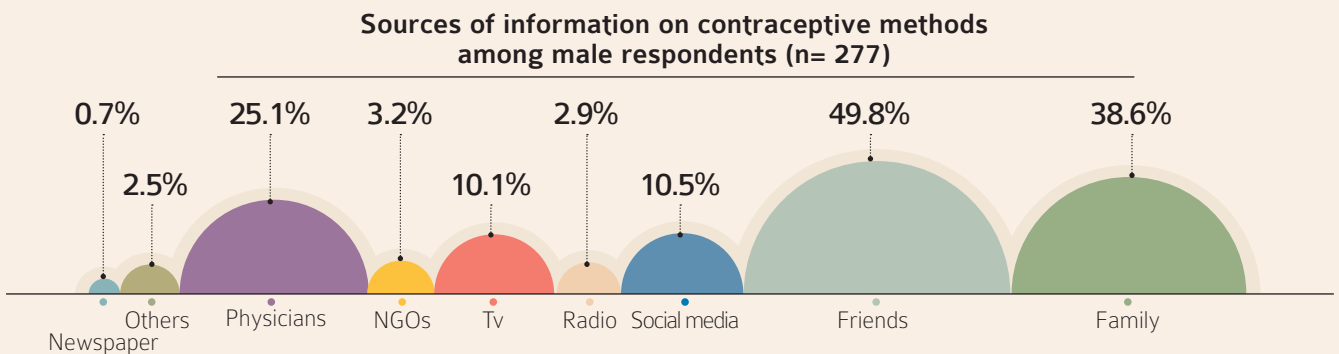


KNOWLEDGE OF CONTRACEPTIVE METHODS

- o **76.8%** of the male respondents and **93.1%** of the female respondents knew of at least one type of contraceptive methods.
- o In general, more female than male respondents knew of the various types of contraceptive methods.
- o The most commonly known types of contraceptive methods were male condoms among the male respondents (**46.4%**), and oral contraceptive pills among the female respondents (**83.2%**).



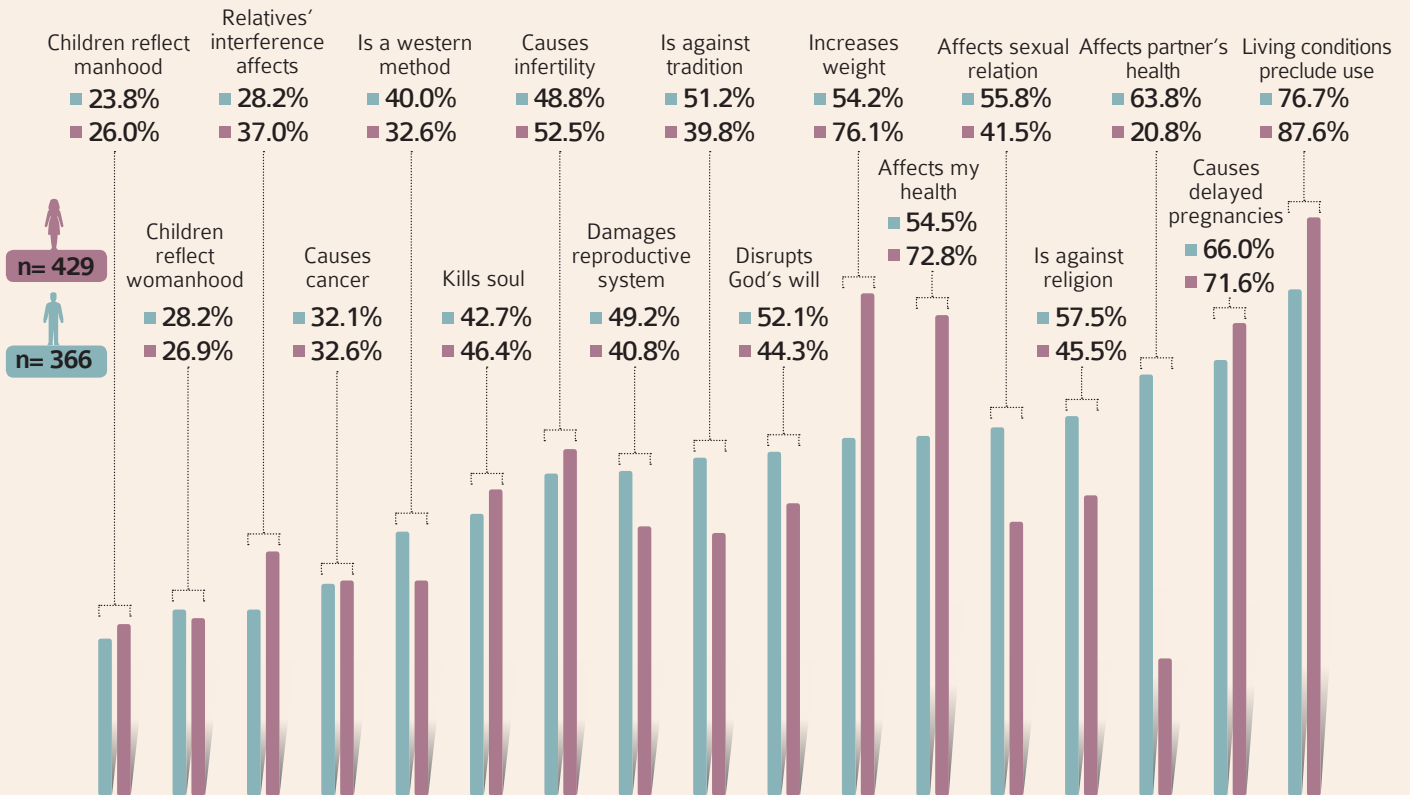
- o The most commonly reported sources of information on contraceptive methods were friends among male respondents (**49.8%**), and family members among female respondents (**43.3%**).



ATTITUDES TOWARDS CONTRACEPTIVE USE

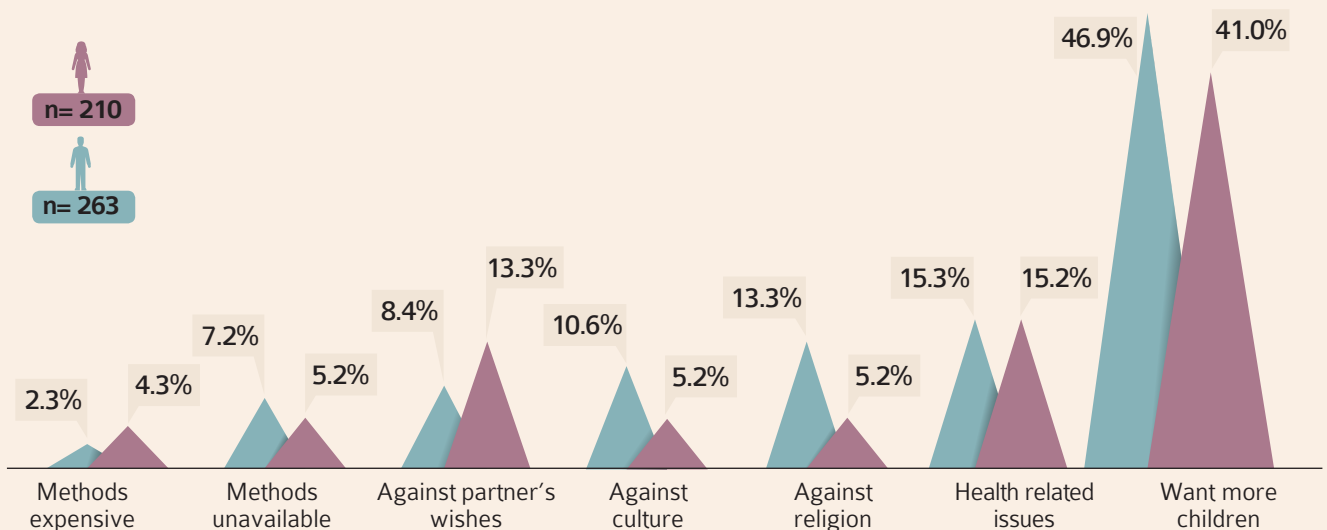
- o The majority of both male and female respondents believe that their hard living conditions force them to use contraceptive methods (**76.7%** and **87.6%**, respectively).

Respondents' attitudes towards contraceptive methods use



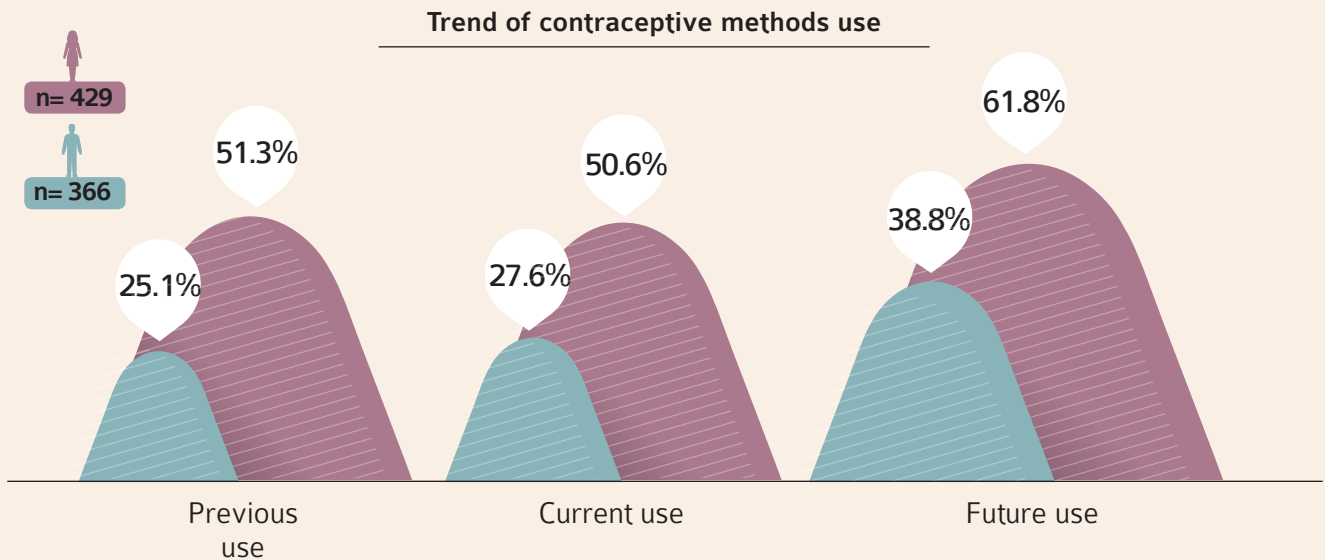
- o The majority of the male and female respondents who do not use contraceptive methods indicated that they do not do so because they want more children (**46.9%** and **41.0%**, respectively).

Respondents' reasons for not using contraception



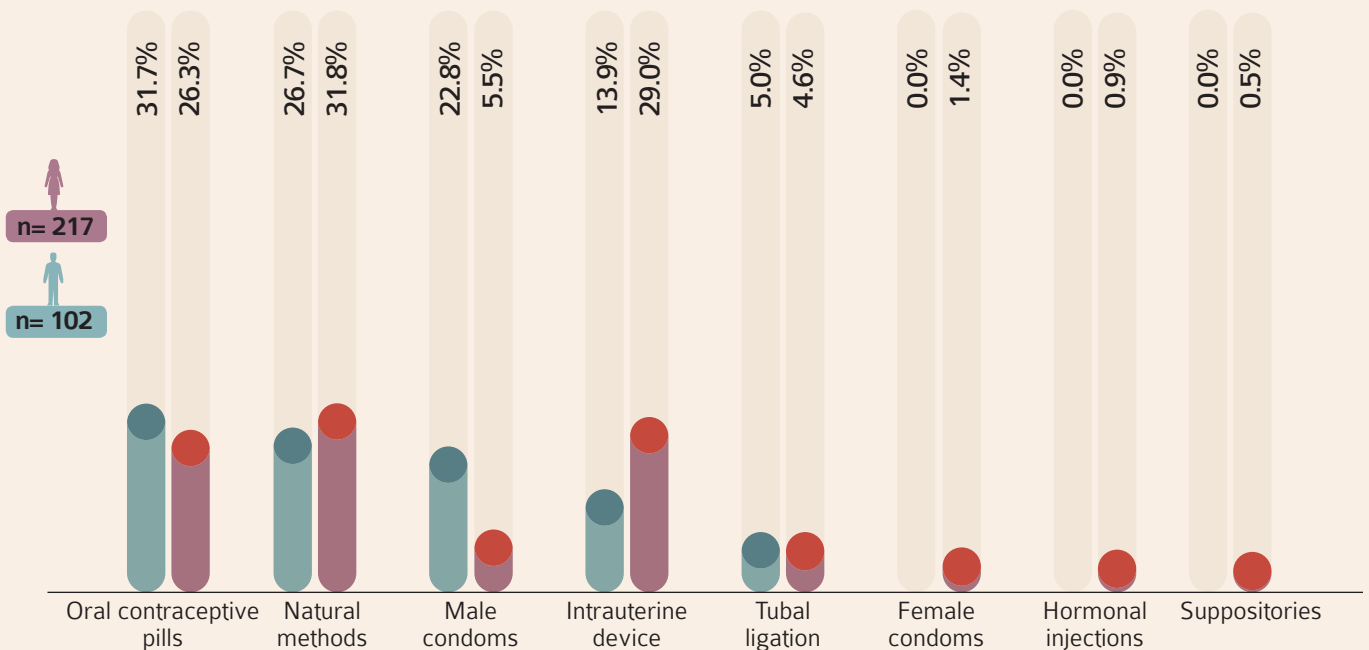
PRACTICES OF CONTRACEPTIVE METHODS USE

- Around quarter of the male respondents (**27.6%**) and half of the female respondents (**50.6%**) reported that they currently use at least one contraceptive method.
- More female respondents reported previous, current and future use of contraceptive methods than male respondents.
- Both male and female respondents declared planning for a higher use of contraceptive methods in the future, compared to previous and current use.



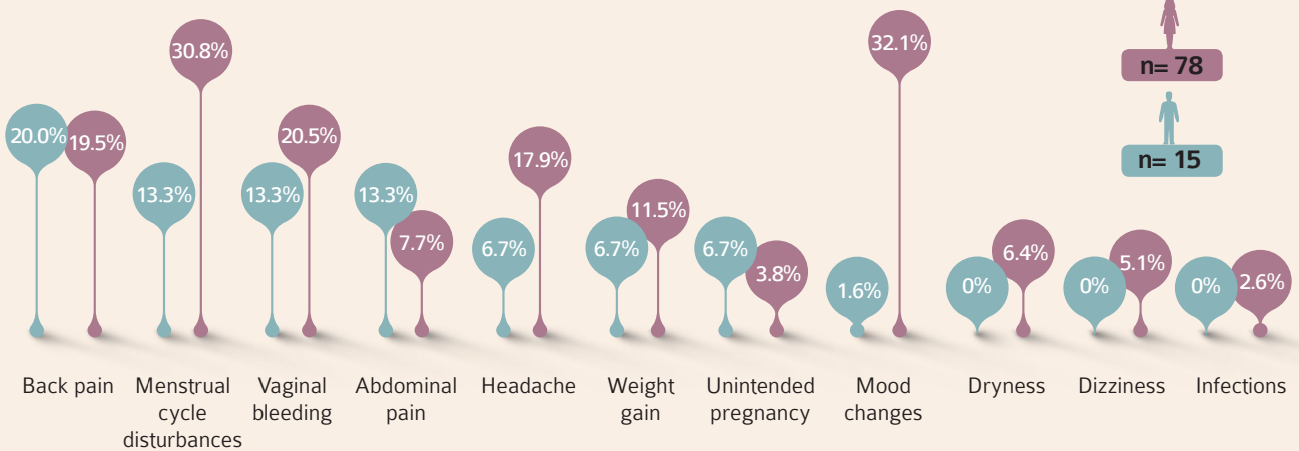
- Among the respondents who reported currently using contraceptives, the majority of male respondents indicated that their wives use oral contraceptive pills (**31.7%**), while the majority of the female respondents indicated that they use natural methods (**31.8%**), followed by intrauterine device (**29.0%**).

Contraceptive methods currently used by respondents and/or their parents



- o Among the respondents who reported that they or their partners experienced side effects upon using contraceptive methods, the majority of the male respondents reported that it was back pain (**20.0%**), while the majority of the female respondents reported that it was mood changes (**32.1%**).

Side effects of contraceptive methods use experienced by respondents and/or their partners



RECOMMENDATIONS

Future family planning related interventions should focus on establishing the following:

- o Reinforce the family planning component within the primary health care package while ensuring continuous stock of modern contraceptives
- o Include family planning within pre-marital counseling
- o Integrate family planning within the comprehensive adolescent and youth reproductive health programs in and out of school with particular attention to marginalized and vulnerable adolescents/youth
- o Ensure availability, accessibility and affordability of family planning services including counseling at primary and secondary health care levels, with due attention to postpartum family planning counseling
- o Strengthen the information management system at the service provision level in order to document and capture consumption patterns and measure increase in access and use of contraceptive methods
- o Invest in capacities of health service providers, namely midwives, to promote increased access to family planning services, both at service delivery and at community levels
- o Promote a community and family approach for reaching out to and empowering and educating men and women about the benefits of family planning from a human rights perspective including different types of modern contraceptives available, their usage and their side effects
- o Consider using innovative approaches namely peer to peer, information technology, etc as an effective way of delivering family planning awareness information
- o Correct prevailing misconceptions among men and women on basic family planning, and tailor educational sessions according to their current knowledge, needs and misconceptions
- o Produce culturally acceptable and gender sensitive educational material, which include simple and concise messages accompanied with interactive visuals
- o Identify and engage empowered youth, men and women champions who could support, advocate and promote healthy family lifestyles approach.

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- o Community stakeholders in targeted regions
- o Men and women who participated in the study
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