

Appendix. Overview of Selected Articles

Article Number	Author and Year	Design and Setting	Sample, Sample Size, Sampling Method	Intervention	Outcomes: Statistical & Narrative	Limitations	Implications for Nursing and JBI Level of Evidence
Article 1 Choices and services related to contraception in the Gaza strip, Palestine: perceptions of service users and providers	Böttcher, B., Abu-El-Noor, M., & Abu-El-Noor, N. (2019a). Choices and services related to contraception in the Gaza strip, Palestine: perceptions of service users and providers. <i>BMC Women's Health</i> , 19(1), 1–8. https://doi.org/10.1186/s12905-019-0869-0	Cross-sectional study combining quantitative and qualitative approaches Three clinics providing Family Planning in the Gaza Strip (two governmental clinics and one clinic run by a non-governmental organization)	Convenience Sampling Women of reproductive age (n = 213) All healthcare professions from the three facilities (n = 14)	Quantitative data collection: 16-item questionnaire Qualitative data collection: 1) Focus groups 2) Semi-structured, private interviews with healthcare professionals	Most women attending the clinic had already decided their contraceptive method prior to receiving services. The contraceptive decisions were made by husbands (41.2%), combined partner decision (33.3%), individual decision (11.8%), and decision made based on advice from service provider (13.7%) Effective family planning services main barriers are: 1) misconceptions of potential harm, 2) poor availability, and 3) limited choice of contraceptive methods	Collection of data was limited to women already attending family planning services, thus contributing to selection bias and limiting generalizability of the findings The small sample size obtained through convenience sampling further limits the external validity of the study's findings	Level IV The misconceptions in regard to contraception causing harm must be addressed. A greater choice and variety of contraceptives must be made consistently available to provide Gazan women with adequate family planning services

<p>Article 2</p> <p>Causes and consequences of unintended pregnancies in the Gaza Strip: a qualitative study</p>	<p>Böttcher, B., Abu-El-Noor, M. A., & Abu-El-Noor, N. I. (2019b). Causes and consequences of unintended pregnancies in the Gaza Strip: a qualitative study. <i>BMJ Sexual & Reproductive Health</i>, 45(2), 159-163. https://doi.org/10.1136/bmjsh-2018-200275</p>	<p>Qualitative study</p> <p>Healthcare center providing sexual and reproductive health services to women</p>	<p>Purposeful sampling of women aged 18 or older who had experienced an unintended pregnancy in the past (n = 21)</p>	<p>Focus group discussions consisting of 5-12 participants. Structured questions were asked, and answers were invited</p>	<p>Five main themes were identified.</p> <ol style="list-style-type: none"> 1) Economic hardship 2) Demand for male offspring 3) Advanced maternal age 4) Barriers to effective contraceptive use 5) Lack of support 	<p>Small sample size of women who were already accessing sexual and reproductive health services therefore limiting the generalizability of the findings to the population</p>	<p>Level IV</p> <p>A service intended to support women facing unintended pregnancies is warranted in the Gaza Strip</p> <p>The sudden inaccessibility of contraception is one of the main factors identified in this study that leads to unintended pregnancies</p>
<p>Article 3</p> <p>Family Planning Services in Palestine: Challenges and Opportunities</p>	<p>Khader, A., & Hamad, B. A. (2018). Family planning services in Palestine: challenges and opportunities. 6-Final-FP-Study-English.pdf (healthcluster.org)</p>	<p>Mixed methods</p> <p>West Bank in October and November of 2016 and Gaza Strip in late 2017</p>	<p>Exact sampling method not specified</p> <p>Data collected from field visits to facilities providing family planning services Number of facilities in sample not provided.</p> <p>Qualitative: 45 semi-structured</p>	<p>Quantitative: data collection from medical records and databases of organizations providing family planning services</p> <p>Qualitative data collection: semi-structured interviews</p>	<p>Fertility remains high in Palestine, mostly due to early marriage among females and a low frequency of divorce. Also, can be attributed to low rate of contraception use and high unmet need for family planning</p> <p>Unmet family planning in Palestine can be attributed to the inability to find or</p>	<p>Lack of national standardized indicators for family planning services affected the ability of the researchers to draw solid conclusions</p> <p>Lack of effective documentation throughout</p>	<p>Level III</p> <p>Initiatives must address key determinants affecting fertility and the use of family planning services</p> <p>Measures should be taken to enhance family planning services by tackling 1)</p>

			interviews (19 in the West Bank and 26 in the Gaza Strip)		<p>afford contraceptives, poor quality of service, weak counseling and negative providers' attitudes towards family planning</p> <p>Nationally endorsed guidelines and protocols for family planning are known by many service providers but are not being applied</p> <p>Supply chain management at MOH and UNRWA works efficiently with adequate storage capacity, appropriate storing conditions, and a well-functioning distribution system</p>	<p>systems evaluated</p> <p>This study did not evaluate the demand side (beneficiaries' perspectives) due to resource constraints</p> <p>Data was collected from two separate consultants who worked almost independently and used differing methods</p>	<p>supply through strengthening family planning services and 2) demand by increasing knowledge, demand, and utilization of these services</p>
<p>Article 4</p> <p>FAMILY PLANNING METHOD MIX IN PALESTINE – CHALLENGES AND</p>	<p>Stavridis, A., Balousha, S., & Abu-Hamad, N. (2023). Family planning method mix in Palestine – challenges and opportunities. <i>United Nations Population</i></p>	<p>Qualitative Study</p> <p>Three sites in the West Bank (Nablus, Ramallah, and Hebron) and two sites in the Gaza Strip (The Middle of</p>	<p>Non-probability purposive sample</p> <p>Currently married women between ages 18-49 receiving family planning services from one of the selected health facilities (n = 49)</p>	<p>Conducted seven focus groups with family planning beneficiaries and family planning healthcare providers</p> <p>In-depth interviews with policymakers in</p>	<p>The findings were categorized into the following five key themes: 1) Knowledge and perception in regard to family planning, 2) Policymakers and service providers' perspectives toward family planning service receivers willingness to</p>	<p>The target population was challenging to reach given budgetary limitations and a tight deadline for the study</p> <p>The unstable political situation in the West Bank</p>	<p>Level III</p> <p>Focus efforts on comprehensive contraceptive counseling to women and families seeking the use of LARCM's</p>

<p>OPPORTUNITIES</p>	<p><i>Fund.</i> https://palestine.unfpa.org/sites/default/files/pub-pdf/unfpa_family_planning_method_mix_study_2023.pdf</p>	<p>Gaza and North of Gaza) MOH, UNRWA, and NGO health facilities that provide family planning services</p>	<p>Family planning healthcare providers (n = 22) Policymakers from Gaza Strip and West Bank (n = 10)</p>	<p>the Gaza Strip and the West Bank</p>	<p>utilize long-acting reversible contraceptive methods (LARCMS), 3) Involvement in seeking family planning treatment, 4) Family planning decision-making role dynamic, and 5) Barriers in usage of long-term reversible contraceptive methods Lack of beneficiary contraception knowledge, role dynamic among Palestinian families regarding family planning decision-making, shortages of family planning services, and the high cost of LARCMS are barriers to the uptake of LARCMS</p>	<p>at the time of the study hindered the data collection (road and area closures) and lives of the researchers; thus, negatively impacting the financial budget allocated to the team</p>	<p>Utilize technology and social media to disseminate accurate contraceptive information Campaign for knowledge and awareness of contraceptive use to reduce misconception/stereotypes concerning contraception Family planning programs should be modified to encourage couples' joint decision-making</p>
<p>Article 5 Determinants of Fertility and Contraceptive Use among Palestinian Women in the Gaza Strip:</p>	<p>Hamad, K. A. (2020). Determinants of fertility and contraceptive use among Palestinian women in the Gaza Strip: Qualitative</p>	<p>Qualitative Study Family planning clinics of primary health care centers</p>	<p>Purposeful selection based on a selection criterion developed by the researcher to ensure the sample contained a wide age range of participants,</p>	<p>Six focus groups (three with contraceptive users and three with contraceptive non-users) were generated and a framework analysis was</p>	<p>Gazan women employed in the labor force consistently have fewer children and are more likely to use contraceptive methods Religion ("the Islamic doctrine") does not directly affect the</p>	<p>This study did not explore the relationship between the level of religious state of being and their fertility The study did not examine the</p>	<p>Level III Increased knowledge and awareness concerning the availability and use of contraceptive method practices</p>

Qualitative Study	Study. <i>Journal of Women's Health Care</i> , 9(1), 485. doi:10.35248/2167-0420.20.9.485.	across the Gaza Strip	differences in total pregnancies and live births, and varying socio-economic backgrounds (n = 54)	utilized to examine and dissect the focus group data	decision to use or not use contraception None of the study participants stated the religious teachings as an indicator for the use or non-use of contraceptives	relationship between socio-economic levels, religiosity, and fertility involvement Differences in fertility between Muslims and Christian women in the Gaza Strip was not explored	must be a focus for future research and national interventions
Article 6 Knowledge, Attitudes and Practices among men in the Gaza Strip related to Sexual and Reproductive Health and Rights and Childrearing	Bayoumi, N. A., Diab, R., & Hamad, B. A. (2021). Knowledge, attitudes and practices among men in the Gaza Strip related to sexual and reproductive health and rights and child-rearing. https://palestine.unfpa.org/sites/default/files/pub-pdf/kap_stud	Mixed methods Gaza Strip	Quantitative data: Clustered random sampling (n = 476 HHs: n = 952 adults and 476 adolescents) Qualitative data: Purposive sampling to recruit participants (n = 335: 18 key informant participants, 31 service providers, 20 community leaders, and 266 community members)	Quantitative: Household (HH) survey with call-back and validation visits from field supervisors Qualitative: Focus group discussions	Differences in knowledge concerning sexual and reproductive health rights and child-rearing may be attributed to socio-cultural and economic variances among participants Qualitative discussion revealed men as being regarded as one-sided decision-maker. More than 96% of participants strongly agreed or somewhat agreed that both the man and woman mutually decide the	The data collected was self-reported from the participants; consequently, some participants may not have answered the questions or discussed the topic in whole as sexual reproductive health can be culturally sensitive to some individuals The COVID-19 pandemic posed many challenges and barriers to	Level III To increase male participation in sexual and reproductive health services, barriers concerning oppression, insecurities, financial issues, and poor access to the information among the male community must be addressed Support access to sexual and reproductive health services

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<p>Article 7</p> <p>Mapping and Assessment of Maternal, Neonatal and Young Children Health Care Services in Gaza Strip, State of Palestine</p>	<p>UNICEF. (2019). Mapping and assessment of maternal, neonatal, and young children health care services in Gaza Strip, State of Palestine. https://www.unicef.org/so/p/media/1351/file/MNC_H%20Gaza%20Mappin</p>	<p>Mixed methods mapping study</p> <p>Gaza Strip</p>	<p>Purposive sampling: 5 Primary Health Care (PHC) facilities, 7 Neonatal Care Units (NCUs), and 6 maternity hospitals</p> <p>In-depth interviews: Ministry of Health personnel and key partners' staff (n = 23). Sampling technique not specified</p>	<p>Quantitative data collection: Number of staff, equipment available, patients, etc.</p> <p>Qualitative data collection: Semi-structured interviews, key informant interviews, and focus group discussions</p>	<p>Auditory and visual privacy for patient consultations were only available in two out of five PHC centers.</p> <p>Gender-sensitive issues such as family planning were not private nor confidential as a result of limited room availability</p> <p>Availability of contraceptives at the PHC centers is minimal. Out of 8 contraceptive methods included in the study, 5 were not physically</p>	<p>Sampling method and sample size not described in whole, thus, limiting the internal validity of the study</p>	<p>Level III</p> <p>Future studies should focus efforts on examining Gazan women's experiences in family planning conversations with health care providers in the Gaza Strip and how privacy does or does not affect such experiences</p> <p>Future efforts must focus on increasing the</p>

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