

UNIVERSITY OF GHANA

CENTER FOR MIGRATION STUDIES

**MODERN CONTRACEPTIVE USAGE AMONG FEMALE REFUGEES
IN GHANA: A CASE STUDY OF FETENTA REFUGEE CAMP**

The image shows a large, faint watermark of the University of Ghana crest in the background. The crest is a shield-shaped emblem with a light blue background and yellow/gold symbols. At the top, there are three stylized leaves or branches. Below them is a horizontal line. In the center, there is a decorative cross-like symbol with curved ends. At the bottom, there are two stylized scrolls or flourishes. The text 'BY' is centered over the crest.

BY

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**A LONG ESSAY SUBMITTED TO THE UNIVERSITY OF GHANA,
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DECLARATION

I, Hagar Araba Smith Kpakpah, hereby declare that, except for references to other people's work, which have been duly acknowledged, this Long Essay is the outcome of my independent research conducted at the Centre for Migration Studies, University of Ghana, Legon, under the supervision of Dr. Leander Kandilige. I, therefore, declare that this Long Essay has neither in part nor in whole been presented to any other institution for academic award.

.....

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.....

DATE

.....

DR. LEANDER KANDILIGE
(SUPERVISOR)

.....

DATE

DEDICATION

This Long Essay is first and foremost dedicated to the Almighty God through whose blessings, protection and love I have gotten this far. I also dedicate it to my husband Mr Joshua Kpakpah, my daughters Tanefa and Ndetsi Kpakpah. Finally, to my family for their support and prayers.

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LIST OF ABBREVIATIONS

UNDESA	Economic Community of West African States
GRB	Ghana Refugee Board
IOM	International Organization for Migration
UNDP	United Nation Development Programme
UNHCR	United Nation High Commissioner for Refugees
NGO	Non-Governmental Organization
GHS	Ghana Health Service
SGVB	Sexual and Gender Based Violence
SPSS	Statistical Package for Social Sciences

ABSTRACT

Contraception is one of the four essential determinant factors of fertility identify by Bongart (1978). The role of contraceptive usage in population reduction and reproductive health cannot be overemphasized. Over the years, Ghana has been promoting the modern usage of contraceptives, yet there has not been appreciable and consistent increase in its usage among citizens and to some extent refugees in the country. The extent of meeting the needs of vulnerable groups such as female refugees has not been extensively studied. The study, therefore, examined the modern contraceptive usage among female refugees in Ghana the case of Fetenta refugees' camp. The research design that was adopted was a mixed method. The sample size was made up of 70 female refugees selected through systematic sampling procedure. Instruments were structured questionnaires and in-depth interview guides. The quantitative data was analysed using SPSS and the qualitative through the use of thematic analysis. The result shows that perception and knowledge of contraceptives were positive in terms of the types and reasons for the usage. With regards to accessibility, the findings indicated that it was difficult accessing it since it was not available and knowledge on its usage was lacking. The major reasons for its usage were the prevention of pregnancy and birth spacing. It is concluded that modern contraceptive usage should be made available within the camps for easy patronage. Based on the findings of the study, it is recommended that healthcare providers, friends, and the mass media are the source of information on contraceptives, therefore GHS should have a policy on how to reach out to people including refugees with in-depth knowledge on the benefits of contraceptive usage.

CHAPTER ONE

1.0 Background of the study

The incident of refugees has become paramount among governments, civil society organizations, and intergovernmental organizations in recent times. This is due to the steady increase in the number of refugees and the uncongenial conditions under which they found themselves. With a total of 68.5 million people forcibly displaced, close to one third (25.4 million) of them were refugees (United Nations High Commissioner for Refugees, 2017). Whereas natural disasters such as floods, drought, earthquakes, and tidal waves have displaced several people, conflict and violence have caused a lot of refugee situation in some parts of the world. Consequently, these people end up in places either than their home country. Africa continues to experience a refugee situation in terms of producing, hosting, and sending a large number of refugees to different countries. The United Nations High Commissioner for Refugees (UNHCR) 2017 Report reveals that out of the top five countries with a high number of refugees, two were African countries - South Sudan and Somalia. Although East and North Africa are conspicuously known for producing and hosting a chunk of refugees, parts of West Africa continue to experience displacement and refugee-like situations of people.

Since the early 1990s, Ghana has become one of the preferred destinations for refugees from neighbouring countries such as Liberia, Sierra Leone, Togo and Cote d'Ivoire (Tanle, 2013). This has led to the establishment of some refugee camps in Ghana such as Buduburam, Krisan, Ampain, Fetenta, Egyeikrom, among others to host the influx of these refugees. Several studies have been conducted to understand the various dimensions of the refugee situation in Ghana. The economic livelihood of refugees in Ghana has extensively been explored (Trapp, 2018; Antwi, 2015; Manteaw, 2014; Teye & Yebleh, 2014), also the

integration of the refugees (Acheampong, 2015; Agblorti, 2011), as well as the challenges refugees encounter in Ghana (Dako-Gyeke & Adu, 2017; Bortu, 2009). However, little attention has been paid to the sexual practices of refugees in Ghana although it forms an important part of refugee's lives in the various camps.

Apart from the arduous conditions, refugees found themselves including; lack of access to social amenities such as schools, water, food, accommodation, health facilities (Ahimbisibwe, 2018; Schilling et al., 2017), they are also prone to sexual violence and sometimes engage in risky sexual behaviours. Apparently, the most vulnerable group of people that tend to endure the burden of these risky sexual behaviours is female refugees (World Health Organization, 2018; Okanlawon, Reeves & Agbaje, 2010). Thus, some end up in early marriages, unwanted pregnancies, and maternal morbidity. This has, therefore, become a major concern to the United Nations and its subsidiary unit (i.e. United Nations High Commissioner for Refugees) mandated to handle the affairs of refugees.

In spite of the fact that the sexual pursuits of refugees have taken a centre stage in the policy discourse of relevant stakeholders and international organizations such as the UNHCR, most studies in Ghana tend to focus on the economic livelihood of refugees in the various camps. This study is, therefore, undertaking to understand how refugees within the Fetenta camps perceive the usage of contraceptives and their accessibility to these items.

1.1 Problem Statement

As stated earlier, the conditions under which refugees found themselves in host countries have become a lurid situation to both the refugees and relevant stakeholders. Despite the efforts of some host countries, Civil Society and International Organizations in ameliorating the ordeals of refugees, they still continue to experience exclusion from socio-economic, political, education and health services (Chuah, Tan, Yeo & Legido-Quigley, 2018). In mitigating the challenges refugees are confronted with, they tend to adopt varied strategies. Whereas some

of them are victims of circumstances under which they are sexually abused, a section of them consciously engages in risky sexual practices as a surviving strategy. Consequently, their vulnerability is exacerbated due to issues such as unwanted pregnancies and diseases.

Understanding the various dimensions of sexual activities of refugees within the camps have attracted the attention of both policymakers and academia. Thus, several studies have been carried out in other geographical areas that host refugees such as Kakuma and Dadaab refugee camp in Kenya (Spiegel, Schilperoord & Dahab, 2014; Tanabe et al., 2015), Rwamwanja and Kyaka II refugee camp in Uganda (Odwe, Undie & Obare, 2018; IGAD, 2010), refugees in Ethiopia (Stark et al., 2018), Oru refugee camp in Nigeria (Agbaje, 2011; Okanlawon, Reeves & Agbaje, 2010), Syrian refugee women in Lebanon (Yasmine & Moughalian, 2016), among others. However, studies that have been conducted in the various camps Of Ghana focus on understanding a certain aspect of their lives (Trapp, 2018; Teye & Yebleh, 2014; Dako-Gyeke & Adu, 2017) either than their sexual pursuits - little attention is paid to their sexual engagement. Thus, there is a dearth of literature on the sexual activities of refugees in Ghana refugee camps, therefore, it requires prompt attention from all relevant stakeholders (Starrfmonline, 2017).

Using the Fetenta refugee camp as a case study, this study, therefore, explores the perception, accessibility, and usage of modern contraceptives among refugees. It also tends to identify some of the impediments among refugees in the usage of modern contraceptives. Whereas lessons will be drawn from different geographical contexts through review of relevant literature, this study will also bring into limelight the situation of modern contraceptives usage within refugee camps in Ghana - contribute to the lacuna that exists within refugee sexual engagement in Ghana.

1.2 Research Questions

The general research question is to examine the extent to which contraceptives are used in Fetenta refugee camp. The specific research questions are to investigate:

- i. How does the knowledge of modern contraceptives influence the perception and usage among female refugees in the Fetentata refugee camp?
- ii. How do the personal and external factors facilitate the usage of modern contraceptives among female refugees in the Fetentaa refugee camp?
- iii. What are some of the strategies needed to increase the usage of modern contraceptives among female refugees in the Fetentaa refugee camp?

1.3 Research Objectives

The overriding objective of the study is to understand the situation of modern contraceptive usage among female refugees within Fetenta refugee camp in Ghana. The following specific objectives will be addressed:

- a) To assess the socio-demographic characteristics of the female refugees.
- b) To find out the perception and knowledge of female refugees about the usage of contraceptives.
- c) To examine the accessibility of contraceptives among female refugees.
- d) To make policy recommendations based on the findings of the study.

1.4 Rationale of the study

Understanding all aspects of refugees' lives should be a concern to all institutions mandated in managing the affairs of refugees. This should even be more crucial to Africa – a continent that is seen as one of the leading producers and hosts to refugees (United Nations Africa Renewal, 2017; (African Parliamentary Union, 2004)). Hence, respective countries need to streamline the activities of refugees into their policies. To have sound policies in addressing

the challenges of refugees, the role of academia cannot be overemphasized. Several painstaking kinds of research have been conducted to understand the various dimensions of refugee lives. Whereas similar studies have been undertaken in Ghana, it is appalling to know that most of these studies are skewed towards the scope of the economic livelihood and reintegration of refugees in various refugee camps of Ghana.

This study will be particularly useful since the sexual lives of refugees will be explored, with a focus on understanding the usage of modern contraceptives and some of the issues that inhibit their utilization among female refugees in the Fetenta refugee camp of Ghana. This study is timely – at a time that the sexual behaviours of refugees have become a critical area of concern to the international community such as the United Nations High Commissioner for Refugees. Although this study perhaps is not the first of its kind, findings from this study will be relevant to policymakers and the international bodies that place refugees at the core of their programs. Because lessons are expected to be drawn from different jurisdictions through desktop review of relevant literature which will in tandem be compared to the case of Ghana by focusing at the Fetenta refugee camp. Lastly, the study will contribute to the gap that exists within the sexual lives of refugees in Ghana.

1.5 Organization of the study

The study will be organized into five chapters. Firstly, the general background to the study, problem statement, research questions and objectives, relevance of the study will be captured in chapter one. Subsequently, chapter two will delve into relevant pieces of literature that are related to the study. Whereas studies from different geographical areas will be explored, the general patterns of challenges confronting refugees, the economic and social livelihood of refugees, and the sexual exploits of refugees from different places other than Ghana will be presented in chapter two. Also, the theoretical underpinning of the study will be elaborated in this chapter.

Chapter three of this study will be devoted to the research methodology. Hence, the research design, type of data to be used, the sampling techniques, and how the data will be analyzed will be presented in this chapter. Also, all ethical issues that will arise from the study will be included in chapter three.

The findings of the study will be presented in chapter four. It is anticipated that the socio-demographic characteristics of respondents, the perception of refugees with regards to the usage of contraceptives, the challenges in using these contraceptives will all be encapsulated in chapter four.

Lastly, summary, conclusion, and recommendations expected to emanate from the study will be outlined in chapter five.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

There is extensive literature on contraceptive usage among females in Africa, and particularly Ghana. Whereas this extensive literature mostly focuses on adult females, others focus mainly on young females in the West African sub-region (Appiah-Agyekum & Kayi, 2013) particularly Ghana. In this literature review, the researcher will critically examine the modern contraceptive literature and compare their findings with those of Ghana, and particularly the contraceptive usage among female refugees. Policy documents and peer-reviewed literature are all reviewed to find direction for this study.

2.1 Reasons for Modern Contraceptive Utilization among females

Most African countries have moved on the path of development for the past few decades (Amalba, Mogre, Appiah & Mumuni, 2014). These countries have tried several development agenda for the main purpose of moving their countries to the next higher level. It is the ultimate desire for every government to maximize the welfare of the citizens in the country (Atiglo, 2013, Arube-wane, Jitta & Ssenooba, 2008). Whereas most of these development agendas are products of internal policies and programs, others are international policies as a result of the drive to move African countries on the path of development.

One of the areas of development that is key is how to control the population in African countries so that the number of people in the country will not overstretch the available resources in the country (Awusabo-asare & Abane, 2004). Drawing from the works of Rev. Robert Thomas Malthus (Biddlecom, Munthali, Singh & Woog, 2015), most countries will not want to fall into the Malthusian trap and have therefore decided to find out how they could use the demographic transition to achieve development (Ayittey, 2015). There has been emphasis on controlling population growth to achieve development. Promoting contraceptive

utilization refers to the use of modern contraceptives. These modern contraceptives prevent pregnancies and therefore, most people who want to delay childbearing but cannot avoid sexual intercourse use modern contraceptives (Ayittey, 2015).

Following the promotion of the utilization of modern contraceptives as part of national policies, the main reason for the use of modern contraceptives was to delay childbearing (Awusabo-asare & Abane, 2004). Both married and unmarried couples who want to delay childbirth make use of modern contraceptives. Indeed, in Ghana average fertility has reduced from 7 to a level where fertility is stalling around four (4) (Appiah-Agyekum & Kayi, 2013). Most females use modern contraceptives to prevent pregnancies so they would be able to either continue with their education or space their childbirth is because getting pregnant in school may lead to a drop out of school. Women's informal employment such as banking will also delay childbirth using modern contraceptives. The main contraceptives that are “preached” include, but not limited to condoms, Intrauterine Device, (IUD) contraceptive pill, foam, jelly, Norplant, and the injectable.

According to the literature, the majority of females use modern contraceptives most especially the condom to prevent the contraction of sexually transmitted diseases. The main motivation behind this derives from the incidence and prevalence of sexually transmitted diseases and infections (STIs). Notable among the reasons is the spread of HIV/AIDS in Africa and Ghana. With this, many state agencies led by the National AIDS Commission are all into serious modern contraceptive utilization campaign to increase the awareness, knowledge, and utilization among the people in the country (Darteh & Teye, 2015). International Organizations have all put money and resources into these public education and awareness campaign programs. The World Health Organization (WHO) partners such state agencies as the Ghana Health Service (GHS), and the Ghana Education Service (GES) in these programs.

The main modern contraceptive promoted is the condom (sheath) which has a dual purpose of preventing both STIs and unplanned pregnancies (Dauda, 2012; Darteh &Teye, 2015).

2.2 Natural methods of Contraception and knowledge of Modern Contraceptives

utilization

According to Clottey, (2012) natural methods of family planning are based on naturally observing occurring signs and symptoms of fertile and infertile phases of the menstrual cycle, including abstention from intercourse during fertile phase. Major advantages of this method are the absence of physical side effects and freedom from dependence on medical personnel. The method requires some level of discipline and daily recordings, however. Natural methods include observation of cervical mucus, lactational amenorrhoea method, observation of body temperature, calendar or rhythm method and coitus interrupts or withdrawal (Clottey, 2012). Clottey (2012) further explained post-coital contraception as emergency contraception. Clottey (2012) also described the three methods of emergency contraception as combined oral emergency contraceptives, Progestin-only emergency contraceptives and insertion of a copper intrauterine device.

Drawing from the idea and philosophy that knowledge is power, and power controls everything under its jurisdictions, many countless studies have shown that there is a strong correlation between knowledge and modern contraceptive utilization in the world (Darteh &Teye, 2015). The knowledge people have about modern contraceptive utilization can be from the following sources:

Social diffusion

This is the knowledge people acquire about a phenomenon or something from their social networks (Essaka, 2015). Similar studies on the use of modern contraceptives show that people are easily influenced by their peers and therefore when one person has knowledge about something, that person can discuss it in informal circles with the peers who hold onto the idea or knowledge (Darteh and Teye, 2015). To this end, should the counterparts in the social network perceive that the use of modern contraceptives has negative implications on the user, the others will also more likely condemn it. This will lead to low utilization among the people in the social network (Yeboah & Appai, 2015). The implication is that, should the peers or people in the social network promote the utilization of modern contraceptives, the rest in the group are more likely to use it. This makes social diffusion very important in modern contraceptive education in the country. With a more localized population like those in the refugee camps, this is more likely to work.

National and international agencies

Many studies on modern contraceptives have also identified that both national and international organizations play key roles in the dissemination of contraceptives knowledge (Essaka, 2015). It can be identified from the literature that whereas the international organizations such as the World Health Organization (WHO) and the Non-governmental organizations (NGOs) among others provide funding for the contraceptive awareness campaign, the national or state agencies play a lead role as partners in the conduct of the programs (Essaka, 2015). Refugees' welfare has been of great concern to both the government and non-governmental organizations. This is an indication that there is a high possibility of modern contraceptive utilization campaign in refugee camps to increase modern contraceptive knowledge in Ghana.

Formal education

Studies have shown that formal education has a lot of potential in providing modern contraceptive knowledge (Enuameh et al., 2015). First, it enables students to read and understand publications about modern contraceptives, including information on the leaflets and containers of modern contraceptives. Formal education also enables educated people to listen to, and examine information they hear about the use of modern contraceptives. This increases people's knowledge about contraceptives. Second, the school curriculum is designed to include topics on modern contraceptives, especially at the basic and secondary levels of education (Enuameh et al., 2015). Students learn about modern contraceptives, their types, reasons for use, and where to obtain them, and how to use them (Enuameh et al., 2015). The Ghana Education Service plays a key role in this regard.

Social media

The social media, both print and electronic, play a major role in the dissemination and acquisition of modern contraceptive knowledge (Dartey, 2015). Most people watch televisions and read newspapers that advertise modern contraceptives. If these social media are available in the refugee camps, one will argue that they will enhance people's knowledge about modern contraceptives. However, this also depends partly on other factors such as their ability to read, hear, or see.

The Ghana Health Service

The Ghana Health Service also plays a leading role in disseminating modern contraceptive knowledge (Enuameh et al., 2015). They have set up units with the various health facilities to provide guidance and counselling services on the use of modern contraceptives. Studies have shown that the Ghana Health Service (GHS) has done well in helping people acquire modern contraceptives (Enuameh et al., 2015). However, their work is stationed at certain designated

places such as hospitals and other health posts. Arguably those who do not go to the hospital may not have access to this knowledge.

2.3 Some factors that influence the use of modern contraception

Knowing the factors that influence the knowledge and use of modern contraceptives is a key factor in increasing the utilization rate among the populations to achieve its main aim. Many studies have been carried out in Africa, and in Ghana on the factors that influence the use of modern contraceptives among females. This present study also looks at what factors influence the use of modern contraceptives in a more localized population such as the females in a refugee camp. This will help avert some problems faced in refugee camps such as teenage pregnancy, illegal abortion, and its attendant complications, overpopulation, and over-exploitation of the resources at the refugee camps, and school dropouts among the refugee population.

Many studies have shown that the level of education is one of the factors responsible for determining the utilization of modern contraceptives (Hock-Long, 2003). According to some studies, level of education exposes people to have knowledge about the type of modern contraceptives, where to get access to them and their uses (Kehinde, 2012). These studies present level of education as an indispensable factor in increasing the modern contraceptive utilization rate because people with higher levels of education have higher rate of utilization (Kisaakye, 2013). On the other hand people with lower levels of education or no formal education at all have lower rate of contraceptive utilization (Kisaakye, 2012). Thus, according to these studies, females with tertiary level education have higher modern contraceptive utilization rates because they can read and write and examine critically the information they receive on modern contraceptives.

However, other studies present alternative views from their findings in similar studies. These studies argue that most people who have higher levels of education rather have low contraceptive utilization rates because they have knowledge about the side effects of these modern contraceptives (Khan, 2012). In a way of trying to ward off these side effects, people with higher levels of formal education will not use modern contraceptives (Khan, 2012). Another related finding from some similar studies indicates that because people delay childbearing, as a result of getting time and resources for their educational activities, after schooling they try to catch up with childbearing. These people do not normally have higher rate of modern contraceptives utilization (Enuameh et al., 2015). The above examination of the literature on the effect of education on the usage of modern contraceptives shows that the utilization of modern contraceptives depends on the fertility intention of the female.

Another factor that literature has found responsible for determining the modern contraceptives use among females is religion (Khan, 2012). According to most studies in Africa, the contraceptive utilization rate is lower among Muslims than the traditionalist and Christians (Khan, 2012). This is because the Islamic Religion frowns on using artificial means to control births while encouraging higher fertility among the practitioners. Among the Christians, modern contraceptive utilization rate is lower among the Catholics as compared with the Protestants (Kehinde et al., 2010). The foregoing analysis suggests that should the female refugees be of Islamic or Catholic backgrounds the modern contraceptive utilization rate will be more likely lower. If they are of Protestant background, the utilization rate will more likely be higher. However, it will be very important to control certain variables that may be covariates in order to draw a vivid conclusion on this. These variables should include the effects of social diffusion, level of education, marital status, influence of social media, and age among others.

Another important factor that affects the use of modern contraceptives among females is a spousal agreement (Khan, 2012). Most studies on modern contraceptives utilization have found this variable significant. According to Enuameh et al., (2015), in most cases, the females rather do not want to use modern contraceptive when their partners opt for that while other studies have found out that the male partners do not like using it, especially the condom (Kehinde et al., 2010). Granted that those other studies have been conducted on populations that were not from refugee camps, it would be very interesting to unearth the modern contraceptive behavior of females from the refugee camps. The most important reason given to justify this is that the use of certain modern contraceptives robs them of their sexual feelings.

Marital status is another factor that influences the use of modern contraceptives in Africa, and Ghana is no exception (GSS, 2015). Most African countries frown on pre-marital sex, and those who are not married are not expected to engage in unprotected sexual intercourse since pregnancy will certainly reveal their secrets (GSS, 2015). This suggests that should these refugees hold on to this chastity requirement, they are not likely to engage in sex, or they are more likely to use modern contraceptives so that their sexual activities are not revealed. It would, therefore, be very important to find out the marital status of the respondents in this study in order to draw out valid conclusions from the study.

Frequency of sexual intercourse is another important variable that influences the use of modern contraceptives. This factor is related to marital status since those who are married are more likely to engage in sexual intercourse as compared with their counterparts who are not married (Darteh, 2015). Other factors such as the fertility intentions of the partners also influence their rate of modern contraceptive utilization. This is a covariate of the marital status and frequency of sexual intercourse among the women studied. The study will find out

whether the women are married or not, and find out how that influences the modern contraceptive utilization rate among them.

There have been many developmental challenges in Africa that call for the attention of national governments, politicians, international organizations and non-governmental organizations (NGOs). Among these concerns is the desire to reduce fertility rate in Africa so as to achieve equitable distribution of resources and enhance the development that the continent thirsts for (Darteh, 2015). Drawing from the experiences of the advanced countries that have effectively managed demographic dividend, it would be necessary to harness the ongoing demographic transition to achieve this (Yeboah & Appai, 2015). In line with this, there have been many national and international policies to control fertility in Ghana (Enuameh et al., 2015).

2.4 Overview of global migration of women

According to Guarnizo, (2004) between 1990 and 2000, the number of international migrants increased by 14%. In 2002, some 175 million people lived outside their country of origin, and this figure is projected to reach 230 million by 2050 (UNFPA, 2004). Neither economic recession nor increasingly strict border controls in the recipient countries seem to be able to reverse the constantly increasing trend toward international migration. But this could be attributed to wars in some parts of the world, leading to the general movement of the people to refugee camps in other countries. In the current phase of globalization, international migration motivated by economic reasons is a phenomenon that affects increasing numbers of people, households, and communities worldwide. The distribution of women in international migration from 1990 to 2013 is shown in Table 2.1. The Table focuses on women because this study is carried out among female international migrants in refugee camps.

Table 2.1 Percentage of Female Migrants among the Total Number of International Migrants by Region, 1990-2013

Region	1990	2000	2010	2013
World	48.8	49.1	48.1	48.0
More developed	51.2	51.2	51.5	51.6
Less development	46.2	46.1	43.3	43.0
Europe	51.4	51.8	51.6	51.9
Asia	45.6	45.4	42.0	41.6
Latin America and the Caribbean	49.8	50.1	51.5	51.6
North America	51.1	50.0	51.2	51.2
Oceania	49.1	50.0	50.2	50.2
Africa	46.6	47.2	46.1	45.9
Sub-Saharan Africa	47.0	47.6	46.6	46.3
Eastern Africa	48.5	49.0	48.6	47.8
Middle Africa	49.0	48.8	47.1	46.7
Northern Africa	46.7	44.6	42.5	41.5
Southern Africa	38.7	40.9	42.0	42.3
Western Africa	46.3	47.4	46.7	46.7

Source: UN DESA Population Division 2

Table 2.1 shows that the pattern of internal migration of females in the world from 1990-2013 is irregular. This suggests that the migration is in response to certain push factors at the sending areas and pull factors at the receiving region (Lutz, 1997). In Africa, this could also be attributed to migration due to such factors as war (Lutz, 1997), where forced movements

into one neighbouring country increase the percentage of female migrants in the receiving country, and returning home reduces the percentage.

According to the United Nations Development Programme (UNDP), in most destination countries the number of women migrants has grown at a faster rate than that of their male counterparts, such that women currently represent almost half of the total international migrant population and in some countries they account for up to 70% or 80% of the total. Despite the scope and characteristics of the feminization of migration, the incorporation of gender in the analysis of migration is relatively recent. Until now, most of the literature on migration has focused on the patriarchal conceptualization of the family as a cohesive unit where the man is the provider and the woman is the wife or daughter, or in other words the “dependent” (Jiménez, 1998). Thus both the presence of autonomous women migrants and the economic and social contributions to their destination societies of those women that migrated with their husbands were kept hidden (Lutz, 1997).

According to Guarnizo, 2004) between 1990 and 2000, the number of international migrants increased by 14%. In 2002, some 175 million people lived outside their country of origin, and this figure is projected to reach 230 million by 2050 (UNFPA, 2004). Neither economic recession nor increasingly strict border controls in the recipient countries seem to be able to reverse the constantly increasing trend toward international migration. But this could be attributed to wars in some parts of the world, leading to the general movement of the people to refugee camps in other countries. In the current phase of globalization, international migration motivated by economic reasons is a phenomenon that affects increasing numbers of people, households, and communities worldwide.

2.5 South-south migration of women

South-south (regional and long-distance), are more extensive than migrations South-North. Two million Asian migrant women work in countries neighbouring their own. The same applies to African women migrants, except in a few countries like Cape Verde where traditionally most migration involves sea crossings. Most migrant women from Sub - Saharan Africa (47% of the total from the sub-continent) only move within the confines of their region. There is also a very large number of women migrating South-South over a long distance. The Gulf States represent one of the principal destinations for Asian women. Since 1995, the figure for Asian women immigrating to the Middle East each year is put at 800,000. One million Indonesian, Filipino and Sri Lankan women work in Saudi Arabia. However, women migrating South-North are increasing in numbers, women being more in demand in almost all the social occupations.

2.6 Prevalence of Refugees in Ghana

The value for Refugee population by country or territory of asylum in Ghana was 11,851 as of 2016. As the graph below shows, over the past 26 years, this indicator reached a maximum value of 150,100 in 1993 and a minimum value of 8,123 in 1990. The data in Table 2.2 present the value of refugees in Ghana for the period, 1990-2016. This data includes male refugees as well.

Table 2.2 The Value of Refugees in Ghana 1990-2016

Year	Value	Year	Value	Year	Value
1990	8,123	2000	12,720	2010	13,828
1991	8,128	2001	11,792	2011	13,588
1992	12,114	2002	33,515	2012	16,016
1993	150,100	2003	43,947	2013	18,681
1994	113,666	2004	42,053	2014	18,450
1995	83,200	2005	53,537	2015	17,406
1996	35,617	2006	44,938	2016	11,851
1997	22,858	2007	34,958		
1998	14,557	2008	18,206		
1999	13,261	2009	13,658		

Source: UNHCR, Datasheet 2017

This data clearly shows the movement of refugees into Ghana, showing the prevalence and pattern over the period 1990-2016. The data show increases and decreases over time which are not consistent, reflecting the factors that force people to come to Ghana to seek asylum, and their return (Ellis, 2007).

One of the most complex and daunting humanitarian problems facing the international community today is the increasing scale and frequency of so-called ‘protracted refugees situations’ – meaning refugees have spent more than five years in exile without any immediate prospect of a solution (Crisp 2003). Currently, over two - thirds of refugees in the world are trapped in prolonged exile in the poor developing regions where host states and communities have scarce resources. Further, the average duration of exile is now approaching twenty years, nearly doubled over the past decade (Milner & Loescher, 2011). For instance,

the Liberian refugee population in Ghana is one of the protracted refugee cases for which UNHCR struggles to find a solution to end their exile (UNHCR, 2012). It has been a conundrum for the UN refugee agency to understand why a considerable number of Liberian refugees have not returned to their country of origin despite the restored peace in Liberia and the unfavourable living conditions in Ghana. The Liberian civil war which was the root cause of displacement for many Liberians ended with the final ceasefire agreement in 2003.

Levels of humanitarian aid for these refugees have been continually reduced over the last several years and have been almost entirely cut off in the last year or two. Refugees' economic activities in the country have been constrained due to various impediments (Curran, & Stellern, 2018). The general relationship with the local host community has deteriorated as their exile extended. Despite the few benefits of remaining as refugees, as of 2011, there were still about 11,000 Liberian refugees in Ghana (UNHCR, 2011; 2009).

2.7 Contraceptive Utilization among female Refugees

Studies have shown that female population constitutes about 51% of refugees and internally displaced populations in Sub-Saharan Africa (UNHCR, 2018). These people who are already vulnerable face a lot of challenges and problems including lack of food and nutrition. Some of the most important problems of great concern include high risk of rape from men, unwanted and unplanned pregnancies, and contraction of sexually transmitted infections (Girard & Waldman, 2000). The UNHCR has identified many reproductive health challenges among female refugees in Ghana and Africa at large (Women Refugee Commission & UNHCR, 2011; Women Refugee Commission & UNHCR, 2011). This according to the study results from rape and multiple sexual partners because of sexual debut and unprotected sex with partners. It has also been reported by some researchers that most of these girls engage in prostitution because of the prevailing vulnerabilities (Irani, Speizer & Barrington, 2013). This

calls for immediate attention from all quarters to protect these vulnerable populations. Studies have shown that the awareness of modern contraceptives among refugees is high (Ganle et al., 2019) while ever use of modern contraceptives is also relatively high among refugees in Ghana.

Studies have also shown that there has been what is known as an unmet need for modern contraception among women in refugee camps. This relates to non-utilization because of lack of access to modern contraceptives in terms of affordability, and points of acquisition (Darroch et al., 2011; Tawiah, 2001). This suggests that some women really want to use modern contraceptives but are not getting access because of distance and financial problems. Whereas bringing modern contraceptives to the doorsteps of women in refugee camps can in part solve the problem, the refugees will also need some financial empowerment in order to acquire the modern contraceptives.

A study done by Tawiah (2001) for example shows that women's attitude towards family planning and discussion of family planning have independent significant effects on the use of contraception. A study was done in British Columbia, Vancouver also indicated how young women misperceived modern contraception as an abortifacient and often mistakenly thought that it has long-term effects on health and fertility, stigmatizing messages from providers when they sought contraception and also low awareness of pharmacists' prescriptive authority (Shoveller et al, 2007).

Awusabo-Aasare & Abane (2004) found that the main obstacle to contraceptive use among young people was the cost of the services. Finally, Essaka (2015) found that the consequences of a breakdown in traditional institutions such as the system of clan elders, uncles, and aunts' role in preparing young people for responsible adulthood also affect young women's contraceptive use. Essaka (2015) therefore further argues that parental or community acceptance of contraceptive services for young women cannot be ignored. The impact of

access to family planning services and obtaining parental consent is a structural barrier that affects young women's utilization of sexual and reproductive health services (Hock-Long, Brown, and Whitaker, 2003). Based on the various literature reviewed, literature on young refugee women's use of modern contraceptives is lacking.

2.8 Conceptual and Theoretical Framework on modern contraceptives

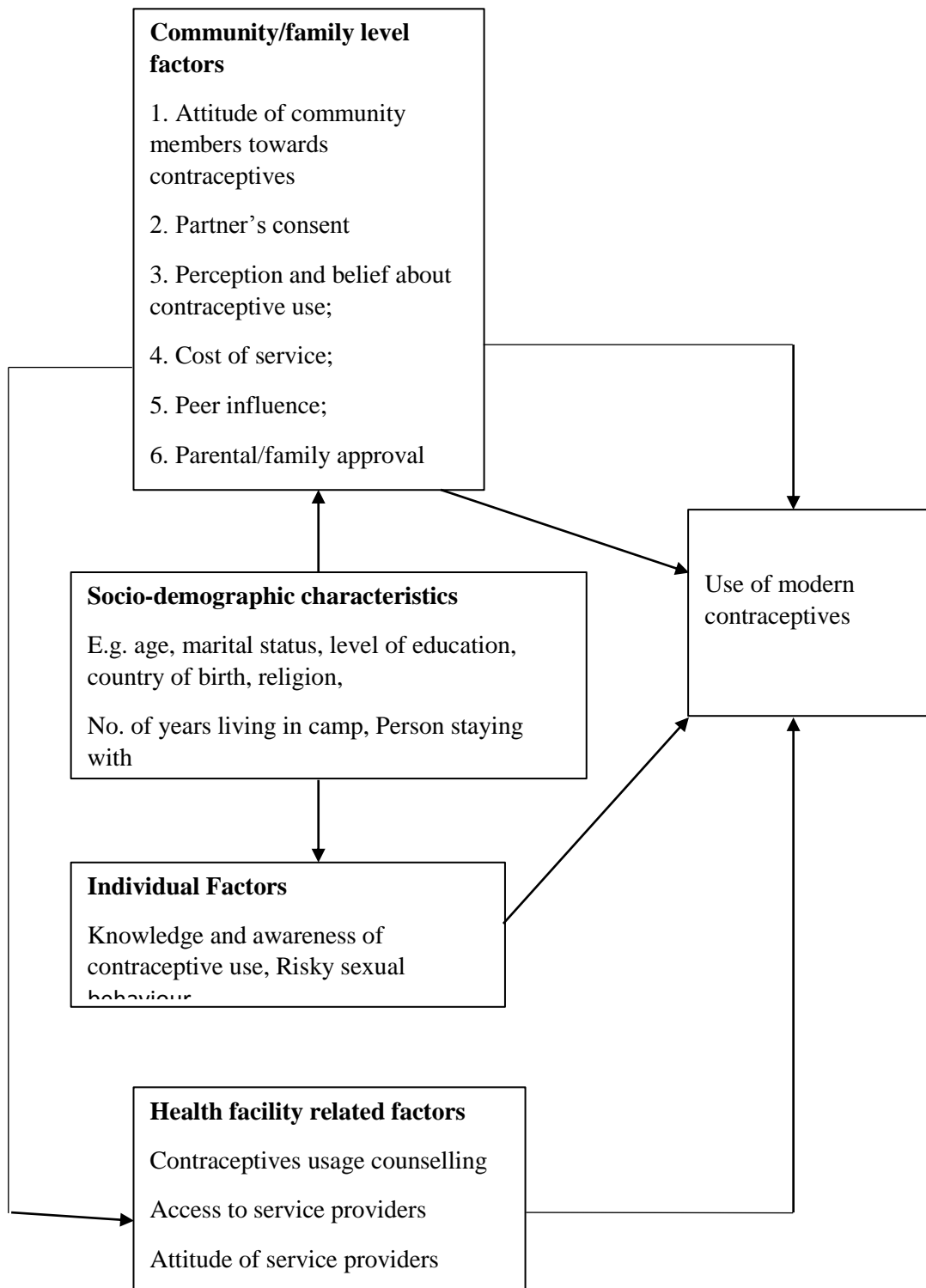
A review of literature on the utilization of modern contraceptives among women in Ghana and Africa reveals that there is no one standard conceptual framework deemed acceptable and appropriate for explaining the factors influencing contraception. A number of possible factors have been identified in the literature to influence modern contraception among women. These factors have been used to develop a conceptual framework to explain the contraceptive behavior of women in refugee camps. However, the conceptual framework for this present study is adapted from Bongaart's (1994) theory. The theory has been postulated to explain the proximate determinants of fertility and will be important in exploring the factors influencing contraceptive use among women in refugee camps as well.

The conceptual framework consists of factors that explain the use of modern contraceptive methods. It explains how socio-demographic characteristics such as age, parity, marital status, number of people living in the refugee camp, religious background, level of education, country of birth, the person living with, and years of living at camp affect modern contraceptives.

The framework also consists of community and family-level factors that are more likely to affect the use of modern contraceptives in the refugee camp. This includes, but not limited to attitude of community members towards modern contraception, spousal agreement, approval from parents and other relatives, perception, and beliefs of contraceptives, and peer pressure. These factors are also more likely to affect modern contraceptives and influence fertility as

well. Additionally, factors that are related to health provision and cost of providing health care services, guidance and counselling services available to refugees on contraception, distance to health facilities, attitude of contraceptive providers, and access to health services could also explain the contraceptive behavior of the women in the refugee camps. The framework shows that the socio-demographic factors influence the community factors and the individual factors, while the community factors influence the health-related factors which in turn influence the utilization. The diagram in Figure 2.3 explains the conceptual framework adapted from John Bongaart in 1994.

Figure 1 Conceptual Framework adapted from Bongaart (1994)



Source: Adopted from Bongaart (1994)

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter deals with the methods, materials, and techniques employed in this study. The chapter describes the study design, study area, the study population, sample size, sampling methods, data collection methods, quality control, data processing and analysis, and ethical consideration

3.1 Both quantitative and qualitative research methods commonly referred to as mixed-method approach (Creswell, 2009) was adopted in data gathering, analysis and reporting. The choice of the approach was based on the fact that good social research requires the use of more than one research approach since they complement the strength and weaknesses of each other (Ennew & Boyden, 1997; Teye, 2012). The quantitative focused on perceptions and knowledge on contraceptive usage as well as the socio-demographic characteristics of the respondents.

The qualitative approach, on the other hand, focused on key informant interviews with Ghana Health Service officials, UNHCR refugee camp manager, leader of women association located within the camp, one person in charge of Sexual and Gender-Based Violence (SGVB) training on the camp and two female refugees. The use of both research approaches simultaneously made it easier for comprehensive analysis and provided a better understanding of modern contraceptives and its usage is utilized by female refugees.

3.1.2 Questionnaire survey

For the quantitative data, a structured questionnaire was administered to gather data. Hence the questions were closed and open-ended. With the close-ended questions, respondents were given a range of options to choose the most appropriate answer from. The quantitative survey questionnaire was used for the purpose of generalization of results of the findings (Babbie,

1990). The questionnaire used was administered by the researcher and his assistant and was structured to gain responses in the following areas:

- The socio-demographic characteristics
- Perceptions and knowledge of contraceptive usage
- Refugee's awareness of contraceptives

3.1.3 Sample size and sampling technique for the quantitative approach

A sample is a fraction of the total population selected for a purpose in research (Bryman & Bell, 2007). The sample size of the study was seventy (70). The systematic sampling method was employed which consist of two stages. Firstly all the female refugee's list was obtained from the Ghana refugee board (GRB) head charge of the camp and was assigned a number from 1 to the nth value.

Secondly, the simple random technique was applied to select each respondent by picking the assigned number from a bowl where the investigator mixed thoroughly before picking. This procedure was followed until the last respondent was selected. The randomization of this procedure allowed each member within the population to have an equal chance to be selected and calculated for (Branner, 2005: Bourke, 2014).

3.1.4 In-depth interviews

For the qualitative data, an in-depth interview guide was used to gather data from officials of the various organizations (GHS, UNHCR SGVB) as well as leaders of the female associations in the camp This enabled the researcher to obtain information in lengthy conversations with respondents in a one-on-one interaction. The researcher sought insight on information which was not captured by the questionnaire in order to achieve the aim of the study. The interview guide for the various organizations explored the challenges associated with contraceptive usage, benefits among others.

3.1.5 Sample size and sampling technique for the qualitative approach

For the qualitative approach, a purposive sampling technique was employed in selecting four (4) key informants from organizations such as GHS, UNHCR, and SGVB, and two (2) opinion leaders of female associations in the camp who had in-depth knowledge on modern contraceptive usage and its related issues. This technique was appropriate for this study because it aided in selecting persons or an area deliberately to provide important information (Patton, 2000; Tongo, 2007).

3.2 Target population

As stated by Bell (2005), a population consists of a whole group of individuals selected for a specific study. For this study, the population is comprised of female refugees stationed at the Fetenta camp as well as opinion leaders and officials from GHS, UNHCR, and SGVB

3.3 Data collection procedure

3.3.1 Quantitative data collection

For quantitative data, instruments for data collection was structured questionnaires with both open-ended and closed-ended questions, which aided in collecting information from respondents. This was useful in answering the research questions which were structured into sections namely socio-demographic characteristics, modern contraceptive usage. This was done by selecting them randomly for the administration of the questionnaires.

3.3.2 Qualitative data collection

For the qualitative data, an in-depth interview guide was used to collect the data from the officials of organizations that deal with issues of female refugees and the processes they go through with regards to contraceptives and its challenges. Each interview lasted between 30minutes to about 45minutes. This enabled the researcher to obtain detailed information on modern contraceptives and the ramifications surrounding it. This was done purposively since heads of the units have experience with the issues under study. As Preskill and Jones (2009)

opined, the interview guide for qualitative data is generally useful for exploring attitudes and feelings and also to highlight issues that have not been captured in the administering of the questionnaires.

3.4 Data analysis

3.4.1 Quantitative data analysis

After the questionnaire administered to respondents was retrieved, each questionnaire was checked, coded and analyzed using the Statistical Package for Social Sciences (SPSS version 20) software. Analytical tools such as descriptive and inferential statistics which included frequency, percentage, cross-tabulation, and chi-square test were used for the analyses.

3.4.2 Qualitative data analysis

In-depth interviews were audio recorded by the researcher. All interviews were carried out in English which was the common language both researcher and respondents could communicate in. Thus interviews recorded were transcribed without any difficulties. The interviews were then coded, put into themes by referring to the objectives. This helped to categorize and analyze the themes. This supported the explanations of the quantitative data.

3.5 Ethical Consideration

As the study intends to meet the standard of scientific researches, several ethical issues were taken into consideration. These issues include the likely risk of stigma among female refugees and that I protected their identity by conducting interviews at places where their privacy was protected. I also conducted interviews in such a way that others could not overhear what participants discussed about themselves. Firstly, permission was sought from Ghana Refugee Board and United Nations High Commissioner for Refugees (UNHCR) in written form. Secondly, a letter was obtained and sent to Fetentaa refugee camp manager together with an authorization letter from the Centre for Migration Studies to show that the study is purely for

academic purposes. It is also important to point out that protecting the rights of interviewees was done. Hence interviewees' identities have been concealed through the use of pseudonyms.

3.6 Researcher's Positionality

The researcher's positionality is very much important since it can influence the interview and the presentation of the results (Teye, 2012). The researcher is an administrator with the Ghana Refugee Board, and with her position and knowledge about issues on the camp, the researcher knew it could influence some of the responses, as some respondents might think responses would be attributed to them no matter how well the researcher explained the aim of the study to them. In order to prevent this, the researcher employed three national service personnel to conduct the interviews for the study. Regardless of the researcher's prior knowledge of some issues about the camp, and relationship with other staff of the Ghana Refugee Board, the researcher presented the responses the same as were given by the respondents without altering anything. In order to get true information about the subject matter, the responses from the three national service personnel were also compared to ensure consistency. The researcher tried to analyse the data objectively without changing anything.

CHAPTER FOUR

ANALYSES AND DISCUSSION OF RESULTS

4.0 Introduction

This chapter presents an analysis of the field data based on the background characteristics of respondents, respondents' perception and knowledge about contraceptives. The first section discusses the socio-demographic characteristics of respondents including sex, age and their respective levels of education. The second section further presents an analysis and discussion on modern contraceptive usage in terms of the types, frequency of usage, accessibility, and challenges associated with it. Moreover, the next section analyses and discusses the relationship between contraceptive usages and demographic characteristics such as age and marital status.

4.1.1 Background characteristics of respondents

Out of the 70 respondents sampled, close to three-fifth (58.6%) were within the ages of 21-30 years while those within the ages of 31-40 years were more than a third (34.3%) of the overall age cohort. In addition, those within the age group 41-50 years and 51 years and more were less than 10 percent of the total outcome. Given the age distribution of the female refugees, it is unsurprising that, a large proportion of the females were below 31 years. The minimum age of the respondents was 15 years and the maximum age was 51 years. In all the average or mean age of the respondents sampled, it was 27 years which is highly a characteristic of a youthful age group. Expectedly, 45.7 percent of respondents sampled were cohabitating whereas 30 percent were single followed by the married respondents (15.3%). One can clearly deduce from the age distribution why such distribution exists with respect to the marital status. Educationally, those who had attained Voc/ Tech education and tertiary education levels constitute 24.3 percent and 20 percent respectively. Again, those with JHS and SHS attainment constituted 15.7 percent. This evidence is an indication that at least larger section

of the respondent has some level of education. In terms of religious status, more than half (57.1%) were Christians while those who are not affiliated to any religious group constituted 24.3 percent followed by those with Islamic faith (14.3%). Occupation of respondents indicates that significant proportion is students (30.0%) followed by traders (25.7%), dressmakers (12.9%) and farmers (11.4%). Family size composition ranges from 1-5 and 6-10 with 34.3 percent and 44.3 percent respectively. The number of years respondents have spent in the camp reveals that half (50.0%) have stayed in the camp for 7 years and more while 3-4 years and 5-6 years constitute 24.3 percent. Lastly, most of the respondent's place of residence in their origin countries were more urban (65.7%) than rural (34.3%).

Table 4.1: Background characteristics of respondents

Variables		Frequency	Percent
Age	21-30	41	58.6
	31-40	24	34.3
	41-50	4	5.7
	51+	1	1.4
Total		70	100.0
Marital status	Single	21	30.0
	Married	11	15.7
	Widowed	3	4.3
	Co-habitation	32	45.7
	Separated	3	4.3
Total		70	100.0
Educational level	Never attended school	8	11.4
	Primary	9	12.9
	JHS	11	15.7
	Voc/Tech	17	24.3
	SHS	11	15.7

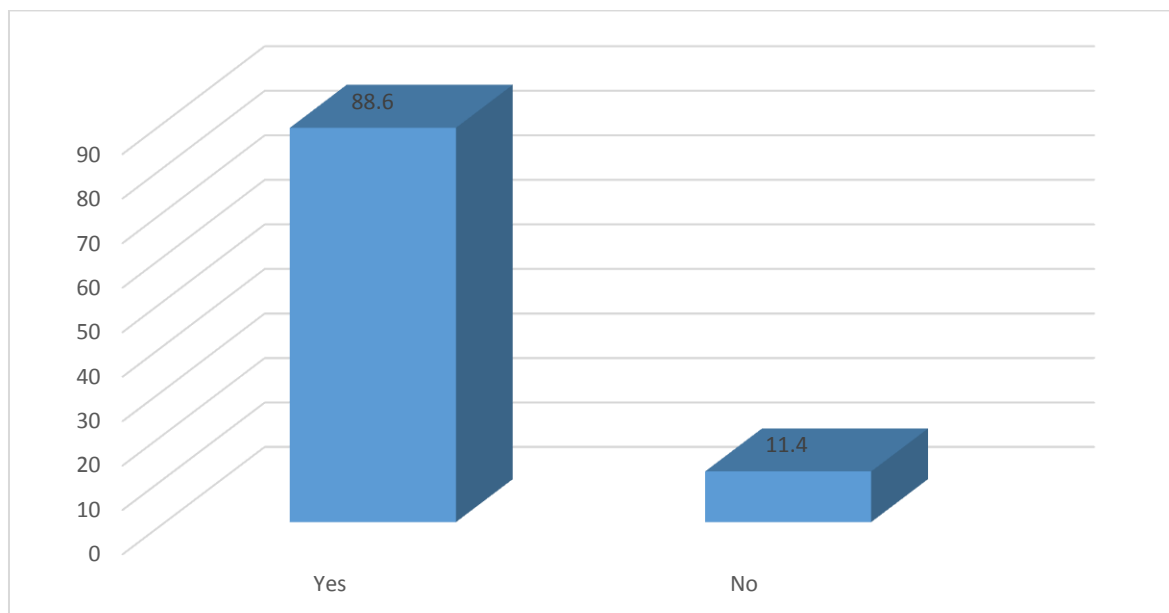
	Tertiary	14	20.0
Total		70	100.0
Religious status	None	17	24.3
	Christianity	40	57.1
	Islam	10	14.3
	Traditionalist	3	4.3
Total		70	100.0
Occupation	Unemployed	3	4.3
	Student	21	30.0
	Teaching	5	7.1
	Farming	8	11.4
	Trading	18	25.7
	Dressmaking	9	12.9
	Hairdressing	6	8.6
Total		70	100.0
Family size composition	1-5	24	34.3
	6-10	31	44.3
	11-15	12	17.1
	16-20	2	2.9
	21+	1	1.4
Total		70	100.0
Number of years spent in the camp	1-2	1	1.4
	3-4	17	24.3
	5-6	17	24.3
	7+	35	50.0
Total		70	100.0
Former stay before migrating to Ghana	Urban	46	65.7
	Rural	24	34.3
Total		70	100.0

Source: Fieldwork, 2019 *Mean = 27 years, Minimum age = 15 years, Maximum age= 51 years*

4.1.2 Ever had sexual intercourse

Respondent's first-ever sexual intercourse was ascertained. It was evident that an overwhelming majority (88.6%) have had sex while the rest said no to such sexual intercourse. This is an indication that large proportion of the respondents have experience with regards to sexual intercourse. This is consistent with work done by Vu et al. (2014) on prevalence of sexual violence among female refugees indicate that most refugees are sexual active since they fall within the youthful age group.

Figure 4.9.91: Ever had sexual intercourse



Source: Fieldwork, 2019

4.1.3 Age of respondents at first sexual intercourse

The age of respondents at first sexual intercourse was explored. Expectedly, those within the age group 16-19 years and 20-23 years had the highest percentages of 42.9 percent and 40.0 percent respectively. This is consistent with work done by Oni and McCarthy (1986) who

explicated that adolescent age is a trigger to sexual appetite among both males and females within such age cohort. One female respondent had this to say;

I had sex at a very young age because I used to have strange feelings towards the opposite sex (**A female refugee in the camp, 2019**)

Table 4.2: Age of respondents at first sexual intercourse

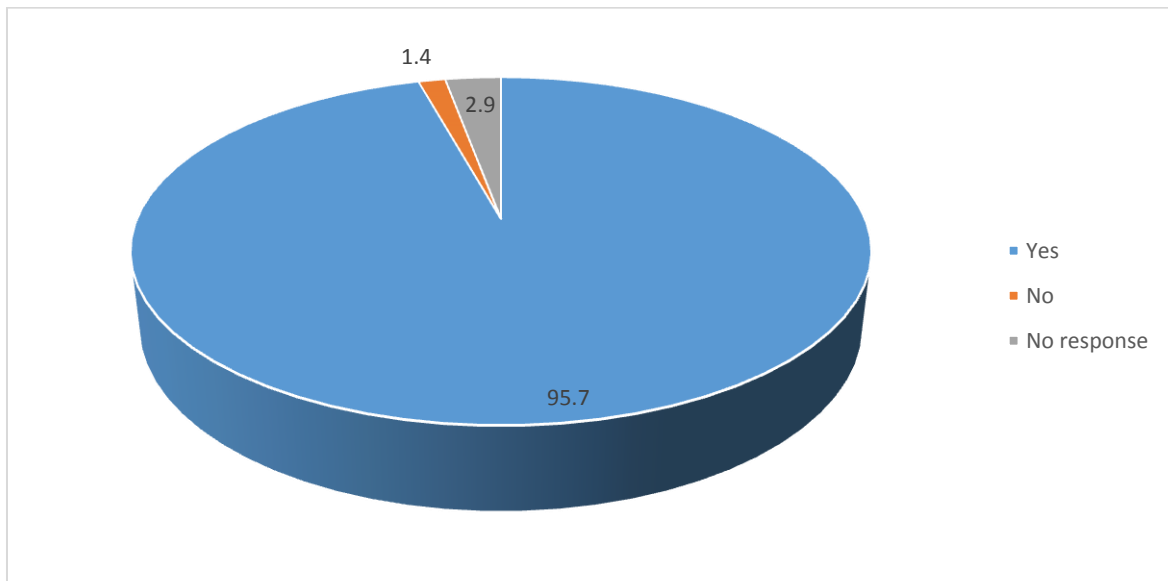
Age	Frequency	Percent
12-15	7	10.0
16-19	30	42.9
20-23	28	40.0
24+	5	7.1
Total	70	100.0

Source: Fieldwork, 2019

4.1.4 Awareness of contraceptive

Awareness of modern contraceptives is considered one of the significant factors associated with effective use of the method. It was evident that majority (95.7%) of the respondents are aware of contraceptives while the rest are adamant about it. This is consistent with GSS (2015) which expounded that pre-marital sex is frowned upon by most African traditions hence the youth and single individuals use contraceptives to avoid pregnancies in order to continue to be safe.

Figure 4.9.92: Awareness of contraceptive



Source: Fieldwork, 2019

4.1.5 Sources of knowledge about contraceptives

Sources of knowledge on contraceptives were ascertained from the respondents. Out of the 70 respondents sampled, two-fifth (40.0%) mentioned the source of knowledge from the media while a fifth (20.0%) cited NGOs/international organizations. Also 18.6 percent got to know about it from family members. An official from GHS had this to say;

We create awareness about the usage of contraceptives using the media a lot especially the local radio stations **(GHS official, 2019)**

Ghana health services in conjunction with non-Governmental organizations continue to educate the general public especially the female population on the benefits on contraceptives using the media as the main source.

Table 4.3: Sources of knowledge about contraceptives

Sources of knowledge about contraceptives	Frequency	Percent
Partner/ husband	12	17.1
Health Practitioners from GHS	3	4.3
NGOs/ international organizations	14	20.0
Media	28	40.0
Family member	13	18.6
Total	70	100.0

Source: Fieldwork, 2019

4.1.6 Type of contraceptive known by respondents

Respondents were familiar with a different type of contraceptives. The most commonly cited types by the female refugees in rank order are injectable (48.6%), oral pills (31.4%) and condoms (14.3%). The high patronage of the injectable is attributed to secrecy and safety since their husband or partners as well as their in-laws will not see that they are practicing family planning. The finding also supports work done by Lande and Richey (2006) who found out that in sub-Saharan Africa, the injectable is the most popular contraceptive method chosen by more than one out of every three women using modern contraception. An official from GHS had this to say;

Most of the women who come here opt for injectable than any other method. The reasons are that some want to avoid their husbands or partners to be in the know since many of them frown against family planning citing religious and traditional doctrines **(GHS official, 2019)**.

Again one female refugee also reiterated that;

In fact, injectable is the best aside keeping it as a secret from your husband or partner you are secured than with the oral pills because if you forget to take the pill you can be pregnant unaware **(Female refugee, 2019)**.

Table 4.4: Type of contraceptive known by respondents

Type of contraceptive	Frequency	Percent
Oral contraceptive pills	22	31.4
Condoms	10	14.3
Injectable	34	48.6
Tubal ligation	4	5.7
Total	70	100.0

Source: Fieldwork, 2019

4.1.7 Percent distribution of known contraceptives by age at first sexual intercourse

Known contraceptives patronize by respondents with regards to their age at first sexual intercourse was explored. Among the age group (12-15) years, close to three-fifth (57.1%) prefer oral pills followed by injectable (42.9%). Again, similar responses were obtained for the age group (16-19) years, 24 years and over but higher among injectable users than oral pills. This revelation according to Darroch et al.(2011 and Tawiah (2001) is that most native African traditions and religious beliefs frown against it when found using it hence many conceal it usage by opting for the injectable. With regard to age (20-23) years, oral pills had the highest percentage (40.0%). The overall implication is that the two most known contraceptives are injectable and oral pills due to it being safe and able to conceal its application from others. However, there was no significant association ($\chi^2 = 7.415$, $df = 9$ and $p\text{-value} = 0.594 > 0.05$) between known contraceptives and age at first sexual intercourse.

Table 4.5: Percent distribution of known contraceptives by age at first sexual intercourse

Contraceptives known to respondents	Age at first sexual intercourse				Total
	12-15	16-19	20-23	24+	
Oral pills	4(57.1%)	6(20.0%)	6(40.0%)	1(20.0%)	17(29.8%)
Condoms	0(0.0%)	4(13.3%)	3(20.0%)	1(20.0%)	8(14.0%)
Injectable	3(42.9%)	17(56.7%)	5(33.3%)	3(60.0%)	28(49.1%)
Tuba ligation	0(0.0%)	3(10.0%)	1(6.7%)	0(0.0%)	4(7.0%)
Total	7(100.0%)	30(100.0%)	15(100.0%)	5(100.0%)	57(100.0%)

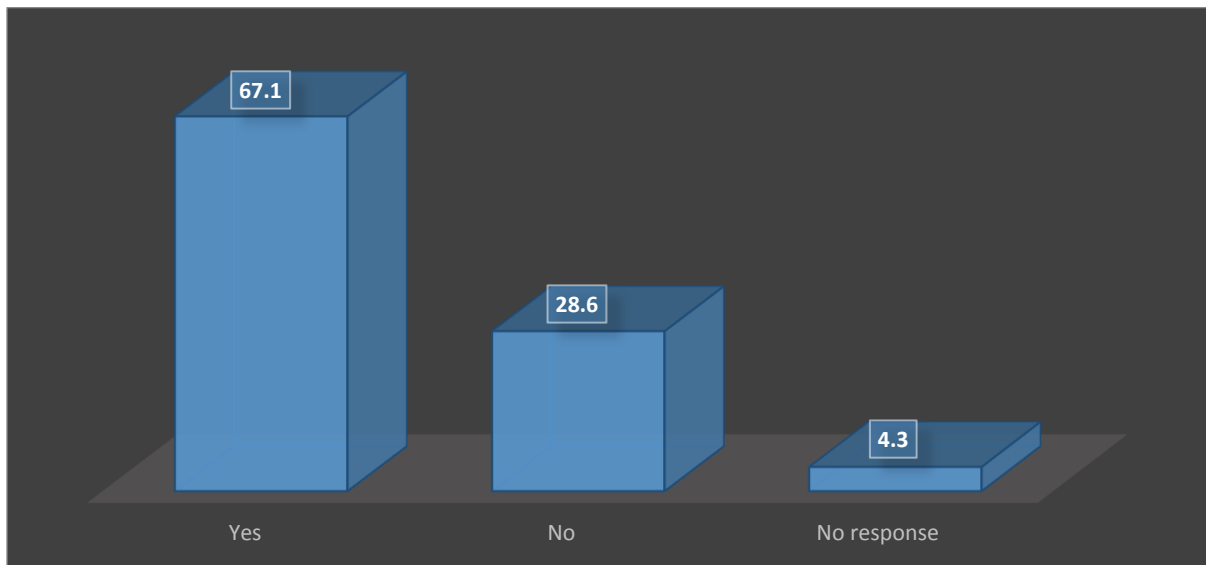
($\chi^2 = 7.415$, $df = 9$ and $p\text{-value} = 0.594 > 0.05$)

Source: Field work, 2019

4.1.8 Have you ever used contraceptive before

Figure 4.9.93 presents information on whether respondents have ever used contraceptives before. It was evident that more than three-fifth (67.1%) responded yes to such usage while 28.6 percent said no. However, those who did not respond at all were less than 5 percent. The general implication is that section of the female refugees are familiar with contraceptives. This conforms to studies done by Ganle et al. (2019) which indicated that the awareness of modern contraceptives among refugees is high among refugees in Ghana.

Figure 4.9.93: Have you ever used contraceptive before



Source: Fieldwork, 2019

4.1.9 Type of contraceptive used by respondents

With respect to the type of contraceptives used by respondents, more than three-fifth (64.3%) of the respondents mentioned injectable while condom as a type of contraceptive constituted 17.1 percent. Oral pills had 11.4 percent of the total outcome. The rest of the type of contraceptives were less than 5 percent. This assertion is consistent with work done by Smit et al. (2002) which alluded that the high patronage of injectable contraceptive is due to its safety and the ability to keep it secret. An SGVB official at the camp had this to say;

Report on the type of contraceptive patronized by female refugees are mostly the injectable and condom. The injectable is for those who don't want their partners to be in the know while the condom is cheap to buy and most at times NGOs and UNHCR officials distribute them for free **(SGVB official, 2019)**

Table 4.6: Type of contraceptive used by respondents

Type of contraceptive	Frequency	Percent
Oral contraceptive pills	8	11.4
IUD	1	1.4
Condom	12	17.1
Injectable	45	64.3
Tubal ligation	2	2.9
Others	2	2.9
Total	70	100.0

Source: Fieldwork, 2019

4.2.0 Percent distribution of type of contraceptive used by age at first sexual intercourse

The type of contraceptive used was explored in terms of age at first sexual intercourse. With respect to age (12-15) years, oral pills and other contraceptives were the highest in terms of percentages. Again, ages ranging from (16-19) years and (20-23) years had unanimous responses on the type of contraceptive used. Respondents with the age (16-19) years were 19 times (66.7% - 47.4%) more than those with the age (20-23) years when it comes to injectable application. Those within 24 years and above prefer injectable (50.0%) and oral pills (30.0%). However, there was no statistical relationship as showcase by the chi-square value ($\chi^2 = 9.660$, $df = 9$ and $p\text{-value} = 0.379 > 0.05$) between age at first sexual intercourse and the type of contraceptive used.

Table 4.7: Percent distribution of type of contraceptive used by age at first sexual intercourse

Type of contraceptive	Age at first sexual intercourse				Total
	12-15	16-19	20-23	24+	
Oral pills	2(25.0%)	3(9.0%)	1(5.3%)	3(30.0%)	9(12.9%)
IUD	0(0.0%)	0(0.0%)	2(10.5%)	0 (0.0%)	2 (2.9%)
Condom	4(50.0%)	6(18.2%)	7(36.8%)	2(20.0%)	19(27.1%)
Injectable	0(0.0%)	22(66.7%)	9(47.4%)	5(50.0%)	36(51.4%)
Tubal ligation	0(0.0%)	1(3.0%)	0(0.0%)	0(0.0%)	1(1.4%)
Others	2(25.0%)	1(3.0%)	0(0.0%)	0(0.0%)	3(4.3%)
Total	8(100.0%)	33(100.0%)	19(100.0%)	10(100.0%)	70(100.0%)

($\chi^2 = 9.660$, $df = 9$ and $p\text{-value} = 0.379 > 0.05$)

Source: Field work, 2019

4.2.1 Place of purchase of contraceptives method

Place of purchase of contraceptives is key if contraceptive usage must be enhanced. Vondee (2018) posited that, if the place of purchase is far from users, it discourages them from patronizing them. It was in this vein that respondent's views were sought for. Out of the 70 respondents sampled, more than two-thirds (68.6%) cited the pharmacy while 15.7 percent says their partner /husband purchase it on their behalf. Obtaining contraceptives at the health facility in the camp constituted 5.7 percent. The general implication is that majority purchase it outside the camp from pharmacy around. One female refugee had this to share;

Getting contraceptives to buy within the camp is very difficult sometimes. You cannot rely on the health facility in the camp because at the point of need they will tell you it finish or they have close the facility. My colleagues and I most times purchase it at nearby pharmacy shops (**Female refugee, 2019**).

Table 4.8: Place of purchase of contraceptives method

Place of purchase of contraceptives	Frequency	Percent
Pharmacy	48	68.6
Health care located at the camp	4	5.7
Partner/husband	11	15.7
NGOs/international organization	7	10.0
Total	70	100.0

Source: Fieldwork, 2019

4.2.2 Frequent usage of contraceptives

As identified that there is the likely usage of contraceptives, the research further enquired from the respondents how frequent they use contraceptives. Half (50.0%) of the respondents said they are on permanent contraceptives (injectable and implants) while 15.7 percent use it anytime they are about to have sexual intercourse. Partners/husband using it always constituted 18.6 percent. The overall implication is that a large section of the respondents uses it frequently but as permanent method.

Table 4.9: Frequent usage of contraceptives

Frequent usage of contraceptives	Frequency	Percent
Anytime I am about to have sex	11	15.7
To prevent pregnancy	4	5.7
Birth spacing	6	8.6
I have taken permanent contraceptive	35	50.0
Partner/husband usually use it	13	18.6
Other	1	1.4
Total	70	100.0

Source: Fieldwork, 2019

4.2.3 Main reasons for the usage of contraceptives

Respondent's main reasons for using contraceptives were ascertained. It was evident that the two most essential reasons constituted more than a third of the responses and were prevention of pregnancy (34.3%) and birth spacing (38.6%). Prevention of diseases (24.3%) was the third major reason for the usage of contraceptives. As expound by Shucksmith & Philip (2000), reasons for using contraceptives are diverse and depend on both social and economic factors at the disposal of the individual. GHS official had this to share;

We disseminate information on the benefits that come with contraceptive usage but some of the beneficiaries are caught between their believes and usage of contraceptives. But the feedback we get is positive when it comes to prevention of pregnancy and birth spacing (GHS official, 2019)

Table 4.9.1: Main reasons for the usage of contraceptives

Main reasons for the usage of contraceptives	Frequency	Percent
To prevent diseases	17	24.3
To prevent pregnancy	24	34.3
Birth spacing	27	38.6
Others	2	2.9
Total	70	100.0

Source: Fieldwork, 2019

4.2.4 Relationship between main reasons for contraceptive usage and marital status

The main reasons for using contraceptives were explored with respect to marital status. Among single and cohabitating respondents, prevention of diseases and pregnancy were the main reasons for using contraceptives. Again different responses were obtained from married and separated respondents. They use contraceptives for prevention of pregnancy and birth spacing. This reason could be attributed to family size composition in order to take care of

their family very well as compared to single and cohabitators. However, there was significant association ($\chi^2 = 16.958$, $df = 8$ and $p\text{-value} = 0.031 < 0.05$) between reasons for contraceptive usage and one's marital status. One female refugee at the camp had this to say;

I am married and have two children already so I rely on contraceptives to prevent any unwanted pregnancy. I will give birth again when my second child is 10 years old (Female refugee, 2019).

Table 4.9.2: Relationship between main reasons for contraceptive usage and marital status

Main reasons for contraceptive usage	Marital status					Total
	Single	Married	Widowed	Co-habitation	Separated	
Prevent diseases	8(50.0%)	0(0.0%)	0(0.0%)	15(50.0%)	0(0.0%)	23(32.9%)
Prevent pregnancy	5(31.3%)	7(53.8%)	0(0.0%)	8(26.7%)	6(75.0%)	26(37.1%)
Birth spacing	2(12.5%)	5(38.5%)	2(66.7%)	5(16.7%)	2(25.0%)	16(22.9%)
Others	1(6.3%)	1(7.8%)	1(33.3%)	2(6.7%)	0(0.0%)	5(7.1%)
Total	16(100.0%)	13(100.0%)	3(100.0%)	30(100.0%)	8(100.0%)	70(100.0%)

($\chi^2 = 16.958$, $df = 8$ and $p\text{-value} = 0.031 < 0.05$)

Source: Field work, 2019

4.2.5 Main reasons for not using contraceptives

In as much as the usage of contraceptives comes with a lot of benefits, the respondent's reasons for not using it was explored. Close to three-fifth (58.6%) cited religious reasons for not patronizing contraceptives while close to a fourth (24.3%) mentioned its availability as the problem. Lack of knowledge on its usage constituted 11.4 percent of the total outcome. The general implication is that aside religious reasons, accessibility in terms of knowledge on it and availability is a key challenge. Again, this could be attributed to lack of access to modern

contraceptives in terms of affordability, and points of acquisition (Darroch et al., 2011; Tawiah, 2001).

Table 4.9.3: Main reasons for not using contraceptives

Main reasons for not using contraceptives	Frequency	Percent
Availability	17	24.3
Affordability	1	1.4
Religious reasons	41	58.6
Lack of knowledge on its usage	8	11.4
Others	3	4.3
Total	70	100.0

Source: Fieldwork, 2019

4.2.6 Knowledge on the usage of contraceptives among females and reasons why some don't use it

Table 4.9.4 presents the knowledge on the usage of contraceptives among females and the reasons why some don't use it. In terms of knowledge on contraceptive usage, three-quarters (75.7%) responded yes to having such knowledge while 21.4 percent said no. With regards to reasons for not using it, close to half (46.7%) cited religious reasons followed by the availability of contraceptives (26.7%) and lack of knowledge and its usage (20.0%).

Table 4.9.4: Knowledge on the usage of contraceptives among females and reasons why some don't use it

Variables		Frequency	Percent
Knowledge of the usage of contraceptives among females	Yes	53	75.7
	No	15	21.4
	No response	2	2.9
Total		70	100.0
Reasons why some females don't use it	Availability	4	26.7
	Affordability	1	6.7
	Religious reasons	7	46.7
	Lack of knowledge on the usage	3	20.0
Total		15	100.0

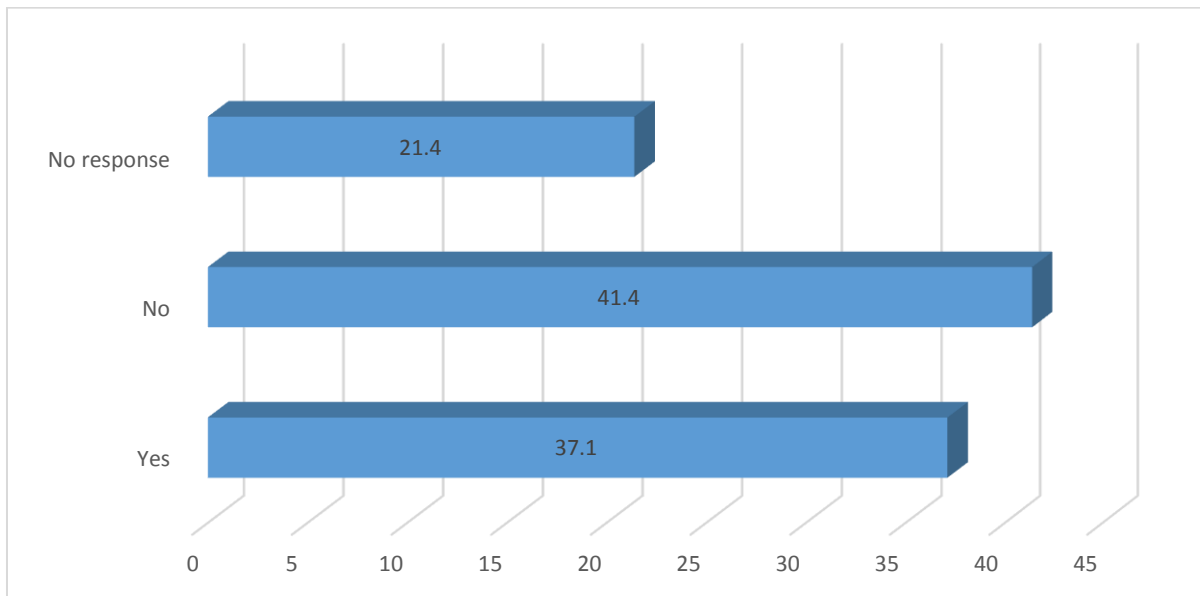
Source: Fieldwork, 2019

4.2.7 Can you readily obtain contraceptive when you need it?

One's readiness to obtain contraceptives when needed was explored. Figure 4.9.94 shows that two-fifth (41.4%) could not obtain it as wanted while 37.1 percent said yes to have it anytime. Those who did not respond to it constituted 21.4 percent of the total outcome. The reasons for unavailability of contraceptives when needed could be attributed to few pharmaceutical shops within the camps. A female refugee in the camp had this to say;

Not everywhere in the camp that you can get contraceptive to buy. Sometimes when you need it the most especially condom, you will be surprised to hear from the health facility workers that it just got finish (**Female refugee, 2019**)

Figure 4.9.94: Can you readily obtain contraceptives when you need it?



Source: Fieldwork, 2019

4.2.8 Applicable way of obtaining contraceptives

Ways of obtaining contraceptives were ascertained. Out of the study sample, two-fifth (40.0%) of the respondents cited very difficult followed by fairly easy (27.7%). It been very easy and fairly difficult were the next in terms of ways of obtaining contraceptives with percentages 17.1 percent and 15.7 percent respectively.

Table 4.9.5: Applicable way of obtaining contraceptives

Applicable way of obtaining contraceptives	Frequency	Percent
Very easy	12	17.1
Fairly easy	19	27.1
Fairly difficult	11	15.7
Very difficult	28	40.0
Total	70	100.0

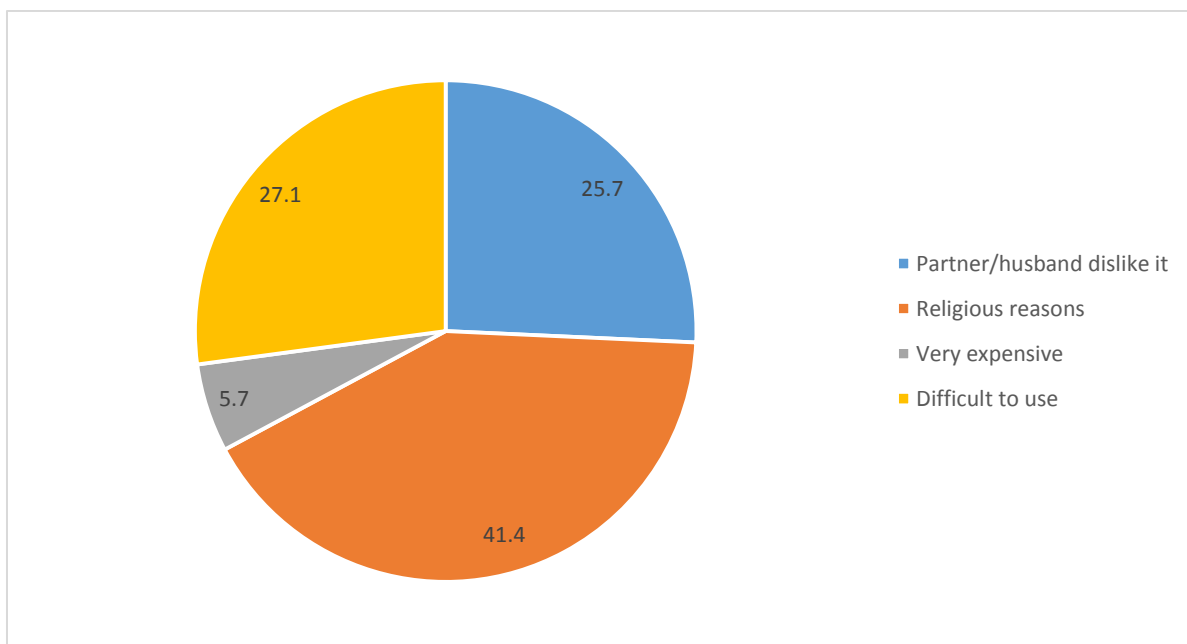
Source: Fieldwork, 2019

4.2.9 Major problems associated with contraceptives usage

Major problems associated with contraceptive usage were ascertained. In rank order, religious reasons (41.4%) were the highest followed by (difficult to use (27.1%) and partners/husband disliking it (25.7%). The general implication is that religion is a major hindrance when it comes to the use of contraceptives. This is in line with Essaka (2015) who noticed in his study that, the consequences of a breakdown in traditional institutions such as the system of clan elders, uncles, and aunts' role in preparing young people for responsible adulthood religious beliefs affect young women's contraceptive use The UNHCR camp manager had this to share;

During one of our meetings with some private clinics to educate us on contraceptive usage, many of the female groups and their members exhibited the willingness to use contraceptives but cited religious beliefs as the main hindrance to such usage (UNHCR camp manager, 2019)

Figure 4.9.95: Major problems associated with contraceptives usage



Source: Fieldwork, 2019

4.3.0 Challenges in accessing contraceptives in the camp

Challenges in accessing contraceptives in the camp were explored. Out of the sample population, more than half (55.7%) of the respondents cited difficulty in obtaining contraceptives while those who had no idea where to obtain them constituted 28.6 percent followed by it been expensive (11.4%)

Table 4.9.6: Challenges in accessing contraceptives in the camp

Challenges in accessing contraceptives in the camp	Frequency	Percent
Difficult to obtain	39	55.7
Very expensive	8	11.4
No idea where to obtain them	20	28.6
Other	3	4.3
Total	70	100.0

Source: Fieldwork, 2019

4.3.1 Training on the need and usage of contraceptives and the duration spent for such training

Training on the need and usage of contraceptives as well as the duration spent on such training were ascertained. An overwhelming majority (95.7%) stated yes to attending such training while the rest responded no. However, the duration spent on such training was not regular but sometimes (47.8%) followed by it being rarely organized (29.9%). Very often meetings for such training constituted 13.4 percent. The overall implication is that such training is not regular hence section of the female refugees is unlikely to attend.

Table 4.9.7: Training on the need and usage of contraceptives and the duration spent for such training

Variables		Frequency	Percent
Training on the need and usage of contraceptives	Yes	67	95.7
	No	3	4.3
Total		70	100.0
Duration spent on such training	Rarely	20	29.9
	Sometimes	32	47.8
	Often	9	13.4
	Don't know	6	9.0
Total		67	100.0

Source: Fieldwork, 2019**4.3.2 Organizations that usually carry out such training**

With regards to organizations that usually organize this training in rank order are private hospitals /clinics (57.1%), NGOs/international groups (24.3%) and religious groups (14.3%). The high percentage for private hospitals or clinics could be attributed to their social responsibilities with regards to health education and focus on the broader SGDs goals on health reproduction.

Table 4.9.8: Organizations that usually carry out such training

Type of organization	Frequency	Percent
NGOs/International organizations (UNHCR, UNDP etc)	17	24.3
Religious groups	10	14.3
Private hospitals	40	57.1
Others	3	4.3
Total	70	100.0

Source: Fieldwork, 2019

4.3.3 Participation in such training and benefits derived from it

It was ascertained from the respondents whether they participate in such training programs and the benefits they derive from it. Out of the 70 respondents sampled, 61.4 percent responded no to such participation while the rest (38.6%) participated. Based on the benefits derived from such training, two-fifth (40.7%) cited having knowledge on contraceptives while 22.2 percent stated it has helped them to prevent unwanted pregnancy. 18.5 percent mentioned birth control and disease prevention as the benefits derived from such training.

Table 4.9.9: Participation in such training and benefits derived from it

Variables		Frequency	Percent
Participation in such training	Yes	27	38.6
	No	43	61.4
Total		70	100.0
Benefits derive from it	Knowledge on contraceptives	11	40.7
	Birth control and disease prevention	5	18.5
	Prevention of pregnancies	6	22.2
	How I can protect myself during sexual intercourse	4	14.8
	Others	1	3.7
Total		27	100.0

Source: Fieldwork, 2019

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a summary of the study's key findings in relation to the study's objectives. Also, this chapter also provides a conclusion based on the findings some recommendations out of the study.

5.1 Summary of findings

This study examined modern contraceptive usage among female refugees in Ghana. It specifically examined the perception and knowledge of female refugees about the usage of contraceptives using Fetenta refugee camp as a case study and selecting 70 female refugees in addition to key informant's interviews. The key findings of this study are discussed below.

The results indicate that most of the respondents were in their youthful age group ranging from 21-40 years. A large section of the respondents has some level of education with primary education as the least level. More than two-fifth (45.7%) were cohabitating with trading as the major occupation. Also half (50.0%) have stayed in Ghana for 7 years and over. With regard to perception and knowledge about contraceptives, the majority (95.7%) have some knowledge about it with sources of such knowledge been the media (40.0%). The type of contraceptives patronize was the injectable followed by oral pills.

In terms of place of purchase of these contraceptives, the pharmacies were the highest (68.6%) as well as purchase from elsewhere by partners or husbands (15.7%). Furthermore, main reasons for the usage of contraceptives were for the prevention of pregnancy and birth spacing. However, married and the separated use it mostly for prevention of pregnancy and birth spacing with significant relationship between reasons for contraceptive usage and one's marital status ($p < 0.05$). The results further indicated that those not using contraceptives cited reasons such as availability (24.3%) and religious belief (58.6%). With respect to training on

the need and usage of contraceptives, majority (95.7%) had such training but the duration spent was not very often. Also organization that conducts these training most of them were private hospital/clinic (57.1%) followed by NGOs/international organizations.

5.2 Conclusion

Based on the findings of the study, it was concluded that refugee's perception and knowledge about modern contraceptive was positive since awareness of it was easy though the media and the place of purchase were the pharmacies. However, it was established that many prefer the injectable and oral pills than any other contraceptives.

Again, with respect to its usage, it was observed that many relied on it for prevention of pregnancy and birth spacing though other reasons like prevention of diseases were cited. In terms of challenges associated with the usage of contraceptives, religious beliefs and partner/husband disliking it was enormous and ways of obtaining it were very difficult.

Accessibility of contraceptives and its awareness in the camp revealed that more than half had difficulties in obtaining contraceptives whereas training on the usage and participation in such training was positive since large proportion of the respondents took part in such training.

5.3 Recommendations

This section of the long essay makes the following recommendations based on modern contraceptive usage among female refugees:

5.3.1 Practice

- Perceived side effects of contraceptives run through the minds of most women, hence messages should be developed and disseminated to women by the District Health Directorate to reduce incidences of fear about contraception use.
- Managers of refugee camps should conduct surveys periodically to identify some attitude of service providers within the camps which discourages women from

accessing contraceptives. This would help address negative provider attitude and increase the prevalence of the use of contraceptives

5.3.2 Policies

- Healthcare providers, friends, and the mass media are the major sources from which awareness on contraceptives is obtained, therefore GHS should have a policy on how to reach out to people with in-depth knowledge on the benefits and barriers of contraceptive usages through these groups.
- The only hospital close to the camp is the Holy Family Hospital which does not render family planning services because it is owned by the Catholic Church. The government of Ghana should set up a policy to include family planning as part of the services rendered in Catholic health facilities.

5.4 Areas for further research

- Further, the research on contraceptive use should be conducted extensively and should involve a larger sample size so as to make it possible to generalize findings to all women reproductive age
- A comparative study can be done among different refugee camps to ascertain reasons accounting for the use and non-use contraceptives among female refugees of reproductive age.

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APPENDICES

APPENDIX A

UNIVERSITY OF GHANA, LEGON

CENTRE FOR MIGRATION STUDIES



QUESTIONNAIRE

ON

**MODERN CONTRACEPTIVE USAGE AMONG FEMALE REFUGEES IN
GHANA: A CASE STUDY OF FETENTA REFUGEE CAMP**

QUESTIONNAIRE NO.: ___

DATE OF INTERVIEW: ___/___/_____

TIME STARTED: ___/___

TIME COMPLETED: ___/___

Dear Respondent,

My name is Araba Smith Kpakpah, a Master of Arts student at the University of Ghana (Centre for Migration Studies). As part of my studies, I am required to conduct a research on the topic “**Modern Contraceptive Usage among Female Refugees in Ghana: A Case Study of Fetentaa Refugee Camp**”.

You have been selected as one of the respondents to help me complete the study. This research is an academic exercise and all information given shall be used solely for that purpose. All information provided would be treated with utmost confidentiality. Thank you for your cooperation.

Please tick [x] where necessary.

SECTION A: BACKGROUND AND DEMOGRAPHIC CHARACTERISTICS

N ^o	QUESTIONS	CATEGORIES
1.	How old are you now?	Age in Completed years
2.	What is your current marital status?	1. Single [] 2. Married [] 3. Divorced [] 4. Widowed [] 5. Co-habitation [] 6. Separated [] 7. Other (Specify)
3.	What is your highest level of education attained?	1. Never attended school [] 2. Primary [] 3. J.H.S [] 4. Voc / Tech. [] 5. SHS [] 6. Tertiary []
4.	What religion do you practice?	1. None [] 2. Christianity [] 3. Islam [] 4. Traditionalist [] 5. Other (Specify)
5.	What is your current occupation?	1. Unemployed [] 2. Student [] 3. Teaching [] 4. Farming [] 5. Trading [] 6. Dressmaking [] 7. Hairdressing [] 8. Other (Specify)
6.	What is the total number of people in your household	State number

7.	How long have you been staying in the camp?	1. Less than a year [] 2. 1 – 2years [] 3. 3 - 4 years [] 4. 5 - 6years [] 5. 7 – 8 years []
8.	How would you describe where you were living before migrating to Ghana?	1. Urban [] 2. Rural [] 3. Other (Specify)
9.	Have you ever had sexual intercourse? (If NO, skip to Q11)	1. Yes [] 2. No []
10.	How old were you when you first had sexual intercourse?	Age in Completed years

SECTION B: EXAMINING FEMALE REFUGEE PERCEPTION AND KNOWLEDGE ABOUT CONTRACEPTIVE USAGE IN FETENTA CAMP

N ^o	QUESTIONS	CATEGORIES
11.	Are you aware of any contraceptive?	1. Yes [] 2. No [] 3. No response []
12.	Through what source did you get to know about contraceptives?	1. Partner/Husband [] 2. Health practitioners from GHS [] 3. NGOs/International Org't [] 4. Media [] 5. Family member [] 6. Other (Specify)

13.	If yes to Q11 , can you mention any contraceptive (s) you know? NB: Multiple choices	1. Oral contraceptives pills [] 2. IUD [] 3. Condom [] 4. Injectable [] 5. Tubal ligation [] 6. Others (Specify)
14.	Have you ever used contraceptive before? (If NO, skip to Q19)	1. Yes [] 2. No [] 3. No response []
15.	If yes, which type of contraceptive have you ever used? NB: Multiple choices	1. Oral contraceptives pills [] 2. IUD [] 3. Condom [] 4. Injectables [] 5. Tubal ligation [] 6. Others (Specify)
16.	Where did you obtain the contraceptive method you have mentioned in Q15 ?	1. Pharmacy [] 2. Health Centre located in Camp [] 3. Partner/Husband [] 4. NGOs/International Org. [] 5. Other (Specify)
17.	How often do you use contraceptive?	1. Anytime I am about to have sex [] 2. I have taken permanent contraceptive [] 3. Partner/Husband usually used it [] 4. Other (Specify)
18.	What are the main reasons why you use contraceptive during sex?	1. To prevent diseases [] 2. To prevent pregnancy [] 3. Birth spacing [] 4. Other (Specify)

19.	What are the main reasons why you don't use contraceptives during sexual intercourse?	1. Availability [] 2. Affordability [] 3. Religious Reasons [] 4. Lack of knowledge on its usage [] Other (Specify)
20.	Do you know if many females use contraceptives in the camp?	1. Yes [] 2. No [] 3. No response []
21.	If no, what could be the reasons why they don't use contraceptives?	1. Availability [] 2. Affordability [] 3. Lack of knowledge on its usage [] 4. Other (Specify).....

SECTION C: ACCESSIBILITY OF CONTRACEPTIVES AMONG FEMALE REFUGEES IN FETENTA CAMP

N ^o	QUESTIONS	CATEGORIES
22.	Can you readily obtain contraceptive when you need it?	1. Yes [] 2. No [] 3. No response []
23.	Which of the following rating is applicable to you in terms of obtaining contraceptives?	1. Very easy [] 2. Fairly easy [] 3. Fairly difficulty [] 4. Very difficult []
24.	In your opinion, what is the main problem in using contraceptive?	1. Partner/Husband dislikes it [] 2. Religious reasons [] 3. Very expensive [] 4. Difficult to use [] 5. Other (Specify)
25.	What is the main challenge in accessing contraceptives in the camp?	1. Difficult to obtain (<i>e.g. far distance</i>) [] 2. Very expensive [] 3. No idea where to obtain them [] 4. Other (Specify)
26.	What do you think can be done to increase the accessibility of contraceptives among people in the camp?

SECTION D: FEMALE REFUGEE AWARENESS IN THE FETENTA REFUGEE CAMP

N ^o	QUESTIONS	CATEGORIES
27.	Since your stay at the camp, has there ever been training/campaigns on the need and usage of contraceptive?	1. Yes [] 2. No [] 3. No response []
28.	If yes to Q27 , how often is this campaign/training carried out?	1. Never [] 2. Rarely [] 3. Sometimes [] 4. Always [] 5. Often [] 6. Don't know []
29.	Please, mention organizations that usually carry out these campaigns/training.
30.	Please, have you ever participated in any of these campaigns/training?	1. Yes [] 2. No [] 3. No response []
31.	If YES to Q30 , what were the benefits you derived from participating in these campaigns/training?
32.	If NO to Q30 , why didn't you participate in the campaigns/training?

APPENDIX B

MODERN CONTRACEPTIVE USAGE AMONG FEMALE REFUGEES IN GHANA

The interview guide is meant to create a free flowing conversation that will last between 30 minutes to 45 minutes. I seek to find out modern contraceptive usage among female refugees in Ghana, the case of Fetenta refugee camp

Therefore I would try as much to probe respondents for an in-depth understanding of some pertinent issues. *I am an MA Candidate at the Centre for Migration Studies of the University of Ghana, Legon-Accra. This field research is being conducted as part of my studies. I would be grateful if you could answer the questions below. Your participation in this study is very important but it is voluntary and you can withdraw at any point. Any information provided for this study would be treated with utmost confidentiality and for academic purposes only.*

INTERVIEW GUIDE

1. Generally, can you please, briefly describe the sexual behaviours of female refugees in the camp? (Probe for usage of contraceptives)
2. How would you explain why some female refugees in the camp would prefer to use contraceptives during sexual intercourse while others would not? (Probe for age of people who tend to use contraceptives, age of those who don't use it, cost accessibility, awareness and any stigma involved)
3. Please, what are the major challenges in obtaining contraceptives in the camp? (Probe for access, availability, awareness, stigma, etc.)
4. Briefly, what are the advantages and disadvantages of using contraceptives among female refugees in the camp? And what are the advantages and disadvantages of not

using contraceptives? (Probe for prevention of pregnancy, protection from diseases, feeling of discomfort, fear of inability to give birth in future etc)

5. Can you please tell me, which type(s) of contraceptives perhaps are commonly used among female refugees in the camp?
6. Please, can you describe the situation of the contraceptive campaign within the camp?
(Probe for how often it is done and the agencies that carry out these campaigns)
7. In your opinion, what do you think can be done to increase the usage of contraceptives among female refugees in the camp?
8. Any final comments on the above subject matter?

