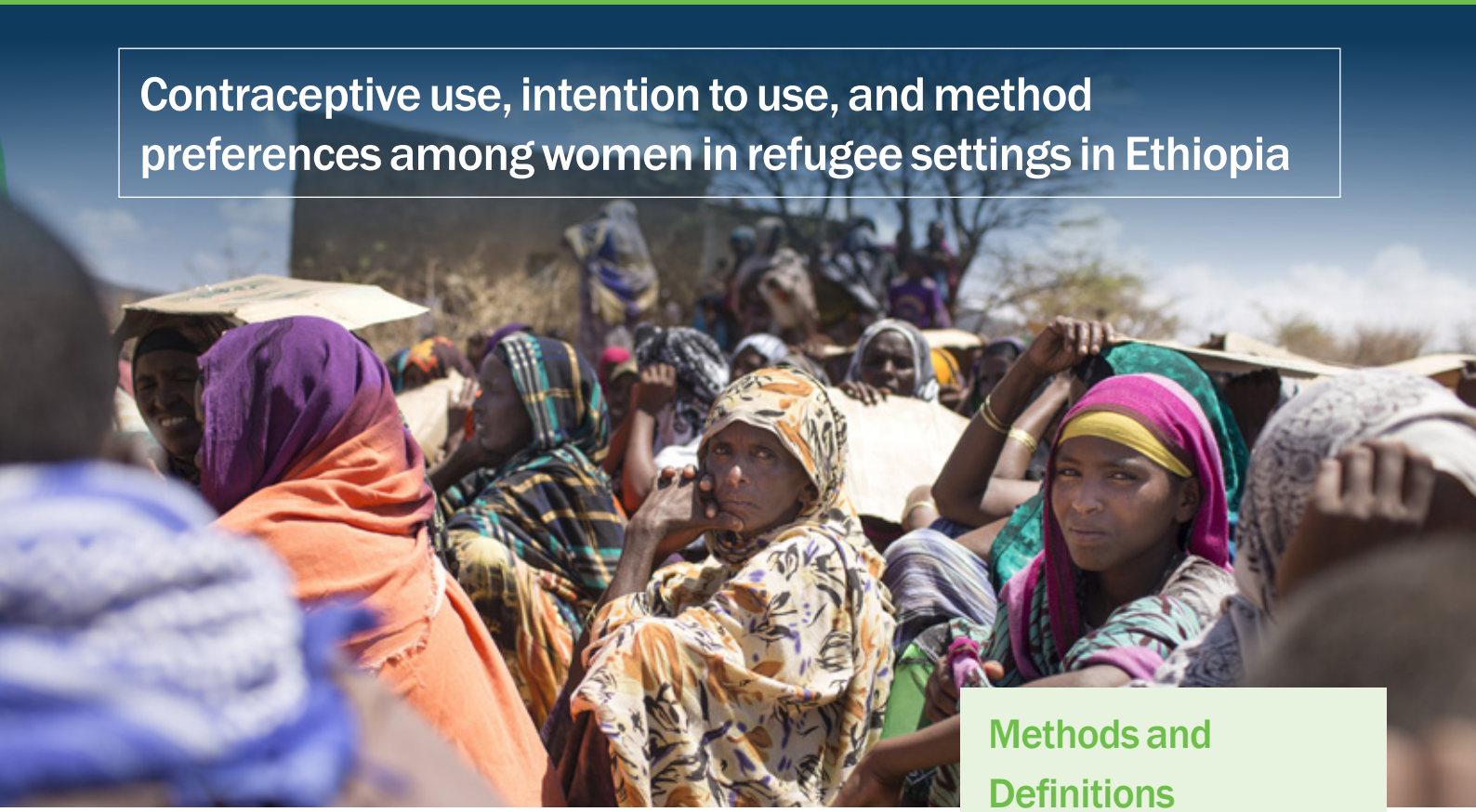
Baobab

Generating Evidence to Enhance Sexual and Reproductive Health and Rights in Refugee Settings

EVIDENCE BRIEF
JUNE, 2025

Contraceptive use, intention to use, and method preferences among women in refugee settings in Ethiopia



Introduction

Ethiopia hosts about 1.1 million refugees and asylum seekers, nearly half of whom are women and girls who require sexual and reproductive health services (SRH), including family planning (FP). Family planning provides a wide range of benefits for individuals, couples, and society as a whole. It helps prevent unintended pregnancies, which in turn lowers health risks for both mothers and children and encourages safer reproductive behaviors[1]. Women and girls in crises, already vulnerable from the insecurity and disruption of the services, face the risk of unintended pregnancy. The Minimum Initial Service Package (MISP) for refugees aims at reducing unintended pregnancy by ensuring the availability of a range of long-acting reversible and short-acting contraceptive methods[2].

The Baobab Research Program Consortium's unintended pregnancy survey generated evidence of the prevalence of unintended pregnancy and contraceptive use and aims to identify innovative solutions in refugee settings. This study brief presents findings on the current use of contraception, intention to use, and method preferences among women aged 15-45 years who participated in the unintended pregnancy baseline survey conducted in four refugee camps in Ethiopia in 2024/5.

Methods and Definitions

Between 2024 and 2025, we conducted a cross-sectional baseline survey in Ethiopia among women aged 15-45 years living in four refugee camps, including Tsore (Asosa region), Awbare and Shedder (Somali/Jigjiga region), and Nguenyiel camp (Gambella region). These camps were selected purposely in consultation with the Refugees and Returnees Service of Ethiopia. Women were asked about their plans for child-bearing, whether they have ever heard about the different contraceptive methods, ever used the methods, or are currently using a method, reasons for non-use, whether they have the intention to use a method in the future, and how they want to receive family planning information and services.

[1]*Bongaarts, John, John C. Cleland, John Townsend, Jane T. Bertrand, and Monica Das Gupta. 2012. "Family Planning Programs for the 21st Century: Rationale and Design." New York: Population Council*

[2]*UNFPA. 2022. Risk of sexual violence, unintended pregnancy soars in crisis settings, new report highlights. https://esaro.unfpa.org/en/news/risk-sexual-violence-unintended-pregnancy-soars-crisis-settings-new-report-highlights [Last accessed: April 17, 2023].*

Key Findings

A total of 2768 women aged 15-45 years participated in the study from the four refugee camps. Over one-third of the participants (35.4%) were aged 15-24 years, while the majority were between 25 and 45 years. Nearly half of the participants were from South Sudan (47.0%), followed by refugees from Somalia (41.2%) and The Sudan (10%), respectively. The average duration of stay in the refugee camps was 10 years. About half (45.7%) had primary education, while nearly two in five (39.5%) had no formal education. Nearly 64% of women were married or living with a partner at the time of the survey.

On average, women knew approximately four contraceptive methods, Figure 1. About 74.3% of respondents knew at least one method of contraception. Most women know of injectables (68.5%), oral contraceptive pills (64.9%), and implants (57.7%). Very few women know methods like male and female sterilization, emergency contraception, female condoms, and the intrauterine device (IUD).

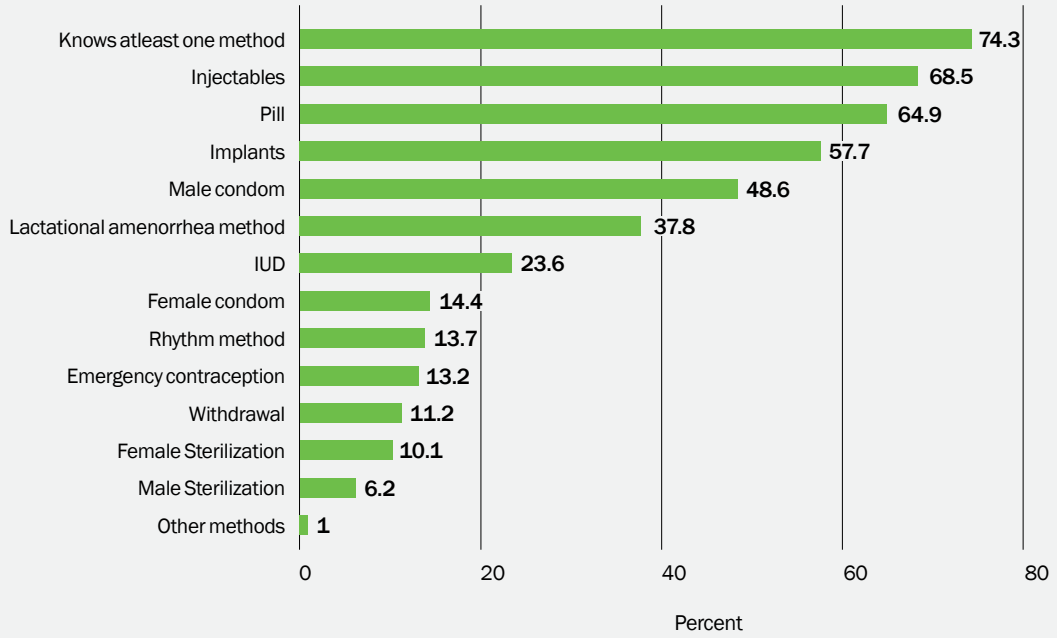


Figure 1: Knowledge of contraceptive methods among women in 4 refugee camps in Ethiopia, 2025

A. Attitudes towards contraception

About one-third (31.2%) of the women oppose the use of family planning, and 43.7% reported that their partner also opposed using it. More than half (55.0%) of the women reported discussing family planning with their partner. About half (50.7%) also reported that their religion opposes the use of family planning by couples (Figure 2).

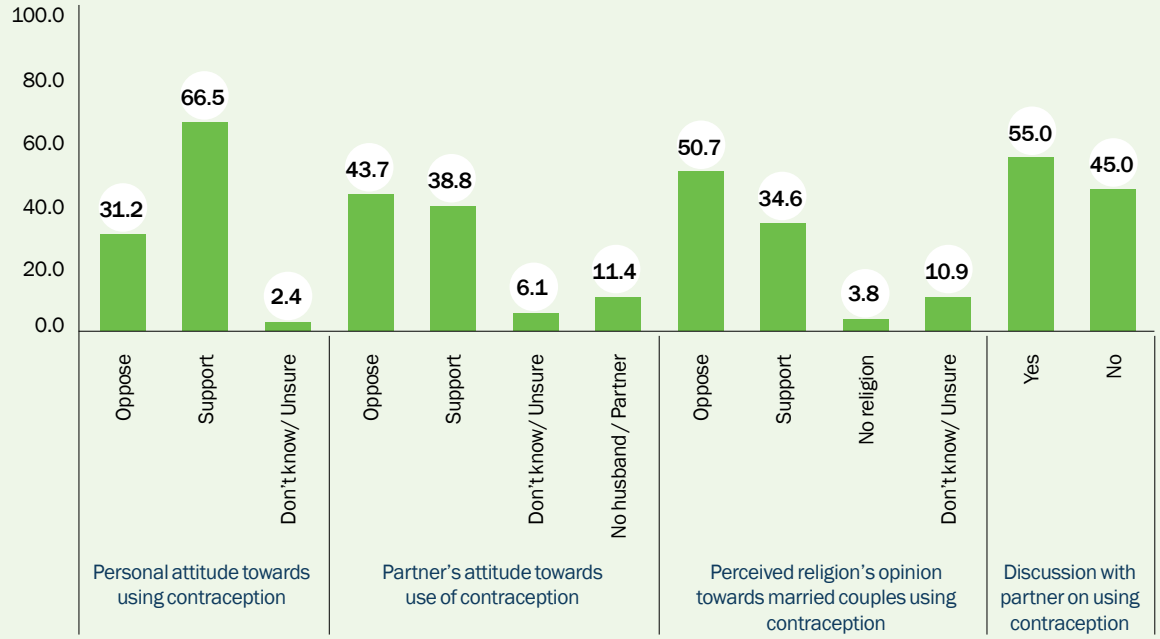


Figure 2: Attitudes toward use of contraception and discussion with partners.

Respondents were asked what attributes are important to them when choosing a contraceptive method for future use. A large majority of them reported that they prefer methods that have no risk/harm (85.2%), have no effect on regular monthly bleeding (84.2%), are easy to use (83.5%), cause no unpleasant side effects (82.9%), and are effective (82.4%)(Figure 3).

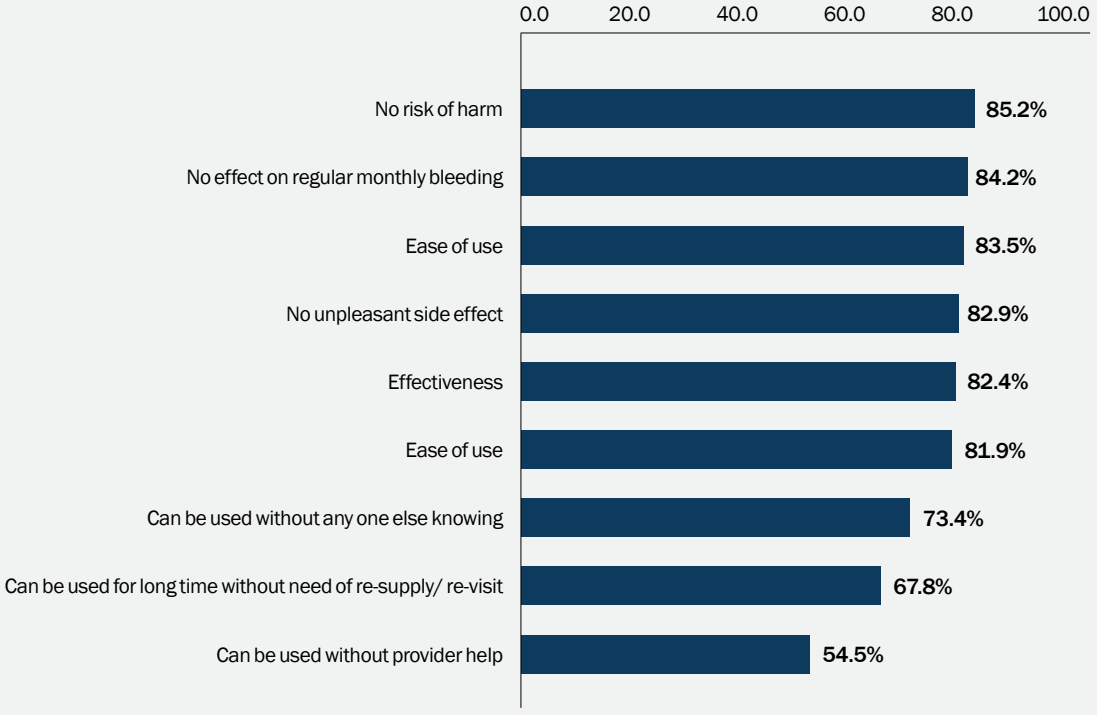


Figure 3: Attributes women considered important when choosing a contraceptive method for future use.

B. Current use of contraceptive methods and reasons for non-use

Only 16.2% of currently married or sexually active women aged 15-45 years are using any method of contraception. This varied from 34.5 % among women in the Tsore camp to 6.4% among respondents in the Nguenyiel camp (Figure 4). Contraceptive use also varied by age, education and marital status. The majority (96%) were using modern methods of contraception.

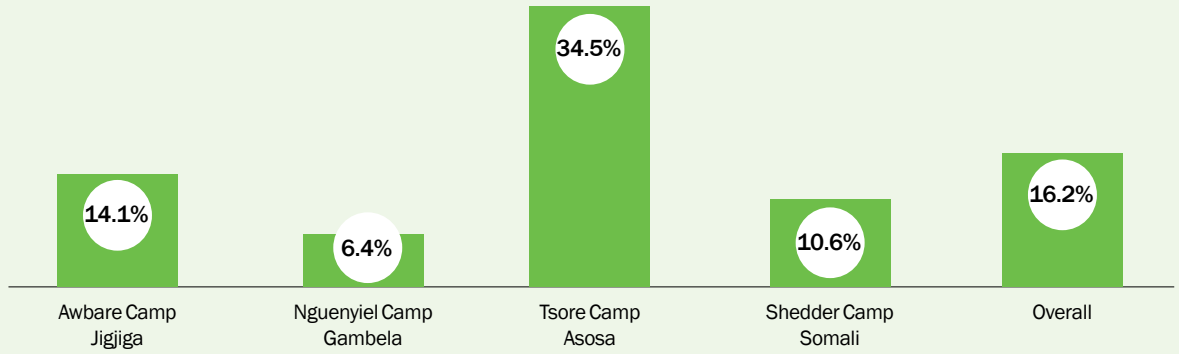


Figure 4: Percentage of all women aged 15-45 years currently using a contraceptive method.

The most commonly used contraceptive methods by women in the four camps include injectable (47.5%), implants (27.2%) and pills (17.3%). However, the contraceptive method mix varied from camp to camp. Injectables is the dominant method used across all camps except in Shedder, followed by implants (Figure 5).

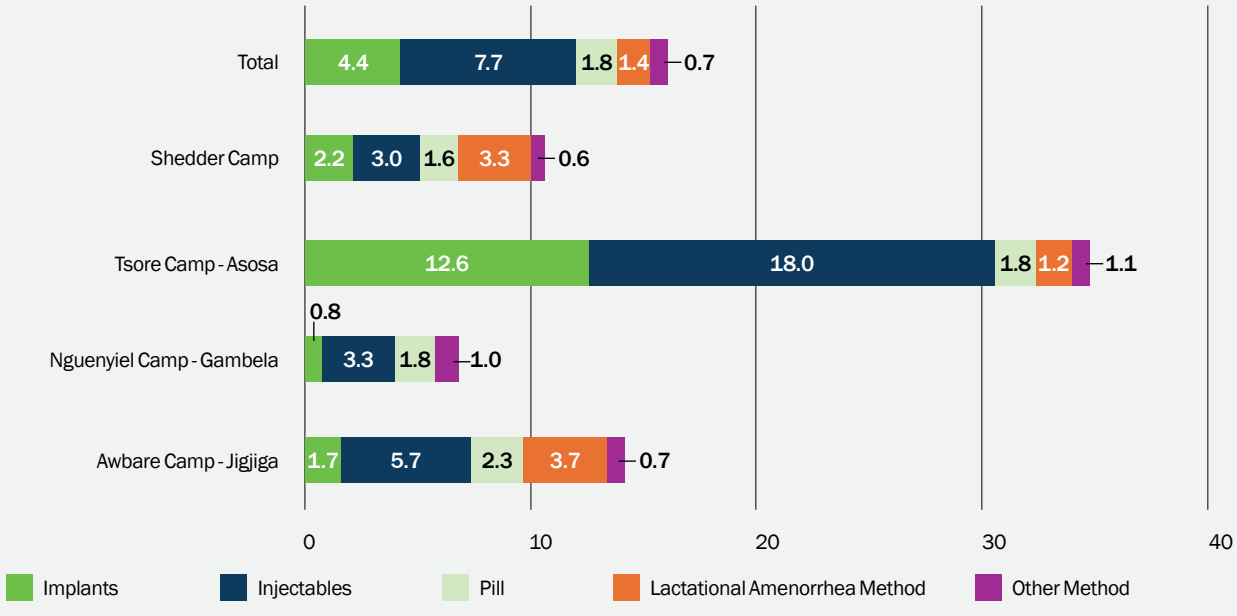


Figure 5: Contraceptive method mix used.

The most common reason reported for not using a contraceptive method was desire for another child soon (25.2%), followed by infrequent sex/ partner away (11.8%), opposition from husband (8.0%), fear of side effects and health concerns (5.9%), and lack of knowledge of methods (5.7%). Many non-users were not using a method for reasons that could be addressed through the provision of FP information and counseling.

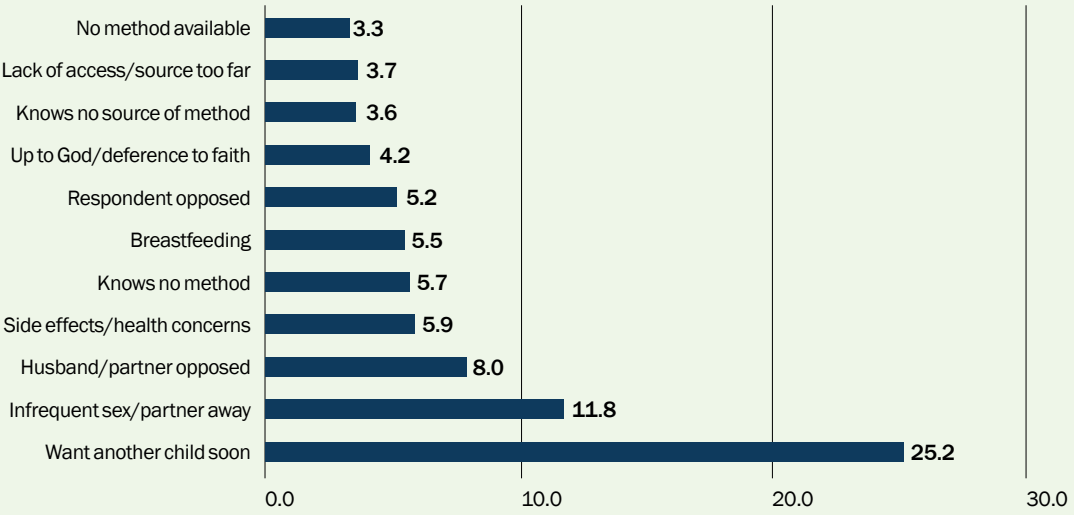


Figure 6: Reasons given for not currently using contraceptives.

C. Future use of contraception

1 Intention to use contraceptives among non-contraceptive users

Among current non-users, 33% intend to use a contraceptive method in the future. Intention to use contraception in the future was highest in the Tsore camp (64%) and lowest in the Awbare camp (17%).

The intention to use contraception was higher among married women or those in union compared to unmarried sexually active women in union (35% vs 29%, respectively).

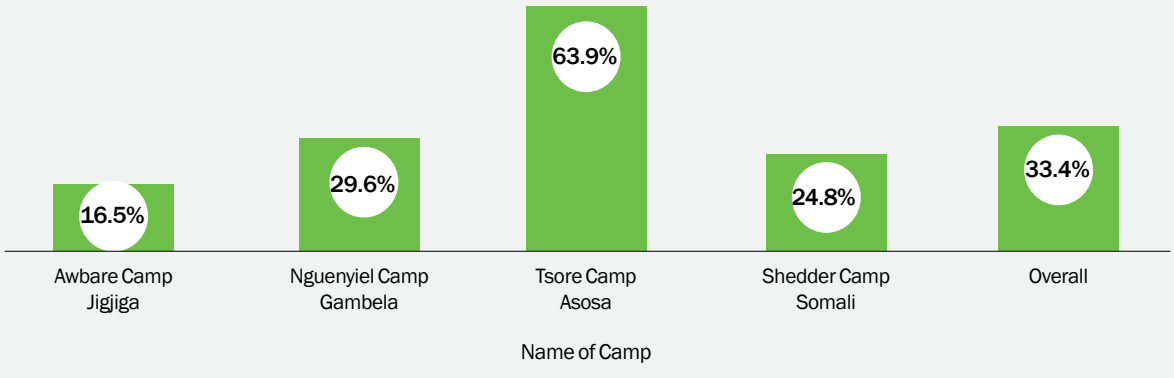


Figure 7: Intention to use contraception in the future among current non users.

2 Intention to continue using contraception in the future among current users

Among women currently using contraception, over half (55%) intend to continue contraceptive use for the next two to five years,17% plan to discontinue within one to two years, while 15% intend to stop or switch within one year. Tsore camp had the highest proportion (70%) of women intending to continue for two or more years, while Awbare camp had the highest percentage (15.3%) intending to discontinue within a year.

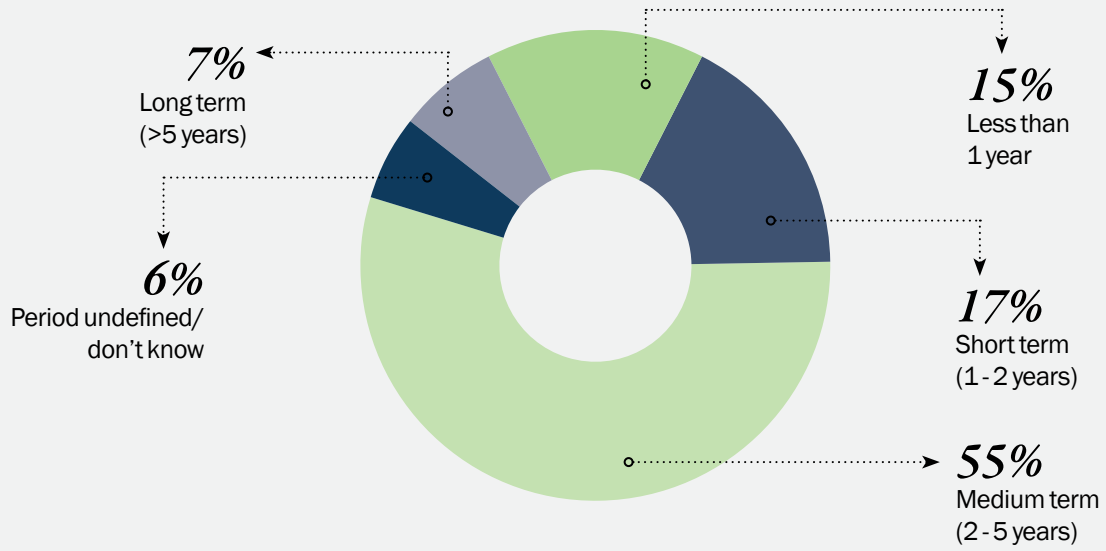


Figure 8: Intention to continue using contraception in the future among current users.

D. Preferred sources of contraception information and methods

Public health facilities are the primary source of contraceptive information and/or methods for more than three-quarters (76.9%) of current users and remain the preferred option. Community health workers, private health facilities, and other formal sources—such as faith-based centers, mobile outreach, and food distribution points—currently serve only a small share of users (0.7%, 3.6%, and 0.2%, respectively), but their preference is higher among both current users and non-users with future intentions to use contraceptives. In contrast, informal sources—such as relatives, friends, traditional birth attendants, and shops—currently provide contraceptive information and/or methods to 18.7% of users even though they are less preferred overall.

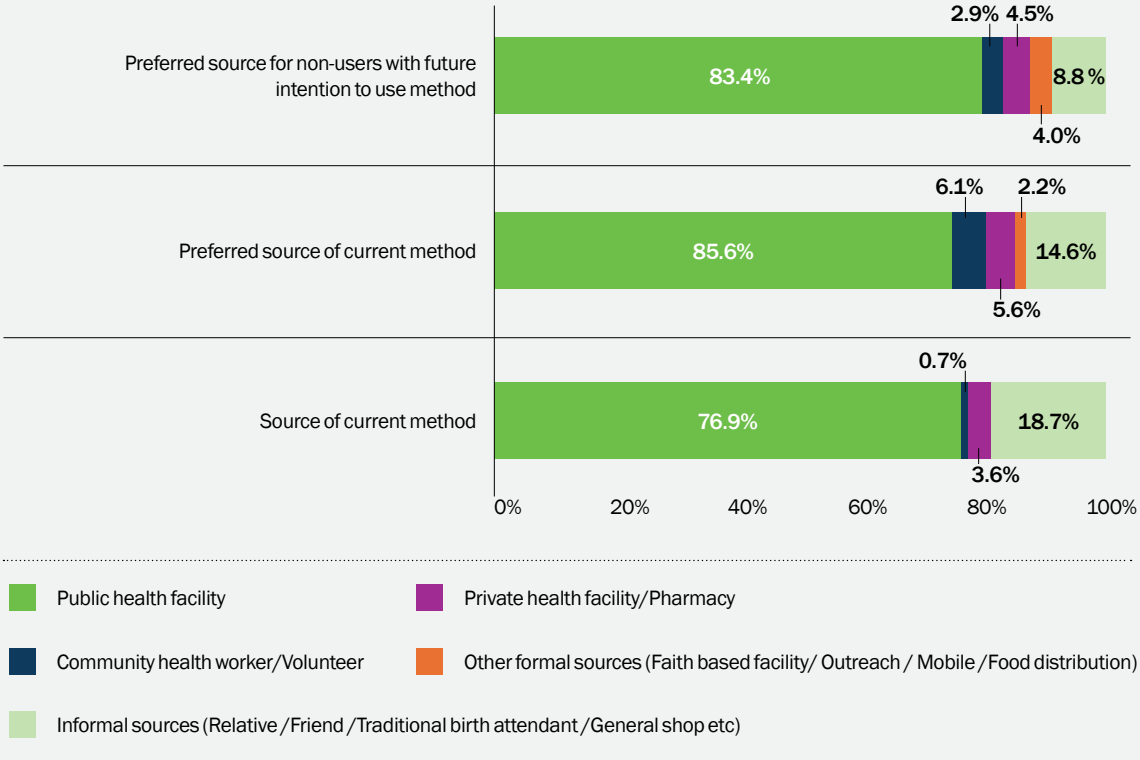


Figure 9: Sources of contraceptive information and methods in four refugee camps in Ethiopia, 2025

Implications

Among women of reproductive age in refugee camps, knowledge of contraception is high, yet actual contraceptive use is low, varies between camps, and is, predominantly reliant on short-term methods. There is a critical mass of non-users who intend to use contraception in the future and of non-users who have no such intention but are still supportive of FP use. Most reasons non-users provided could be addressed through information and counselling to support shifts toward contraceptive use. Public health facilities are the preferred sources of FP but a considerable proportion of women prefer alternative sources of contraceptive information and methods such community health workers, mobile outreach, and food distribution centers that remain largely underutilized.

Recommendations

1

Develop culturally appropriate FP messages:

Health Implementing partners develop refugee camp-specific behavior change communication materials addressing community norms, myths, partner opposition, and promoting informed family planning choices and side-effect management, delivered at health facilities and through community programs.

2

Redesign refugee reproductive health programs to FP expand access:

Health Implementing partners redesign their reproductive programs to expand access to information, counselling, and a full contraceptive method mix—including LARCs and emergency contraception—by leveraging public facilities and underutilized service delivery points like community health workers, mobile outreaches, and food distribution sites.

3

Leverage inter-camp learning to scale up FP programming best practices:

RRS strengthens the health implementing partners and other stakeholders to collaboratively learn from camps with higher contraceptive use to identify and pilot effective, context-specific family planning interventions in lower-performing camps.

Acknowledgements

This work was supported by the Foreign, Commonwealth & Development Office (FCDO) and the Norwegian Agency for Development Cooperation (NORAD). The findings and conclusions in this report are those of the authors and do not necessarily reflect the positions and policies of the funding agencies.

Recommended Citation:

Baobab Research Programme Consortium and Gutmacher Institute, 2025. Contraceptive use, intention to use, and method preferences among women in refugee settings in Ethiopia.