

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 behaviors¹. Women and girls in crises, already vulnerable from the insecurity and the disruption of the services, face an increased the risk of unintended pregnancy. The Minimum Initial Service Package (MISP) for SRH for refugees aims at reducing unintended pregnancy by ensuring the availability of a range of long-acting reversible and short-acting contraceptive methods².

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 evidence 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 unintended pregnancy survey conducted in four refugee camps in Ethiopia in 2024/5.



1.1million

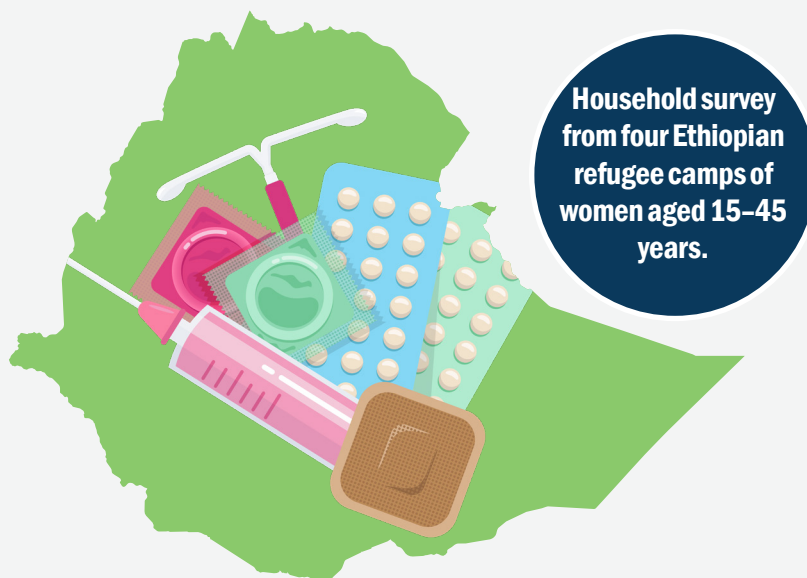
The number of refugees and asylum seekers hosted by Ethiopia. Nearly half of whom are women and girls who require sexual and reproductive health services

¹Bongaarts, 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

²UNFPA. 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].

Methods

We conducted a cross-sectional baseline survey in four refugee camps in Ethiopia from December 2024 to March 2025 among women aged 15-45 years living in the refugee camps. Four refugee camps were purposively selected in consultation with the Ethiopia Refugees and Returnees Service (RRS): Tsore camp in the Benishangul-Gumuz region, Awbare and Shedder Camps in the Somali region, and Nguenyiel Camp in the Gambella region. Women were asked about their pregnancy intentions, knowledge of the different contraceptive methods, past and current use of contraception, reasons for non-use, whether they have the intention to use a method in the future, and how they prefer to receive family planning information and services.



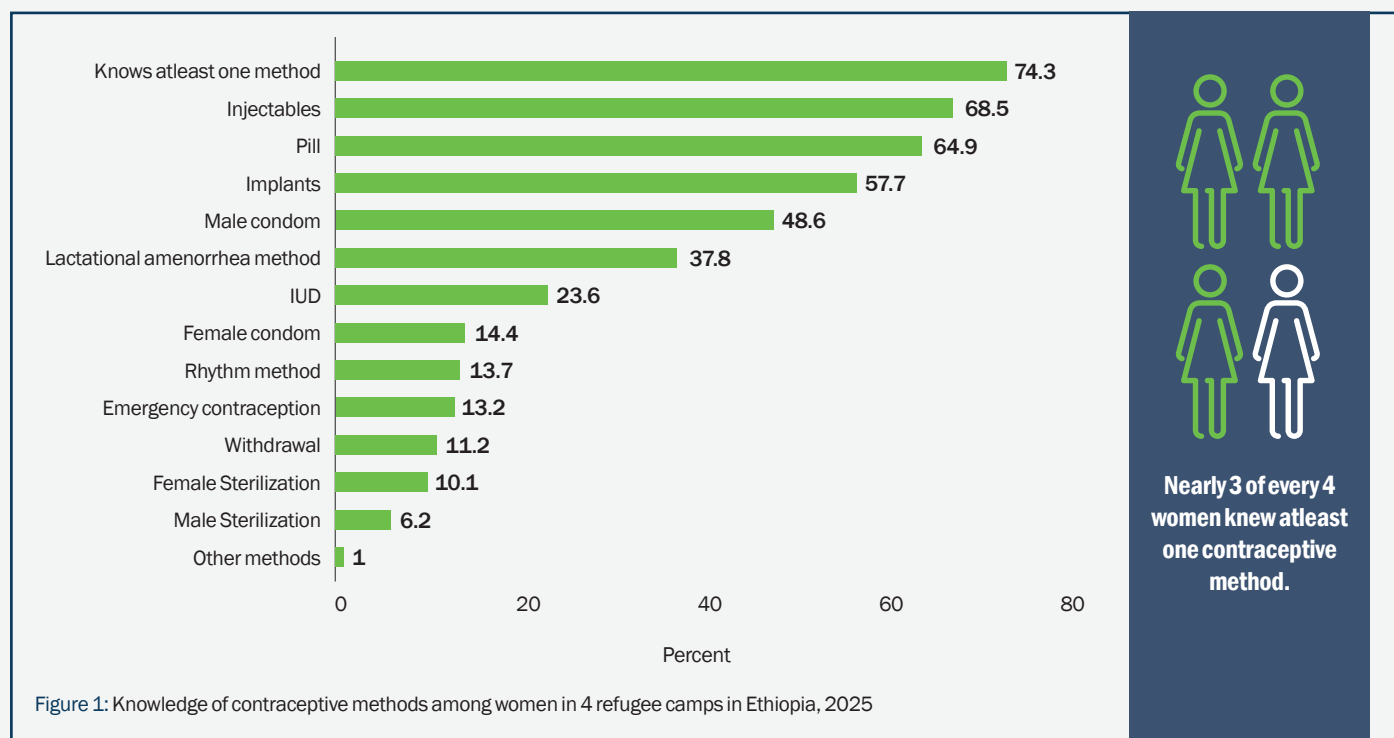
Key Findings

A total of 2768 women aged 15-45 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 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.



A. Knowledge of Contraception

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



B. 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).

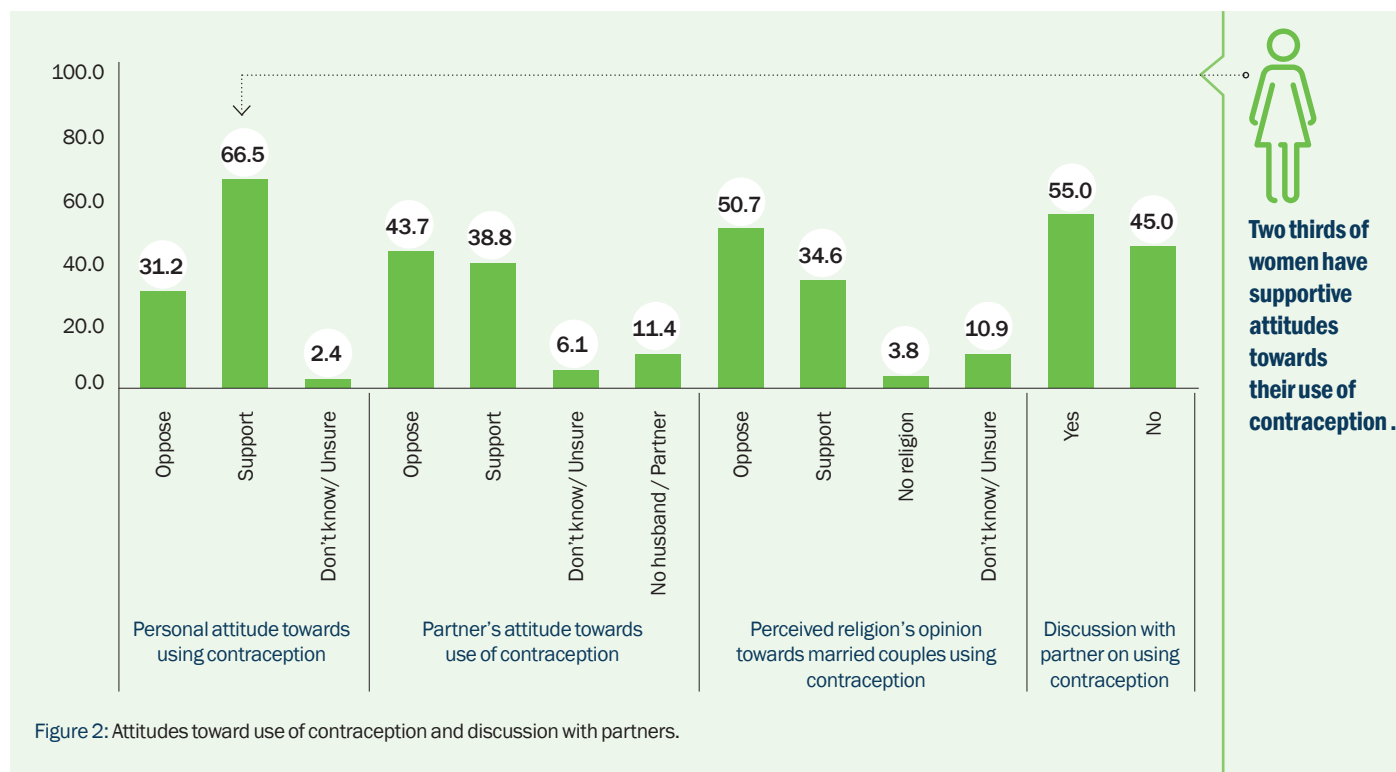


Figure 2: Attitudes toward use of contraception and discussion with partners.

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).

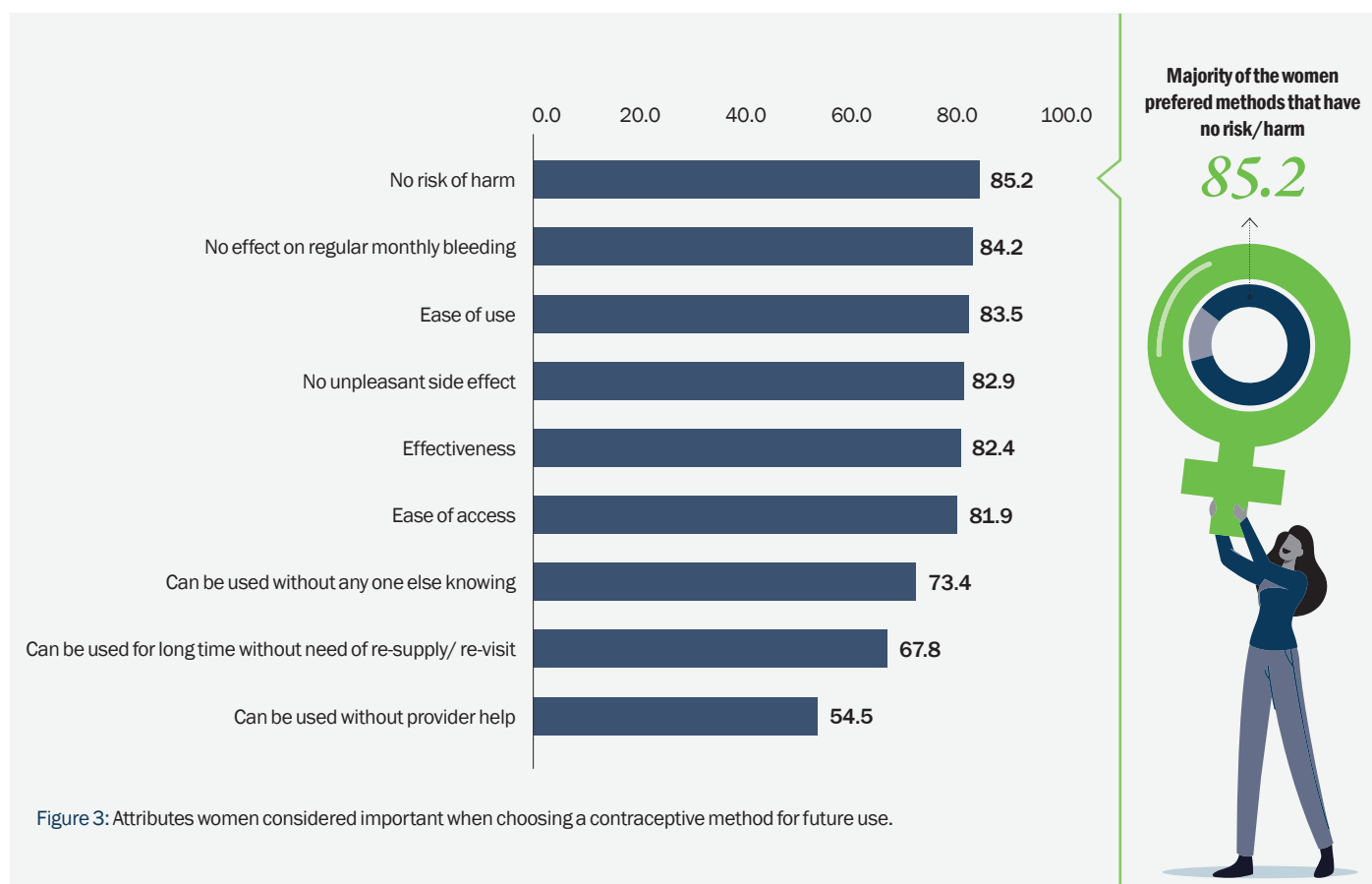
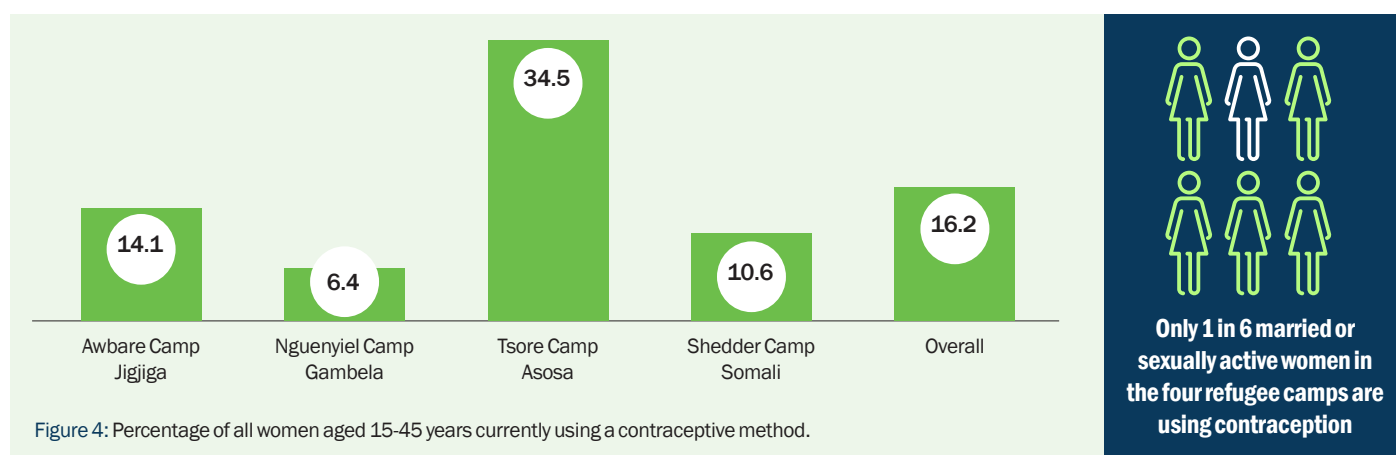


Figure 3: Attributes women considered important when choosing a contraceptive method for future use.

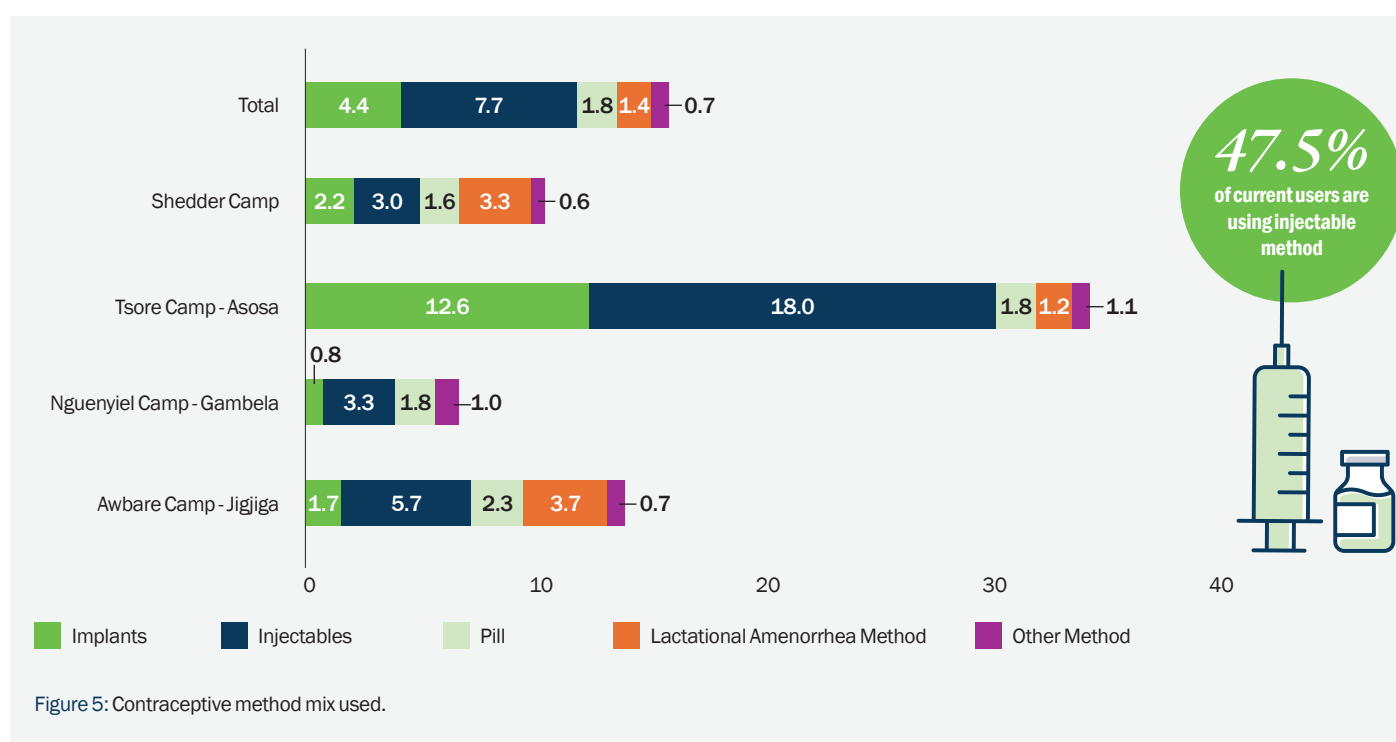


C. Current use of contraceptive methods and reasons for non-use

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 in Asosa to 6.4% among respondents in the Nguenyiel Camp in Gambella (Figure 4). Contraceptive use also varied by women's age, education and marital status. The majority (96%) were using modern methods of contraception.



The most commonly used contraceptive methods by women in the four camps include injectables (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).



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%), husband's opposition (8.0%), fear of side effects and health concerns (5.9%), and lack of knowledge of methods (5.7%). The majority of non-users were not using a method for reasons that could be addressed through the provision of FP information and counseling.

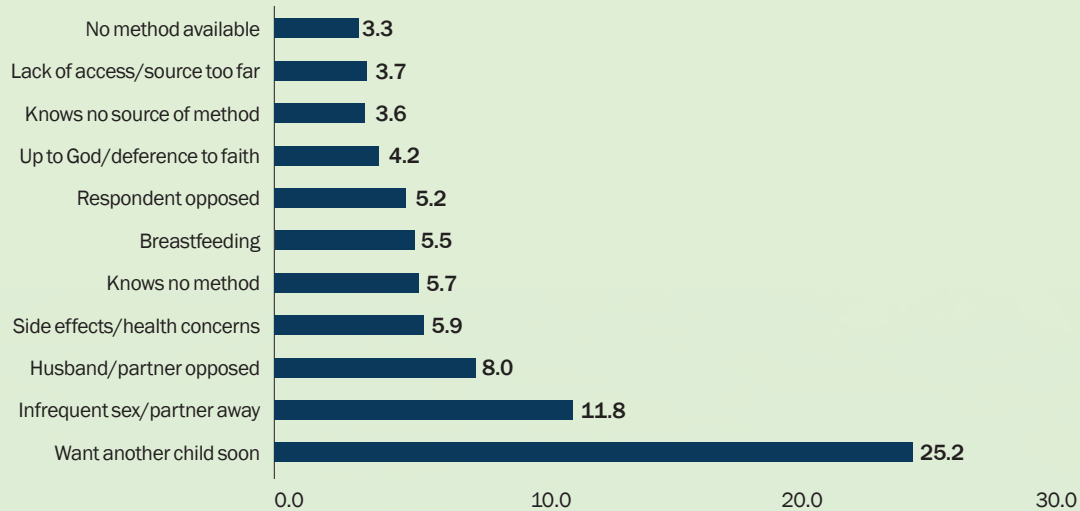


Figure 6: Reasons given for not currently using contraceptives.



D. Future use of contraception

1 Intention to use contraceptives among non-contraceptive users

Among current non-users, 33.4% intend to use a contraceptive method in the future. Intention to use contraception in the future was highest in the Tsore camp in Asosa (63.9%) and lowest in the Awubare camp in Jigjiga.

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

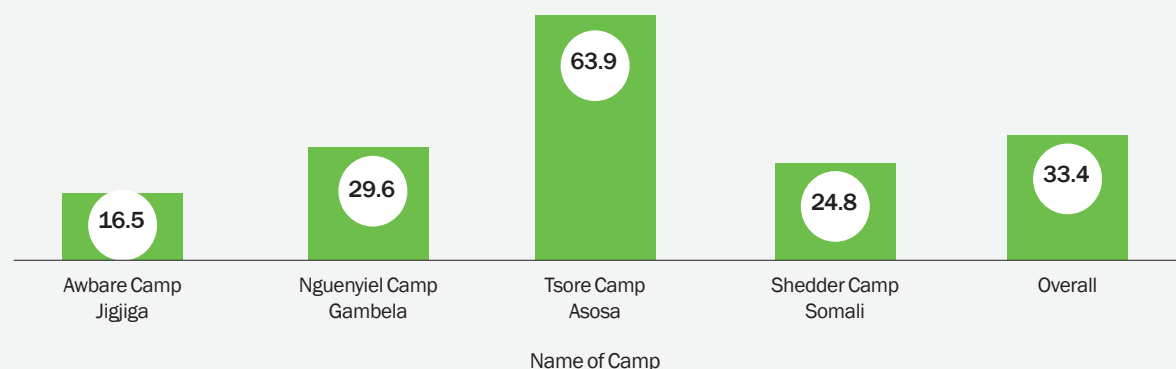
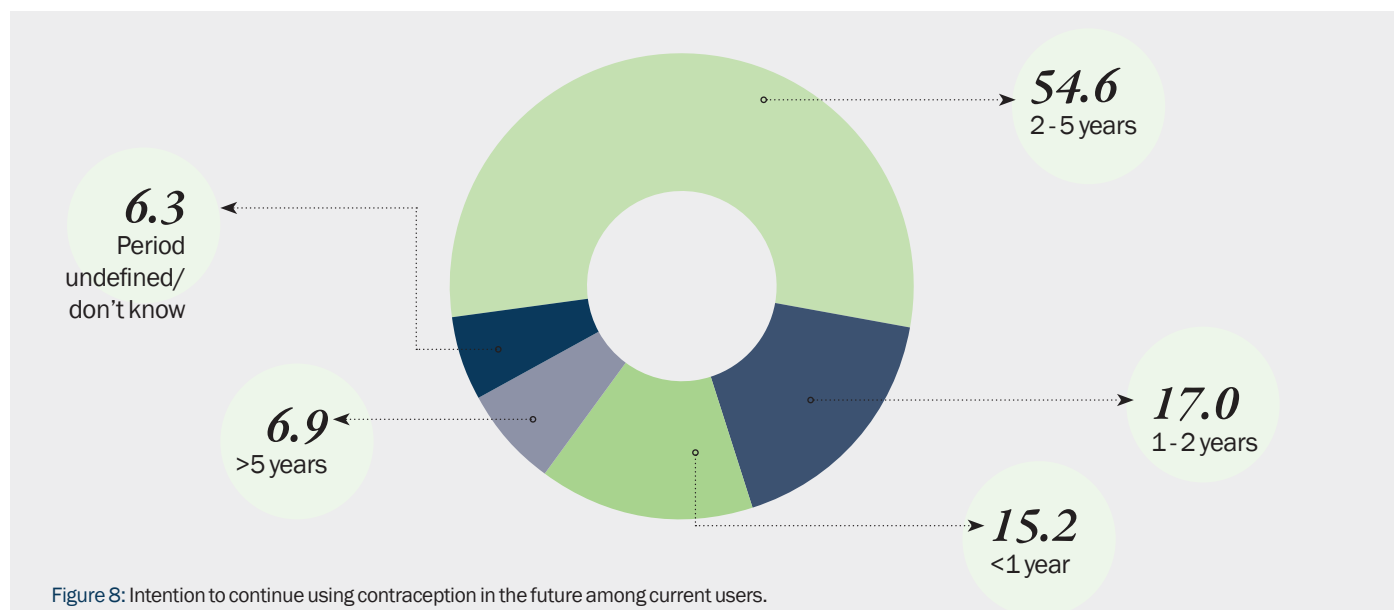


Figure 7: Intention to use contraception in the future among current non users.

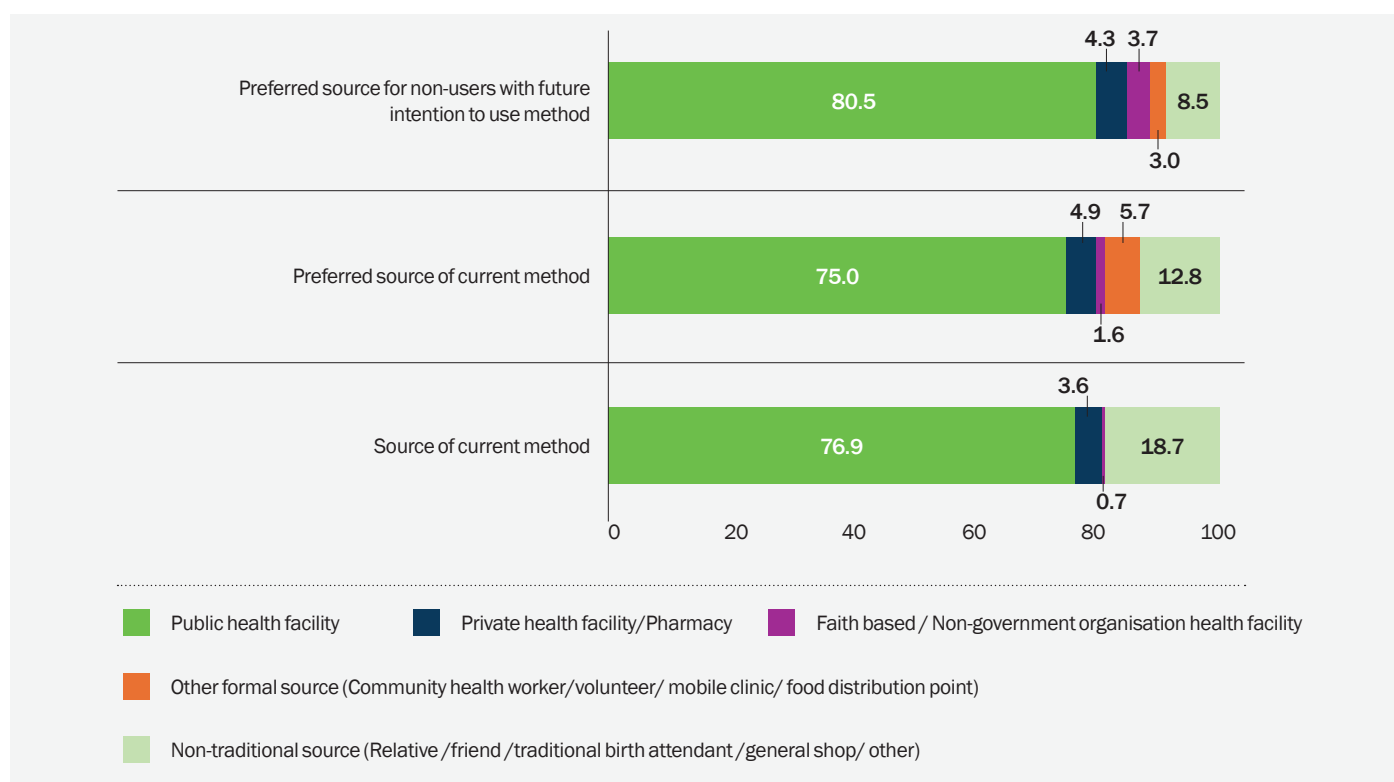
2 Intention to continue using contraception in the future among current users

Among women currently using contraception, more than half (54.6%) intend to continue contraceptive use for the next 2–5 years, 17% plan to discontinue within 1–2 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.



E. 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 for 75% of current users and 80.5% of non-users with a future intention to use contraception. Community health workers, Private health facilities, Faith-based/non-government health facilities and other formal sources i.e community health worker, mobile outreaches and food distribution points—currently serve only a small share of users, 3.6%, 0.7% and 0.2%, respectively. However, these sources are preferred by a higher percentage of both current users and non-users who intend to use contraceptives in the future. 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 despite being less preferred overall.



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

Develop culturally appropriate and sensitive Family planning behavior change communication materials and counseling messages to address misconceptions about side effects and other barriers to contraceptive use.

2

Deliver

Deliver FP/SRH education through community-based programs to raise awareness about the benefits of family planning in preventing unintended pregnancies and supporting individuals and couples in achieving their desired family size.

3

Expand

Expand access to the full range of contraceptive methods, including long-acting reversible contraceptives (LARCs), by leveraging both public health facilities and underutilized but preferred service delivery channels such as community health workers, mobile outreach services, and food distribution points.



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