ORIGINAL RESEARCH ARTICLE

Contraceptive Use: Knowledge, Perceptions and Attitudes of Refugee Youths in Oru Refugee Camp, Nigeria

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Abstract

Refugee youths are vulnerable persons who have a need for contraception, yet face challenges that limit its use. Data on perceptions, knowledge, access and attitudes toward contraceptive use were collected from 208 refugee youths living in Oru refugee camp, Nigeria. Findings revealed that respondents experience difficulty gaining access to family planning services, which are not available in the camp. Most respondents had little correct information about contraceptives; 42.9% had misperceptions about its safety, believing that contraceptives are dangerous and that chemicals in contraceptives can damage their reproductive system. Such beliefs have resulted in the low use of contraceptives (31.6% use last sex) and many unintended pregnancies, which have caused some refugee girls to drop out of school. Findings may aid in the development of targeted interventions to educate refugee youths in order to dispel misperceptions about the safety of contraceptives and ensure adequate access to family planning services (*Afr J Reprod Health 2010; 14[4]: 17-26).*

Résumé

L'emploi des contraceptifs : Connaissance, perceptions et attitudes des jeunes réfugiés dans le camp de réfugiés d'Oru. Les jeunes réfugiés sont des personnes vulnérables qui ont besoin de la contraception, pourtant, ils font face aux défis qui limitent son emploi. Nous avons recueilli les données sur les perceptions, la connaissance, l'accès et l'attitude envers le contraceptif auprès des 208 jeunes réfugiés qui habitaient dans le camp de réfugiés d'Oru au Nigéria. Les résultats ont révélé que les jeunes répondants le trouvent difficile à avoir accès aux services de la planification familiale qui n'existent pas dans le camp. La plupart des répondants n'avaient que très peu d'informations correctes à l'égard des contraceptifs ; 42,9% avaient des idées erronées concernant sa sécurité, en croyant que les contraceptifs sont dangereux et que les éléments chimiques contenus dans les contraceptifs peuvent endommager leur système de reproduction. Telles croyances ont abouti à un emploi réduit des contraceptifs (31,6% emploient le dernier rapport sexuel) et beaucoup de grossesses non voulues qui ont obligé beaucoup de filles à abandonner leurs études. Les résultats peuvent aider l'élaboration des interventions qui visent l'éducation des jeunes réfugiés afin de dissiper et d'assurer un accès adéquat aux services de la planification familiale (*Afr J Reprod Health 2010; 14[4]: 17-26).*

Keywords: Refugee youth, contraceptive use, Oru refugee camp, knowledge, perceptions, attitudes

Introduction

Many young people in refugee situations face serious reproductive health challenges that put their lives and their health at risk. One of such challenges is unintended pregnancy, which the United Nations High Commissioner for Refugees (UNHCR) has identified as a crucial reproductive health issue in crisis situations. The public health community has acknowledged that living in a refugee situation can increase the vulnerability of young people to unintended pregnancies and other reproductive health risks in a variety of ways. These include beginning sexual relations at an earlier age; taking sexual risks, such as having intercourse without using a condom; and facing exploitation in the absence of traditional sociocultural constraints[1]. Moreover, in displacement situations, which are often accompanied by poverty, powerlessness and loss of security, young refugee women may be forced to resort to harmful behaviors, such as prostitution and trading sex for food or protection, in order to survive.

Worldwide, approximately 6.6 million adolescents are displaced by armed conflict[2]. A large percentage of these displaced young persons live in Africa, where many crisis zones are located and where teenage and unintended pregnancies are

among the most prevalent among this age group worldwide. Since adolescents and young persons make up a significant proportion of refugee populations, addressing their reproductive health needs ought to be a major priority in every emergency situation. Although data on sexual behavior, unintended pregnancies and other reproductive health issues among refugee youths in refugee camps are limited, a number of studies have shown a high prevalence of risky sexual behavior and low use of contraceptives. These findings highlight the vulnerability of refugee girls to unintended pregnancies.

For instance, results from a study in a refugee camp in Kenya found that despite the availability of free condoms and other reproductive health care, about 70% of young refugee men and women had unplanned sex without using condoms[3]. In a refugee camp in the Republic of Congo, girls as young as 10 to 12 years old were reported to be sexually active, often with adult men[4]. In a refugee camp in Nigeria, results of a study found that while most adolescents were sexually active, condom use was very low, especially among the refugee girls, most of whom could not negotiate condom use with their male partners[5]. Given these findings, it is obvious that the reproductive health needs of refugee youths in conflict-affected settings are substantial and the importance of addressing them cannot be overemphasized.

Family planning has numerous health benefits for young refugee women because it is a first line of defense in protecting against maternal ill health in conflict-affected settings, where resources are often scarce and adequate access to health care may not be available. Despite the benefits of family planning for the reproductive health of refugees including youths, contraceptive use has been found to be limited among many displaced persons around the world—some of whom face difficulties gaining access to reproductive health care services[6]. They may be ineligible for health care benefits, unfamiliar with family planning programs and other services, unable to obtain information easily and uncertain where to turn[7]. At the same time, they may have far less access to contraception because services and supplies have been disrupted[8]. The result can be unwanted pregnancies, rising abortion rates, high risk births and high occurences of maternal morbidity and mortality in resource–poor settings such as refugee camps.

Although development experts increasingly recognize that ensuring universal access to contraception is a key component of sexual and reproductive health, some studies have highlighted factors that constitute barriers to the use of contraception among refugees[9-13]. Among these factors are knowledge of contraceptives, access to contraception, and beliefs, perceptions and attitudes of refugees toward contraceptive use. These studies have shown, on the one hand, the existence of a high degree of unmet need for family planning in different refugee situations and, on the other, misconstrued information and false beliefs that constitute obstacles to the use of contraception among some refugees. Understanding the family planning needs of displaced young persons must include knowledge of the obstacles they face in practicing contraception, in order to tailor services to meet their specific health needs.

Few studies have been conducted among refugees in Nigeria to examine contraceptive need, access and use—and the obstacles to its use. Research on the reproductive health of refugees has received little attention from the academic community in Nigeria. Documenting this information is greatly needed in order to improve family planning and reproductive health services for refugees. At the same time, despite a number of noteworthy initiatives that have been taken to address the reproductive health needs of war–affected adolescents, only very few reproductive health programs have focused on adolescents[14]. It is, however, critical to access these family planning needs so as to devise comprehensive programs to meet them.

Oru refugee camp in Nigeria has hosted refugees for about 20 years. Studies show that young refugees in this camp face a host of challenges including some that involve their sexual and reproductive health. For instance, results of a 2008 study on refugees in the camp found that some parents in the camp encouraged their daughters to engage in prostitution in order to fight poverty[15]. With poverty a stark reality in this camp and many young female refugees engaging in transactional sex in order to survive, the need to address the reproductive health challenges confronting these young refugees is great. Sexual practices among these displaced youth are so prevalent that the UNHCR has identified teenage pregnancy as a major problem in Oru camp[16]. This unacceptable situation indicates the need for improved understanding of some factors—like access and obstacles to the use of contraceptives—that can help prevent a large number of unwanted pregnancies among refugee youths in the camp. Better understanding of these factors will help in designing programmatic interventions to address their family planning needs and the barriers they face in accessing services. This study examined the perceptions, beliefs, knowledge and attitudes of refugee youths in Oru refugee camp, Nigeria, toward contraceptive use. The study also examined the access to and use of condoms and other contraceptives in this refugee camp.

Methods

The field research for this study was conducted in Oru refugee camp, Ijebu Oru, Ogun State, Southwest Nigeria. Thousands of refugees have lived in this camp since 1990. While they are no longer in an emergency situation, they remain trapped in a protracted displacement. The camp population comprises refugees from different parts of Africa—Liberia, Sierra Leone, Democratic Republic of Congo (DRC), among others. Poverty is a challenge because the refugees look after themselves. For some years, they depended on the UNHCR for humanitarian assistance in the areas of providing food, health care and education among other needs, but this aid came to a halt in 2007 when the UNHCR withdrew its humanitarian services from the camp. With the root causes of their displacement—wars and civil conflicts in their home countries— deemed to be over, the refugees were expected to repatriate.

While thousands of Liberian, Sierra Leonean and Congolese refugees have repatriated over the years and some opted for integration into Nigeria, others chose not to return home and still live in the camp. Some of these refugees do not want to return home because they don't want to be reminded of the circumstances of the war; they prefer to register for exemption with the hope of one day being resettled to developed countries. These refugees now look after themselves and their families. They engage in economic activities such as farming, trading, hairdressing, catering and so on in the camp and in the host community, Ijebu Oru. At the time of the survey, December 2008 to January 2009, there were about 3,000 refugees in the camp.

The target group of the study comprised refugee youths (both males and females) ages 10 to 24 living in Oru refugee camp, Nigeria. The researchers utilized a household survey for this study, and the eligible respondents in different households were informed about the nature and the purpose of the study, as were the camp leaders and the local officials. The researchers engaged the camp leaders, informed them about the purpose and scope of the study and got information from them regarding the camp, such as the population size and other contextual issues needed for survey implementation. All interviews and focus groups were conducted in English. The researchers designed the research instruments by combining questions from the Reproductive Health Assessment Tool Kit for Conflict Affected Women and the Demographic and Health Survey (DHS). Additional questions were composed and added to the questionnaire in order to meet the other objectives of the study.

While walking from one part of the camp to the other, the field workers asked the eligible respondents in the different households if they wanted to participate in a study about family planning and a total of 208 respondents were selected out of those who showed interest in participating through the use of systematic sampling method. While working on the field, the researchers put into consideration the research participant's rights and confidentiality in the process of eliciting information from them. A description of the content and the objectives of the study was read to the eligible respondents and they were asked to participate if interested. Verbal informed consent was obtained from the eligible respondents who agreed to participate in the study. The criteria for being eligible for the study were that they must be in the age range of 10 – 24 years, have ever had sex in the camp, are refugees, and resident in Oru refugee camp. A total of 208 young men and women in the camp participated in the study and most of them expressed keen interest in talking to us about their sexual and reproductive health. Those in the age group 10 – 14 years were the least likely to participate in the study – some of whom expressed shyness and a culture of silence in talking about sex, condoms and contraception.

The study employed a descriptive design. The research approach utilized both quantitative and qualitative methods. A mix of self-administered questionnaires, in-depth interviews and focus group discussions was used to elicit information from the respondents. Data were collected in the camp from December 2008 to January 2009. Respondents were asked for information about their socio-demographic characteristics, their awareness of the risk of unwanted pregnancy through unprotected sex, their access to and use of condoms and other modern contraceptive methods, and their perceptions, beliefs and attitudes toward the use of condoms and other modern contraceptives. Questions also included the reasons why they practice or do not practice contraception. Interviews and focus groups addressed questions about experiences of unwanted pregnancies among the young women and how those experiences have affected their lives.

At the end of the data collection, questions about contraceptives and other sexual and reproductive health issues were answered by peer educators who were part of the study team and who discussed with some of the refugee youths what they needed to know about contraceptives—benefits and side effects—and dispelling rumors about the methods. After the questionnaires were returned, they were checked for completeness, coded and subsequently analyzed using Statistical Package for Social Scientists (SPSS) Version 13. Basic descriptive analysis of the data was performed using frequency distribution and cross

tabulation. The results from focus groups and interviews were also analyzed.

Results

Socio–demographic Characteristics of Respondents

Of the 208 refugee youths who participated in the study, 44.2% (92) were males, 55.8% (116) females. Most respondents were ages 15 to 19. Roughly 9 out of every 10 young refugees were Christians. Most were Liberians, with less than 30% being Sierra Leonean, Congolese or from other countries of Africa. Almost all refugee youths were single with less than 8% married, all of whom were women. Most refugee youths had at least secondary school education as their highest educational attainment at the time of the study, and more males than females (72.8% vs. 10.3%) had post–secondary education as their highest educational attainment. A comparison of the number of years the young refugee men and their female counterparts had lived in the camp showed almost no difference. Most refugee youths had lived in the camp for one to five years before the time of the study (52.2% of the men and 53.4% of the women). This information is shown in Table 1.

Knowledge and Awareness of Contraceptive Methods

While knowledge and awareness of contraceptive methods are important factors that influence the use of contraceptives among young people in refugee situations, the results of this study showed that knowledge of contraceptive methods was high among most refugee youths. Of the males, 90.2% and of the females, 94% reported that they knew at least two modern contraceptive methods. The two major methods most respondents knew were condoms and oral contraceptives (pills). All (100%) the refugee youths studied reported that they had heard of condoms and more than 95% had seen a condom (Table 2).

Risky Sexual Behavior and Unintended Pregnancies

Results revealed that over 80% of all the respondents were aware of the risk of unintended pregnancy through unprotected sex, as well as the fact that condom use can help prevent unintended pregnancies. Yet, they did not connect risk perception to behavior. For instance, 67.2% of all the female refugee youths studied reported that they had unprotected sex at last sex without using any contraceptive in the camp (Table 3). About half of all the female refugee youths studied were mothers—many of whom had dropped out of school due to recent unintended pregnancies. We found that some of these young refugee women who had dropped out of school were engaging in hairdressing as a source of livelihood in the camp at the time of the study. During interviews and focus groups, we asked these young refugees who were mothers whether they intended to have the pregnancies at the time they had them, and almost all of them reported that they did not want the pregnancies at the time they had them. They repeatedly said:

"It was a mistake."

Table 1: Percentage distribution of refugee youth by socio-demographic characteristics: Oru refugee camp, 2009

Characteristic	Male N=92	Female N=116
Age (years)		
10-14	8.7	9.5
15-19	77.2	65.5
20-24	14.1	25.0
Religion		
Christianity	90.2	87.9
Islam	9.8	12.1
Nationality		
Liberian	66.3	81.9
Sierra Leonean	14.1	10.3
Congolese	12.0	5.2
Others	7.6	2.6
Marital Status		
Single	100.0	92.2
Married	0.0	7.8
Highest Educational Level		
No formal education	3.3	5.2
Primary	4.3	6.0
Secondary	19.6	78.5
Post-secondary	72.8	10.3
Years living in the camp		
1-5 years	52.2	53.4
6-10 years	28.3	36.2
11-15 years	13.0	7.8
16-20 years	6.5	2.6

For instance, a 19-year-old female said:

"I didn't know it would happen. I wasn't ready to have a child at that time. I still regret not using contraceptives then because the baby I gave birth to is suffering in the camp."

Need for Contraception and Barriers to Its Use

During focus groups, most refugee youths indicated that being displaced and living in this refugee situation had increased their vulnerability and the

need for them to use contraception (Table 4). An 18-year-old young man said:

> *"Some refugee girls in this camp are unaccompanied minors who came alone to Nigeria without their parents or families and so, they are on their own. Many of them and other refugee girls sleep with older men, who are indigenes of the host community and refugee men, for money, food and other material things. Girls like this and other refugee girls who are prostitutes seriously need contraceptives to prevent pregnancies and diseases."*

Table 2: Percentage distribution of refugee youth by knowledge, beliefs, and reasons for non-use of condom: Oru refugee camp, 2009

Characteristics	Male	Female
I have heard of condoms		
Yes	100.0	100.0
No	0.0	0.0
I have seen a condom before		
Yes	96.7	95.7
No	3.3	4.3
I believe condom use can help prevent pregnancies		
Yes	82.6	81.9
No	17.4	18.1
I used condom at last sex		
Yes	30.4	24.1
No	69.6	75.9
Reasons for non-use of condom at last sex		
It reduces sexual pleasure	45.3	30.7
My partner wouldn't permit	12.5	21.6
It doesn't work	17.2	6.8
It is against my religious belief	9.4	9.1
It wasn't available at time of sex	9.4	15.9
Used other contraceptives	0.0	13.6
I didn't think it was necessary	6.2	2.3

Since most refugee youths indicated that being displaced had increased their need for contraception, the young mothers who reportedly had unwanted pregnancies in the past and other refugee youths, both males and females, were then asked the reasons for their low use of contraceptives despite their high awareness about contraceptive methods. Results revealed that many respondents believed contraceptives are harmful and dangerous and that chemicals in contraceptives cause damage to the reproductive system. For instance, 33.6% of all female refugee youths studied mentioned that they would not use a contraceptive method to avoid pregnancy in the future; 79.5% of them mentioned the fear of side effects as the reason responsible for their decision, 10.3% mentioned health concerns, and 10.2% believed the use of contraceptives interferes with the body's normal processes. Discussing her reasons for not using any contraceptive method at last sex, a 22-year-old female said:

Table 3: Percentage distribution of refugee youth by knowledge, perceptions, beliefs and attitudes regarding contraceptive use: Oru refugee camp, 2009

Characteristics	Male	Female
I know at least 2 modern contraceptive methods		
Yes	90.2	94.0
No	9.8	6.0
I approve of the use of contraceptives		
Yes	66.3	40.5
No	33.7	59.5
I think contraceptives are safe		
Yes	68.5	45.7
No	31.5	54.3
I used a contraceptive method at last sex		
Yes	30.4	32.8
No	69.6	67.2
Method used at last sex by those who used it		
Condom	100.0	52.6
Oral contraceptive pills	-	29.0
Emergency contraception	-	18.4
I know a contraceptive source about 10 minutes from my house		
Yes	34.8	40.5
No	65.2	59.5
I think contraceptive is good for the family		
Yes	55.4	54.3
No	42.4	42.2
Don't know / Not sure	2.2	3.5
I can use a contraceptive method to avoid pregnancy in future		
Yes	73.9	65.5
No	26.1	33.6
Don't know / Not sure	0.0	0.9
If no, reasons that can't make me use contraceptive in future		
Health concerns	8.3	10.3
Fear of side effects	75.0	79.5
Interferes with body's normal processes	0.0	10.2
Religious prohibition	16.7	0.0

Table 4: Outcome of focus group discussion regarding attitudes and experiences of refugee youth towards the use of male condom: Oru refugee camp, 2009

	Male Liberian refugees	Female Liberian refugees	Male Sierra Leonean refugees	Female Sierra Leonean refugees
Why won't you use condom?				
It reduces pleasure	+	___	++	+
It does not work. It breaks	++	____	+	+
My religion is against it	+	+	____	+
My partner will not permit	+	+++	____	+++
I can't get around to buy	____	____	____	____
I can't afford it	____	____	____	____
I've a trusted partner	++	++	+	++
I believe condom is safer than other contraceptives	++++	++++	++++	++++
I used condom at last sex	++	++	++	++
Living in this camp has increased the need for condoms and other contraceptives	++++	++++	++++	++++

Key: ---- Nobody; + One or more; ++ Below half; +++ Half; ++++ A little more than half; +++++ All

"*I can't risk my life by using contraceptives, they are dangerous. I know a woman in this camp who died due to adverse effects of contraceptives. I know another woman who told me the story of how contraceptives affected her and made her menstrual cycle irregular. Nurses are wicked. They don't tell people about the side effects. They just tell us to use it.*''

During interviews, a 20-year-old refugee woman mentioned the reason for non–use of any type of contraceptive at last sex in the camp. She said:

"*The only type of contraceptive I like is condom because I have heard so many negative things about the other contraceptive methods and so I'm afraid of them. But unfortunately, my boyfriend doesn't like condom at all. He objects anytime I mention it. He says he won't enjoy sex if he uses condom. He prefers to do it naturally so that's why he doesn't use it and if I should force him to use it, he may leave me and go for another girl and I don't want to lose him because he really helps me by giving me money*."

Perceptions, Beliefs and Contraceptive Use

Among the displaced youths, more males than females (66.3% vs. 40.5%) approved of the use of contraceptives. At the same time, more males than females (68.5% vs. 45.7%) believed contraceptives were safe. As Table 3 shows, there was a similarity in the percentage of males and females who believed contraceptives were good for the family (55.4% males and 54.3% females). Among all the refugee youths studied, roughly 30% used a modern contraceptive method at last sex (52.6% of the females used condoms, 29% used oral contraceptives, and 18.4% used emergency contraception). Only 30.4% of the males used a contraceptive method at last sex, and they all used condoms (Table 3). Roughly 70% of all respondents did not use any contraceptive method at last sex in the camp. Focus groups and interviews clearly revealed that the perceptions, beliefs and attitudes of refugee youths toward contraceptives constitute serious barriers to their use. A 21-year-old male who was a father of two children in the camp at the time of the study explained his perception and belief about contraceptives and the reason he advised his girlfriend to stop using them. He said:

"*My girlfriend likes to use contraceptive pills to prevent pregnancies, but I have advised her not to use it again because it's not good for unmarried people like us. I told her it can affect her womb and prevent her from giving birth in the future when she gets married and when she's ready to have children. Contraceptives like pills, injections are only good for married people who already have children, so instead we use condom*."

While many young refugees mentioned different reasons for not using a contraceptive at last sex, one of the few refugee women who approved of its use and who consistently used it in the camp, gave

her reason for doing so. This 18-year-old woman said:

> "*Many girls in this camp sleep with men in order to survive. We are here in Nigeria with nothing and nobody to help us and we have to survive. I already have a child (a son) who is 2 years old and I don't want to have another child again now so I use pills and it works for me. It hasn't let me down. I also use condom too when I'm with new partners*."

Condom Use

Results from focus groups revealed that most respondents believed that condoms were safer than other modern contraceptives such as oral contraceptives (pills), emergency contraception, intrauterine device (IUD), injectables and implants. Yet, condom use was low among refugee youths at last sex. Less than half of all the participants in the focus group discussion reportedly used it at last sex (Table 4). According to quantitative data, only 30.4% of males and 24.1% of females used it at last sex. Non–users who were the majority mentioned different reasons for non–use at last sex. More young men than women (45.3% vs. 30.7%) believed it reduces sexual pleasure and therefore they preferred to have unprotected sex. Of the young women participating in the study, 21.6% said that their male partners would not permit the use of condom during sex and 15.9% said that it was not available at the time of sex (Table 2). During a focus group discussion, half of the female Liberian refugees and half of the female Sierra Leonean refugees said that their reason for not using condom at last sex was that their partners did not permit it. Less than half of the male Sierra Leonean refugees believed condom use reduces pleasure (Table 4). During in-depth interviews, none of the interviewees mentioned that they cannot find condoms to buy around the camp, and none mentioned that they cannot afford to buy condoms. Some young refugee women noted during interviews that they feel uncomfortable demanding or asking for contraceptives because they are unmarried and many in the camp have conservative social values. Some young women mentioned that they were shy because family planning is considered appropriate only for married people. A 15-year-old girl who reported that she would have loved to use condom as a method of contraceptive at last sex in the camp gave her reason for not using it. She said:

> "*I like using condom during sex but I didn't use it the last time I had sex because I didn't want to buy it in the camp. I don't want anyone to think I'm a prostitute. I remember the last time I went to buy condom and pills in a chemist in the camp; I was embarrassed by some women. They asked me what a young girl like me wanted to do with condom and pills. I was so ashamed that I had to lie that someone sent me. So, I prefer buying it outside the camp, a little bit far away, where no one knows me*."

A 20-year-old-boy expressed his belief about the use of condom as a method of contraception and his preference for emergency contraception. He said:

> "*Condoms are available in the camp. I personally do not use it because my religion is against it. Also, some friends who use it say it doesn't work and that it breaks during sex so why should I waste my time using it. I prefer the tablet method – Postinor – that some girls use after sex. It's more reliable*."

A 16-year-old-boy said during an interview:

> "*I would have loved to use condom the last time I had sex, but I didn't have it at home. I didn't know it would happen. My girlfriend just came to my house and we did it. If I had known, I would have bought it and kept it at home*."

Access to Contraceptives

The study also found that gaining access to different modern contraceptive methods was a challenge for refugees in the camp. For instance, roughly 60% of all respondents mentioned that gaining access to contraceptives was a problem for them in the camp and that they didn't know a contraceptive source very close to the camp (Table 3). During interviews, respondents complained that they experience difficulty in accessing contraceptives and other family planning products and services in the camp. A 24-year-old woman said:

> "*Before, contraceptives like pills, IUD, injectables, etc., were free in this camp, but since the camp clinic was closed in 2007, we now go to hospitals in the surrounding community to receive the service. It's no longer free. Some of us like to use it, but we can't get it in the camp. That's the problem*."

All discussants mentioned during focus groups that they have access to condoms in the camp, but that this contraceptive is not free. They mentioned that vendors sell it in the camp to any refugee who needs it. Another young refugee woman, a 20-year-old, described how challenging it is for them to gain

access to contraceptives and other family planning services. She said:

> "*It is not easy for us to get contraceptives in this camp. When we need it, we go to hospitals in the neighboring communities like Victory hospital, Oru Awa maternity center and so on. The nearest clinic where we get contraceptives is about 30 minutes' walk from the camp so we trek there. The other ones are far away so, we go by car*."

It is obvious that the location of the camp itself is a barrier to accessing family planning services because of the distance to the health facilities in the surrounding communities where they go to find services.

Discussion

The findings confirmed the existence of unprotected sex, early sexual debut, transactional sex, survival sex and other forms of sexual risk-taking among displaced young people in refugee situations as reported by previous studies[3-5,15,17]. This study also revealed the low use of contraceptives at last sex by many young refugees despite a high prevalence of sexual practices in the camp. The low use of contraceptives among these refugee youths provides an explanation for the high prevalence of unintended pregnancies, as was earlier reported by the UNHCR[16]. During field work, unintended pregnancy was found to be a major issue of concern among young refugee women in this camp. For instance, about 50% of all the refugee women studied were found to be mothers between the ages of 15 and 24 who had given birth to at least one unintended child in the camp in the past few years.

It was obvious from the findings that there was a great unmet need for the use of contraception among these refugee youths in Oru refugee camp. A great majority of them reported that they did not intend to get pregnant at these young ages and in this resource-poor setting and wanted to postpone child bearing but yet were not using any contraception. While some earlier studies among refugees and Internally Displaced Persons (IDPs) have identified little knowledge and awareness of contraceptive methods and lack of knowledge as a barrier to the use of contraception among them[10-12], our results showed a different picture entirely. Awareness of at least two modern contraceptive methods was high among almost all respondents, and the majority were aware that engaging in unprotected sex constitutes a risk for unintended pregnancy. Yet, there was a low rate of contraceptive use among them. It became obvious that the displaced young persons were facing some obstacles to practicing contraception in the camp.

Like some earlier studies, this study found that perceptions, beliefs and attitudes of refugees toward contraceptives were obstacles to their use among some refugees[12-13], Our findings showed that most refugee youths were misinformed and had very little correct information about contraceptives. Most refugees wanted to practice contraception to prevent pregnancies but did not because they perceived modern contraceptive methods, such as oral contraceptive pills, emergency contraception, injectables, IUDs, etc., as being dangerous to their health.

It was clear from our findings that such concerns were the major reason for non–use of contraceptives among them. The refugee youths had different misperceptions about the safety of the methods such as fear of side effects, belief that contraception can affect their fertility, etc. It was obvious from the focus groups and interviews that many young refugees had been misinformed by their peers and friends and therefore lacked adequate and correct information about contraceptives. The different misconceptions, negative perceptions and rumors the young refugees have about contraceptives in Oru refugee camp have contributed to low use of contraceptives, high unmet need for family planning, a large number of unintended pregnancies, with many of them being born into poverty in the camp, early child birth by young refugee women in the camp, and poor reproductive health outcomes.

Another major barrier to the use of contraception among refugee youths in Oru camp was difficulty in obtaining access to family planning services in the camp as a result of psychosocial and geographic obstacles. Although most refugees preferred using condoms to other modern contraceptive methods, such as pills or injectables, because they believed them safer and more convenient, they cited other barriers preventing the use of condom at last sex. As a result of the different obstacles to practicing contraception among these young refugees in Oru camp, they are far from having complete access to family planning which is a recognized human right. They are unable to exercise this right since their family planning and reproductive health needs go unaddressed and neglected. As a result they experience unintended pregnancies and other reproductive health challenges which may affect their health and their well-being as displaced young people. The findings point to the need for the provision of contraceptive education for these war-affected young people to offer them accurate information about contraceptives—any side effects, safety and the effectiveness of different methods. Such instruction can go a long way toward increasing their awareness of family planning and reproductive health issues and fostering behavioral change.

The study has some limitations. The camp population from which we drew our sample was not as large at the time of the data collection as it had been. Hundreds of refugees living in the camp had repatriated to Liberia, Sierra Leone and Democratic Republic of Congo (DRC) a few months before the study, and also a lot of movement was going on in the camp around the time of data collection. Because the wars and civil conflicts were over in their native countries, hundreds of refugees were returning home at regular intervals at that time, reducing the population of the camp. In 2005, that population totaled about 7,000 refugees; at the time of the study (December 2008-January 2009) the population had shrunk to about 3,000. The high mobility of the camp population around the time of the data collection was a challenge to the study because some young refugees had repatriated and we had to select our sample from the young people who were available in the camp at the time of the study.

Generalizing the results of this study to other camps in other parts of the world is limited for several reasons. Cultural, religious, attitudinal and behavioral characteristics differ among refugee groups, and people are known to bring with them the attitudes and behaviors of the different places they have left when they move. Additionally, refugee youths in this study live in Oru camp where access to information and services is limited by the location of the camp. It is possible that young refugees in other settings may live in camps where they have better access to contraceptives and family planning services and therefore may have different contraceptive preferences, perceptions, attitudes and beliefs. Despite these limitations, the findings of this study have provided a better understanding of some of the reproductive health challenges and concerns displaced young people face in refugee situations. The findings may aid in the development of targeted interventions to educate displaced young people in order to dispel misperceptions about the safety of contraceptives and to ensure the availability of family planning services and youth-friendly providers with whom displaced young people are comfortable and who would ensure their privacy and confidentiality. Such efforts can help prevent unintended pregnancies, unsafe abortions and other poor reproductive health outcomes to young women in displacement situations.

Our findings highlight the extreme vulnerability of the young refugee women in this camp, some of whom engage in transactional sex and prostitution in order to survive and who in some cases were not able to negotiate condom use with much older male sexual partners. This situation points to the need for empowerment training and the provision of income-generating opportunities to alleviate their dependency on prostitution, which in turn exposes them to a range of sexual and reproductive health risks. Already, some young women in the camp are skillful in hairdressing and engage in it as a source of livelihood, and many Nigerian women living in surrounding communities patronize them by plaiting and braiding their hair in the camp. We found this enables some young refugee women, especially young mothers, to earn a living to support themselves and their children. The importance of empowering these young refugees—especially women—to achieve self-reliance cannot be overemphasized. Finally, there is need for better access to emergency contraception and condoms in this setting where unprotected sex is very common among the young.

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