

Family Resilience of Ivorian Refugee Families Living in the Ampain Refugee Camp in Ghana

Qualitative research

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2019

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This thesis is submitted in partial fulfilment of the requirements for the degree of
Master of Philosophy in Global Health at the University of Bergen.

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ABSTRACT

Background: There are more than 6 000 Ivorian refugees living in the refugee camps in Ghana, and they are the biggest group of refugees in the country. However, no research has been done on their well-being and family life at those camps, and a limited amount of research has been conducted on the well-being and resilience of families living in refugee camps in general.

Aims and objectives: The aim of this study was to gain a deeper understanding of family resilience of Ivorian refugee families living in the Ampain refugee camp in Ghana. The objective of this study was to describe the barriers or challenges and the opportunities in the life of Ivorian families living in the Ampain camp in Ghana.

Methods: The research followed the principles of qualitative research. In total, 23 Ivorian individuals from 10 different families living in Ampain refugee camp were interviewed and field notes were made during the field work. The findings were analysed using inductive data analysis.

Results: The results of this research were categorized under six different themes (lack of money, safety and security, health care, education, family relations, and happiness at the camp) which described the challenges and opportunities that families face in their daily life at the camp. Those themes that came up in the interviews were similar to the ones described as part of core functions of the families in the family resilience theory, and we can conclude that the family resilience of the Ivorian refugee families living in the Ampain camp is not as good as it could be, as families are not able to fulfil the core functions of the family.

KEYWORDS: Family resilience, migration, refugees, refugee camp, Ghana

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List of abbreviations

ADRA	The Adventist Development and Relief Agency
FAAR	Family adjustment and adaption response model
GHC	Ghanaian Cedi (Currency in Ghana)
NADMO	National Disaster Management Organization in Ghana
NOK	Norwegian Kronor (Currency in Norway)
REK	Regionale komiteer for medisinsk og helsefaglig forskningsetikk (Regional committees for medical and health research ethics in Norway)
UNHCR	The United Nations Refugee Agency
USD	United States of America Dollar

Acknowledgements

This project would have not been possible without the kind support and guidance from the Centre of International Health at University of Bergen and especially from my supervisor David Lackland Sam. Thank you for helping me through all the steps in this process and supporting and encouraging me even during the most discouraging phases.

This project also owes many thanks to those people in Ghana who made my field work in the Ampain Camp possible. Thank you Gifty Amemasor-Doe for dedicating your time and helping me with all the practical aspects before, during and after the field trip. I am truly grateful that I had the chance to get to know your family and explore Accra with you. Also, this project would have never happened without the support and help from Ghana Refugee Board and the camp staff in the Ampain Camp. I would like to give special thanks to David Kohen and Croisier Delacre-Vivier Stephane Konadiane, who volunteered to help me with the interviews and helped me contact the families, showed me around at the camp and worked as interpreters and translators during my stay.

I would also like to give many thanks to my friends and family and especially to my housemate, who helped me through this project even at those moments when I was sure that I would never finish my thesis.

Last but not least, I would like to give my sincerest thanks to all those families in the Ampain refugee camp, who dedicated their time to help me with my research by sharing their stories through interviews. I am honoured that you wanted to share your stories with me, and I hope that the results of this research will assist officials in Ghana in making decisions that will contribute to the well-being of families in Ampain and in refugee camps elsewhere.

1. Introduction

More than one million Ivoirians were displaced during the period between the end of 2010 and the beginning of 2011 because of the violence that followed the 2010 presidential elections in the country (UN High Commissioner for Refugees, 2017a). Many of the victims of this violence fled to neighbouring countries, including Ghana. To cater to the large number of Ivoirians entering into the country, three new refugee camps were opened in Ghana in March 2011 under the auspices of the United Nations High Commissioner for Refugees (UNHCR). In spite of the fact that most of the Ivoirians who came to Ghana have now returned to their homes in Côte d'Ivoire, there are still more than 6 000 Ivoirians living in refugee camps in Ghana, making Ivoirians the biggest group of refugees living in Ghana. (Ghana Refugee Board, 2017; The Internal Displacement Monitoring Centre, 2013.) There are no clear answers or research findings accounting for why those 6 000 Ivoirian refugees have remained in Ghana. This research sheds some light on why so many Ivoirians have remained in Ghana and suggests that Ivoirian refugees who have remained in Ghana do not feel safe to return to their homes. What is more, after spending almost a decade in Ghana, most of them do not have anywhere to return to. Most of the places they called home a decade ago are not there anymore.

Even though most of the Ivoirian refugees have now stayed in the refugee camps in Ghana for almost a decade, the literature review hardly found research about their lives, well-being or their health in refugee camps. Thus, the aim of this study was to start to fill that gap in the research by gaining a deeper understanding of the life and resilience among Ivoirian refugee families living at the Ampain refugee camp in Ghana.

Considering the global flow of refugees and the long periods of time they spend in camps, it is important to gain more knowledge about camp life in general, but even more so about how families cope in the camps. Research has shown that family experiences in the camp cumulate in the next generations: it is therefore important to understand the experiences of the families that are currently in camps to improve the well-being of refugees in the near future. The knowledge will also be useful in catering to the welfare of present-day refugee children (Pakaslahti & Huttunen, 2010).

Additionally, for much of the time, research has focused on life in very large refugee camps. Research in small refugee camps like those in Ghana have not received much attention. There is lack of research on how life in smaller camps compares with that in larger camps. Thus, the main objectives of this study were to describe the challenges and opportunities in the lives of families living in the Ampain

camp in Ghana. The study uses a qualitative approach to explore how refugee families feel that their needs as family can be better met and how their quality of life can be improved in the camp.

This research focused on evaluating family resilience of Ivorian families that live in the Ampain refugee camp, which is the biggest refugee settlement for Ivorians living in Ghana. Despite being the largest refugee camp in Ghana with more than 3000 residents, Ampain refugee camp is considered small on a global scale. To conceptualize the concepts of family and family resilience for the purposes of this research, we used Patterson's theory about family resilience and the concept of family as a social system.

As concepts, family resilience and a resilient family mean that a family as a unit is able to cover core family functions such as offering a safe and healthy environment for its members, fulfilling their basic needs like housing, food and clothing, and offering its members possibilities to educate themselves and socialize with other families (Patterson, 2002a; 2002b). To evaluate family resilience of Ivorian refugee families living in Ampain refugee camp, this research first aimed to evaluate the extent to which the families are able to cover those functions and what risk factors could be associated with the expectation that the family cannot meet those functions. The study also sought to understand which factors promote or hinder their possibilities to cover those family functions. (Patterson, 2002b). In this research, being a refugee was seen as a significant risk exposure that can affect families' possibilities to meet the family core functions (Patterson, 2002b). Thus, the aim of this study was to evaluate how Ivorian families are doing at the camp setting and how their resilience and well-being could be improved.

There are several studies on refugees and refugee families in Ghana such as Hardgrove's (2009) research on the implications of Liberian refugee families demands and capabilities for return to Liberia, Dako-Gyeke's and Adu's (2017) research on challenges and coping strategies of Liberian refugees' experiences in Ghana, and Woodward's and Galvin's (2009) research on the life of Liberian former child soldiers in Ghanaian refugee camp. However, most of the previous research has mainly been conducted on Liberians who are culturally different from Ivorians. Thus, findings on Liberians cannot be generalized to Ivorian refugees in Ghana. Moreover, hardly any of the previous refugee studies in Ghana have focused on the family life of refugees in spite of the fact that many refugees fled into exile with their families. A literature review could not find any study on family resilience of Ivorian refugee families in general and on Ivorian refugee families in the Ampain camp in particular. Thus, this study sought to fill this knowledge gap in order to support those families.

This master's thesis research was conducted as qualitative research and the field work was done in the Ampain Refugee camp in Ghana. Semi-structured in-depth interviews alongside the field notes were used as a source of data for the research. 23 individuals including mothers, fathers and adolescents were interviewed in Ampain refugee camp in September 2018, and the interviews were analysed using inductive approach.

2. Background and literature review

2.1 Migration and refugees

Migration as a term covers all the movement of a person or a group of people within a country or from one country to another. A person who is part of this kind of population movement as an individual or as a member of a larger group, irrespective of their legal status, length of stay in a new location or reasons behind migration, is referred to as a migrant. (International Organization for Migration, 2018; Lindstrand et al, 2014.) In this thesis, the term international migrant is used to describe people who move from one country to another and the term migrant is used to describe all the people migrating from one place to another.

It was estimated that in 2017 there were over 258 million people living outside the country they were born, and UN High Commissioner for Refugees have assumed that the number is only growing. In terms of percentages, these 258 million people make up 3,4 % of the global population. Stated in another way, nearly four out of every 100 people are migrants. Between 2000 and 2017, the total number of international migrants increased from 173 million up to 258 million people. (United Nations, 2017; UN High Commissioner for Refugees, 2017c.) Reasons to live somewhere else but in one's own home country vary a lot. The most common reasons for migrating are family relations or studying or working elsewhere. However, the number of people fleeing from war or natural disasters is also growing. Migration can also take place within a country (referred to as internal migration) and it can be either short-term, long-term or permanent (International Organization for Migration, 2018; Bhopal, 2014.) Most international migration takes place within the same area or region that a person is from, quite often from neighbouring country to another. Prime examples of this are Southern Sudanese refugees in Uganda and Syrians in Jordan. (United Nations, 2017.)

Migration is quite often a stressful, expensive and difficult process both for the individual and for the society even if it occurs voluntarily (Bhopal, 2014). Acculturation, which often arises in the wake of migration, includes the changes and the outcomes of the meeting between people from different cultural backgrounds. Acculturation to a new country involves several steps and includes adopting to new ways of life from the host majority population, from other minorities living in a new host country and evaluating and possibly changing your traditional ways of living and in that way adapting to the

new society (Bhopal, 2014). Migration in general also affects the subjective experience of well-being of the person migrating in many ways (Amit & Riss 2014).

Even if most migrants move from one country to another out of their own wish, not all migration is voluntary. A person who is fleeing from his or her home because of a well-founded fear of not being able to continue to live safely in their home country and whose life, security or freedom are threatened by, for instance, violence, internal conflicts, violations of human rights or other circumstances that makes normal life impossible, is called a refugee or an asylum seeker. Collectively, refugees and asylum seekers are referred to as forced migrants. Before gaining the official status of a refugee, a person who seeks safety from another country is called an asylum seeker. (International Organization for Migration, 2018.) Approximately 10 % of international migrants are refugees or asylum seekers, and beginning from the year 2000 the number of them has increased from 16 million up to 26 million people (United Nations, 2017). The United Nations High Commissioner for Refugees has estimated that in 2016, 65.6 million people were forcibly displaced from their homes around the globe. About 30% of world's displaced people are hosted in Africa, 26% in the Middle East and Northern Africa and 15% in the Americas and Europe. Only 11% of displaced people are hosted in the Asia and Pacific region (The UN High Commissioner for Refugees, 2017b). These statistics should perhaps not be surprising, considering that it is in these parts of the world where there are the most human rights violations (Human Rights Watch, 2017.)

2.2 Ivorian refugees in Ghana

Ghana has been hosting refugees for decades, and migration to and from Ghana especially within neighbouring countries has always been active (Ghana Refugee Board, 2017). Most of the refugees that are currently in Ghana have been living in Ghana for more than six years. Ivorian refugees who came in 2010 and 2011 have been the most recent influx of refugees to Ghana. Before that, the major influxes were in the 1990's and in the beginning of 2000's by Togolese and Liberian refugees. (UN High Commissioner for Refugees, 2017c.)

Ivorian refugee displacement occurred at the end of 2010 and the beginning of 2011 because of violence that followed elections in November 2010 in Côte d'Ivoire. More than one million Ivorians left their homes, and more than 70 000 Ivorians are still living in displacement either within Côte d'Ivoire or in the neighbouring countries. (The Internal Displacement Monitoring Centre, 2013.) In

2017 it was estimated that over 24 000 Ivorian refugees were living in four neighbouring countries of Côte d'Ivoire: Liberia (c. 11 000 Ivorian refugees), Ghana (c. 6 600 Ivorian refugees), Guinea (c. 4 500 Ivorian refugees) and Togo (2 000 Ivorian refugees) and rest of the Ivorians were mainly displaced internally within Côte d'Ivoire (UN High Commissioner for Refugees, 2017d).

At the moment there are four different refugee camps in Ghana. Three of those camps were established in 2011 when thousands of Ivorians fled to Ghana from Côte d'Ivoire. Currently, those three camps host over 6000 Ivorians and in total, Ghana is hosting over 13 000 refugees and asylum seekers in the refugee camps. Ivorian refugees in Ghana can be found in three camps: the Ampain camp in the Western Region of Ghana, the Egyeikrom Camp in the Central Region of Ghana and Fetentaa camp in the Brong Ahafo Region. Nevertheless, the majority of Ivorians reside in the Ampain camp. Most Togolese refugees live in host communities in the Volta River region in the Eastern part of Ghana. Refugees of several other nationalities are hosted in the western region in a camp called Krisan. About 6500 refugees have also self-settled in urban areas and in host communities mainly around the capital in greater Accra region. (Ghana Refugee Board, 2017; UN High Commissioner for Refugees, 2017c.)

2.3 Family resilience and families' well-being in the refugee camps

Well-being as a concept has been described in literature in several different ways: for example, it may refer to the quality of life, life satisfaction, overall health of a person, or happiness of a person. The most recent research on well-being has determined that subjective well-being is not only a sensation of happiness, but that it also includes the capability to react to different situations in life (resilience) and the capability to reasoning and meaning-making in ones life. (Amit & Riss, 2013.) Research has also shown that psychosocial well-being is a deeply cultural phenomenon and consequently the research on immigrants' well-being has been one of the most challenging sub-topics to research in relation to the lives of immigrants (Kerkkänen & Säävälä, 2015).

In one of the most famous theories of well-being, Allardt (1993) describes well-being as something that consists of three components: having (including material resources and living standards), loving (feeling of membership) and being (being able to fulfil ones own potential). This theory is also used as a background for most of the research that has been conducted on the subjective experience of well-being. For example, by using this kind of perspective as a starting point, Herrero, Fuente and

Gracia (2011) have managed to show that there exists a relation between social integration and good subjective well-being among Latin American immigrants in Spain.

In general, factors such as age, sex, socioeconomical situation, level of education and one's habits and life choices affect the general well-being of migrants in the same way as they affect the well-being of any other person. However, we have to take into account that there are also several factors that affect the well-being of immigrants only. These factors are, for example, related to the reasons for migration, to the immigration processes in the country of origin and in the country of arrival, to the experiences while immigrating, and to the cultural differences between the previous and current home country (Malin, 2011). Several studies clearly indicate that living in refugee camps, traumatic experiences and an unstable life situation during the migration process decrease the experience of well-being and increase the amount of many mental and physical illnesses (Fazel, Wheeler & Danesh, 2005).

Resilience, the ability to cope with different events in one's life, is a crucial part of everyone's well-being. As we all face difficult situations in our lives, we need to have the ability to bounce back from those situations and continue our lives with those experiences (The Resilience Institute, 2018). For the purposes of this research, the researcher wanted to focus on this resilience aspect of well-being, as obviously refugees are facing several situations where the ability for resilience is needed. We also wanted to widen the perspective from the level of individual experiences to the level of family.

Thus, family resilience is a central concept in this study. The concept of family resilience extends the experience of resilience from the individual level to the family level and explains the potential that a family as a social system has, as it is able to recover, repair and grow from the serious life challenges (Pogosyan, 2017; Walsh, 2012). Joan M. Patterson first introduced the model of the Family Adjustment and Adaptation Response in health-related issues in 1980's, and in 2002 she published an article combining family stress theory and family resilience in which she clarified terms around family resilience. (Patterson 1988; 2002a; 2002b.) Her articles were strongly based on Reuben Hill's theories about environmental stressors and theories on how some families cope better than others (Taylor, 2013). In 2015, Henry, Morris and Harrist published an article that evaluated Patterson's theories. Henry and colleagues suggested that as family resilience had been well conceptualized and studied, it was about time to bring some consistency into the use of terminology. Accordingly, they presented a family resilience model that combines the previous theories by Patterson and also takes into account the critique it has received and the knowledge from other research. (Henry, Morris & Harrist, 2015.) In the research papers mentioned above, family is seen as a social system that consists

of two or more individuals who are working together in a relationship to cover family's core functions which are described below (Patterson 2002b).

Family resilience means that family as a unit is able to cover a family's core functions that serve both individuals in the family but also the society around the family. Core functions for the family are family formation and offering the feeling of membership to its members, providing economic support and safety to its members, offering education, nurturance and socialization for all of its members and protection to the weakest members of the family. As those are functions of a family, more than one person from the family needs to be involved to cover those functions. (Patterson, 2002a; 2002b.)

To be able to understand family resilience, Patterson suggests that we first need to evaluate the extent to which a family is able to cover those functions described in the previous paragraph. Secondly, we need to evaluate which risk factors could be associated with the expectation that the family cannot meet those functions. Finally, we need to understand which factors promote their possibilities to cover those functions. (Patterson 2002b.) In family adjustment and adaptation response model (FAAR) family resilience is seen as a combination of families' capabilities, including resources (material and psychosocial) and coping behaviours of the family, and demands such as stressors, strains and daily hassles. In the adjustment phase, families' capabilities and demands are not in balance and there are more demands than resistance, but the family is not making any major changes to alter the situation. However, some kind of a crisis in the family (such as fleeing the country) could change the situation. A resilient family should either be able to acquire new resources and coping strategies to reduce the demands under such circumstances, or change their way of looking at the situation to find a balance between demands and capabilities. (Patterson, 1988; 2002b.)

Obviously, the resilience theories and family resilience theories have been questioned, namely whether resilience automatically improves one's well-being. Nevertheless, the majority of research seems to support the hypothesis that in most cases the experience of well-being, whether at individual or community level, is strongly related to higher level of reported resilience (Mguni, & Brown, 2012). In relation to family resilience theory, one of the main questions is whether family resilience theory takes well enough into account the fact that to some extent resilience is also something that can be learned and improved (Skills for Care, 2019; Srivastava, 2011).

The issues discussed above are also raised in Masten's (2018) comprehensive article "Resilience Theory and Research on Children and Families: Past, Present, and Promise" and in Breda's (2018) article "A Critical Review of Resilience Theory and its Relevance for Social work". They emphasize

that even if there are several different perspectives to the topic of resilience and its family perspective, and even though different researchers underline different sub-themes, overall it seems that the concept of family resilience is widely accepted and understood in a similar way throughout the scientific field. Despite the minor differences in the perspectives, Patterson's ideas and theories are generally accepted by other researchers in the field and that is also why the researcher chose to focus mainly on Patterson's work on this research paper.

Families' resilience or well-being in the refugee camps of Ghana or Western Africa on the other hand has not sparked much scientific interest. Hardgrove (2009) has managed to describe the daily experiences and challenges of Liberian refugee families living in Buduburam refugee camp in Ghana. In this study several stress factors that affect the family lives of the refugees are listed, including loss of spousal support and loss of autonomy, as well as economic challenges, feeling of insecurity, and continuous stress and anxiety caused by those issues. However, they were also able to find some significant resources that refugee parents and caregivers use to cope in the camp settings. Parents were able to adopt different livelihood strategies by using and combining their old skills and by gaining more skills in the camp, and as a consequence they managed to survive with limited resources. Parents also felt that psychosocial support of Church and religion helped them to maintain their family life. Finally, they also felt that scholarships to cover their children's school fees helped their families to gain faith for better future.

Dako-Gyeke and Adu (2017) have described the challenges and coping strategies of Liberian refugees in Ghanaian refugee camps in general. They found that refugees' main challenge in the camp was disruption of their social networks involving their families, partners, neighbours and different ethnic and religious groups. The identified challenges are consistent with Hardgrove's research (2009).

In their study, Woodward and Galvin (2009) described the challenges that young Liberian refugee children who are former child soldiers faced in Ghanaian refugee camps. They suggest that the former child soldiers' wellbeing could be improved by paying more attention to their geographical location. They recommended that these children should not be placed in areas that could confirm or underscore their feeling of isolation and social segregation. They also suggested that meeting the educational and employment needs and offering a possibility to continue their education or start a new career would significantly improve their well-being. As many of those children also had post-traumatic stress disorder or related symptoms, they suggested that offering psychological counselling and help to achieve social acceptance would support their settling in Ghana. (Woodward and Galvin, 2009.)

To summarize, it is important to remember that well-being or resilience is not a static line, but something that is constantly changing and developing in relation to everyday life events and other people. When studying the well-being and resilience of refugee families, we need to take into account all the aspects including the aspect of migration process and the aspect of being a refugee, the family aspect and of course the individual aspect of resilience. (Castaneda et al. 2018.)

3. Aims and objectives

The aim of this study was to gain a deeper understanding of family resilience of Ivorian refugee families living in the Ampain refugee camp in Ghana.

The objectives of this study were to describe the barriers or challenges and opportunities in the life of Ivorian families living in the Ampain camp in Ghana by using qualitative research methods.

The research questions were the following:

- 1) To what extent are the Ivorian refugee families living in the Ampain refugee camp able to fulfil core functions of the family in the Ampain refugee camp settings?
- 2) What are the promoting and hindering factors that affect the fulfilling of those core family functions in the Ampain refugee camp?
- 3) What do Ivorian refugee families consider needed in order to improve their quality of life and help them to fulfil the core functions of family in the camp if these are not already and adequately met?

4. Methodology

4.1 Study design and methods

As the main purpose of this research was to gain deeper understanding of a phenomenon which has not been researched before, a qualitative design was used. Al-Busaidi (2008) describes in his research that qualitative research intends to emphasize the meanings, experiences and views of participants around certain phenomena. In this case, the meanings, experiences and views linked to the topic of family resilience of the Ivorian refugees in Ampain Refugee camp were examined instead of offering quantitative results like numerical findings, which include trends and frequencies. This study primarily utilized the ethnographic research tradition as the purpose of this study was to obtain a holistic picture of family resilience of Ivorian refugee families in the Ampain camp and portray their everyday experiences by observing and interviewing them. (Cresswell, 2014.)

In-depth interviews with semi-structured interview guides were the main methods of data collection in this research, but observation within the camp and in the families was also used to gain extra knowledge. There were two different interview guides, one for parents and one for adolescents (see appendices E and F). Instead of using structured or unstructured interviews, the semi-structured interview was chosen as a method, as it offers more flexibility to explore interviewees' feelings, attitudes and experiences than a structured interview, but gives more control for the researcher than using completely unstructured interviews as a basis of analysis (Al-Busaidi, 2008). The researcher decided to use interview guides as Al-Busaidi (2008) suggests that it helps the interviewer follow the same basic lines in all the interviews and helps to manage the interviews in a more systematic way compared to interviewing without the interview guide.

4.2 Study area, settings and target population



This study was conducted in the Republic of Ghana, which is a country located in West Africa (see figure 1). The research interviews were done in Ampain refugee camp, which is the biggest refugee camp in Ghana, located in the Western Region of Ghana in the Ellembelle district (see figure 2). The Ampain camp site was chosen based on recommendation from the researcher’s local contact person at the Ghana Refugee Board. Moreover, it is the biggest camp hosting Ivorian refugees in Ghana.

Figure 1: Map of Ghana

(Vecteezy 2019)

The Ampain refugee camp was established on March 19, 2011, by the UNHCR. The camp is located in the Ellembelle District in the Western Region of Ghana, and was the first of three camps to be established in 2011 to shelter displaced Ivorians fleeing the hostilities following November 2010. Whereas there were over 5,000 persons of concern (PoC) in the Camp in 2016 (UN High Commissioner for Refugees, 2016), this number had fallen to a little over 3,400 in March 2017 (UN High Commissioner for Refugees, 2017a). The majority of the residents in the camp (over 90%) are Ivorians (Ghana Refugee Board, 2017).

The Ampain camp consists of two sub-camps, Camp A and Camp B. Ivorian refugees are equally distributed between the two sub-camps. There is a police post, a nursing clinic, fire officer and community school at the area of Ampain camp. The refugees in the Ampain camp need to seek more advanced health care in local health centres in nearby villages and towns. (Ghana Refugee Board, 2017.)

Officially, the camp is run by the UNHCR, but the Government of Ghana provides assistance in the provision of camp management through the National Disaster Management Organization (NADMO) and the general oversight of operations through the Ghana Refugee Board. UNHCR continues to receive favorable collaborations from Ghana Refugee Board, Ghana Immigration Service, Police, the District and the Municipal Assemblies, as well as the Ghana Health Service (Ghana Refugee Board, 2017.)

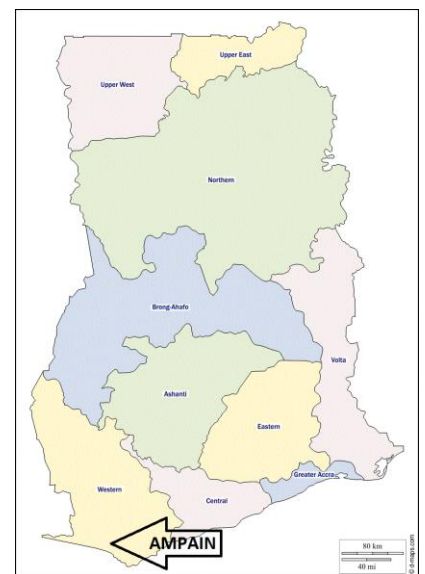


Figure 2: Map of Ampain (D-maps 2019)

Target population were Ivorian families who had fled to Ghana after 2010 because of violence that followed the presidential elections and who at the moment live in the Ampain refugee camp. Families with one or more parents and with one or more children were included and the families without children were excluded. Access to the camp and to the families was channelled through the UNHCR office in Ghana and by the Ghana Refugee board.

4.3 Sampling, recruitment and enrolment

Purposeful sampling was employed to recruit families for interviews. First families were identified in cooperation with camp staff, and from there onwards the researcher looked for families in cooperation with both the interpreter and a local contact person addressed for the researcher by the camp staff. The researcher did not have a chance to choose families independently and that might have caused selection bias as the researcher did not have access to the information who chose to participate and who chose not to and why.

In total, the researcher interviewed 10 families. To define families suitable to participate to this study we used Patterson's definition for family, which says that family is a social system that consists of two or more individuals who are working together in a relationship to cover family's core functions (Patterson 2002b). In practice that meant that families with two or more members were taken into account, but to be able to consider all the aspects of the core functions we enrolled only families where there were at least one vulnerable member, such as a child.

Triangulation of sources was used to provide more accurate evidence, which also strengthens the research. In practice this means that instead of interviewing one group of people the interviewer chose to interview both parents and adolescents and also chose to do more informal interviews with the camp staff. The goal of triangulation of sources was to check the consistency of the different data sources by using the same method and to compare the experiences, perspectives and feelings that different people have regarding the same topic. (Al-Busaidi, 2008; Patton, 2002.)

As part of the recruitment process, possible participants were informed about the study design and the details related to their participation, and they also received a written information letter about the study. The information letter was translated orally for them when necessary (see appendices C and D). After that they had time to decide whether they wanted to participate in the study.

Before enrolling in the research each participant signed a written consent form which was translated to them. As refugees are considered a vulnerable group (Leaning, 2001), extra time was dedicated to ensure that all the participants had understood the purpose of the study and meaning of signing the consent form and confidentiality. As cultural differences, educational background, language and social norms can make it difficult to obtain truly voluntary and informed consent (Leaning, 2001), interpreters were used to go through the consent form.

4.4 Data collection

Data collection was conducted in September 2018 in the Ampain camp in Ghana. In-depth interviews were conducted with a sample of 10 Ivorian families and a total number of 23 people living in Ampain refugee camp. Interviews were semi-structured and lasted between 20 and 90 minutes (see appendices E and F for interview guides). The members of individual families were interviewed on the same day to avoid the possibility of family members affecting each other's answers. Additionally, observation in families and within the camp was used for data collection as the researcher spent about 3 weeks around the camp area. Data collection was finished once the researcher felt that there is enough data to reach saturation. In addition to the researcher and the interviewees, the interviews were attended by a interpreter and a local contact person from the refugee community addressed for the researcher by the camp staff.

As most of the families interviewed did not speak English, interpreters were used to do the interviews with the researcher. In settings where the researcher does not speak the same language as the interviewees translation in early phases of a study is recommended (Santos, Black & Sandelowski, 2015). Consequently, the interviews were done by the researcher and the interpreter together, and conversations were translated at the same time as the conversation went on. In Wallin's and Ahlström's (2006) systematic literature review they suggest that some effort should be put into considering how the interpreter's role affects the research process and how interpreter's competence and style of interpreting affect the findings of the study. The researcher has covered this topic in the discussion part of this paper. The interpreter and a contact person were paid by the researcher.

After having acquired the consent for recording from the interviewees, all the interviews were recorded by a digital recorder and a mobile phone. After the interviews the recorded interviews were

transcribed by the same interpreter who participated in the interviews. After that the transcriptions were checked by the researcher before starting the analysis.

While observing the families and life in the camp, the researcher made field notes, took photos and recorded the activities and daily life of the families in the camp. As a participant observer, the researcher participated in the daily activities in the camp and discussed freely with the families, Ghanaians spending time at the camp and around the camp, and also with the camp staff. Those spontaneous discussions were not recorded, but detailed field notes were made by the researcher. Those notes were then analyzed in the same way as recorded interviews.

At the end of the research, each family that participated in the research were given a token gift of 10 GHS (approximately 2,5 USD; 23 NOK), deemed appropriate by the officers of the camp. This token gift was not advertised for the participants in the invitation letter or consent forms to make sure that the money was not the motivation to participate in the research for those families that are in a difficult economic situation in their lives. That was also the reason why the token gifts were given to the families only after all the interviews were completed and not right after each interview.

4.5 Data management and analysis

All the data was kept confidential and as safe as possible during the research. Written material, such as field notes, was kept in a locked hotel room or with the researcher all the time and data in the computer was saved on a password protected computer. The true identities of the individuals, such as the name, age and gender of an interviewee, were kept separate from the interviews and the transcripts.

After conducting the interviews, and before the interviews were analysed and interpreted, all the collected data material was made anonymous to ensure the participants' anonymity and confidentiality. The audio-recorded interviews were deleted once they had been transcribed. During the interviews, information that could help to identify individuals was not directly asked, even though in some of the interviews some personal information was revealed. Nevertheless, during the transcribing process any such information was deleted.

Only the researcher had access to the codes of the individuals, even though these codes were not needed for identifying people. The identifying information was only used as a basis to understand the broader context of an individual's background. The interpreter and local contact person were aware of those who were interviewed, but the aspect of confidentiality was stressed for them.

All the interviews were recorded by me, the interviewer. The transcripts were made by the interpreter and the quality of transcriptions was checked by the interviewer. During analysis, dominant themes were identified using inductive data analysis. The dominant themes are reported in the result section of this paper and implications of the findings are discussed in the discussion part. During the analysis the researcher followed the steps for analyzing the qualitative data as described in the article by Pope et al (2000) and Noble and Smith (2014). However, it was also taken into consideration that according to Al-Busaidi (2008), analyzing qualitative data always requires some creativity and personal judgement from the researcher as no research and data set is completely similar.

In the analyzing process, the researcher first familiarized herself with the data by reading and listening the raw data over several times. At the same time the researcher went through the possible mistakes in transcriptions and corrected those. At the second phase, the early descriptive codes were created for all the transcript materials. The researcher also re-wrote the field notes and added them to the materials analyzed and created the early descriptive codes for field notes (See Table 1).

Data collected (Extracts from interviews)	Early descriptive codes
<i>“It is not just the money but when you are sick you have lot of problems. If you don’t know anybody here it is a problem.”</i>	Money is one of the problems in the camp.
	If sick, you have more problems.
	You need to know people at the camp to get help.
<i>“We have slept in a batch for 7 years and no proper housing. The quality of water is poor as it contains iron and they have said they will start to collect a fee for using the water. We don’t really know the long term effects of that will be on our health.”</i>	Sleeping in a batch.
	No proper housing.
	Quality of water is poor.
	Water contains iron.
	Being scared for needing to pay for water in the future.
	Not knowing how this all affect the refugees’ health.

Table 1: Creating the early descriptive codes

From the early descriptive codes, the researcher started to create broad initial themes that combined similar early descriptive codes and then proceeded to create more precise themes by combining broad initial themes under bigger themes. Finally, from the themes identified during the analysis, the researcher created six dominant themes or so-called overarching concepts that are the headlines of the results section, where the smaller themes included in the broader concepts are described in detail. This process of creating themes and dominant themes is also introduced below in table 2, which provides an example of how the process was done.

Early descriptive code	Broad initial theme	Theme	Dominant themes/ Overarching concepts
Being scared for needing to pay for water in the future.	Lack of money leads to lack of health services.	Health services	Health Care and what is it like to live without it
You need to know people at the camp to get help.	No public services available equally for everyone		
Sleeping in a batch.	Poor housing conditions	Living conditions	
No proper housing.			
Quality of water is poor.	Problems with water.		
Water contains iron.			
Not knowing how this all affect the refugees' health.	Lack of possibilities to affect one's own health	Feeling attached to the health care	

Table 2: Analysing the themes

In the last part of the analysis, the researcher compared the overarching concepts and themes created and findings in them to previous research, to the theories described in the background of this research and to the research questions of this paper. Those issues are described in the 6th chapter called discussion, which also covers the strengths and limitations of this research and the possible uses of the results.

4.6 Ethics of this research

There are several issues that need to be taken into account when researching vulnerable populations, such as refugees, and topics that are personal and may possibly have a negative impact on the life of the person interviewed. This was also the first research done by the researcher, and consequently even more thorough consideration was needed to make sure that the research and interviews related to this research would cause more benefits than harm for the participants.

The research plan and the final report were done in close cooperation with a supervisor from the University of Bergen and were introduced in group meetings, where other participants were able to raise their ethical concerns before the research plan was put into effect. Peers' comments and the concerns raised were taken into account and the methods were adapted accordingly before conducting the research. Ethical clearances were applied and issued for the research from the Regional Committee for Medical and Health Research Ethics in Norway and from Ghana Refugee Board in Ghana (See appendices A and B).

As mentioned earlier, refugees are considered a vulnerable population and in consequence, guidelines for research in refugee and internally displaced populations by the Lancet were closely followed (Leaning, 2001). This included restricting the study to questions that cannot be addressed any other way but through a qualitative research and choosing a topic and research questions that benefit the participants and the community. The researcher ensured that the research imposed minimum additional risk to the participants and the researcher was committed to promote the well-being, dignity and autonomy of all participants throughout the study. Informed consent was collected from all the participants and the researcher ensured that the implications of it were understood by giving oral and written information about the consent and using an interpreter. Participants' confidentiality was respected, and their safety was taken into account in all phases of the study. (Leaning, 2001.)

In addition to the above, special attention was given to choosing the interpreter to help do the interviews, as it was crucial to make sure that the interpreter understands the meaning of their neutrality and confidentiality. The researcher themselves was not able to affect the process of choosing the interpreter, but the researcher stressed the importance of neutrality and confidentiality to the camp staff, who chose the interpreters for the researcher. As the interpreters were from the same country as the participants, it was also important to make sure that the interpreter would not allow possible differences in ethnicity, race, and class or other differences in attitudes and beliefs between the interviewee and the interpreter to affect the quality of translation (Squires, 2008).

In all the interviews the researcher aimed to avoid focusing on the most sensitive or traumatic experiences that refugees might have, in spite of which these kinds of issues came up during the interviews as the questions touched on personal matters. In those cases, we tried to find means to attend to those issues in cooperation with camp staff if the interviewee agreed to that.

This study was completely self-funded, meaning there was no financial benefit issues regarding the research ethics.

4.7 Reflexivity

In qualitative research especially, the role of the researcher needs to be highlighted as the researcher's personal values, experiences, assumptions, biases and interests might affect the data collection and analysis (Creswell, 2014). Taking into consideration the fact that the researcher's own feelings, reactions and motives will affect the results of the research is called reflexivity (Cambridge Dictionary, 2019). Some researchers suggest that to improve inter-rater reliability in qualitative research it might be appropriate to use several analysts instead of just one (Pope et al, 2000). However, as this is research is a master's thesis, it was possible to only use one analyst, but the following matters were taken into account when interpreting the results.

The researcher in question is a white European female and a student with no experience in research in refugee camp settings in Ghana even though she's been working in several refugee centres as a public health nurse in Finland. As a former nursing student, she has completed one previous research project on long-term migrants' well-being and acculturation in Finland. She has a strong interest in issues related to migration and she has been working as an active volunteer in migration services provided by the Red Cross and Red Crescent movement both in her home country and abroad. Those experiences and having a different cultural and ethnical background than the interviewees will be taken into account when collecting data and analyzing the results.

5. Results

5.1 Description of the data collected

In this research, 10 families in total were interviewed at Ampain refugee camp in September 2018. Data collected included 23 separate interviews, each lasting between 20 minutes to 1,5 hours. In total, 5 fathers, 9 mothers and 9 adolescents aged between 12-18 years were interviewed (See table 3). Interviews included interviews with both single-parent families and two-parent families. Children under 12 years were excluded. All the refugees interviewed were Ivorians and came to Ampain camp in 2011. As described in the previous chapter, interviews were semi-structured, and an interpreter was used in all the interviews.

In total, the field work in the Ampain camp lasted about 3 weeks and during the field work the researcher also took field notes while spending time with the refugees living in the camp. The researcher also interviewed some of the camp staff. Those interviews were not recorded, but notes were made and the materials from these interviews are included in the analysis.

The role in the family	Total amount of individuals interviewed	Percent of all the interviewees
Father	5 individuals	22%
Mother	9 individuals	39%
Son	6 individuals	26%
Daughter	13 individuals	13%
	TOTAL 23 individuals	Total 100%

Table 3: Description of the interviewees

5.2 Overview of the results

During the analysis of the results, six over-arching themes were identified and in this chapter the results are formulated under the dominant themes that describe the barriers, challenges and opportunities in the life of Ivorian refugee families living in the Ampain camp. The results section also provides first insight into the answers for the research questions which were the following:

- 1) To what extent are the Ivorian refugee families living in the Ampain refugee camp able to fulfil core functions of the family in the Ampain refugee camp settings?
- 2) What are the promoting and hindering factors that affect the fulfilling of those core family functions in the Ampain refugee camp?
- 3) What do Ivorian refugee families consider needed in order to improve their quality of life and help them to fulfil the core functions of family in the camp if these are not already and adequately met?

The questions are discussed in more detail in the discussion section of this research, as to fully understand the meaning of these results we need to compare them to the previous research conducted on family resilience and refugees' well-being.

In the analysis, the six overarching themes were lack of money, which in many interviews came up as a main challenge in the life of Ivorian refugee families in the Ampain camp, lack of safety and security, lack of quality health care, lack of educational possibilities, struggles in family relations including frustration and challenges with parenthood, and those things that offer hope and happiness to the refugees living in the Ampain refugee camp.

5.3 Lack of money leads to lack of everything

“We are not home, we are not in our country. If I am in my home country, I can do many things like proper farming, I can take a loan and have a piece of land. But the money is the main challenge here, because it is the money that we can go to the market with, it is the money we can pay the school fees, it is the money we can pay transport fees and medicines.” – Father (Interview 1)

In the interviews most of the refugees indicated that the main problem at the camp was lack of money or they explained that it is the reason for all the other challenges they are facing. According to the interviews, the main issue with lack of money is that it leads to the shortage and inability to provide daily essentials such as food, hygiene essentials, school fees, transport fees, and medical fees to the family. Interviewees also reported that most of the refugees at the camp suffer from poverty, and because of that they felt that it is difficult to run a successful business at the camp.

In the interviews many of the families spoke about livelihood programmes run by ADRA (The Adventist Development and Relief Agency) Ghana at the camp, but they felt that the program is discriminatory towards some of the people living in the camp and the aid was not distributed equally to the refugees at the camp. This also caused some frustration and problems between people. Some of the refugees had thought about starting their own business or they told that they had already tried starting one, but they found running a business difficult. This was due to the fact that they have no means to get started with the business and other refugees do not have money to pay for the services they could sell. As a consequence, business cannot start running in an effective and profitable manner.

In the interviews, families described several different businesses and other means in which they are trying to earn money, but as mentioned above, they faced many difficulties while trying to do so. Many of the interviewees emphasized that refugees at the camp are educated and skilled people who could and would be willing to work if they had job opportunities.

“My wife often complains that she has good qualifications in higher education but she can’t do anything here - so I just try to keep encouraging her.” Father (Interview 6)

Apart from the problems described above, the main challenge the interviewees mentioned regarding earning money via running a business or working for someone else was language barriers between the locals and the refugees as the locals often prefer using their own languages in business. Refugees also reported a significant amount of racism and discrimination towards the refugees from Ghanaians.

Many of the refugees also felt that they were not welcome to the local market as they were seen as a threat or competitors by local sellers. They described that racism and discrimination showed up for example when agreeing on the prices and salaries for workers – the refugees felt that they had to pay more or they were not paid as much as the locals, even when working the exactly same job.

“It is really hard to work in the bush at my age and you don’t get paid well. The problem is that they will pay a local (Ghanaian) 100 cedis for that job and only 20 cedis for a refugee like me.” – Father (interview 10) ¹

Regarding the financial issues, many of the interviewees also explained that the financial situation of refugees has lately worsened significantly. They told that they had previously been assisted more by the Ghana Refugee Board and the UNHCR, but many interviewees reported that there had been remarkable cuts in the support and that this financial support was no longer available to them. They also reported that the food and hygienic product supplies had been cut almost completely and this was considered something that makes the daily life of the refugees hard. However, some interviewees said that assistance had been stopped completely while others told that there had been cuttings in the aid they had nevertheless continued to receive all the time, so it seems that refugees had also been given different amounts of support. The camp officials also confirmed that the support offered to refugees had decreased during the previous years and they confirmed that this had led to an increasing amount of challenges for refugees.

Many families also reported that financial problems had led them to the point where their children need to work as well, even if most parents reported that it is something they have tried to avoid as long as possible. On the other hand, all the adolescents reported that they are working with their parents, but they mostly felt that it is a natural part of family life.

“In the evenings I clean and sweep. I wash clothes. I help my mother pushing cassava. The most difficult is Saturday when we go to the farm and I help my parents remove cassava and transport it back to the camp. Sundays I go to church.” – Adolescent (Interview 3)

As a solution for financial challenges, most of the refugees interviewed did not feel that they should get assistance from UNHCR and other organizations in cash, but they hoped for support that could help them find opportunities to earn their own money and help them access necessary training. A loan to get the business started was also suggested as a solution. However, even if the general opinion

¹ At the time of writing 100 GHS equals approximately 26,5 USD; 225 NOK and 20 GHS approximately 5,3 USD; 45 NOK

seemed to be that no direct economic support was a good long-term solution, many of the refugees felt that in the case of emergency, when there is for example a family that cannot offer food for the children, some assistance should be available.

“We should learn how to do business and they should support us. If they build a bakery and we can use it, we can start a business and support our families, but there is none with that money to build a bakery.” Mother (Interview 15)

5.4 Safety and security at the camp

“We looked for a place to hide ourselves. We didn’t know Ghana, so we only hoped for finding a place to hide, a secure place.” – Father (Interview 1)

As described in a quote below, most of the refugees emphasized in the interviews that the main reason why they came to Ghana in the first place was to seek security and safety. However, most of the refugees interviewed felt that the Ampain camp had not fulfilled those expectations and because of the conditions in the camp they are also not able to provide the feeling of safety to the other members of the family. Poor road safety by the main road, having many entrances to the camp, lack of medical staff, security guards and fire men, sexual harassment, environmental hazards (snakes, strong rain causing flooding in the tents, cold nights, and so on), fire safety in the tents while cooking in the tent and heating the tent, drugs and alcohol abuse and stealing were mentioned in many interviews as the biggest security issues at the camp.

“There is no security at the camp because when we sleep, no one has any idea what is happening at the camp. Everyone is in their homes, we, firemen, nurse, office, police, everyone. No one is looking what is going on. Sometimes I think about it when I sleep and I pray.” – Father (Interview 10)

While road safety was considered the most pressing issue, the second most common issue raised in the interviews was the safety of women. Officially only 3 cases of rape have been reported to the camp officials since the camp was opened, but the interviewees told that rape occurs regularly. In the interviews, some told that the people who commit such crimes come from the village nearby, while others thought it might be the people who are passing by the camp as the main road is right outside of the camp. One of the interviewees also suggested that it might be someone from the camp. However, as those cases have not been officially reported forward, the camp staff was not able to

provide any official information about the situation. It was also notable that almost all the parents mentioned this as a safety issue and the safety of women was brought up in all the interviews done with adolescent girls, but none of the adolescent boys mentioned it.

Some families also spoke about the kidnappings happening by the main road passing the camp. They felt that there are not enough police services to help them and it is too easy to access the camp premises from the main road which makes it possible to kidnap people from the camp. They also reported that some girls have disappeared from the camp and no one knows where they are. Some of the refugees thought it might be a matter of human trafficking or there might be organ trade taking place, and they suggested that people are kidnapped in order to make them prostitutes or sell their organs or blood. In the interviews done with the camp staff, these kinds of issues were not raised or reported.

However, even if the interviewees were able to identify several safety issues at the camp, most of them stressed that life in the Ampain camp is in any case safer than it would be back in Côte d'Ivoire or than it had been during the crisis that caused them to flee to Ghana.

As a solution to these safety issues reported in the interviews, most of the people suggested increasing the number of staff at the camp and closing some of the entrances to the camp to have more control over who enters the camp and for what reasons. Education and training for parents about how to ensure the safety of the children was also suggested.

5.5 Health care and what it is like to live without it

Lack of health care services and medicines and the inability to take care of one's own or family members' health due to a lack of money, a lack of resources or a lack of skills and knowledge was a theme that was brought up in all the interviews, both with adults and adolescents. Even if the interviewees described that there are some health services available in the camp, all of them expressed concerns about the inequalities in accessing the health care services, the unreasonable pricing of health care services for refugees and the lack of quality in the services they have received.

Many of the interviewees told that they had not seen a nurse or a doctor since they left from Cote D'Ivoire. In the interviews, refugees told that there is a nurse at the camp every now and then, but they did not have any equipment at the clinic at the camp and there are no regular opening hours nor information how to access the services.

“It is not just the money (that is a problem at the camp) but when you are sick you have lot of problems. If you don’t know anybody here it is a problem. Nurse is not there every day and no one helps you if you don’t know the right person.” -Adolescent (Interview 5)

Interviewees also reported that they can access the hospital in the nearest town and sometimes the fees are even covered by the UNHCR as they have offered health insurance cards for some of the refugees. However, the transport fee and fees for the medicines and equipment were described as main problems. The refugees told that the prices are high and they are not covered by the health insurance, so even if they could get the hospital fee covered from the insurance, other costs would be too much for the families. Some of the people interviewed also thought that whether you can get help or not depends on whether you are friends with the right people at the camp. There is also a fee for health insurance card renewal, and the card needs to be renewed every year, which makes it inaccessible for some of the families.

“Health insurance card payments is also a problem. We can’t afford to renew it for the whole family, so we only renew it for children. The insurance card is necessary. The other thing is that even if you have the card it is only a basic coverage. Sometimes you hear an announcement at the radio (that some is) seeking help to cover your medical bills.” – Father (Interview 6)

Many of the parents were also worried about their children’s health especially in the cases of emergency, as there are no full-time emergency services for the refugees, and it was seen problematic especially for children. Some reported that the basic vaccination programme for the children was not covered, and as there is no full-time nurse at the camp, many of the women have ended up giving birth at the camp with the help of an elderly lady who works as a traditional birth attendant. Also, teenage pregnancies were brought up as issues as the interviewees have seen the number of teenagers dropping out of basic education as a result of the lack of family planning options.

The poor housing facilities and the quality of water were considered health risks by many of the interviewees and especially mothers brought up this topic, as in many families fetching water and taking care of the house is their main task. Some of the families were used to gas-cooking back home in Côte d’Ivoire and now they have to cook on fire indoors, which causes harmful smoke and fire safety issues. It was also reported that some of the families are not aware of the health hazards of the smoke. Some of the interviewees said that sleeping in a tent for several years have made them more prone for diseases.

“We have slept in a batch for 7 years and no proper housing. The quality of water is poor as it contains iron and they have said they will start to collect a fee for using the water. We don’t really know the long-term effects of that will be on our health.” Mother (Interview 7)

The refugees also reported that because of the conditions in the camp they do not have the resources or possibilities to take care of their health in the way they would like to. The issue of food was especially brought up in a few interviews where the interviewees told that they are not able to offer their families as nutritious and energy-rich food as they would like to.

“Food is one of the main problems and that is why we are the target of the disease. You eat only small (amount of) food and it is source of no nutritional value. As a result, we are exposed to diseases daily and the camp is very far away from a major town so we have transport difficulties (if we fell sick).” – Father (Interview 6)

Some of the interviewees also reported that they often need to use traditional healing practices and traditional medicine in situations where they would prefer using western medicine or hospital services. In general, traditional medicine was not seen as a negative thing and some of the interviewees mentioned it as something that improves their health at the camp. However, most of those who were interviewed said that it should be something that could add up to the public health services but for many of the refugees it is the only health service available.

The solution that most interviewees suggested were the regular and accessible health services at the camp premises with reasonable pricing. They also said that the health insurance card should be free at least for children and there should be some kind of process to ensure that those in need of daily medication will be able to access the medicines even if they cannot afford it themselves. As specific improvements, many also mentioned having a trained midwife around in the camp for the families and improving the vaccination programme to battle diseases that could be avoided by vaccinating all the children at the camp.

5.6 Education means future

“Sometimes we chat or take a walk where I advise them (my children) and cheer them up. And I teach them from Bible. But how they can learn when they are not eating. They ask why dad? But we are together.” – Father (Interview 1)

In the interviews most of the parents and children considered education the main thing that can provide the family a better future and improve their quality of life at the camp. It was seen as a way to get out of the difficult situation at the camp in the future. Most of the families reported in the interviews that basic education was offered for every child at the camp and that was seen as a positive thing by the parents. Some of them, nevertheless, reported that even if attending school itself is free, there are some fees (for example buying the books) that have caused issues for some families and have caused their children to drop out of school.

“I just want to see my children happy and get a good education. I want them to go further in their lives and be better than I am.” – Mother (Interview 4)

Some of the parents told that the most difficult situation with the education was the point when their children were advised by a principal at the camp school to continue their education beyond the basic education. The parents felt conflicted that a teacher had told that their child is talented when the parents were not able to send their children to higher education, as school fees and transportation was reported to be far too great an economic challenge for refugee families.

Also, some of the adolescents interviewed told that they felt frustrated as they wanted to study more, but their families were not able to offer that. Adolescents also felt that it was unfair that they were mixed with Ghanaian students later in their studies, because even if the official language of the education in Ghana is English, they told that many teachers use local languages at the lectures. That felt unfair for them, as English is already a foreign language for most of the Ivorian refugees as their native language is most often French and they felt that the teachers did not value the fact that they already worked hard that they could study in English.

“When you go to school here, the teachers talk in their local language instead of teaching in English. It makes me feel uncomfortable and stops me from learning.” - Adolescent (Interview 3)

Many of the parents also hoped that they could finish their own education as many of them were in the middle of their own studies when the crisis started in Côte d’Ivoire. Several of them also told that

being able to study would be a solution for economic challenges as they were optimistic that it could lead to well-paid jobs and help them improve the quality of life for the whole family.

“I was at the university but look at me now. You can’t change anything here. Refugee camp is a refugee camp. I can’t go to university and even if I could I can’t afford it. It is my dream but I just can’t...” -Mother (Interview 4)

5.7 Family relations at the camp

“As an answer to question how you feel, when you feel that you can’t fulfil your children’s expectations: It is like you are losing your strength. You want good things for your son, but you can’t provide it. I feel bad. I feel like un-useful person.” - Father (Interview 6)

As described in the quote above, most parents feel stressed and conflicted trying to fulfil their expected tasks as parents in the camp conditions. Many of the interviewees told, that the main reason for conflicts and frustration at the camp is the pressure from the family and within the family in the camp. As a parent they are expected to provide for example enough food, quality education and clean water for their family, but they are not able to do it and especially the fathers that were interviewed saw that they have failed their partners and children. Refugees interviewed reported that those feelings create conflicts within the family and also between children.

Many of the adolescents interviewed told that they feel angry and sad when they are not able to continue their education and they have to work doing tasks that they are not interested in. On the other hand, parents told about many psychological, psychosomatic and psychosocial symptoms they have because of the stress at the camp. They described the lack of sleep, difficulties in sleeping, headaches, stomach pain, problems caused by lack of nutritious food, being tense and tired all the time and not being able to communicate in a way they would like to. They also reported many symptoms of mental health illnesses like hopelessness, depression, anxiety and disappointment as they felt that they could not fulfil their job as a parent.

“It is very difficult. Whenever I think my previous life and life now and when my children ask for something and I can’t afford it. It is really painful as a father. But this is how we live at the camp. It is unfortunately. It touches our dignity.” -Father (Interview 6)

Many adolescents described that they still remember things from Côte d'Ivoire and parents told that it can be difficult for them to understand why they do not have the same quality of life as back there. On the other hand, traumas and memories from Côte d'Ivoire are mainly negative for many of the interviewees which can affect the families as well, as many of the families reported that they feel bad that their children needed to see things that children should never see and how they as parents try to hide their traumas and their own stress from the children.

“The camp has changed me in a lot of ways. In Côte d'Ivoire I don't sleep with my kids but here we all sleep in one small tent. This situation has decreased my dignity and undermined my authority as a father.” -Father (Interview 14)

“Our family have been traumatized. My kids are suffering and are going through things kids should not go through. My wife has wounds and she has been psychologically traumatized. We try everyday to hide our pains from our children.” -Father (Interview 14)

One of the issues raised by the interviewees was the fact that they have already been at the camp for so long yet all the time someone keeps telling them to wait and be patient. They also felt depressed as an extended family plays an important role in their lives and some of them do not have any family at the camp to support them.

“They (parents of the interviewee) are not happy. I can tell that my parents are not happy. We don't make any progress in our life. One of my siblings ran off the camp and now we don't even know where he is right now. The pressure was too much for him.” -Adolescent (Interview 3)

As mentioned in chapter 5.3, when talking about the financial situation in the families, most of the families reported that their children need to do more home chores than they would like to ask their children to do. Most of the children also worked on Saturdays and evenings more than the parents thought would be good for children of that age. However, most of the adolescents felt that it was their responsibility to help their parents, so they did not report many negative things about working if they were able to go to school as well. Some of the families and young girls interviewed also told that some of the young girls needed to work as prostitutes to earn money for the families, which was considered a remarkable problem by those people who reported about it.

“Here in the Ampain camp we suffer too much. As a single mother I am both dad and mom to my kids. These kinds of roles mentally affect you. When you go home you only

cry. The future is at stake. This kind of conditions can force someone to destroy her own life. It can lead anyone to prostitution because you want to improve the condition of your family.” Mother (Interview 12)

5.8 Happiness at the camp

“When I see my children and wife are still alive, it brings me happiness. We saw what war can do to people in our country so despite our current challenges we are still alive. I can’t thank God enough for that and that makes me happy.” Father (Interview 14)

Even if in the interviews the discussion was really focused on negative things and challenges at the Ampain camp, the refugees also came up with some positive things. Several families told that even if they face several difficulties every day and they are struggling with basic things, faith and religion is something that gives them power. Many of them believed that everything that had happened had happened for a reason and they explained that they rely on lessons from the Bible when they struggle. Most of the parents also told that their children bring them happiness, even if sometimes they feel that they are not doing as well as they should do as parents. Seeing children around them grow and learn brings happiness for parents regardless of their situation.

“As a Christian we try to deal with these challenges through our faith. I keep telling my husband that we are not here to build mansions. We are here just to stay alive.” - Mother (Interview 20)

Most of the interviewees told that they have not lost their hope in the future. They believed that as long as they can earn some money and their children can study, they can solve all their problems.

“There is one woman who came to me and said “may God do something good for you”. I want to leave this camp and place. Work and the opportunity to live my life. I only hope God will do it.” - Father (Interview 10)

Adolescents interviewed seemed to think more negatively about their future than their parents and many of the adolescents told that they felt that they have no plans for the future and there was nothing waiting for them as long as they need to be at the camp.

“I had many, many dreams with my family, but it appears not to be possible while I am at the camp. --- Life here in the camp was not easy when I came here, and it is even

harder now that I am grown up. There is nothing here and I do not do anything here.”
– Adolescent (interview 3)

Most of them did not see returning home as a solution, as even if Côte d’Ivoire is nowadays calmer than it was almost ten years back, they described that they do not have anything there anymore and they do not feel safe to go back.

There is also a strong bond between some of the families and they get support from each other. Friends and other families were also mentioned as a safe harbour, where they can talk about their challenges with someone who is in the same situation and understands what they are going through in the camp.

“When it is hard, I go and seek help from my friends. This is how I manage. I beg from my neighbours. And whenever I have something, I also give them something. This is how we live in solidarity. If someone has a contract or a job, we go and do together.” -
Father (Interview 6)

“It is only the grace of God. I manage and it is only what I can do at this point.” -
Mother (Interview 12)

6. Discussion

6.1 Aims and main findings in relation to previous studies and the family resilience theory

In the previous result section, the findings from the interviews and from the field notes were divided under six different dominant themes formulated during the analysis. The results were formulated under the themes of lack of money, safety and security, health care, education, parenthood, and happiness at the camp. Under each of the themes the researcher described what kinds of challenges are related to this topic according to the analysed data and the results of the analysis also offered some possible solutions to the issues suggested by the interviewees.

In this discussion part these themes are linked to the family resilience theory introduced in the literature review in an attempt to answer the research questions that were to describe the extent to which Ivorian refugee families living in the Ampain refugee camp are able to fulfil core functions of the family in the Ampain camp setting, what are the promoting and hindering factors that affect fulfilling of those core family functions, and what do Ivorian refugee families consider needed in order to improve their quality of life and help them fulfil the core functions of family in the camp if there are not already and adequately met.

In general, it can be said that the results of this research were similar to the previous research done in Ghana and in Ghanaian refugee camps, even if the previous research papers seem to be more focused on other camps and mainly on Liberian refugees. For example, Tanle (2013) described in their research that Liberian refugees living in Buduburam camp in Ghana had similar experiences as the Ivorian refugees in Ampain refugee camp. In both camps the main challenges were related to economic matters or to the ability to access public services equally compared to native Ghanaians. Also, the security issues in the camp were mentioned both in this research and in Tanle's research. In Dako-Gyeke's and Adu's (2015) studies, the findings were quite similar and they also underlined coping strategies similar to what this research suggests regarding religion, spirituality and finding creative ways to earn money as a way to cope in the refugee camp.

When it comes to the family resilience in the camp, in Patterson's (1988, 2002a, 2002b) theory of the family resilience the core functions of the family are described to be offering its members economic

support, nurturance and socialization, protection for its vulnerable members and offering the possibility for family formation and membership. As seen in the description of the results in the previous chapter, the clear answer to the first research question is that the families are not able to adequately fulfil core functions of the family in the Ampain camp or are able to fulfil only some of them. This creates a lot of stress, frustration, discontent and other negative feelings within the families, as parents are doing their best to fulfil those functions but the overall conditions at the camp are not supporting them to do so.

The main hindering factors stopping families from fulfilling those core functions are described under the themes in the results section and are similar to those that are mentioned in previous research on the topic. It seems that the economic situation is the factor that affects the families the most in their opinion. The main factors that decrease the quality of life of refugees seem to be quite similar all around the world (Malin 2011; Eriksen, 2004). Not being able to work and consequently not being able to help family members meet their basic needs such as food, health services, clean water, proper housing and preferred level of education and not being able to provide the family safe and secure living conditions stops families functioning in an ideal way.

The main promoting factors that help families function is described in more detail in the last section of the results chapter. Religion and hope for better future and being grateful that the family is still together and alive supports the well-being of the families at the camp. Those factors also help them provide a feeling of belonging for family members and gives meaning and direction for the live of the families, which is also one of the most important core functions of the family aside of more concrete family functions. Also, several other previous research, like Dako-Gyeke's and Adu's (2015) studies, support this finding.

As an answer to the last research question, which was related to what Ivorian refugee families consider needed in order to improve their quality of life and help them to fulfil the core functions of family in the camp, there were several different suggestions that Ivorian refugee families came up with in the interviews when it comes to improving their quality of life and helping them to fulfil the core functions of family in the Ampain camp. There were concrete suggestions like hiring more security, fire safety and health personnel to the camp and for example closing some of the entrances to the camp. In addition to that refugees hoped that they would receive more support in finding a job and in accessing the local employment markets. The interviewees also hoped for economic support that would help the families cover some of the costs of food, hygiene products, education, and so on.

In general, the refugees saw that moving away from the camp would be the best solution to their challenges. They felt that even if those things described above were fulfilled, they would need to have their own place preferably in their own country to be able to start all over again and start creating their life from the scratch as independent and not dependable individuals and families.

Based on the previous research and on this research, we can generalize that the challenges with well-being and resilience in refugee families living in refugee camps are a serious global health challenge that we should try to tackle as soon as possible as the number of refugees is only growing. In my opinion, it is time for UNHCR and local refugee boards in the countries hosting refugees to take action to improve the facilities in the camps and support families in their daily lives so that they can feel safe and secure and start building up a better life.

6.2 Strengths of the study

As seen from the results section, this research has managed to start filling the knowledge gap related to the well-being and family resilience of the refugee families living in the refugee camp. As described in the beginning of this paper, topics related to the migration and the health and well-being of refugees are a major global health challenge that demands more attention from researchers. By building knowledge we can begin to improve the well-being of the immigrants that are one of the most vulnerable population groups in the world. Even if this research is only a start and done with a small sample, it manages to shed light on the issues that refugee families are facing in their daily lives in the Ampain camp and its results are valuable both in local context in Ghana and also in larger extent as a starting point for future research.

During the research process the researcher followed the research guidelines strictly and worked under the supervision from the University of Bergen. The researcher participated in research seminars at their university during the process and had regular supervision with their supervisor to ensure that the research was done in the most appropriate way. The researcher also sought support and feedback from other professionals in the related fields during the research process. Good scientific practices, including respecting other researchers' research work by citing their work correctly and separating clearly the parts that are researchers own thoughts from the cited work, were followed.

All the methods used in the research process are commonly accepted and used in scientific community and the research stands up to ethical scrutiny. As suggested in Stiles' (1999) article "Evaluating

qualitative research”, the study questions are clearly stated, the selection process of participants is clearly justified and explained in the methods section, including the limitations and challenges in the selection, and the research methods including the gathering and analysing the data are described clearly and in detail. All the results introduced in the results section can be clearly verifiable from the interview data.

The researcher also did their best to disclose the researcher’s own fore structures, the researcher’s internal processes during the research and the social and cultural context of the research as those are always affecting the interpretation of the qualitative research and explaining them in the report is a crucial part of good scientific practices in qualitative research (Stiles, 1999). However, especially in qualitative research there are always things that an individual researcher cannot eliminate and fully consider, and those issues are discussed under the section limitations of the study.

Ethical guidelines for qualitative research, research within vulnerable populations and guidelines offered by the supervising university were strictly followed through the research and participants’ privacy was respected throughout the process. Reporting of the results and writing this final paper has been done carefully and thoroughly and all the steps included in this research are clearly reported following the recommended research guidelines. The report also includes the limitations of this research and those things that the researcher would do differently if doing the similar research again.

6.3 Limitations of the study

For the researcher this was the first research they were involved in and a long learning process. Some of the limitations of this research have been covered already in the methods section including for example the reflexivity of the research as a clear limitation in this kind of research. The chapter 4.7 introduced the theme of reflexivity in more detail. At this point it is important to remember that even if the researcher has been trying to take reflexivity into account in the process of doing this research, the results would probably have been interpreted at least a bit differently by a different analyst. The reliability of the analysis could have been improved by using another analyst and comparing the results.

The main issues around reflexivity included for example the fact that the research did not have any knowledge of Ghanaian or Ivorian culture before starting the research and no knowledge in French language. That makes it impossible to fully understand the findings in the cultural context.

When selecting the participants, the researcher had limited possibilities to affect who were chosen to participate as the participants were basically addressed for the researcher by the camp staff and a local contact person. That is why the researcher cannot adequately analyse what kind of families chose to participate in the research and who chose not to participate and why. This definitely causes selection bias and affect the possibilities to generalize the results. Also, the amount and length of interviews done was limited due to the practical issues and scope of this research which limits the uses of the results.

For the results of this research it would have been useful to be able to separate the results between adults and adolescents and to have a comparison between their views and experiences. However, already during the interviews and especially during the analysing phase of this research, the researcher noticed that the interviews with adolescents were less concise and lacked details compared with the adults. It also seemed that adolescents did not feel as comfortable to share their experiences during the interviews. As the conversation did not get going with those questions in the planned interview guide, the interviewer ended up using quite a lot of closed questions instead of only using the open ones. This of course limits the research and possibilities to generalize the results especially to the youth living in the refugee camps.

When analysing the results we need to take into account also how the interpreter's role affects the results of the research. Both of the interpreters were addressed for the researcher by the camp staff and they were not professional interpreters. The interpreters are also part of the refugee community, so it is possible that some of the refugees did not feel safe or comfortable sharing all their thoughts in that kind of a situation. To strengthen the findings of this research similar research should be done also with external interpreters or by a researcher who is fluent in the language used in interviews.

6.3 Conclusions and recommendations for future research

According to previous research as well as to the findings of this research, refugees and refugee families are facing significant amount of challenges in their everyday lives. They are not only victims of war or crises that led them to flee from their homes, but also often victims of poverty, racism and exclusion. In addition to that, family life in general is always full of different challenges and combining that with being a refugee in a foreign country, the things do not get any easier. Family

resilience in refugee families is a broad theme and this research only showed some aspects of the challenge.

In general, this research managed to answer its research questions and objectives. The study identified several barriers, challenges and opportunities in the life of Ivorian refugee families living in the Ampain camp. The main barriers, challenges and opportunities included factors related to financial issues, security and safety, health care, education, parenthood and family relations and the factors that promote happiness at the camp. The results showed that Ivorian refugee families are not able to fulfil the core functions of the family as well as they hoped and those factors above were used to describe the promoting and hindering factors that affect their possibilities to fulfil those factors. Under those factors the refugees were also able to describe several things that could be done to improve their quality of life and help them to fulfil the core functions of the family and those issues were reported as an answer to the last research question.

The results were supported by previous research as similar findings have been found in other refugee camps and other refugee populations as well. Comparing the results with the family resilience theory offered new perspective on this topic and fulfilled the aim of this research which was to gain deeper understanding of family resilience and wellbeing of Ivorian refugee families living at the Ampain camp in Ghana.

The sample size of this study was relatively small; only 23 individuals were interviewed for this study. Site of this research was regional as this study only covered one camp in one country. Thus, the results cannot directly be generalized to the larger refugee populations. This research nevertheless managed to show that there is a need for more research in this field specially to find ways to support refugee family resilience. As we now know, that many refugee families face challenges with family resilience, the more large-scale quantitative research that could cover several camps and larger amount of families could offer more knowledge of the scope of the problem and differences between the camps and different families. After understanding the problem in more detail, the intervention studies of the strategies to help families to cope and overcome those challenges are needed.

On the other hand, this research and previous research conducted have shown several potential opportunities for improvement. Offering financial support for refugee families, supporting their integration to local business market and education system, making sure that premises are safe and they have their basic needs covered so that they can take care of their health and well-being are clearly things that are essential for family well-being. Giving refugee families opportunities to become heard

and including them in the decision-making processes at the camps would already make a huge difference.

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Appendices

A. Ethical clearance from REK (Norway)



Region: REK vest	Saksbehandler: Jessica Svård	Telefon: 55978497	Vår dato: 28.06.2018	Vår referanse: 2018/587/REK vest
			Deres dato: 30.05.2018	Deres referanse:

Vår referanse må oppgis ved alle henvendelser

David Lackland Sam
Center for International Health

2018/587 Velvære av ivorianske familier i Ampain flyktningleir i Ghana

Forskningsansvarlig: University of Bergen
Prosjektleder: David Lackland Sam

With reference to your response to the committees questions received 30.05.18. The REC Western Norway committee chair reviewed the response, pursuant to The Health Research Act § 11.

Prosjektomtale

The aim of this master thesis research is to gain a deeper understanding of the well-being and family resilience among Ivorian refugee families living at the Ampain refugee camp in Ghana as they are nowadays the biggest group of refugees living in Ghana and despite of that, there is not research done about their well-being and adaptation to the society in Ghana. Objectives of this study are to describe the challenges and opportunities in the lives of families living in the Ampain camp in Ghana by using qualitative research methods. In-depth interviews and observations within the camp are used as ways to collect data.

Vurdering

REC western Norway asked for a response to the following questions:

- The context of the study

The applicant should provide background information about the context of the Ampain camp as well as justification of the chosen case study. Who is employed at the camp? What is the relationship between the employees and the members of the camp? Who has the jurisdiction over the camp? How is the camp perceived by the locals?

An understanding of the context is necessary in order to evaluate the autonomy of the consent to participate in the study as well how the study is anchored in Ghana.

- The participants

The choice of vulnerable family members should be reflected upon in the application. Furthermore, the title of the project should reflect that the major focus of this study will be on the members with vulnerable

Besøksadresse:
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281. Haukelandsveien 28

Telefon: 55975000
E-post: post@helseforskning.etikkom.no
Web: <http://helseforskning.etikkom.no/>

All post og e-post som inngår i
saksbehandlingen, bes adressert til REK
vest og ikke til enkelte personer

Kindly address all mail and e-mails to
the Regional Ethics Committee, REK
vest, not to individual staff

family members.

- Information and consent

- Apply the following template: https://helseforskning.etikkom.no/frister/malforinformasjons_skriv?p_dim=34672&_ikbLanguageCode=us
- Include the logo of institution responsible for the research
- Heading has to be the same as title of the project application
- Include information about the date for the end of the project
- Update the information in accordance with the below-mentioned definition on anonymous data

- The scope of the study

The Committee recommends to narrow down the research area and research questions.

- The anonymous data

REC West requires reflection on data anonymization. In order to make your data material anonymous, you need to go through all your data and remove or edit identifiable information in such a way that individuals no longer can be recognized. The process that is described in the application needs clarification.

- Cooperation with local authorities

REC West requires that the project manager includes local actors from the Ampain camp as cooperation partners in the project. Further on it is necessary to involve a local university in Ghana with the necessary prerequisites to carry out the duties of the research manager.

The project managers response:

CONTEXT OF THE STUDY

The context of the study has been included in the revised proposal. Please see page 11. The government of Ghana has the jurisdiction over the camp, and the camp is run by UNHCR.

THE PARTICIPANTS

WE agree that it is important to make it clear that the study focuses on a vulnerable group. However, we want to make three comments: First the title is a working title, where the final title will reflect the content of the study/thesis. Secondly, we believe that the term "refugee" is included in the title is suggestive enough that it covers a vulnerable group. Nevertheless, we also think it is important to add that not all refugees belong to a vulnerable group. This brings us to the third issue, where we qualify the refugees with the term "resilience".

INFORMATION AND CONSENT

This has been revised use the REK template as a guide. The logo of UiB has also been added. There are two sets of Information letters -- one for adults, and the other for adolescents where parental consent is required

THE ANOYMOUS DATA -- we agree that the manner in which we had tried to anonymize the data was complex. We have tried to simplify it SEE page 14 of the revised proposal.

COLLABORATION WITH LOCAL AUTHORITIES -- Dr. Mary B. Setrana, a senior lecturer at the Centre for Migration Studies at the University of Ghana, Lego-Accra, Ghana has agreed to be the local supervisor

during the field work in Ghana. Moreover, the main supervisor of the study will be in Ghana during the period of the fieldwork to give additional support

The committee chairman of REC western Norway has reviewed the response.

The context of the study has been described, the participant group reflected upon and a local supervisor for the master student has been included. REC western Norway is satisfied with the response by the project manager.

The information letter has been revised but REC western Norway still has some remarks: Ivorian is miss-spelled "ivoirian" in the title of the information letter. The REC approval number and the project end date needs to be added to the information letter. These minor changes can be made without resubmitting the information letters to REC western Norway.

Conditions

The routines for data safety of the institution responsible for the research (UiB) has to be followed. The information letter needs to be revised according to the above mentioned remarks.

Decision

REC Western Norway approves the project in accordance with the submitted application as long as the aforementioned conditions are met.

The approval is valid until 31.05.2019. A final report must be sent by 30.11.2019.

The approval is based on the grounds that the project is implemented as described in the application and the protocol, as well as the guidelines stated in the Health Research Act. If amendments need to be made to the study, the project manager is required to submit these amendments for approval by REC via the amendment form. The decision of the committee may be appealed to the National Committee for Research Ethics in Norway. The appeal should be sent to the Regional Committee for Research Ethics in Norway, West. The deadline for appeals is three weeks from the date on which you receive this letter.

Sincerely,

Marit Grønning
professor, dr.med.
Committee chairman

Jessica Svård
advisor

Kopi til: bente.moen@uib.no

B. Ethical clearance from Ghana Refugee Board

*In case of reply, the
Number and date of this
Letter should be quoted.*

Tel: 0307-038 502/3

Our Ref. No: RB:0140/VOL.2/13

Your Ref. No.



REPUBLIC OF GHANA

GHANA REFUGEE BOARD
Ministry of the Interior
P.O. Box M. 42
Accra

5th July, 2018

PERMISSION TO VISIT THE AMPAIN REFUGEE CAMP

Approval has been given for Ms. Laura Marika Musta, a Masters student in Global Health, University of Bergen, Norway to carry out field work at the Ampain Refugee Camp

It is noted that the purpose of this visit is for research on "Family Resilience of Ivorian Refugee families living at the Ampain Camp in Ghana".

Although the dates for the Camp visits have not been fixed yet, the Ghana Refugee Board in principle has no objection to the research being carried out at the Ampain Camp.

Ms. Musta will be required to contact GRB for a more detailed permit to visit the Ampain Camp upon arrival in Ghana.


GHANA REFUGEE BOARD
C/O MIN. OF THE INTERIOR
P. O. BOX M. 42
ACCRA

Tetteh Padi
Programme Coordinator
For: **Executive Secretary**
Ghana Refugee Board
Accra

Prof. David Lackland Sam
University of Bergen
Norway

cc: The Country Representative,
UNHCR
Accra

The Camp Manager
Ampain Refugee Camp
Ampain

C. Invitation to participate and the consent form for adults

[Family Resilience of Ivorian Refugee Families living in the Ampain Refugee Camp in Ghana]



INVITATION TO PARTICIPATE IN A RESEARCH PROJECT

FAMILY RESILIENCE OF IVOIRIAN REFUGEE FAMILIES LIVING IN THE AMPAIN REFUGEE CAMP IN GHANA

You are kindly invited to participate in a study on your well-being and that of your family during your stay in the Ampain camp in Ghana. You and your family will be one of approximately 10 families being interviewed as part of this research. This research is part of my master thesis at the University of Bergen in Norway. This study has been reviewed and approved by the Ethical committee for medical and health research in Norway and by the Ghanaian Refugee Board.

WHAT IS THE STUDY ABOUT?

This study is designed to gain a better understanding of the family life experiences of Ivorian refugees in Ampain refugee camp in Ghana. As a participant in this study, you and your family members will be interviewed individually by me and possibly together with one of the interpreters in this camp to gain more knowledge about your daily life in the camp. The interviews will be recorded if you agree to that. In addition to the interview, I will be observing you and your family in some of your daily interactions in the camp.

All information you provide will be treated confidential and will not be shared with officers of this camp. Your name will not be used and will not be in any other way associated with the information you give. Furthermore, because the interest of this study is to gain overall understanding to the issue, you will not be identified individually in any way in any written reports of this study.

POSSIBLE BENEFITS AND EXPECTED DISADVANTAGES OF TAKING PART

We hope that the results of this study can be used to improve your well-being and quality of life at Ampain refugee camp.

There are no known or anticipated risks associated to participation in this study.

VOLUNTARY PARTICIPATION AND THE POSSIBILITY TO WITHDRAW CONSENT (OPT-OUT)

Participation in the study is voluntary. If you wish to take part, you will need to sign the declaration of consent on the last page. You can, at any given time and without reason withdraw your consent. This will not have any consequences for any future treatment. If you at a later point, wish to withdraw consent or have questions regarding the project, you can contact Laura Musta (laura.musta@student.uib.no)

WHAT WILL HAPPEN TO YOUR HEALTH INFORMATION?

The information that is recorded about you will only be used as described in the purpose of the study. You have the right to access which information is recorded about you and the right to stipulate that any error in the information that is recorded is corrected.

All information will be processed and used without your name or personal identification number, or any other information that is directly identifiable to you.

The Project Manager has the responsibility for the daily operations/running of the Research Project and that any information about you will be handled in a secure manner. Information about you will be anonymised or deleted a maximum of 5 years after the project has ended.

FINANCE

This research is funded by a student and University of Bergen.

APPROVAL

The Project is approved by the Regional Committee for Medical and Health Research Ethics in Norway 28th June 2018. Reference number 2018/587.

CONSENT FOR PARTICIPATING IN THE RESEARCH PROJECT

I AM WILLING TO PARTICIPATE IN THE RESEARCH PROJECT

City/Town and date

Participant's Signature

Participant's Name (in BLOCK LETTERS)

As parents/guardians of _____ (Full name), we consent for him/her to participate in the Research Project

City/Town and date

Parent's/Guardian's Signature

Parent's/Guardian's (in BLOCK LETTERS)

City/Town and date

Parent's/Guardian's Signature

Parent's/Guardian's (in BLOCK LETTERS)

I confirm that I have given information about the research project.

Place and date

Signature

Role in the research project

D. Invitation to participate for adolescents



FAMILY RESILIENCE OF IVORIAN REFUGEE FAMILIES LIVING IN THE AMPAIN REFUGEE CAMP IN GHANA

BRIEF SUMMARY OF THE PROJECT

You and your family are kindly invited to participate in a study on your well-being and that of your family during your stay in the Ampain camp in Ghana. You and your family will be one of approximately 10 families being interviewed as part of this research. With this study I try to gain a better understanding of the family life experiences of Ivorian refugees in Ampain refugee camp in Ghana. This research is part of my master thesis at the University of Bergen in Norway.

To gain the knowledge presented in the previous part, you as a participant in this study will be interviewed individually by me and possibly together with one of the interpreters in this camp. I will ask questions related to your daily life, activities and family life in the camp. The interviews will be recorded if you agree to that. In addition to the interview, I will be observing you and your family in some of your daily interactions in the camp.

POSSIBLE BENEFITS AND DRAWBACKS OF TAKING PART

We hope that the results of this study can be used to improve your and your family's well-being and quality of life at Ampain refugee camp.

There are no known or anticipated risks associated to participation in this study.

WHAT WILL HAPPEN TO THE INFORMATION COLLECTED IN THIS STUDY?

I will keep the information safe and it will be only used for this research. In the final paper you or your family members will not be identified by name or any other factor that could identify you from the results.

PARTICIPATION IS VOLUNTARY

Your participation to this study is voluntarily. If you want to stop participating this research at any point of it, just let the researcher know that and it will be completely acceptable. To participate your parents need to sign a consent form.

E. Interview guide for parents

Interview guide for parents

Starting with introducing myself as a researcher and going through the aims of the study and the consent form. Signing the consent form will happen before starting the interview. Consent for recording the interview is asked. If interpreter is used, they will have opportunity to introduce themselves and tell about translation practicalities.

1. ~~First of all~~, could you tell me about your family.
 - How would you describe your family?
 - Who do you consider to be part of your family?
 - Is your whole family living together?
 - How would you describe the relationship between your family members?
 - What kind of role do you have in the family?
 - What does your family mean to you?
2. Could you then tell me about your life in the Ampain camp?
 - When did you arrive here?
 - Where are you living? How is your housing?
 - What are your main tasks in the family? What tasks other members of your family have? Do you think that tasks in the family are shared fairly?
 - Do you feel, that as a mother/father of the family, you are able to provide basic need of housing, clothing, shelter and food for your family? Why?
 - Do you feel that you have a possibility to improve your skills and knowledge here in the camp? Do other members in your family have that possibility? Why?
 - Could you describe the daily activities you do at the camp?
 - What things do you find difficult in your daily life?
 - What things do you enjoy the most in your daily life?
 - Do you feel safe at the camp? Could you tell more about that? Do you think other members of your family feel safe at the camp?
 - What do you think, how do your children see the life at camp?
3. How do you think living in the camp has affected to your family life?
 - Do you think your family life would be the same if you would live in Cote D'Ivoire?
 - Have you faced any challenges living as a family in the refugee camp?
4. How do you think that your quality of life as a family could be improved here in Ampain camp?

Is there anything else you would like to share with me about your family and your life here in Ampain refugee camp?

F. Interview guide for adolescents

Interview guide for children

Starting with introduction of myself as a researcher and going through the aims of the study and the consent form. Signing the consent form will happen before starting the interview and consent will be also asked from the parents. Consent for recording the interview is asked as well. If interpreter is used, they will have opportunity to introduce themselves and tell about translation practicalities.

1. First of all, could you tell me about your family.
 - How would you describe your family?
 - Who do you think are part of your family?
 - Is your whole family living together?
 - How is your relationship with other member of your family (like parents, sisters, aunts etc.)
 - What does your family mean to you?
2. Could you then tell me about your life in the Ampain camp?
 - When did you arrive here?
 - Where are you living? How is your home here?
 - Could you tell me about your normal day here in the camp? What do you do? With how?
 - What kind of things are your tasks in the camp and in your family? Do your brothers/sisters have different tasks?
 - What are the tasks of your mom? How about your dad? And other members of the family?
 - Do you think you have everything you need for safe and happy life here? What are those things you need to feel safe and happy in the camp?
 - Do you go to school here? How is your school?
 - What things do you find difficult in your daily life?
 - What things do you enjoy the most in your daily life?
 - What do you think, how do your parents and other siblings see their life at the camp?
3. How do you think living in the camp has affected to your family life?
 - Do you think your life would be the same if you would live in Cote D'Ivoire?
4. How do you think we could make your life happier and safer?

Is there anything else you would like to share with me about your family and your life here in Ampain refugee | camp?