

# Appraising the Effects of Conflicts on Reproductive Health of Internally Displaced Adolescent (IDA) Girls in Nigeria

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**Abstract:-** An estimated 50.8 million people were internally displaced by conflicts around the world in 2019. In 2018, Africa saw 7.5 million new conflict-related displacements– driven by an escalation of violence in West Africa. Nigeria has witnessed prolonged conflicts since 2009, with findings estimating that nearly two million people have been displaced by Boko Haram insurgency in the North Eastern part of the country alone. No fewer than 300,000 people have also been displaced as a result of the herdsmen-farmers' violence in Benue, Nasarawa and Taraba States. This paper discussed the effects of prolonged displacement on the Reproductive Health (RH) of adolescent girls as in Nigeria as a result of sustained conflicts that have engulfed Nigeria for over two decades now. Several young girls who fled with their families are subsequently forced to dwell in internally displaced persons camps or in settlements often in most dishumanising conditions. Under this situation, their reproductive health may be violated. Contemporary works of literature in conflict-prone displacement were critically reviewed adopting Alan's articulation of conflict in society. The paper examines the extent to which such displacements influence the reproductive health of adolescent females in Nigeria. It recommends that government at all level should initiate policies and programmes to protect and promote the reproductive health of IDPs, particularly the adolescent female ones

**Keywords:-** Conflict, Displacement, Reproductive Health, Adolescence, Health Practices.

## I. INTRODUCTION

Over the last two decades, Nigeria has experienced prolonged conflicts across its length and breadth that have impacted significantly on the socio-economic well-being of its citizens. The magnitude of the impacts of the manifold conflicts is better imagined. For instance, the Internal Displacement Monitoring Centre IDMC (2017) estimates that 1,707, 000 people were displaced by Boko Haram insurgency alone in the country, with the majority of displacement occurring in Borno State in North East Nigeria. Similarly, by January 2019, frightening insurgency that threatened the fabric of the country led to displacement of 1,980,036 individuals in the North Eastern States of

Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe (Reliefweb, 2019). Besides man-made conflicts, about 4,600 people have lost their homes due to natural disasters, as ethno-religious and communal clashes take its toll (IDMC, 2017; UNHCR, 2017: Alubo 2006). Of recent, the surge of incessant crises between herdsmen and farmers in Benue, Plateau, Nassarawa, Taraba states have also caused 300, 000 people to lost their homes in 2018 (Human Rights Watch, 2019). From January 2015 to February 2017, at least 62,000 people were displaced in Kaduna, Benue and Plateau states (International Crisis Group, 2017) while around 140,000 new displacements were recorded in Nigeria between January and June 2019. A resurgence of banditry and criminal violence in Katsina, Sokoto and Zamfara States has further increased the number of internally displaced with 74, 000 sacked from their abodes by criminal elements in 2019 (IDMC, 2019). These crises have continued and numbers affected would only be high. This paper aims to partially fill a gap in studies documenting the impact of such conflicts on the reproductive health of displaced females of reproductive age 12 to 15 years in Nigeria.

Internally displaced people are considered one of the most vulnerable groups in the world today. For example, experts found that pregnancy or complications during pregnancy puts adolescent girls at greater risk and serves to increase the level of poverty and maternal deaths in the community (Global Financing , 2019) Further studies on adolescent reproductive health have established that complications during adolescent pregnancy and childbirth are some of the factors that contribute to the cause of death among this category in developing countries even as their children have low birth weight and nutritional-related problems (Financing Facility, 2019b). Homeless and hapless, displaced families usually end up in poor communities or IDP camps which often lack basic amenities for a decent living thereby complicating their plight. As reports indicate, under such situation, displaced girls become even more vulnerable to sexual and economic exploitations (International Crisis Group, 2017).

The Reproductive Health of internally displaced adolescent girls is under threat when communities experience internal displacement (Barot, 2017). For instance, the insurgency in North East has exposed the inadequacy of reproductive health services for the displaced

(Center for Reproductive Rights, et al, 2018). Subdued, beaten and battered by conflicts of various kinds, displaced persons are forced to reside in camps or informal settlements that are already grappling with meeting basic needs such as lack of food, shelter, water and sanitation. Studies showed that 53 per cent of the displaced worldwide are women and girls (Mohammed, 2017; UNHCR, 2017, P.8). Empirical studies further revealed increased levels of child and forced marriage among IDPs as a survival measure due to limited and overstretched health facilities (Center for Reproductive Rights, et al, 2018). Adolescent girls, especially younger girls transiting from childhood to physical and psychological maturity face the risk of forced marriage and sexually transmitted diseases (United Nations, 2017). In other word, IDPs are deprived and lack everything.

## II. THEORETICAL FRAMEWORK

The paper is guided by Alan's articulation of conflict in society. Conflict theory, attributed to German philosopher Karl Marx, holds that the structure of society consists of groups or institutions are in constant conflict with one another because of competition for limited resources. The Marxist theory holds that social order is maintained by domination and power by the ruling or economic class rather than consensus and conformity. Conflict theory therefore focuses on the competition among groups within society over limited resources. Thus, it argues, the economic is the superstructure upon which other institutions such as health, family and education – the infrastructure- leans on the economic. The economic institution is the tool of the struggle between groups or classes, where those who control the means of production use to maintain inequality and the dominance of the ruling class. Alan (2005) focuses on the methodological inquiry as they have been developed in western social science with the focus of his work being to develop traditional way of knowing and challenging the modern science as a way of knowing (Alan, 2005:19). Alan views that societies by their inherent nature produce inequality that conflict, rather than order and consensus. Thus, he submitted, inequality occasioned by conflicts, can only be addressed through a radical change of the existing relations in the society – creation of new social relations. In his argument, the disadvantaged have structural interests that run counter to those of the advantaged class who weigh control of both economic and political power, which, once they are assumed, will lead to social change. Thus, in attempting to apply the theory to the numerous conflicts that have bedevilled the Nigerian State, Alan's argument will be that adolescent girls can be viewed as agents of change rather than objects to feel sympathy. Therefore, the State serves the particular interests of the most powerful while claiming to represent the interests of all. For instance, representation of adolescent girls who are displaced by conflicts may cultivate the notion of full participation, but this, to Alan is a mere illusion.

Alubo (2006) in his book, *Ethnic Conflicts and Citizenship Crises in the North Central Region*, argues that the ethnic plurality and struggles for citizenship, a heritage

of the colonisation of the country, triggered conflicts in Nigeria with the state as part and parcel of the forced amalgamation of hundreds of various ethnic groups-some independent states and some stateless- into one country. He contended that the Nigerian state has retained the legacies of domination inherited from the imperialist colonial authority, which carried out a comprehensive domination of the different ethnic groups it fused together as one country and dominated them politically, culturally and economically and preponderant resort to the use of force even in unprovoked circumstances. Alubo (2006) stressed how conflicts in North Central Nigeria, particularly in Benue, Nassrawa and Plateau States, displaced several people from their abode. Ethno-religious crisis intensified in the last decade in the north central region (Ostien, 2012). These conflicts displaced millions, forcing to reside in IDP camps or within the communities they consider safe to accommodate them.(Mohammed, 2017) in harrowing situation.

Just like the colonial authority plundered the resources of the colonies to develop their industries; the managers of the Nigerian state became preoccupied with accumulation process with the necessary structures that facilitate it. The state is not neutral but a process of accumulation of wealth while the welfare of the citizens is kept in the back burner. With huge proceeds from oil, which is the mainstay of the economy, the state has become the manager of the proceeds of oil in a skewed manner that places greater benefits of managers to the detriment of the citizens, with the situation aggravated by corruption (Sears, 2008).

Alan's model explains better the current conflict in Nigeria. Consensus at the moment is a concept that may sound out of place as groups rise against each other with displacement of the already vulnerable poor and women on a daily increase as insurgency, banditry kidnapping, ritual and other criminal activities take the front banner. In other words, genuine consensus is elusive. Alan's argument will fit the description of Nigeria as a theatre of conflicts where the more powerful in the Nigerian society are able to impose their will on others and have them accept them. Consensus, rather than preserve social order as the functionalism will maintain, only accentuate stratification, a tool of the current social order hence inequality on a global level is characterised by the intentional underdevelopment of Third World countries through development agencies such as World Bank and International Monetary Fund benefits the most powerful countries and multi-national corporations, rather than the subjects of development, through economic, political, and military actions.

### Conceptualising conflict

This paper discussed how conflicts in Nigeria have influenced the reproductive health of displaced adolescent girls, arguing that such conflicts can prevent young girls from exercising proper and adequate reproductive health right. Reviewing findings of contemporary works, and using the articulation of conflict in society as a theoretical guide, it examined the relationship between conflicts and reproductive health of adolescents in Nigeria.

Merriam – Webster dictionary online (2021) defines conflict as fight, battle, and war. Nigeria gained independence in 1960, and has witnessed a bloody civil war from 1967 to 1970. According to Mohammed (2017) Internal displacement in Nigeria in the last 50 years of independence is triggered by conflicts such as inter-communal/inter-ethnic clashes, disputes over land, boundary conflicts between indigenous people and settlers, communal and ethno-religious clashes, armed banditry as well as electoral violence. The majority of the displacement is as a result of insurgency in the north eastern part of the country which has rendered nearly two million people homeless in the Lake Chad region and within the country (UNHCR, 2019).

Alubo (2006b) posits that conflict in Nigeria is as a result of a system of corruption, poverty and politics and a reflection of a weak state that is unable and unwilling to deal with the circumstances that trigger them. These crises have continued and numbers affected would only be high and bound to affect the reproductive health of displaced adolescents. The obvious lack of political will of state actors means that the internally displaced, particularly adolescent girls are more vulnerable and endangered species.

### Adolescence Reproductive health

According to the Collins English Dictionary Online (2021), adolescent is a person who is no longer a child but has not yet become an adult. Adolescent in this context also refer to the behavior of the person in this group. It can also be described as a young person that is developing into an adult but is not yet an adult (Cambridge Dictionary online, 2021). WHO aptly defined adolescent as a transitory age of life between childhood and adult hood which can range from 10 to 19 years. According to Adebayo (2019), adolescent is a developmental stage that can be divided into three phases: Early adolescent (10-14), Middle adolescent (15-17 years of age and Late Adolescent stage (18 – 24 years of age. Research has shown that adolescent issues would take centre stage in the years ahead as the population of this group globally now stands at 7.2 billion or 42 per cent of the entire population of the world. The implication of this finding is that studies into adolescent health will take the front burner. Efforts must therefore be geared towards stimulating the right health seeking behaviour among the adolescence as they are more amenable to risky behaviour that often affect their health as findings have shown (Adebayo, 2019; Alubo, 2000; Odeiga et al., Babatunde et al, 2017). Again, the rising spate of conflicts in Nigeria has further put the reproductive health of adolescent girls in jeopardy as they stand more risk of being violated sexually or forced into early marriage.

“Reproductive Health is defined as:

A state of complete physical, mental and social well-being and... not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be

informed [about] and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of birth control which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant” (ICPD Summary of the Programme of Action, p.13, 1994)

Going by the above definition which was adopted in the 1994 International Conference on Population and Development, adolescent girls need an enabling environment to fully exercise their reproductive health and rights. Thus, consideration of policies and programme for adolescent girls’ physical and emotional wellbeing must take cognizance her ability to remain free from unwanted sex and all forms of sexual violence and coercion. However, adolescent girls displaced by conflicts, they may find it increasingly difficult to enjoy these rights as regards their reproductive health, which the ICPD conference advocates. For instance, displaced adolescent girls face encounter difficult situations that placed them in a vulnerable position to engage in unwilling sex in return for food, money and rewards. Thus, adolescent girls as the paper will endeavour to demonstrate, displaced adolescent girls are at the receiving end as lack of choices make them more vulnerable to unwanted sex, pregnancy, and abortion and slim chances of leading a healthy life.

### Impact of conflict on adolescence reproductive health

Nigeria has a population out of which 40 per cent is below 15 with a fertility level of 5.4 children per woman (World Barometer, 20 21. Over a quarter of pregnant young women have unwanted pregnancies and there are therefore high abortion rates. There is a prevalence of unwanted pregnancy and being too young accounts for 20 per cent of why pregnancy is terminated (Lamina, 2015). Nigeria has one of the highest maternal mortality rates in the world put at 917 per 100,000 live births in 2007 while birth attended to by skilled personnel is 43 per cent from 2015 to 201. The country fares poorly in the area of family planning with contraceptives prevalence rate among women in 2019 put at 17 per cent. Among harmful practices in Nigeria include adolescent birth rate of 106 per 1,000 girls aged 15-19 from 2003-2018; Child marriage by age 18, 43 % in 2019 and female genital mutilation prevalence among girls aged 15-19, put at 14% between 2004-2018 (UNFPA, 2021 b).

The paper examines the extent to which persistent conflicts in Nigeria have affected the reproductive health of adolescent female internally displaced. Persistent worldwide violence has serious implications for women and adolescent’s health according to WHO (2000) during conflict and displacement, new adolescent reproductive health needs are created, throwing up new challenges due to the breakdown of social networks among adolescents which hitherto provide the emotional and psychological support to guide their sexual development.

In conflict and displacement, girls are especially vulnerable to violence and other forms of sexual exploitation, and may resort to prostitution in order to survive, even as they also engage in other forms of high-risk behaviour, including substance abuse, and to poor health in general (WHO, 2000, pp. 13). Millions of adolescent girls, aged 10 to 19, are often overlooked in conflict when in actual fact they are traumatised and are vulnerable, with limited access to reproductive health services (UNFPA, 2020).

For all adolescent girls, but especially for the very young adolescents aged 10 to 14, gaps in services and family networks reduce their ability to access age-appropriate and developmentally-appropriate information and services for their health and well-being, including for their sexual and reproductive development. Girls with physical, psychological or developmental disabilities have even greater difficulty accessing services. UNFPA, 2020, p.8)

According to findings by (UNFPA, 2020) adolescent girls who are affected by conflicts are exposed to sex and early or forced marriage, with the risk of pregnancy-related death twice as high for girls aged 15 to 19 and five times higher for girls aged 10 to 14 compared to women in their 20s). Thus, adolescents in humanitarian settings have needs for reproductive health information and services as their peers in places that do not experience conflicts. In developing countries, 15 million adolescent girls aged 15 to 19 gave birth in 2015 while 13 million lacked access to contraceptives (UNFPA, 2020).

Onyango and Heidari, (2017) argued that food, shelter, water and sanitation, security and basic health services are crucial in the early stages of a humanitarian crisis, the provision of reproductive health services. However, they argued, reproductive health services has been recognised as an additional priority early in an emergency. They noted that the collapse of the health system when conflict arises usually decreases access to contraceptives for females. Access to safe abortion may become slim because conflict and displacement increase women's vulnerabilities to sexual violence; including rape and women who subsequently experience unwanted pregnancy may not be able to access safe abortion services, leading them to unsafe abortion with severe health consequences.

Despite the existing unmet needs in safe abortion and post-abortion care in humanitarian settings, Chukwumalu et al build a case for the possibility of implementing comprehensive PAC services in politically unstable and culturally conservative settings like Puntland, Somalia. The authors assert that despite the fact that abortion and modern contraception are sensitive and stigmatised matters, there are approaches that can be utilised to increase uptake. Finally, Tousaw et al provide insights into the possibility of working within legal constraints to expand access to abortion care services among displaced populations in Chiang Mai, Thailand. The authors report on in-depth qualitative interviews conducted with women on their experiences with a Safe Abortion Referral Programme (SARP) meant to

reduce barriers to safe and legal abortion care in Thailand. The positive experiences expressed by the Burmese women immigrants show that referral programmes for safe and legal abortion can be successful in settings with a large displaced and migrant population. The women particularly appreciated the friendly programme staff, accompaniment to the facility, interpretation at the facility, safety of services and the lack of any costs incurred by the women (Onyango and Heidari, 2017d, para 8.)

However, Onyango and Heidari failed to point out the role that key actors (which include the political and economic elites) in fuelling conflicts and absence of policies to ameliorate the repercussions on the lives of the vulnerable and weak who are mainly victims of the conflicts in Nigeria and most African countries.

Amodu, Richter and Sslami (2020) discovered that violence against displaced women by intimate partners and by others is a socially and psychologically damaging practice in conflict-affected communities in Africa. According to them conflict-related sexual violence is a well-established tactic of terrorism in many African countries and around the world. For instance the Chibok girls abducted in 2014 and similar sexual violence against schools was a strategy to prevent girls' education in Nigeria. The paper believes that the work Amodu, Richter and Salami add to the body of knowledge on the impairment that conflict impose on reproductive health of women, their work did not specifically demonstrate enough how such impacts and eventual damage serve as impediment to the fulfilling of the reproductive rights by young girls displaced from their abodes. Suffice to say that reproductive health of female is under duress in Nigeria in the last two decades and lack of adequate and specific literature serve as a difficult task in uncovering the implications that this development Portends for the Nigerian nation state.

Ager et al. (2018) results in a similar research to elicit local descriptions of gender-based violence experienced by female IDPs in camp, noted that rape and intimate partner violence were of greatest concern of displaced.

A review of a study by Olanrewaju et al, 2028 by the trio explained that lack of social and financial support and access to economic opportunities was a major challenge for female IDPs in Nigeria.

### **Conflicts and the reproductive health of adolescent girls in Nigeria**

The various conflicts that have occurred in Nigeria, which seemed to intensify with the outbreak of insurgency attacks in the north east part of the country in 1999, have implication on the reproductive health of displaced persons, particularly internally displaced adolescents. These conflicts have been sustained for over two decade and have worsen of recent with renewed attacks on communities, groups and individuals by bandits, insurgents, kidnappers and other criminal elements in the space of the nation state of Nigeria. In all these conflicts, thousand more citizens have been displaced and traumatised. Adolescent health is hardy

prioritized and such conflicts can make reproductive health services more elusive for young persons. For instance, studies show that sexuality education, safe motherhood services and family planning services were important needs for adolescent and complications of pregnancy, early sex experimentation, unsafe sex are among the RH problems experienced by displaced adolescents ( Odo, Musa & Oladugba, 2020). In other to address the problem reproductive needs of internally displaced adolescents, reproductive health services need to be provided for adolescents who are either residing in IDP camps or in settlements within communities that are accommodating them to addressed problems associated with risky behaviors such as early and unsafe sex. This is quite necessary because risky sexual behaviors have implication for internally displaced adolescent as it can result in teen pregnancy, unsafe abortion and sexually transmitted infections including HIV.

Unfortunately, as (Odo,Musa and Oladugba, 2020) found out, reproductive health of internally displaced adolescents are often not considered a priority during conflicts. Rather than protect them, adolescent girls become key members of the family that sustain its economic survival as parents and guidance use them to hawk to augment family resources. Unfortunately, being on the streets to hawk for their parents and guidance as a survival measure further exposes internally displaced adolescent girls to sexual problems like sexual violence like rape, sexual harassment, risky sexual activities and commercial sex work. Odo,Musa and Oladugba, 2020 warned that this arrangement increases the rate of unwanted pregnancy in the IDP camps and other settlement hosting displaced persons.

Although sexual and reproductive health services such as sexuality education, family planning information and services, safe motherhood services are very essential to quality sexual and reproductive health of adolescents to prevent SRH problems such as early sex, teenage pregnancy, unsafe abortion and STIs, these problems are worsen in the IDP camps because of the nature of the environment and general living conditions, with little or no health services for adolescents (Odo, Musa and Oladugba, 2020d).

#### ***Meeting the reproductive health needs of internally displaced adolescent girls***

As stipulated in the *UN Guiding Principles on Internal Displacement*, and the UN Resolution 46/182 of 1991, every country has the primary duty to protect and provide assistance to displaced persons within its territory. Thus, internally displaced adolescent girls sacked from their abodes by conflicts of various types in Nigeria remain within the borders of the country hence it is responsibility of the federal government own government's primary responsibility to protect and assist them.

In 2002, the federal government launched a National Policy on IDPs and in line with its obligations under the Kampala Convention, Federal and State Government Ministries, Departments and Agencies made attempts to

respond to the needs of IDPs through various protection and assistance interventions, with the support of international and local humanitarian groups, including the International Committee of the Red Cross (ICRC), United Nations Children Fund, (UNICEF) among others.

### **III. RECOMMENDATIONS**

The present insecurity in almost every region in Nigeria as a result of the Boko Haram insurgency, banditry, kidnapping calls for urgent intervention. Thus, the Nigerian government needs to take proactive steps to prevent the conflict from escalating so that peace can return to the country, particularly the north east region. Conspiracy theories surround the involvement of economic and political class in the heightened conflicts in the two decades. The onus lies on the elite to demonstrate that they do not have selfish and primordial interest in the number of conflicts that have become the lot of Nigeria in the present dispensation. Measures should a therefore be intensified to address the prevalence of poverty and unemployment and low level of education on reproductive health among youths in the country. Under this scenario, the reproductive rights of adolescent girls become a source of significant research. The vulnerability of the Nigerian the adolescent girl especially the internally displaced, the violation of their reproductive rights mostly from the intensification of conflict in the country in the last two decades, must become issues that take the front banner national discourse .

The need to ensure a comprehensive reproductive health care, displaced adolescent in line with the ICPD recommendation for a global Call for Action is non-negotiable hence the significance of the paper in that respect. The study will examine the sexual and reproductive health of female IDPs for fresh insights, discoveries, and findings to set a pace for similar studies to be carried out on female displaced conflict and violence in Nigeria. Policy makers and stakeholders including civil society groups, the media, traditional rulers, and government at all levels should synergised to promote the reproductive health of displaced adolescent female in the country by conflicts. The right information, policy and implementation will improve the health of displaced female who form 49 per cent of the country's population of about 200 million (UNFPA, 2019)

### **IV. CONCLUSION**

The protection of the reproductive health of teenagers affected by armed conflict is the primary duty of states, but the Nigerian government has not fared well in this regard well in this regard to the humanitarian needs of internally displaced adolescents' girls affected by the ongoing conflicts in the country. The federal government must take decisive steps to end the various conflicts that have engulfed the country in recent times. The protection of lives and property Is the key constitutional duty of the government and hence must live up to its responsibility. Despite the government's acknowledgement of the importance of health to national development, no significant attempt has been made to ensure the provision of a sound reproductive health

services for the internally displaced adolescent girls in the county. The federal and state governments must therefore invest in health of young persons in order to minimize risky behaviour that will expose them to early sex, pregnancy, abortion and sexually transmitted diseases. The government at all level must therefore make investing in the health and wellbeing of internally displaced adolescent girls a national priority.

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