

**HEALTH ISSUES AND SERVICES FOR CHILDREN IN
INTERNALLY DISPLACED PERSONS CAMP IN BENIN
CITY, EDO STATE**

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ABSTRACT: This study examined the health issues and services for an internally displaced persons (IDPs) camp in Benin City. The challenges faced by the IDPs and by the various government agencies and NGOs involved in responding to their needs are also assessed, documented, compared, and analysed. This study adopted an exploratory research method to gather data on the impact and interrelationships of social and psychological variables in the Uhogua IDPs Centre in Benin City, Nigeria. This qualitative study employed the purposive sampling method to select 10 participants who were suitable for the study. The participants consisted of both male and female IDP camp administrators with at least 4 years of working experience in the camp. The research instrument used was an unstructured interview guide, and the data were verified using the member checking method. The data gathered were presented, transcribed, and analysed via manual content analysis. The results revealed that the inaccessibility of health care facilities has adverse effects on the health of children in IDP camps. Insufficient awareness of professionals of social welfare interventions also hinders support for IDPs or agencies from fully delivering needed services to IDPs. This study recommends the provision of primary healthcare facilities and personnel residents in camps and that the government establish a well-structured legal framework that could positively influence healthcare services for children in IDP camps.

Keywords: Children, Health Issues, Internally Displaced Persons, Intervention, Services

INTRODUCTION

The problem of internally displaced persons (IDPs) worldwide is considered very important in the effort to reduce their occurrence and help victims. In this context, IDPs, which include Boko Haram insurgencies, man-made catastrophes or disasters that violate human rights, and continuous existence in a place where children are most vulnerable, are groups of people who have experienced forceful removal or migration to an unfamiliar and unprepared safe environment due to wars and other violent conflicts (Omorogiuwa & Egharevba, 2018; Omorogiuwa, 2023). Internally displaced persons (IDPs) in Nigeria, especially children, lack proper healthcare services, as many of them have been displaced previously and experience different health challenges (Ezekie, 2022). The most commonly used definition of IDPs is the one written by the United Nations Secretary-General (1992), which states that IDPs describe individuals who experience forceful ejection or displacement from their homes due to unexpected occurrences such as natural disasters (earthquakes, floods, volcanoes, etc.) or man-made disasters (Boko Haram, banditry, armed conflicts, internal and external crises beyond human control) (Uzobo & Akhuetie, 2018).

Accordingly, IDPs are groups that have experienced forceful removal or migration to an unfamiliar and unprepared safe environment due to unbearable wars and other violent conflicts such as Boko Haram insurgencies, man-made catastrophes, or disasters that violate human rights and continuous existence in a place (Omorogiuwa & Egharevba, 2018). According to a statistical document, the number of IDPs in Nigeria has doubled between 868,000 and 1.7 million compared to that in other countries, and Nigeria has become the sixth country with the most highly populated IDP camps in the world (Ajakaye & Ibukunoluwa, 2020). Since 2009, the operations of Boko Haram have increased the number of displaced persons in different communities in the northeastern part of the country, with an estimated 2.3 million individuals losing their homes and becoming internally displaced (Ajakaye & Ibukunoluwa, 2020). Every year, a number of women and children, particularly those who are internally displaced, in the last decade have encountered a variety of health challenges while trying to adapt to their new environment, especially as they can hardly access healthcare services and are not able to maintain physical and psychological stability (Getanda et al., cited in Owoaje et al., 2016; Omorogiuwa, 2020). Even with the increasing number of internally displaced persons spread all over Nigeria and the world, the healthcare services dispensed to children are limited, which has a negative effect on their survival.

IDPs in camps face limited resources and limited medical assistance due to poor socioeconomic status (Falb et al., 2020; Evbuomwan et al., 2022). Uzobo and Akhuetie (2018) stated that the estimated 33 million IDPs worldwide, particularly in Nigeria, face challenges in funding and coverage. The majority of IDPs are women and children, who face hunger, infectious diseases, and harsh weather (Aluko, 2017; Evbuomwan et al., 2022). To improve healthcare services, tutoring and utilizing existing structures can reduce unproductive intervention services, encourage healthcare services, and reduce costs (Omorogiuwa, 2020). Furthermore, administering essential health services during intervention can be valuable for many vulnerable children and women, but integrating multiple public healthcare mechanisms can enhance benefits and achieve large coverage. Mobile healthcare services are dependable in conflict-prone areas, but their usage is weak.

Women, who are the primary caregivers of children, constitute a large population of victims who are stranded in a disaster, such as insurgencies. Estimates have shown that 80% of IDPs are women or children (Samantha & Stuart, 2004). During migration, they might encounter diverse health challenges, and their health needs might be scarcely met due to limited movement (Getanda et al., 2015; Omorogiuwa & Egharevba, 2018; Roberts & Lawanson, 2023). Each of these IDPs might have unique unmet health needs (Mooney, 2005). Stark et al. cited Vu et al.'s (2014) study, which reported that many women and girls who are in IDP camps might experience rape trauma or some form of sexual assault. According to Lenshie and Henry's (2016) report, 53% of the population of IDPs are women, while 56% of people worldwide are children; however, some studies estimate that 60% of the population of children are internally displaced persons. Many of these IDPs who have experienced rape and sexual abuse are facing different health crises (Kerimova et al., 2003). Children in IDP camps who have experienced rape and sexual violence find themselves with unwanted pregnancies and many attempts at abortion, which can lead to afflictions diseases and death (Evbuomwan et al., 2022). Consequently, victims of sexual assault experience prolonged negative consequences such as sexually transmitted diseases, including HIV/AIDS, physical injuries, and unwanted pregnancies (Austin et al., 2008). Annually, large numbers of child deaths and high maternal deaths are found in Nigerian recordings. This occurs due to the compounded risk for women

and girls who seek humanitarian interventions without support from any community with critically unmet health needs.

Statement of the Problem

Most internally displaced children every year in the last decade have encountered a variety of health challenges while trying to adapt to their new environment (Ezekie, 2022). This is especially true as they can hardly access healthcare services and are not able to maintain physical and psychological stability (Getanda et al., as cited in Owoaje et al., 2016). Even with the increasing number of internally displaced persons spread all over Nigeria and the world, the healthcare services dispensed to children are limited, which has a negative effect on their survival (Roberts & Lawanson, 2023). IDPs in camps face limited resources and limited medical assistance due to poor socioeconomic status (Falb et al., 2020). Uzobo and Akhuetie (2018) stated that the estimated 33 million IDPs worldwide, particularly in Nigeria, face challenges in funding and coverage. The majority of IDPs are women and children, and more than 108,000 people face hunger, infectious diseases, and harsh weather (Aluko, 2017).

Researches indicate that victims of sexual assault experience prolonged negative consequences such as sexually transmitted diseases (Evbuomwan et al., 2022; Roberts & Lawanson, 2023), including HIV/AIDS, physical injuries, and unwanted pregnancies (Austin et al., 2008). Annually, large numbers of child deaths and high maternal deaths are found in Nigerian recordings. This occurs due to the compounded risk for children who seek humanitarian interventions without support from any community with critically unmet health needs. Internal displacement in Nigeria (Amodu et al., 2021; Njadvara, 2021) has led to fear and concerns about healthcare services and the spread of the population (Singh et al., 2007; Quintero & Culler, 2009). IDPs in camps face limited resources and limited medical assistance due to poor socioeconomic status. The lack of economic empowerment and inadequate facilities for healthcare services have made children and women in IDP camps vulnerable to health challenges (Falb et al., 2020; Omorogiuwa, 2023). Health services may not extend to IDPs due to their remote locations, and intervention programmes focus on food, clothing, and shelter (Ekoh et al., 2022). Inaccessibility of healthcare facilities and social welfare interventions has not been effective (Ekezie, 2022), with inadequate social work experts providing necessary intervention processes (Amadasun, 2019). A gap in health challenges and services for children in internally displaced persons camps in Benin City, Edo State, is evident; hence, there is a need for this study.

Objective of the Study

This study examined health issues and services for women and children in Internally Displaced Persons Camps in Benin City, Edo State.

Research Questions

The following questions guided this study:

1. What is the level of inaccessibility of healthcare facilities and the health issues and services for women and children in IDP camps in Benin City?

2. What is the influence of social welfare interventions on healthcare services for women and children in IDP camps in Benin City?

METHODS

Research Design

This qualitative study investigated health issues and services for women and children in an internally displaced person camp in Benin City, Edo State. An exploratory design was used to gather background information on a specific subject using in-depth interviews. This is because the exploratory research design stems from the effectiveness of this approach, as has been stressed in the available literature (Leedy & Ormrod, 2014; De Vaus, 2014). The exploratory design was implemented through in-depth interviews. All relevant and substantive proceedings of the various interview sessions were tape-recorded with an audio recording device and documented appropriately with a field note.

Sample and Sample Procedure

Using the purposive sampling method, 10 participants, consisting of both male and female IDP camp administrators who had at least 4 years of working experience in the camp, were selected from the Uhogua IDP camp in Benin City, Edo State. Purposive sampling was utilized because it allows the researcher to select participants who are grounded in their area of care delivery and are considered better at meeting the demands of the study (Omorogiuwa, 2019).

Data Collection

The instrument for data collection was the interview guide, which was developed by the researcher to collect data for the study and was verified through member checking (Shenton, 2004). Participants were contacted and given notice for their participation along with proper information about the study, and questions from them were answered. The interviews were conducted with targeted participants, and comments were audio recorded, while others were documented appropriately. The various interview sessions were conducted in the English language, and each interview session lasted for an hour.

Data Analysis Procedure

The data obtained from the interviews were replayed and transcribed simultaneously, and the responses were analysed via manual content analysis and operationalized via the identification of repeated themes that were interpreted to make and support inferences. The interviews collected were analysed based on the number of participants' responses to a particular interview question (Easterby-Smith et al., 2008; Akinyode & Khan, 2016).

Ethical Considerations

The consent and approval of participants were sought with a letter of introduction from the Head of Department of Social Work, Faculty of Social Sciences, University of Benin, to seek permission from the camp administrators to administer the instrument to the participants. Following the participants' decision to be part of the study, consent forms were given to them, and their responses remained confidential in line with international best practices. To this end,

identifying the details of the participants and their organizations was concealed (Gberevbie, 2013). It is important to note that safety concerns were unlikely, as there were no potential risks associated with this study; thus, it is not to constitute harm to the participants.

RESULTS AND DISCUSSION

Theme 1: Inaccessibility of healthcare facilities and health issues and services for women and children in IDP camps

One participant noted,

The coordination of healthcare delivery and facilities is somewhat disjointed; the various agencies responsible for providing services and facilities are often not fully aware of what each other is doing. For example, the Ministry of Health was stated to be responsible for healthcare resource supply, while other organizations act as support when needed. However, accessing care and transferring care from camp health facilities to local facilities (referral) was not always possible. Timely medical treatment proved difficult because there seemed to be no arrangement to transfer services between the agencies (IDI Mr. B. 24/01/2023).

Another participant, a camp manager, said:

The healthcare facilities that are close to the camps are mostly primary healthcare centers (PHCs), and they only offer basic primary healthcare services such as first aid, oral rehydration therapy, drug prescriptions, dressing of wounds, and treating minor ailments such as mild fever. Some of these facilities are either nonoperational, have no essential medical resources or staff, or are permanently closed. Complex situations such as birthing and other cases that require operational procedures are often referred to hospitals by PHC staff (IDI Mrs. O. 24/01/2023).

The narratives above show how some participants, especially the IDPs, expressed concern over the distance between the camp and the hospital and the financial implications for transportation, which often discouraged them from seeking healthcare services, leading to complications, including death (IDI Mr. P, 38, 26/01/2023).

Another participant supported the above statement by saying:

Hospitals are far away from here, we need transport to be able to take those who are sick to the hospital... For our women to give birth is a problem for us... If you have your money you can get the healthcare, if we do not have money, we cannot go to the hospital... because they will not take care of us (IDI Mr. 25/01/2023).

A few participants, especially Camp Administrators, indicated that the government and some NGOs sometimes covered the IDP healthcare costs at secondary healthcare centers. However,

the Camp Managers (CMs) highlighted that there were limitations on what these organizations were willing to cover.

A participant stressed,

There is malaria everywhere; there is also pneumonia because colds often infect children's bodies. ...cough everywhere because of dust...diarrhea is also very common because we do not have doctors on ground to handle emergencies... and there are many children in this place (IDI Mrs. M. 25/01/2023).

From the above responses, it can be observed that poor accessibility of healthcare resources has adverse effects on the overall health status of all IDPs in the camps.

One participant stated,

Access to health services is hampered by a lack of resources in the medical field, which results in longer waiting hours and has a negative impact on IDPs' ability to receive healthcare when they need it (IDI Mr G. 25/01/2023).

Another participant responded by saying,

IDPs with serious medical conditions that have no funds to visit the hospital sometimes receive assistance from camp managers to go outside for treatment and medications, but there is a limit to what they can actually do to help. Poor nutrition and a weak health workforce, both in terms of quantity and quality, are also obstacles. IDPs need to feed well to maintain their health, but no high-quality meals are available. Therefore, they are likely to fall ill more often, even if high-quality treatment is provided (IDI Mr. I. 24/01/2023).

One of the challenges facing the IDP camp in Benin city, Nigeria, is how to provide succour to the plight of the IDPs, which is caused by incessant violent attacks perpetrated by the Boko Haram insurgents, natural or environmental disasters and social conflicts (Itumo & Nwefuru, 2016). This could be because the well-being of children in IDP camps has not been adequately provided for or taken care of in alleviating the suffering of IDPs. This study provides an understanding of the effect of the inability to access healthcare facilities on the health issues and services for children in IDPs in Benin City, Edo State. This further implies that the health of IDPs in camp-like settings has been compromised by uncoordinated management, treatment, and control of communicable and non-communicable diseases. This finding is in line with the work of Aluko (2017) and Evbuomwan et al. (2022), which established that majority of IDPs children experience hunger, infectious diseases, and harsh weather. Ekezie et al. (2022) also agree that Government authorities need to be aware and consider the complexity of the multiagency involvement in the management and provision of IDPs healthcare services, to improve the well-being of the most vulnerable, particularly children.

Theme 2: Social welfare intervention and healthcare services for children in IDP camps?

In response to the influence of social welfare interventions for supporting children in IDP camps,

One participant said,

Access to social welfare intervention services is often hampered by a lack of professionals and resources in the social welfare field (IDI Mrs. U. 26/01/2023).

She added:

The attention of professional social welfare personnel is required to ensure that IDPs return to their normal lives and reintegrate into society. The intervention will go a long way in providing assistance to cushion the effects of hardship in the camps and help to bring succor to the IDPs (IDI Mrs. U. 26/01/2023).

Another participant said,

With regard to the role of social welfare in alleviating the suffering of IDPs, professional social work promotes social change, social development and social cohesion as well as the empowerment and liberation of internally displaced persons. (IDI Mrs. E. 25/01/2023).

In response to the effect of social welfare services on supporting displaced persons,

Another participant mentioned,

The expertise and experiences of social welfare personnel combined with their unalloyed commitment to IDPs signifies that their services were crucial to assisting displaced persons. The government encourages them to continue providing assistance to IDPs in the camps when other ‘helping professionals’ return... the welfare service is very important, which is why they will do that (IDI Mr. F. 26/01/2023).

A participant states,

The attention of professional social welfare personnel is required to ensure that IDPs return to their normal lives and reintegrate into society. The intervention will go a long way in providing assistance to cushion the effects of hardship in the camps and help to bring succor to the IDPs (IDI Mrs. K. 26/01/2023).

Another participant said,

With regard to the role of social welfare in alleviating the suffering of IDPs, professional social work promotes social change, social development and social cohesion as well as the empowerment and liberation of internally displaced persons. (IDI Mrs. E. 25/01/2023).

The participants interactions above indicates that social welfare intervention is imperative in addressing the health issues experienced by children in IDP camp in Benin City. This implies that social welfare intervention has effect on the health and well being of children in internally displaced persons camps. This finding supports the study by Omorogiwa (2023) who found that provision of social work intervention services can influence the health care and well being of the vulnerable persons, such as children in the IDP camps in Nigeria. Amadasun (2019) concurs that social welfare service measures would be effective in ameliorating the health challenges of children in IDP camps if inadequate social work experts are involved in the delivery of the necessary intervention processes.

IFSW (2012) highlights social workers' crucial role as social managers, investigators, participants, evaluators, analysts, and conflict mediators in assisting internally displaced persons (IDPs). Their services include needs assessment, support coordination, and counselling. Bisman (2004) noted that social work services benefit individuals and groups, particularly in areas lacking support systems. Social capital, including family, friends, and networks, which social workers employ during interventions, provides resources for crisis situations and social participation opportunities (Woolcook & Narayan, 2000).

Conclusion and Recommendations

The findings revealed barriers to accessing healthcare services for children in IDP camps, such as a lack of transportation and remote locations. These findings further highlight the need for healthcare resources, rehabilitation, and the restoration of delivery systems. Insufficient healthcare personnel and inadequate medical infrastructure also affect healthcare services.

Based on the conclusion, the following recommendations were made:

- Access to healthcare resources can be improved if IDPs are provided with primary healthcare facilities and personnel who are residents of the camps.
- The government should establish a well-structured legal framework that could positively influence healthcare services for children.
- The problem of inadequate healthcare resources can be resolved if government and nongovernment agencies supply needed healthcare resources for the physical well being of children in internally displaced person camps.
- Social welfare interventions should be implemented in collaboration with relevant agencies to meet the health needs and services of children in IDP camps.

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