



Reproductive Health Challenges of Internally Displaced Women and Girls in Nigeria

In recent decades, Nigeria has experienced considerable levels of internal displacement, resulting from a combination of violent conflicts and environmental causes. Among the millions of IDPs in Nigeria, women and girls must endure several unique challenges, particularly a lack of access to adequate reproductive health services. While the Nigerian government has taken some steps to address the vulnerabilities of these women and girls, including protections from forced marriage and gender-based violence, the existing legal framework in Nigeria still fails to recognize and meet their reproductive healthcare needs. This article aims to stimulate further conversation on this important topic by introducing the reader to the reproductive health challenges of internally displaced women and girls in Nigeria and the gaps that remain unfilled by Nigerian authorities.

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Nigeria, like several African countries, has been battling with conflicts, natural disasters and developmental issues that have resulted in millions of persons being internally displaced. With internal displacement comes several challenges, such as access to healthcare, food, water, education and housing, to mention a few. In Nigeria, lack of adequate healthcare services has proven a notably challenging issue, particularly for internally displaced women and girls.

It is no news that, in the past decade, [millions](#) of people have been displaced across Nigeria due to violent conflicts and natural hazards. While all of these internally displaced persons (IDPs) are vulnerable, this is particularly true for internally displaced women and girls. As of 2020, over [3.9 million](#) displaced women and girls were in need of humanitarian assistance in northeast Nigeria alone. Women and girls living in IDP camps face the risk of increased sexual activities, whether consensually or

involuntarily, which exposes them to [sexually transmitted diseases, unwanted pregnancies, unsafe abortions, and other forms of reproductive health risks](#). Several [factors](#) are responsible for these increased sexual activities, including exchanging sex for money to meet basic livelihood needs, forced marriage of young girls by parents, and gender-based violence.

While reproductive health affects both males and females, there is no denying that lack of access to reproductive health services has a greater impact on women and girls. In the periods of displacement, many women and girls lack access to sexual and reproductive health services, from the lack of access to sanitary towels to contraceptives, as well as key natal services and reproductive health information.

The Unmet Reproductive Needs of IDP Women and Girls

During conflicts and wars, people are routinely forced to flee their homes for safety, leaving properties and investments behind. With little or no access to resources, many displaced populations have [restricted access to general healthcare](#). Among those mostly affected by this predicament are women and children. More specifically, women and girls of reproductive age are cut off from access to reproductive health services, which increases their vulnerability. The lack of access to basic healthcare services, and reproductive healthcare services specifically, widens the gap of the unmet needs of women and girls of reproductive age. Unmet needs in this context signifies [the inability of a person to access quality healthcare services when the person needs them](#). These unmet needs could arise as a result of the unavailability of such services the inability to reach them (inaccessibility) or unaffordability for the person in need of such healthcare services.

In times of crisis leading to internal displacement, many healthcare facilities are destroyed, health workers flee the crisis areas, and medicines and timely interventions become scarce, thereby constraining access to reproductive healthcare from skilled health workers. Insecurity makes it difficult to access safe spaces to seek timely reproductive health services. Coupled with this, women and girls face gender-based violence and forced marriages, which exposes them to increased sexual activities leading to several reproductive health challenges.

The [Demographic and Health Surveys \(DHS\)](#) data of 2018 reveals a low use of modern contraceptives among married displaced women with 12% unmet need for family planning out of the total demand of 35.5% for family planning by displaced women. Also, [maternal mortality](#) in the conflict-prone areas in Nigeria stands at 709 maternal deaths out of every 100,000 births, mostly arising out of unsafe abortions. It is probable that the low demand rate for family planning services as reported by DHS is the [result of the reluctance of unmarried women and adolescents to come forward to seek the services](#), thereby leaving a population in which 64.5% of unmarried women and girls remain in need of one reproductive health service or another.

Interventions

The [African Union](#) adopted the [Convention on the Protection and Assistance of Internally Displaced Persons in Africa](#) (Kampala Convention) in 2009. The Convention, which came into effect in 2012, is the first of its kind globally. Article IX of the Kampala Convention specifically enjoins states to take measures to prevent sexual and gender-based violence of internally displaced persons and to take “special measures to protect and provide for the reproductive and sexual health of internally displaced women as well as appropriate psycho-social support for victims of sexual and other related abuses.”

Although Nigeria adopted the Kampala Convention in 2012, efforts had been made as early as 2006 to establish a framework for the protection of IDPs by developing the [National Policy on Internally Displaced Persons](#), which was eventually launched in September 2021. The National Policy provides a framework to prevent internal displacement for citizens and residents of Nigeria and, where displacement occurs, the framework for assisting and protecting IDPs to ensure their safe return, rehabilitation, reintegration and relocation. Adopting a human rights-based approach, the National Policy incorporates provisions from existing international and regional instruments on internal displacement based on the principles of human rights and humanitarian law. For example, Section 3.1.5(e) of the National Policy places a duty on the government to protect internally displaced women from forced marriage, while section 3.1.8(15)

protects displaced older women from sexual abuse and gender-based violence.

Unfortunately, the express guarantee of reproductive rights of internally displaced women and girls is not contained in the final National Policy of Nigeria, despite its inclusion in earlier drafts and as contained in the Kampala Convention. The National Policy only protects displaced persons from forced marriage and gender-based violence.

International organizations, such as the [United Nations Population Fund](#) (UNFPA) and several others, have also stepped in to complement the humanitarian interventions of the Nigerian government, including reproductive healthcare services to IDPs. UNFPA, through different funders, support in providing reproductive kits to displaced women and girls as well as setting up safe spaces within the IDP camps, where women and girls could obtain reproductive health information and services as available. Also, religious organizations assist in providing reproductive health support to married women by trying to meet their natal needs in terms of material items and spiritual uplifting. However, in the absence of stronger intervention by the Nigerian government, these efforts by other actors, while helpful, will remain inadequate to meet the need.

Lapses in Reproductive Health Interventions

Although the Nigerian government has taken a proactive step in addressing IDP protection with the adoption of the National Policy, it continues to come up short in several key areas. A major gap in the initiatives to support reproductive health of IDPs is the focus on [married women and girls](#) without adequate attention on their unmarried counterparts. Despite identifying that safe motherhood, sexuality education and family planning are important aspects of reproductive health needs of internally displaced adolescents, they do not get the support to meet their needs at the IDP camps. Studies have revealed that unmarried adolescents are constantly harassed at IDP camps, with the major form of harassment being in the form of request for sex in exchange for food. Yet this class of IDPs lack the sexual and reproductive health information that could assist them to prevent consequences of the harassment.

A major contributory factor to this reluctance to provide reproductive health services to unmarried girls and women is deeply rooted in cultural and religious practices, specifically a climate of patriarchy within the IDP camps. Even the unmarried males lament at the lack of access to reproductive health services. For example, one participant in a recent [study](#) on the sexual health needs of internally displaced adolescents in Borno State emphasized the need to provide family planning services for girls and condoms for boys. This gap clearly manifests in the requirement by medical practitioners to seek [consent of spouses of married women or parents or guardians of unmarried women and girls](#) before they provide any form of information or reproductive health services to their patients. Also, the long-term practice of obtaining consent and decisions for reproductive health services for women and girls from the husband or father, rather than the patient herself, is also an impediment to the realization of the reproductive health rights of women and girls in Nigeria.

Perhaps, this distinction between married and unmarried women is attributable to the mindset of the people that reproductive services center around family planning. It is therefore of paramount importance to educate the community leaders in IDP camps and host communities that reproductive health cuts across a wide range of services. It is common knowledge that girls that have attained puberty need information on menstrual hygiene management, while every person needs adequate information on reproductive choices, rights and general access.

Furthermore, by limiting the reproductive rights in the National Policy to protection from forced marriage and protection from sexual abuse and gender-based violence, it is clear that the [Nigerian government is not willing to commit to protecting other aspects of the reproductive rights](#) of internally displaced women and girls, such as reproductive autonomy. It is clear from the limited intervention of distribution of food to IDPs, without taking steps to prioritize distribution of reproductive health materials in the same way, that the government is not proactive in translating its policies into action.

Conclusion

Although the Nigerian government has taken policy steps to protect and assist IDPs in Nigeria by adopting the National Policy on IDPs, the National Policy is not without hitches, especially in terms of specifically spelling out the reproductive health needs of IDPs. The specific reference to protection from forced marriage and protection of older women from sexual violence and gender-based violence creates an impression that other reproductive health needs, apart from family planning, which does receive attention, are not as important as those aspects that are expressly addressed.

Furthermore, the structured intervention for reproductive health services that target married women and adolescents leads to the exclusion of unmarried persons within IDP camps who actually require reproductive health services. Meeting the [health needs](#), including reproductive health needs, of IDPs is therefore an integral part of restoration and rebuilding, but meeting these needs for internally displaced women and girls in Nigeria remains a challenge.

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