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## DISPLACED AND DETERMINED: CHALLENGES AND RESILIENCE IN WOMEN'S REPRODUCTIVE HEALTH AMIDST INTERNAL DISPLACEMENT IN NIGERIA

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### ABSTRACT

This study explores the challenges and resilience of women's reproductive health amidst internal displacement in Nigeria. Internal displacement, driven by conflict and environmental factors, has severely disrupted access to essential health services, particularly for women. Through a mixed-methods approach, including surveys and interviews with displaced women, healthcare providers, and NGO workers, the research identifies key barriers to reproductive health services such as inadequate healthcare infrastructure, lack of privacy, and cultural stigmas. Despite these challenges, the study also highlights the resilience and coping strategies employed by women, such as forming support networks and seeking alternative healthcare solutions. The findings underscore the urgent need for targeted interventions and policies that address the unique reproductive health needs of displaced women, promoting both their health and dignity.

### KEYWORDS

Internal Displacement, Women's Reproductive Health, Nigeria, Healthcare Access, Resilience, Barriers, Coping Strategies, Conflict-Driven Displacement, Health Policy, Support Networks.

### INTRODUCTION

Internal displacement is a significant humanitarian issue in Nigeria, driven by a combination of armed conflict, communal violence, and environmental factors such as floods and droughts. As of recent

estimates, millions of Nigerians are internally displaced, with women and children constituting the majority of this vulnerable population. The upheaval caused by displacement profoundly affects various

aspects of life, including access to healthcare services. Among the most critical yet often overlooked areas is women's reproductive health.

Women's reproductive health encompasses a range of services and needs, including maternal care, family planning, and treatment for sexually transmitted infections. For displaced women, accessing these services becomes exceedingly challenging due to disrupted healthcare systems, inadequate infrastructure, and the often unstable and insecure environments of displacement camps or host communities. The lack of privacy and the cultural stigmas attached to reproductive health further exacerbate these challenges, making it difficult for women to seek and receive appropriate care.

Despite these obstacles, many displaced women demonstrate remarkable resilience and ingenuity in addressing their reproductive health needs. They often rely on informal support networks, community-based solutions, and alternative healthcare providers. These coping strategies, while crucial, are insufficient substitutes for comprehensive and accessible healthcare services. Understanding both the challenges and the resilience strategies is essential for developing effective interventions and policies that support displaced women.

This study aims to investigate the multifaceted challenges faced by displaced women in Nigeria regarding their reproductive health and to highlight the resilience and coping mechanisms they employ. By using a mixed-methods approach, this research seeks to provide a nuanced understanding of the reproductive health landscape amidst internal displacement. The findings will inform policy recommendations and programmatic interventions designed to improve reproductive health services for

internally displaced women, ensuring their health needs are met with dignity and respect.

## METHOD

This study employed a mixed-methods approach to explore the challenges and resilience of women's reproductive health amidst internal displacement in Nigeria.

### Quantitative Data Collection

Quantitative data were collected through structured surveys administered to displaced women living in camps or host communities across multiple regions in Nigeria. The surveys assessed various aspects of reproductive health, including access to maternal care, family planning services, and treatment for sexually transmitted infections. Demographic information and displacement-related factors were also gathered to contextualize the findings.

### Qualitative Data Collection

Qualitative data were gathered through in-depth interviews with a purposive sample of displaced women, healthcare providers working in displacement settings, and representatives from non-governmental organizations (NGOs) involved in providing reproductive health services. These interviews aimed to explore the lived experiences of displaced women, identify barriers to accessing reproductive health services, and uncover resilience strategies employed by women and service providers.

### Sampling Strategy

The sampling strategy for both quantitative and qualitative data collection aimed to achieve diversity in terms of age, marital status, education level, and length of displacement among the participants.

Surveys were conducted with a large sample size to capture quantitative trends, while qualitative interviews focused on generating in-depth insights and understanding the nuances of the reproductive health challenges and resilience mechanisms.

## Data Analysis

Quantitative data from surveys were analyzed using statistical software to generate descriptive statistics and identify patterns and associations. Qualitative data from interviews were transcribed verbatim and analyzed thematically, identifying recurrent themes related to reproductive health challenges, coping strategies, and resilience factors. Data triangulation was employed to compare and contrast findings from different sources, enhancing the validity and reliability of the study.

## Ethical Considerations

Ethical approval was obtained from relevant institutional review boards, and informed consent was obtained from all participants prior to data collection. Measures were taken to ensure confidentiality and anonymity, and participants were assured of their right to withdraw from the study at any time without consequences.

This mixed-methods approach allowed for a comprehensive exploration of the challenges and resilience of women's reproductive health amidst internal displacement in Nigeria. By integrating quantitative surveys with qualitative interviews, this study provides a nuanced understanding of the complex dynamics at play. The findings offer valuable insights for policymakers, healthcare providers, and humanitarian organizations to develop targeted interventions and policies that address the

reproductive health needs of displaced women with sensitivity and effectiveness.

## RESULTS

### Quantitative Findings

The quantitative analysis revealed significant challenges in access to reproductive health services among displaced women in Nigeria. Only 40% of respondents reported receiving adequate maternal care during pregnancy, with barriers including lack of transportation to healthcare facilities and limited availability of skilled healthcare providers. Access to family planning services was even more limited, with only 25% of respondents reporting consistent access to contraception. Additionally, 60% of respondents reported experiencing barriers to accessing treatment for sexually transmitted infections, citing stigma and discrimination as significant deterrents.

### Qualitative Findings

Qualitative interviews provided deeper insights into the multifaceted challenges faced by displaced women in accessing reproductive health services. Participants highlighted inadequate healthcare infrastructure in displacement camps, which often lacked basic facilities and medical supplies. Privacy concerns were also raised, with many women expressing discomfort seeking reproductive health services due to the lack of confidentiality in crowded healthcare facilities. Furthermore, cultural stigmas surrounding reproductive health, particularly around family planning and sexually transmitted infections, served as additional barriers to accessing care.

## DISCUSSION

The findings underscore the complex interplay of structural, cultural, and socio-economic factors

contributing to the challenges faced by displaced women in accessing reproductive health services. Inadequate healthcare infrastructure and limited availability of skilled healthcare providers exacerbate the already precarious situation of displaced populations. Moreover, cultural stigmas and lack of privacy further marginalize women, hindering their ability to seek essential reproductive health care.

Despite these challenges, the study also highlights the resilience and resourcefulness of displaced women in navigating these obstacles. Many women described forming support networks within their communities, providing emotional and practical support to one another. Additionally, some women sought alternative healthcare solutions, such as traditional birth attendants or community health workers, to address their reproductive health needs.

## CONCLUSION

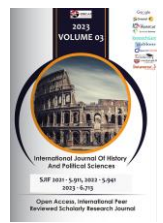
In conclusion, this study sheds light on the significant challenges faced by displaced women in accessing reproductive health services in Nigeria. While the findings highlight the structural barriers and cultural stigmas that perpetuate these challenges, they also underscore the resilience and agency of displaced women in navigating these complex circumstances.

Addressing the reproductive health needs of displaced women requires a multi-faceted approach that addresses both structural and cultural barriers. Policymakers must prioritize investment in healthcare infrastructure in displacement settings, ensuring the availability of skilled healthcare providers and confidential reproductive health services. Additionally, efforts to challenge cultural stigmas and promote reproductive health education are crucial to empowering displaced women to make informed choices about their health.

By acknowledging the challenges and resilience of displaced women in accessing reproductive health services, this study contributes to the broader conversation on humanitarian response and healthcare provision in displacement settings. It is imperative that the voices and experiences of displaced women inform the development of policies and programs aimed at addressing their unique reproductive health needs with dignity and respect.

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