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The Adversities of Maternal Healthcare Services Encountered by Displaced Persons in some IDP Camps in Borno

Saidu, Amina Ramat, PhD

Abstract

This research study specifically focuses on some selected internally displaced persons-(IDPs) situated in Borno State. The main objective of this study is to examine the problems faced by the displaced persons in some of the camps, while the specific objectives is to identify the adversities or tribulations of maternal health care services encountered by internally displaced persons in Borno State. Primary and secondary source were analyzed in this study. Primary source such as questionnaires, personal interviews and focused group discussion (FGD) were conducted. While information from newspapers, memos, library and internet materials were also analyzed for the purpose of this research. The study find out that insurgency caused a great setback in terms of maternal health care services which led to various deaths as a result of not having proper good care of both pregnant and breastfeeding mothers from medical personnel. The study therefore recommends that in a situation where there is lack of peace due to insurgency, government should intensify efforts by making it a policy to see that all maternal related issues are given priority to avoid loss of lives in the future.

Introduction istory reveals the importance and function of purpose for which women were created alongside their male counterpart. Women are the companions to Men and are born to assume the motherly roles of helps and caretaker of their family members. Women constitute about 50% of the world population. The Abuja declaration on participatory development observed the role of women and noted that sustainable development can only be achieved with full participation of women who constitute approximately 50th of the population.

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Women like their male counterpart have relevant task to carry out, first as girl children and second as women. Women initially lived a precarious life which hindered their access to good health care, especially in rural areas and were also denied equal opportunities in employment as well as other aspects of life.

It is a well-known fact that large number of women in northern Nigeria exist in condition of poverty. Many did not have proper diets and lived in unsanitary conditions, which inevitably effect their life expectancy.

The utilization of maternal health care services in Nigeria is still very low and maternal morbidity and mortality continues to be a public health problem. In the 2013 national demographic and health survey revealed that less than 65% of women between the ages of 15 – 49 that had live births in Nigeria hardly received antenatal care from a skilled provider. However, skilled attendance at birth remains as low as 38% and facility-based deliveries remains at 36%.

The national demographic and health survey also revealed that in Borno State, about 58.7% of pregnant women attended antenatal clinic services but only 22.3% of them had their babies supported by skilled health care providers. This poses a serious health concern because of the dangers of home deliveries to mothers and their babies. Northern Nigeria have experience severe and devastating attacks from the Boko haram insurgents. The group destroyed lives, properties and displaced people. These displaced people have no option than to live in camps, with serious need for social amenities such as healthcare services, food and water. The violent acts by the insurgents led to the destruction of many healthcare facilities, which hindered women and children from accessing the available limited healthcare services.

In another study conducted by the world health organization in 2020, on the health and wellbeing of IDPs, it was found that mortality rates in the camps are well above emergency thresholds. Therefore, there is the need for supply and maintenance of health facilities within the camps. It was found that the overall health status of IDPs is worse than that of the general population.

Brief History of Boko Haram insurgency in Borno State

Jama'atul Ahlulsunnah Lidda'awati Waljihad, popularly known as Boko Haram, has a long historical background. The real historical root of the group can be traced to 1995, when Abubakar Lawan established his sect known as the Ahlul Sunnah waljama'a in Maiduguri. Boko Haram origin can be traced to 2002 and it is believed to have originated from a group of radical Islamic youths who worshipped at Indimi mosque in Maiduguri. The group moved from the city of Maiduguri to a village called Kannama in Yunusari local government, Yobe State, with the motive of establishing an Islamic state.

The group started peacefully initially but became violent in 2009, when members of the group who were riding on bikes to the funeral of fellow member were attacked by the members of the Operation Flush II (Borno State security for tackling armed banditry) for not putting on crash helmets, leading to the death of one of its members. Angry at how the police killed one of its members, the group launched a rebellious uprising against the state, following the order by Muhammad Yusuf to retaliate the killing of his men. Thereafter members of the sect attacked police stations, killing several police officers.

Boko Haram is often rendered in English as “western education is forbidden.” That translation, however, sacrifice some nuance and depth. Haram is an Islamic legal term designating a forbidden act. While Boko is a tricky word to translate. One false etymology holds that the word is a corruption of the English “book” therefore Yusuf argued that Islam itself forbid western style of education. He felt the need to protect the purity of Islam from any other system that might corrupt it. Yusuf further claim that declaring western style education haram was an obligatory religious act, rather than merely his personal opinion.

Boko haram took shape in the northern Nigerian city of Maiduguri, Borno state in the early 2000 it was more a mosque-based community than a tightly organized movement, Boko Haram centred on the Salafi preacher Muhammad Yusuf (1970–2009). During the late 1990s or early 2000, it is unclear precisely when Yusuf emerged as the group leader. He remained its rallying point even after a temporary schism in 2003-2004. Yusuf was a dynamic even chameleon like preacher, he presented his ideas in different ways to different audience which helped him build a diverse audience.

Yusuf not only advocated a singular interpretation of what he considered true Islam, he also demanded that Muslims choose, immediately, between Islam and a set of allegedly anti-Islamic practices. Democracy, constitutionalism, alliances with non-muslims and western-style education. Yusuf described his mission as one of purification, but especially in the period leading up to the 2009 uprising. Yusuf rejections of democracy and western style schooling became Boko Haram’s two most famous ideas.

After Yusuf’s sermon, he and his followers began planning their uprising, but their unsophisticated planning went aury. Borno’s deputy governor Adamu Dibal later told Journalists that Yusuf had been plotting a bombing campaign to begin in Ramadan, in late August 2009. Once the uprising began, Yusuf discussed it on two levels. On one level, he continued to describe Boko Haram as the victim of state violence, rather than as the aggressor. On another level, Yusuf described the conflict as existential and spiritual. The end of the crisis is kafirci (unbelief) and the kind of harassment his people are facing must stop.

The anti-western posture of the Boko Haram led to more confrontations between the government and the movement. Boko Haram was briefly

curtained by the Nigerian security forces in July 2009, the virtual destruction and death of their leader, Muhammad Yusuf, drove the movement in underground for almost six months. The killing of Muhammad Yusuf, Boko Haram's leaders perceived as an injustice by the movement was believed to have radicalized and embroiled them to carry out more deadly attacks in the country.

In 2010, they began a systematic insurgency against security forces, the police and the army as well as those who collaborated with the security forces, leading either to their capture or shooting. The Boko Haram insurgents metamorphosed from the use of simple weapons like sticks, machetts, cutlasses, to sophisticated weapons like guns, rockets and improvised explosive devices for their operations. From January 2010 to June 2011, they carried out more than 20 documented attacks which included shootings, bombings, including suicide bombing.

The insurgents eventually extended their activities to the neighbouring states of Nigeria, Niger, Chad and Cameroon. The capability of Boko Haram to attack the neighbouring states of Nigeria in the lake Chad region became serious concern to the west and central African sub-regions and Africa in general. It was in realization of the dangers Boko Haram posed to the African continent that the African union acting under the clause of collective security as ratified by the United Nations Charter of 1945 authorised the multinational joint task force (MNJTF) to fight the Boko Haram insurgents collectively.

The Emergence of Internally Displaced Persons (IDPS) in Borno

Forced displacement refers to situations which occurs and result to the forced movement of people from their locality or environment and or occupational activities. Such situations or circumstances could be natural disasters, armed conflict or war. However, in broader sense, this could include displacement triggered by economic hardship. The forced displaced individuals resulting from the armed conflicts or war are often forced to flee their home region to which they are attached and for which they have the knowledge to make a living most effectively.

Two groups of forced displaced individuals seem to emerge. These include the refugees (that is those who could run away from the locality where the circumstance that made them to run occurs), and the internally displaced persons (that is those who still subsist and reside within the same country or close to the area where the circumstances that made them to run occurs). The office for the United Nations High Commissioner for Refugees (UNHCR) described the internally displaced persons as persons or group of persons who have been forced to flee or leave their homes or places of habitual residence as a result of armed conflicts, internal strife and habitual violations of human

rights, as well as natural or manmade disasters involving one or more of these elements and who have not crossed an internationally recognized state border.

The people currently displaced by the Boko Haram insurgency in North-east Nigeria are currently the largest group of the IDPs in Nigeria. Statistics on IDPS in Nigeria revealed that an overwhelming majority of women and children constitute the IDPs. The population is composed of 53% Women and 47% Men. Women and children remain the most vulnerable to sexual and gender-based violence. There have been reported case of rape, sexual harassment, forced marriage, infant marriage, sexual diseases and uncontrolled birth occasioned by high infant and maternal mortality.

IDPs are caused by several factors, according to a strategic conflict assessment carried out by the institute for peace and conflict resolution, the return to democracy and the competition for the new political opportunities had led to increased violence. Local competition for resources has often been aggravated by inter elite rivalries over privileges such as political and public services appointments, oversight of projects and admission into schools. In addition, the interplay between the tripodal ethnic structure and communal patterns of inequalities, closely linked to this is the issue of natural disasters such as flooding soil erosion. Other causative factors identified include religious violence and displacement due to communal conflicts over land borders and militancy in North East Nigeria.

Problems of Accessing Maternal Healthcare Services in IDP Camps

In June 2015, International Organization for Migration (IOM) and National Emergency management agency (NEMA) reported that 1.4 million ADPS were identified in Borno State and the other north eastern states with 92% of them staying in host communities with limited access to basic social amenities. The federal ministry of health stressed that about 15 million people have been affected by the Boko Haram insurgency since 2009, over 2 million people have been displaced over 20,000 lives have been lost and about 20% of health facilities were damaged or destroyed in the region. Currently, the insurgency has caused more damage to the health system, particularly the primary healthcare system and prevented substantial improvement in health conditions in the region. The insurgents deliberately targeted and damaged health facilities, threatened health care providers and made away with equipment and drugs to such an extent that certain health care services have come to ground zero. Therefore, the pitiful state of maternal healthcare services delivery in the state is an emergency and is particularly detrimental to women and children.

Years of war have led women to suffer a lot in the state, though Men have been affected. Women are an overwhelming majority among the estimated 2.2 million IDPs in the Northeast. Boko Haram have forced over a million women

and girls to flee their house rendering them homeless. Hundreds of thousands of them are in camps where food is scarce and health care services are depressing. The IDPS outside government run camps have generally received less medical assistance, but government run camps recorded high rates of maternal mortality due to lack of proper maternal healthcare services. The insurgency in Borno state has worsened the health and humanitarian situation particularly for women and children.

The role being played by traditional birth attendants in Maiduguri was the major reason for the underutilization of maternal healthcare services among women in the area apart from general insecurity that posed as a barrier to accessing maternal healthcare services. Persistent attacks, limited access to affected communities and settlements, have been making the provision of emergency health services a big challenge to women. Many of the indigenous healthcare providers were either displaced or killed. In 2015, the number of IDPs originating in Borno rose from 62% in February to 80% in June. Healthcare services became scarce, thus making it the priorities for the IDPs in other locations. Pregnancy related issues were reported to be the main maternal health problem on most IDP camps in Borno State.

Residents and IDPs in nearly half of the affected areas had no regular access to medication. The health system has collapsed thus affected the delivery of maternal healthcare services in the areas worst hit by the insurgency. However, joint humanitarian needs assessment reported that although health services are meant to be free in IDP Camps many IDPs have complained of having to pay out of their pockets for medication because of corruption among the camp officials. Lack of financial means was reported to be a key obstacle to accessing maternal healthcare services for IDPs in camps because most of them do not have the money to be used to access the services.

Conclusion

The IDPs in the state faced challenges regarding availability, accessibility and affordability of health care services. With the increasing number of IDPs in host communities, healthcare services in the area have not been able to meet the incessant demand, in March 2014, about 37% of primary health facilities were closed down in Borno State, and the major reason for the closure was inadequate staff and drugs, and fear of attacks by the insurgents. The insurgents were reported to have stolen medical supplies, kidnapped, killed and displaced several health care workers, which greatly affected maternal healthcare services.

Another problem facing by the IDPS was unavailability of means of transportation, because of the influx of IDPs, transportation fares have increased in most host communities, and women walk by foot for long distance to access maternal healthcare services.

In areas controlled by the insurgents and where clashes between the insurgent group and security forces had taken place, several healthcare facilities were destroyed and thus hampering the provision of maternal health care services in the areas. Increased tension between host communities and IDPs is an issue because available social amenities in the host communities have been overstretched by the massive influx of IDPs.

However, the gaps between assistance provided to host communities remain critical and ones obtainable are limited. This makes the members of the host communities being denied access to the limited healthcare services including maternal healthcare services.

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