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Sexual and Reproductive Health Needs and Problems of Internally Displaced Adolescents (IDAs) in Borno State, Nigeria: A Mixed Method Approach

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Abstract

Insurgency in the Northeastern Nigeria has left millions of adolescents internally displaced, with deplorable living conditions that affect adolescents' sexual and reproductive health (SRH). The aim of the study was to identify SRH needs and problems of Internally Displaced Adolescents (IDAs) and ways of improving their SRH. The study used cross-sectional design. Data were collected from 396 IDAs using questionnaire and focus group discussions. Descriptive and Chi square statistics were used to analyze data from the questionnaire, using Statistical Package for the Social Sciences (SPSS) version 20.0 while qualitative data were thematically analyzed. Results showed that sexuality education (83.2%), safe motherhood services (81.6%) and family planning services (71.9%) were important SRH needs while complications of pregnancy (83.1%), early sex experimentation (81.8%), unsafe sex (80.1%) were among the SRH problems. Gender, educational attainment, age, religion, and marital status differed significantly (≤ .05) with sexuality education and family planning needs of IDAs. Suggested ways of improving IDAs' SRH include making SRH services accessible in internally displaced persons' (IDPs) camps. *(Afr J Reprod Health 2020; 24[1]: 87-96).*

Keywords: Boko Haram, Insurgency, Adolescents, Sexual and Reproductive Health

Résumé

L'insurrection dans le nord-est du Nigéria a provoqué le déplacement de millions d'adolescents à l'intérieur du pays, avec des conditions de vie déplorables qui affectent la santé sexuelle et de la reproduction des adolescents. Le but de l'étude était d'identifier les besoins et les problèmes de SSR des adolescents déplacés à l'interieur et les moyens d'améliorer leur SSR. Il s'agissait d'une étude transversale. Les données ont été recueillies auprès de 396 ADI à l'aide des questionnaires et des discussions de groupe. Nous nous sommes servis des Statistiques descriptives chi carré pour analyser les données du questionnaire, du progiciel statistique pour les sciences sociales (PSSS) version 20.0, tandis que les données qualitatives ont été analysées par thème. Les résultats ont montré que l'éducation sexuelle (83,2%), les services de maternité sans risques (81,6%) et les services de planification familiale (71,9%) étaient des besoins importants en SSR tandis que les complications de la grossesse (83,1%), l'expérimentation sexuelle précoce (81,8%), les rapports sexuels non protégés (80,1 %) figuraient parmi les problèmes de SSR. Le sexe, le niveau de scolarité, l'âge, la religion et l'état civil différaient considérablement (≤ 0,05) avec les besoins en matière de l'éducation sexuelle et de la planification familiale des ADI. Les moyens suggérés pour améliorer la SSR des IDA consistent notamment à rendre les services de SSR accessibles dans les camps de personnes déplacées. *(Afr J Reprod Health 2020; 24[1]: 87-96).*

Mots-clés: Boko Haram, insurrection, adolescents, santé sexuelle et de la reproduction

Introduction

The rising insurgency and other kinds of violence worldwide have left many people displaced in their own country[1]. Globally, there are about 38 million internally displaced persons (IDPSs)[2]. In Nigeria, the upsurge of Boko Haram insurgency in the Northeast has left millions of people internally

displaced[3,4]. The number of IDPs in the Northeastern Nigeria is being estimated at about 2.1 million with Borno State having up to 1,434,149 IDPs[5]. Borno is the most hit State in the Northeast by Boko Haram insurgents. This has been associated with its borders with other African countries. People displaced by Boko Haram are quartered in different camps referred to as Internally Displaced Persons' (IDP) camps in every affected State. Borno State has about 22 official IDP camps[6].

Generally, people in these IDP camps face numerous health challenges[7] including sexual and reproductive health (SRH) challenges especially among the adolescents. Adolescence period is characterized by numerous developmental challenges which expose them to risky behaviors such as early sex experimentation and unsafe sex. These risky sexual behaviors result to increased teen pregnancy, criminal abortion and its complications, sexually transmitted infections including HIV, maternal and child morbidity and mortality[8] and other SRH problems. These problems are common in the IDP camps because of the deplorable living conditions of the displaced persons. To curb and prevent these problems in IDP camps, some important SRH services need to be provided for adolescents in the camps.

Despite efforts by both government and non-governmental organizations to provide needed materials and resources to the IDPs, internally displaced adolescent's SRH has not been given adequate attention in Nigeria. The health of this group of young people is most often overlooked in turbulent times of disaster and conflict[9] while they form the economic power of most families in the camp. They are often used by their parents to street-trade and make money for the family to feed. Street trading and other petty jobs predispose these adolescents to sexual problems like sexual violence like rape, sexual harassment, risky sexual activities[10] and commercial sex work, just to sell their goods and take money home. This increases the rate of unwanted pregnancy in the IDP camps[11], coupled with poor maternal and child health services and very low income to care for the pregnant girl and her pregnancy. The incidence of pregnancy-and child-birth related complications become inevitable. There is association between young age of mothers and pregnancy risk factors and adverse pregnancy outcome[12]. Adolescent mothers less than 20 years are more likely to have higher rates of perineal lacerations, postpartum haemorrhage, higher rates of low 5-minutes Apgar and obstetric fistula[13,14]. 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[15,16], to prevent SRH problems such as early sexual debut, teenage pregnancy, unsafe abortion and STIs[17-19]. These problems could be eminent in the IDP camps because of the nature of the environment and general living conditions, with little or no health services for adolescents. The health conditions of adolescents in IDP camps need urgent attention especially their sexual and reproductive health. Their sexual and reproductive health needs and problems need to be identified to plan and implement youth-friendly sexual and reproductive health services in the camps. The main goal of the study was to identify some of the sexual and reproductive health needs and problems of internally displaced adolescents and strategies for improving their SRH.

Methods

Design and study area

The study used cross-sectional research design. Area of the study was Borno State. This is one of the 36 states of Nigeria; located in the North-Eastern geopolitical zone. Borno share borders with Cameroon, Chad and Niger republic. Majority of the inhabitants are Muslim. The Boko Haram insurgency in the North-eastern Nigeria, especially Borno State has left many people dead, families internally displayed, and infrastructure destroyed. This led to the emergence of camps where the displaced persons are sheltered till the security issues in their different communities are normalized. During this study, there were 22 officially recognized IDP camps in Borno State.

Both government and humanitarian organizations are committed to the provision of relief materials to these camps. However, the living conditions of these camps are deplorable.

Instruments for data collection

Instruments for data collection was researchers' designed questionnaire called Internally Displaced Adolescents' Sexual and Reproductive Health Needs Questionnaire (IDASNeQ) and focus group discussion guide. These instruments were developed by the researchers, validated by other five public health experts and field tested. The questionnaire collected information on important SRHS (sexuality education, safe motherhood and family planning services) needed by the internally displaced adolescents and the SRH problems they experience. This was used to gain individual and uninfluenced responses from the adolescents, while the use of focus group discussion as a data collection tool was to gain unanimous agreement on the important SRHS needs and problems of the adolescents. Focus group discussion was also used to collect data on ways of improving SRH of internally displaced adolescents. Reliability of the questionnaire was established by distributing 20 copies of the questionnaire to internally displaced adolescents in Adamawa State. Kuder-Richardson's reliability test was employed and a reliability index of 0.87 was obtained, therefore the instrument was judged reliable.

Data collection and analysis

Quantitative data

Twelve out of twenty-two camps randomly selected were visited and data collected from adolescents within the ages of 10 and 24 years. Random sampling of the respondents was not possible because of the nature of the camps and also the fact that actual number of youths was not known. Accidental sampling technique was used to select three hundred and ninety-six (396) adolescents (33 from each camp) that responded to the questionnaire.

To gain entrance in to the camps, the researchers introduced themselves to the camp leaders, described the purpose of the study and its significance. We got written approval from all the camp leaders and both oral and written consent from the respondents. The researchers and three research assistants went into the camps in pairs. We recruited only those who after the explanation of the research goals, were willing to participate. Copies of the questionnaire were distributed to the respondents and majority were collected back on the spot. Frequencies, percentages and Chi-square statistic were used to analyze the quantitative data.

Qualitative data

One focus group discussion (FGD) was conducted in each camp. The questions focused on two issues; SRH needs and problems and ways of improving SRH of internally displaced youth in the camps. The participants were recruited during the quantitative data collection. A date for the discussion was scheduled by the participants. Each FGD was made up of 8-10 youths and lasted between 30 and 35 minutes. Each FGD had one moderator, one interpreter and one recorder. The recorder took notes and used audio recorder to record the discussion. The discussion was conducted in local dialects (Hausa and Kanuri languages) and later the audio recordings were entered into the express scribe transcription software, where they were translated and transcribed verbatim into English language. The three researchers were involved in the transcription separately. To ensure the validity and accuracy of the data, the researchers exchanged their transcripts for proof reading and were discussed in a meeting. The final transcript was analyzed thematically using the Framework Method[20].

Results

Table 1 shows that slightly more than half (55.6%) of the respondents were males, not up to one-quarter (32.8%) had tertiary education, majority (68.2%) were between 20-24 years, majority (78.3%) were Muslims, and slightly more than half (51.5%) were married. Seventeen (4.3%) reported ever married but currently divorced.

Table 1: Demographic characteristics of the adolescents in internally displaced camps (IDPs) in Borno Sate, Nigeria (n = 396)

S/N	Characteristics	f	%
1	Gender		
	Male	220	55.6
	Female	176	44.4
	Total	**396**	**100.0**
2	Qualification		
	No formal education	104	26.3
	Primary education	71	17.9
	Secondary education	91	23.0
	Tertiary education	130	32.8
	Total	**396**	**100.0**
3	Age		
	10-19	126	31.8
	20-24	270	68.2
	Total	**396**	**100.0**
4	Religion		
	Islam	310	78.3
	Christianity	86	21.7
	Total	**396**	**100.0**
5	Marital Status		
	Married (currently living with the spouse)	203	51.3
	Single	176	44.4
	Divorced	17	4.3
	Total	**396**	**100.0**

Table 2 shows that majority of the respondents reported that sexuality education (83.2%), safe motherhood (81.6%), and family planning (71.9%) are important sexual and reproductive health needs of internally displaced adolescents.

Table 3 shows significant difference in the sexuality education ($p = .003<.05$) and family planning ($p = .000<.05$) needs of IDAs based on gender, level of education, age, religion and marital status. The Table further shows that slightly more females than males (97.7%) reported that sexuality education services (female = 98.3%, males = 97.7%) and family planning services (female = 92.0%, males = 83.2%) were important needs of IDAs. Almost all the respondents with no formal education reported that their important SRH needs include sexuality education (99.0%) and family planning services (96.2%). Slightly higher proportion of older (20-24 years) respondents reported sexuality education services as important while higher proportion of the younger ones (10-19 years) reported family planning services as important. The Table also shows that all Christian respondents (100.0%) viewed sexuality education as important and slightly more Christians (89.7%) than Muslims (86.5%) reported family planning services as important. All (100.0%) divorced respondents reported sexuality education services as important SRHS and majority (94.1%) of them reported family planning services as important SRHS.

Table 4 shows that majority of the respondents reported that they experience all the listed problems. However, proportion of the respondents that reported complications of pregnancy as a problem was higher (83.1%).

Qualitative data

SRH needs and problems

Focus group discussion revealed that sexual and reproductive health services were only provided for married women including married adolescents, but not for unmarried. They were optimistic that sexuality education and contraceptives were very important to them.

> *"We are being sexually harassed by both young and older males here in the camp; they will always request sex in exchange for food or money" (a female participant-Group 1). "The only thing we need is provision of condom in a secret place because it is not in our culture to use it" (a male participant- Group2).*

Participants of all the focus groups agreed that young girls in the camp were being abused sexually resulting to high rate of unwanted pregnancy in the camp.

> *"Most of the girls in the camp use sex to get food for their families and funny part of it is that some parents are aware that their daughters misbehave with men to get money". (a male participant).*

Suggested strategies for improving SRH of internally displaced adolescents

During focus group discussions, ways of solving the problems and improving their SRH

Table 2: Percentage responses on sexual and reproductive health services needs of IDAs (n = 396)

S/N	Items	Important		Not Important	
		f	%	f	%
	Sexuality Education				
1	Education on human growth and development	355	89.9	41	10.4
2	Facts and information on puberty and menstrual hygiene	352	88.9	44	11.1
3	Skills to deal positively with sexual desires	311	78.5	85	21.5
4	Skills to say 'No' to peer pressure	319	80.6	77	19.4
5	Information on dangers of premarital sex	334	84.3	62	15.7
6	Individual's guidance and counseling on reproductive health issues	305	77.0	91	23.0
	Cluster %		**83.2**		**16.8**
	Safe motherhood Services Need				
7	Quality antenatal services for both married and unmarried youth	344	86.9	52	13.1
8	Clean and safe delivery practices	334	84.3	62	15.7
9	Quality postnatal services	333	84.1	63	15.9
10	Quality infant care services	332	83.8	64	16.2
11	Qualified health care providers	335	84.6	61	15.4
12	Separate antenatal services for unmarried pregnant youth	260	65.7	136	34.3
	Cluster %		**81.6**		**18.4**
	Family Planning Information and Services				
13	Family planning information/education e.g. meaning, types & benefits of family planning	329	83.1	67	16.9
14	Condom distribution services to youth	260	65.7	136	34.3
15	Other contraceptive distribution services e.g. oral contraceptives	247	62.4	149	37.6
16	Confidentiality/privacy in family planning services delivery	303	76.5	93	23.5
	Cluster %		**71.9**		**28.1**

Table 3: Responses on Sexual and Reproductive Health Services Needs of IDA Based on Socio-Demographic Variables

Variables	Sexuality education				Safe Motherhood				Family Planning			
	Important		Not Important		Important		Not Important		Important		Not Important	
	F	%	f	%	F	%	f	%	f	%	f	%
Gender												
Male	215	97.7	5	2.3	211	95.9	9	4.1	183	83.2	37	16.8
Female	173	98.3	3	1.7	167	94.9	9	5.1	162	92.0	14	8.0
Education												
No Formal	103	99.0	1	1.0	98	94.2	6	5.8	100	96.2	4	3.8
Primary	69	97.2	2	2.8	68	95.8	3	4.2	67	94.4	4	5.6
Secondary	88	96.7	3	3.3	85	93.4	6	6.6	81	89.0	10	11.0
Tertiary	128	98.5	2	1.5	127	97.7	3	2.3	97	74.6	33	25.4
Age												
10-15	122	96.8	4	3.2	120	95.2	6	4.8	117	92.9	9	7.1
16-22	266	98.5	4	1.5	258	95.6	12	4.4	228	84.4	42	15.6
Religion												
Islam	302	97.4	8	2.6	295	95.2	15	4.8	268	86.5	42	13.5
Christianity	86	100.0	0	0.0	83	96.5	3	3.5	77	89.5	9	105
Marital status												
Married	200	98.5	3	1.5	193	95.1	10	4.9	182	89.7	21	10.3
Single	171	97.2	5	2.8	168	95.5	8	4.5	147	83.5	29	16.5
Divorced	17	100.0	0	0.0	17	100.0	0	0.0	16	94.1	1	5.9
	χ^2 = 20.008 p = .003*				**χ^2 =12.445 p = .053****				**χ^2 = 26.024 p = .000***			

χ^2 = Chi-square calculated, p = p-value, * significant, **not significant

were discussed. The participants after deliberations and arguments, agreed to the following:

a. Youth-Friendly SRH Programme should be available and accessible in all the IDP camps. The programme should provide all

Table 4: Sexual and Reproductive Health Problems of internally displaced adolescents (IDAs) in Borno Sate, Nigeria (n = 396)

S/N	Problems	Agree		Disagree	
		F	%	f	%
1	Early sex experimentation	324	81.8	72	18.2
2	Unsafe sex	317	80.1	79	19.9
3	Teenage pregnancy	285	72.0	111	28.0
4	Early marriage	299	75.5	97	24.5
5	Abortion and its complications	311	78.5	85	21.5
6	Menstrual problems	276	69.7	120	30.3
7	STIs, including HIV and AIDS	316	79.8	80	20.2
8	Sexual harassments	287	72.5	109	27.5
9	Genital fistulas	309	78.0	87	22.0
10	Cancer of the reproductive organs	293	74.0	103	26.0
11	Illness disorders of pregnancy e.g. vomiting, swollen legs, etc.	311	78.5	85	21.5
13	Prolonged/obstructed labour	310	78.3	86	21.7
14	Pregnancy related diseases e.g. hypertension in pregnancy, etc.	309	78.0	87	22.0
15	Maternal mortality	320	80.8	76	19.2
16	Neonatal and infant mortality	305	77.0	91	23.0
17	Complications of pregnancy e.g. bleeding after delivery, maternal shock, infections, etc.	329	83.1	67	16.9
18	Sex negotiation difficulties e.g. inability to say 'No' to opposite partner.	311	78.5	85	21.5

the sexual and reproductive health services listed by the respondents as important need. The services should be provided by trained health providers.

"The programme should provide all the sexual and reproductive health services specifically for us young ones" (a female participant). "*The services should include family planning for girls and condom for us boysoo!!!"* (male participant)

b. Government should put more effort to fight Boko Haram insurgents.

"*If we are in our homes, we will not face these challenges, so government should try and bring back peace in our land. We need peace!!!"* (a male participant). A female participant reiterated, *"…. we are sexually abused here; nobody will do that to me in my father's house"*

c. Adequate sexuality education should be provided for both young and old, in the camps through periodic community-based health education by trained public health workers. *"This will make us and our parents understand the implications of risky sexual behaviours"* (a female participant)".

d. Government should provide enough food, good accommodation and other basic amenities like water and light.

"Now we live in a hall, there is no privacy, at times our water will finish and will fight to fetch when they bring it. Some of us who cannot fight may plead a boy or the security men to fetch for us and some of them will later ask for sex. If you refuse, he will not help you next time"

(a female participant). Another female participant said *"……and those men who share the food items and other materials give greater portion to their girlfriends".*

Discussion

Our study sought to identify the sexual and reproductive health needs and problems of internally displaced youth in Borno State, Nigeria. This study was deemed necessary as a starting point to a proposed implementation of mobile youth-friendly sexual and reproductive health services in the IDP camps. We found their sexual

and reproductive health needs and problems very important because the camp life makes the youth too vulnerable to many sexual and reproductive health problems and diseases.

Results of the study revealed that majority of the IDAs reported sexuality education, family planning and safe motherhood services as important SRH needs. The nature of IDP camps exposes adolescents to unhealthy sexual life resulting to teenage pregnancy. Adequate maternal health care especially to adolescent mothers who may be victims of teenage pregnancy is very important in the camps. WHO[21] suggested that to prevent unwanted pregnancies and other sexual and reproductive health risks, adolescents require information including comprehensive sexuality education. Family planning services are special needs of adolescents and regular use of contraceptives by adolescents can be increased by offering information, social support and counseling, in addition to other health and medical care[22]. The authors further suggested that family planning services for adolescents should be provided in a manner that will increase teens' sense of comfort, self-confidence and reduce any fear that may discourage regular and effective contraceptive use (e.g. the use of condom for dual purpose: prevention of unwanted pregnancy and protection against STIs including HIV and AIDS). Previous study also asserted that young people's reproductive health needs include among others maternal care; prenatal, intra-natal and postnatal care[23].

The study showed a significant difference in the responses of the respondents based on their socio-demographic variables of gender, level of education, age, religion and marital status. Slightly more females than males reported that the services are important needs. Our finding differs, with that of WHO[24] which affirmed that all adolescents irrespective of gender are exposed to one reproductive health problem or the other resulting from their unhealthy sexual behaviours. Previous study also reported girls were more particular about clinical reproductive health services and more sensitive to where they get their reproductive health services[25]. Our result could be because girls are the most vulnerable in the IDP camps.

In our study, majority of the respondents with no formal education reported that the services are important SRH needs. This finding was at variance with previous studies that reported higher education influences one's health care preference[26-28]. Those with formal education could also get services like sexuality education in schools.

Age of the adolescents influenced their responses in our study. The services were viewed important differently by different age groups. Majority of the older adolescents viewed sexuality education as important, while majority of the younger adolescents viewed family planning as important. Age was a significant factor in previous similar studies[29,10]. Furthermore, slightly more Christians than Muslims reported family planning as important needs. Religion has been reported as a barrier to family planning services utilization[30]. Almost all divorced respondents reported both sexuality education and family planning as important need. This group could be more vulnerable to sexual assault and therefore need skills and services to protect themselves[31].

Sexual and reproductive health problems of internally displaced adolescents as reported by respondents include complications of pregnancy, early sex experimentation, unsafe sex, maternal mortality, STIs, sexual harassments, teenage pregnancy, genital fistulas, prolonged labour, pregnancy related diseases, abortion and its complications, among others. Our result is in line with previous results of similar studies. Faleye[32] reported that reproductive health problems of adolescents include among others: unwanted pregnancy; unsafe abortion; STIs including HIV and AIDS; sexual exploitation; domestic violence; and early marriage. Ogueri[33]also stated that adolescents continue to engage in early sexual debut, unsafe sexual activities; multiple and casual sexual partners, and these sexual behaviours make them to be vulnerable to STIs including HIV and AIDS. Strategies for solving these SRH problems and meeting the identified needs were discussed in

the focus group discussions conducted. The most universally agreed strategies were provision of youth-friendly SRHS in all IDP camps, more effort to overcome Boko Haram insurgency, in-school and community-based sex education for all, enough food and good accommodation with basic amenities. Youth-friendly SRHS and deploying more trained health personnel[34]to IDP camps will help reduce SRH problems including maternal mortality rate. In the study area, early marriage and child-birth is cultural. Early marriage and teen pregnancy are common in the camps because of poverty and exposure to risky sexual behaviours.
It therefore, implies that adequate attention should be given to SRH of adolescents living in the camp in order to prevent SRH problems amongst them and maintain healthy sexual and reproductive life. In- and out-of-school sexuality education, quality antenatal, intranatal and postnatal services, and family planning services especially contraceptive provision, are essential and should be effectively provided in the IDP's camp.

Conclusion

Internally displaced adolescents in Borno State had SRH needs and problems which could be addressed through comprehensive sexuality education and accessible (financial and geographical) SRHS in the camps. It is therefore timely to improve our understanding of IDAs in Borno State and to focus on the political will in providing the essential sexual and reproductive health services to IDAs in the Area.

Limitation

This study used accidental sampling technique to select the respondents, therefore, the findings may not be generalized.

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Conflict of Interest

The authors declare that they have no conflict of interest.

Ethical Approval

This study was conducted in accordance with the ethical standards of the School of Sciences, Jigawa State College of Education, Gumel.

Contribution of Authors

Amelia N. Odo conceived and designed the study. Kabiru Musa coordinated the data collection. Oladugba V. Abimibola analyzed the data. All the authors contributed in the preparation and revision of the manuscript and approved the publication.

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