ORIGINAL RESEARCH ARTICLE

Reproductive and sexual health implications of illegal migration among young adults in Benin Metropolis, Edo State, Nigeria

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Abstract

Reproductive and sexual health implications of illegal migration among young adults encompass a range of complex and interconnected challenges that demand attention and comprehensive solutions. This study is aimed at determining the reproductive and sexual health implications of illegal migration among young adults in Benin metropolis. Analytical cross-sectional study design was adopted. A purposive sampling technique was used to select a sample size of three hundred and forty-four participants. A one-time-survey method was adopted for the study as the questionnaire was administered on a face-to-face basis. Simple frequencies, percentage, charts, and graph were used to analyze the data, with the statistical package for the social sciences (SPSS) version 22. The results showed that majority of the respondents were sexually abused which resulted in unwanted pregnancies, when travelling through an illegal route. Majority of irregular migrants were doing so for socio-economic reasons in search of greener pastures. It was concluded that most of the respondents were faced by unethical challenges while travelling through the route like sexual harassment and robbery.. Most returnees are likely to contact STD/STIs including HIV/AIDs, as well as engage in abortion especially among the young adults, which may have some adverse effects on their reproductive and sexual health later in the future. It is recommended that there is a need to enlighten the young adults who want to migrate illegally on the implication of the illegal migration on their reproductive and sexual health. Campaigns against illegal migration/trafficking should be conducted regularly, stressing the negativeeffects such as the risks to which victims are exposed along the routes. (*Afr J Reprod Health 2023*; 27 [9]: 96-107).

Keywords: Reproductive, sexual health, illegal migration

Résumé

Les implications de la migration illégale chez les jeunes adultes sur la santé reproductive et sexuelle englobent une série de défis complexes et interconnectés qui nécessitent une attention et des solutions globales. Cette étude vise à déterminer les implications sur la santé reproductive et sexuelle de la migration illégale chez les jeunes adultes de la métropole béninoise. Un plan d'étude analytique transversale a été adopté. Une technique d'échantillonnage raisonné a été utilisée pour sélectionner un échantillon de trois cent quarante-quatre participants. Une méthode d'enquête ponctuelle a été adoptée pour l'étude puisque le questionnaire était administré en face à face. Des fréquences simples, des pourcentages, des tableaux et des graphiques ont été utilisés pour analyser les données, avec le progiciel statistique pour les sciences sociales (SPSS) version 22. Les résultats ont montré que la majorité des personnes interrogées ont été victimes d'abus sexuels, ce qui a entraîné des grossesses non désirées, lors de voyages à travers le pays. un itinéraire illégal. La majorité des migrants irréguliers le faisaient pour des raisons socio-économiques, à la recherche de pâturages plus verts. Il a été conclu que la plupart des personnes interrogées ont été confrontées à des défis contraires à l'éthique lors de leur voyage, comme le harcèlement sexuel et le vol. La plupart des rapatriés sont susceptibles de contracter des MST/IST, y compris le VIH/SIDA, et de se livrer à l'avortement, en particulier parmi les jeunes adultes. , ce qui pourrait avoir des effets néfastes sur leur santé reproductive et sexuelle plus tard dans le futur. Il est recommandé d'éclairer les jeunes adultes qui souhaitent migrer illégalement sur les implications de la migration illégale sur leur santé reproductive et sexuelle. Des campagnes contre l'immigration clandestine/le trafic devraient être menées régulièrement, en soulignant les effets négatifs tels que les risques auxquels les victimes sont exposées le long des routes. (Afr J Reprod Health 2023; 27 [9]: 96-107).

Mots-clés: Santé reproductive, santé sexuelle, migration clandestine

Introduction

Illegal migration is the unlawful entry of a person or group of persons across a country's border in a way that violates the immigration laws of the destination; as well as people who remain living in another country when they do not have the legal right to do so. Child trafficking and illegal migration are becoming serious phenomena in the sub-Sahara Africa, especially Nigeria in recent years¹. It is a practice whereby young adults, especially young adults move from their country of origin, mostly through illegal routes and adopting series of unconventional means to get to foreign countries in search of what they see as greener pastures and better life opportunities.

This group of young adults and adolescents cut across sex, religion and cultural background. The worrisome aspect of this illegal movement is that most of those involved fall within the young adult age of 10 - 24 years of age, who are supposed to still be in the school system and under parental guidance. Young adults are an integral component of the migrant population, in terms of volume and the effects they have on both their points of origin and destination. About 15 percent (approximately 26 million) of the migrant population are youths¹². Young adults may be involved in illegal migration in the belief of searching for better opportunities abroad because of lack of job opportunities at home and to escape poverty³. It is so overwhelming that these young adults opting for this migration, especially through the illegal routes have no adequate preparation or consideration towards the potential challenges and dangers that are likely to be faced in host countries, and sometimes along their ways. Traffickers often take advantage of these desperate young ones in the process of arranging their travels. In Edo state, especially in Benin metropolis, series of unconventional, sometimes sacrilegious oaths of allegiance take place among the traffickers, their client migrants and their parents⁴.

According to United Nations Office on Drugs and Crime (UNODC), the migrant youths are commonly depicted as desperate and (supposedly passive) victims of merciless, ruthless and "unscrupulous" traffickers and criminal run smuggling gangs. Young adults in sub-Saharan Africa (SSA) tend to migrate to other countries to escape poverty. However, these vulnerable youths are unprepared for the risks that await them; many turn to violent acts of theft, robbery, and prostitution when basic needs cannot be met, hence many young ones tend to be forced to consider migrating backto their home countries⁵.

The illegal migration among this group is often organized by their parents who raise funds through any means for them to travel aboard; some even borrow money to aid their children to migrate. The most painful part of this is that some of the migrants pay traffickers to assist them cross the borders. The traffickers cajole them into various promising outcome of risky travels, which could be through the sea, air or land; sometimes with forged documents. Some even migrate by crossing the Mediterranean sea and the Sahara deserts to enable them enter the host countries. It was reported that about 15,000 people cross the desert, some die on the road, either because of illness, or because of violent beating at the border controls in the Sub-Sahara Africa⁶.

However, the existence and practice of this illegal migration among young adults continue to rise and worsen in developing countries, especially Nigeria, with its consequences such as HIV/AIDS, unwanted pregnancy and other reproductive and sexual risks, even death. The females among this group are more vulnerable because as migrants, they tend to engage in jobs in which work conditions could jeopardize their health status. Some of them could also engage in prostitution, leading to unprotected sex which could put them at risk of STIs and other infection⁷. This also make them vulnerable to unwanted pregnancy and unsafe abortion, which could destroy their reproductive life permanently, or cause death. In addition, the migrants' sexual right may be unduly violated through sexual coercion, rape and trafficking for sex; some may be exposed to other violent acts. According to the United Nations, young adults are individuals between the age of 10 and 24 years, with population estimate of 1.2 billion, which is about 16% of the world's population⁸. Young adults are predisposed to growth changes could have impact on their interactions and behaviours towards their future endeavours. Some young adults may manage this transition successfully while some may find it difficult to manage⁹.

Adolescence stage is described as a process of transformation, which takes place between childhood and adulthood, in which the emerging bodily changes tend towards various social and emotional activities. It is a time of discovery of self and formation of relationships within and outside immediate environment. The desire to be socially independent with high ambition to live a meaningful life and to explore opportunities towards achieving the purpose of existence is a major characteristic of

this stage of life¹⁰. However, young adults' needs and interests sometimes predispose them to participate in some risk taking behaviours, such as; having multiple sex partners, premarital sex, rape, early sex, and illegal migration. Young adults may respond to impulse rather than deep thinking and consider the temporary benefits they may enjoy rather than the unintended consequences of their decisions¹¹.

In Nigeria, many young adults migrate for anti-social activities such as drug peddling, internet fraud, human trafficking and prostitution and many more. The saddening part of this is that most of these young adults are supposed to be in school, but they are being lured by their parents or peer groups to migrate for a better life. This group occupies more than half of the migrants with 5%.12. population of estimate Sexual reproductive health is a significant public health issue in developing countries. Young adults' sexual and reproductive life is a state of complete physical, mental and social well-being in all matters relating to reproductive system¹³.

In recent time, illegal migration has become common among Edo state indigenes, most especially in the Benin metropolis; which seems to be the centre for illegal migration and child trafficking in Edo state¹⁴. Recently, most Nigerian young adults that returned from Libya were mainly from Edo state. Many had died in Libya due to undue suffering. Many Nigerian youths were exposed to physical and sexual slavery. Many young ladies returned with pregnancy and children without fathers. Many of them and even their children could have been infected with HIV and other STIs. The unintended consequences their future on reproductive health and life could be better imagined. The young adults male migrants are not different as some of them could have been sexually brutalized, possibly forced or coercedto engage in sodomy and homosexual practices during their illegal sojourn in foreignland¹⁴.

This study examined the reproductive and sexual health implications of illegal migration among young adults, especially young adults in Benin metropolis, Edo state, Nigeria. This was with a view to better understanding the magnitude, reasons for and proffer solutions to this anti-social movement.

Research questions

- 1. What are the causes of illegal migration among young adults in Benin metropolis?
- 2. What are the sexual and reproductive health implications of illegal migration among young adults in Benin metropolis?.

Methods

Research design

It is an analytical cross-sectional study design using quantitative research method. Since it is a quantitative research method, it adopted a semi-structured questionnaire in eliciting responses.

Study population

According to the Edo State Task-Force on HumanTrafficking, since the last past 9 months, Edo State had received about 4,038 returnees. 55. This number include adult males and females, including adolescents.

Study area

Edo state lies between longitude 5 degrees East and 6.45 degrees East, and latitudes 6.1 degrees North and 7.30 degrees North with total land mass of 19,281.93 square kilometres. The state has a Growth Rate of 2.83% per annum with population density of about 168 persons per square kilometres. Currently the population of Edo state is projected to be over 8,000,000. The 2006 census puts the population of Edo state at 3,218,332; made up of 1,640,461 males and 1,577,871 females. The State is bounded by Delta State to the Southern part, Kogi State to the Northern part, Ondo State to the Eastern part and the River Niger along the Eastern border. The State has tropical climate with distinct dry and rainy seasons, with temperature range from 27 to 44 degrees Centigrade and annual rainfall of 150cm. The State comprise more of flat lands with tropical rain forest in the South and guinea savannah inthe North. Edo state is made up of four major ethnic groups; Bini, Esan, Owan and Etsako. Oredo LGA has its administrative headquarter at Benin City. It has an area of 249km², density of $1,970 \text{km}^2$ and a population of 374,515 at the 2006 Census with population projection of 490,600⁵⁶. The total number of male and female is 188,895 (50.4%) and 185,620 (49.6%) respectively. The area is located between latitude 6.35°N and longitude 5.3°E. There are about 17 public health facilities and 27 private health facilities in the area⁵⁶. The local government area (LGA)? is characterized by evergreen vegetation typical of a lowland rainforest belt. Due to its geographical location, Oredo Local Government Area (LGA) experiences a tropical climate with two major seasons; wet and dry. Annual rainfall ranges from 2,300 - 2,700mm, concentrated in two peaks; July and September usually separated by a dry spell in August. Average annual temperature ranges from 20-25°C with a mean monthly humidity range of 60- 95%. Egor Local Government Area has its administrative headquarter at Uselu. It has an area of 93km², density of 4,794km² and a population of 340,287 at the 2006 census with projected population of 445,800. The total number of male and female is 168,925 and 171,362 respectively⁵⁷. The area is located within latitude 6.47 and 7.15°N of the equator and longitude 5.49 and 6.14°E⁵⁶. The two LGA are mainly inhabited by the Bini people of Nigeria with the major occupation being farming, followed by trading, arts and crafts, brewing, cottage industry, and rubber processing. Literacy rate in the two LGA are high, but the percentage of maternal health care utilization is very low ⁵⁷.

Sample size

The sample size for the study was determined using the Cochrane formula $(1977)^{58}$ Where $\mathbf{n} = \mathbf{Z}^2 \mathbf{PQ/d}^2$ Where:

n= Minimum Sample Size.

Z = standard normal deviate set at 1.96(at 95% confidence interval).

p =prevalence rate of a particular characteristics of the target population.

=72% (global estimate according to the 2016 UN Office Global Report on Trafficking) $^{59}72/100 = 0.72$ q= 1-p=1-0.72=0.28

d=Degree of precision set at $0.05^2 = 0.0025 \,\text{n} = (3.8416 \times 0.72 \times 0.28)/0.0025$

 $n = 0.77446656/0.0025=309.786624 \approx 310n=310$ Minimum calculated sample size for the study=310 To make room for non-response, 10% non-response rate was added to the minimum sample size, utilizing the formula for non-response rate.

 $n_f = n/1 - nr$

n=Minimum sample size=310 nrr=Non-response rate=10%=0.1nf=Final Minimum sample size nf = 310/(1-0.1)

nf = 344.

Sample technique

In selecting the returnees, a purposive sampling technique was used. In the instance where a respondent is negligent/reluctant in participating, a convenience sampling technique was adopted.

What is the study setting precisely? And how was the recruitment done?

Instrument for data collection

Semi-Structured Questionnaire: A semi-structured questionnaire was used to interview a sample of 344 returnees in Benin metropolis. This technique was chosen because it could be used for both the literate and the illiterate. Pidgin English interpretation was conducted for illiterates who could not read.

Data collection

A one-time- survey method was adopted for the study as the questionnaire was administered on a face-to-face basis.

Data analysis

Data from the questionnaires was analysed using both the univariate and bivariate method of data analysis. For the univariate, the study made use of simple frequencies, percentage, charts, and graphs where necessary, using the statistical package for the social sciences. (SPSS) version 22.0. Face validity was used to access the authenticity of the questionnaire. A copy of the questionnaire was given to a migration expert who has done much study on international migration, illegal migration and human trafficking who made valuable contributions and corrections in areas needed in the question.

Study validity and reliability

The data collection was carried out with English language and Pidgin. To reduce the impact of extraneous variables in the study and increase on internal validity, the use of purposive sampling techniques was utilized. The same questions were asked all respondents so as to prevent bias. In this study, efforts to enhance external validity included the random selection of the respondents. The researcher was directly involved in data collection, cross checking, data processing and data analysis. Cronbach's Alpha test was applied to measure the reliability. Each filled questionnaire was rechecked for appropriateness and content clarity.

Ethical and cultural considerations

ethical issues most considered when conducting research include the voluntary nature of the participation, the reduction of risks for the participants while maximizing benefits on the study participant, obtaining informed consent; ensuring confidentiality and privacy of participants, and institutional ethical issues, which include obtaining authority to conduct research and scientific honesty. In this study confidentiality and privacy of personal information shared by the study respondents with the researcher was maintained during the entire study period. After each interview, the completed questionnaires were separated from the consent forms and safely kept to avoid unauthorized access to the information. All the data collected were processed without names or other kind of information that are recognizable. Ethical clearance was obtained from the Research Ethics Committee of University of Benin, Benin City.

Results

Table 1: Socio-demographic characteristics

Socio-demographics	Frequency	Percentage
Age (years)		
17-19	86	25.0
≥20	258	75.0
Sex		
Male Female	156	45.3
	188	54.7
Educational		
qualification	55	16.0
No formal education	19	5.5
Primary school leaving	219	63.7
certificateSSCE	51	14.8
Tertiary		

Religion		
Christianity	231	67.2
Islam	69	20.1
African Traditional	44	12.8
Religion and other		
religions		
Position of respondents		
in the family		
First	63	18.3
Second	55	16.0
Third	88	25.6
Fourth	87	25.3
More than fourth	51	14.8
Father's occupation		
Public servant	27	7.8
Private organization	16	4.7
Business/Entrepreneurs	301	87.5
Mother's occupation		
Business/Entrepreneurs	311	90.4
NGO	22	6.4
No job	11	3.2
Ethnicity		
Beni	218	63.4
Ishan	57	16.6
Afemai	11	3.2
Yoruba	11	3.2
Igbo	23	6.7
Others	24	7.0
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Table 2: Causes of illegal migration among young adults in Benin metropolis

Variables	Frequency	Percentage
Cause of illegal		
migration	14	4.2
Education	313	94.0
Socio-economic reasons	6	1.8
Business		
How many times have		
you travelled?		
Once	317	92.2
Twice	13	3.8
Thrice	14	4.1
How did you travel?		
Land	320	93.0
Sea	21	6.1
Air	3	0.9
When did your return?		
0-6 months ago	303	88.1
7 months -1 year ago	41	11.9
Why did you return?		
Financial challenges	164	47.7
Political reasons	14	4.1
Health challenge	47	13.7
Criminal offence	26	7.6
Lack of valid entry	93	27.0
documents		

African Journal of Reproductive Health September 2023; 27 (9) 100

Table 3a: Reproductive and sexual health implications of irregular Migration among youngadults

Variables	Frequency	Percentage
Is it true that most		
Nigerians are faced with		
unethicalchallenges on		
their land route journey?		
Yes	303	88.1
No	41	11.9
If yes, what type of		
challenges do they face?	127	41.9
Sexual harassment Armed	57	18.8
robbery Slavery	34	11.2
Health challenges	27	8.9
Financial difficulties	51	16.8
Torture	7	2.3
Do you know anyone with		
such experience while		
traveling land route?		
Yes	155	45.1
No	189	54.9
Have you been a victim of		
such experience?		
Yes	98	28.5
No	246	71.5
Do you think illegal		
migrants are sexually		
abused whiletravelling		
abroad or at point of		
destination?		
Yes	279	81.1
No	65	18.9
If yes, what are the likely		
outcomes?		
Unwanted pregnancy	199	71.3
STDs	21	7.5
Mental health disorders	59	21.1
Are illegal immigrants		
(especially young adults)		
likely tocontact		
STIs/STDs?	291	84.6
Yes	53	15.4
No		

Table 3b: Reproductive and sexual health implications of irregular migration among youngadults

Variables	Frequency	Percentage
Is the probability of		
young adults		
contractingSTIs/STDs		
high?	302	87.8
Yes	42	12.2
No		

280	81.4	
64	18.6	
e		
144	41.9	
200	58.1	
48	33.3	
6	4.2	
63	43.8	
27	18.8	
e		
26	7.6	
318	92.4	
	64 e 144 200 48 6 63 27	e 144 41.9 200 58.1 48 33.3 6 4.2 63 43.8 27 18.8

Discussion

Socio-demographic characteristics

Respondents in this research were young adults with 25% of them less than or equal to 19 years of age. Previous research has shown that children and adolescents were always viewed as tied migrants following their migrating parents. More recently however, there has been a growing recognition of the independent migration, both internal and external, of children and adolescents⁶³⁻⁶⁵. Previous research has shown that the propensity to migrate is highest among young adults and decreases with age, as a result of the combined effect of cultural norms, traditions and economic opportunities^{66,67}. A study in Ghana found that the probability of being a migrant rises until a person turns 36 years old and then it begins to decrease⁶⁸. The age range in this study support these claims that the propensity to travel is higher in younger age group. Female respondents were more than the male respondents showing that female have higher tendency to migrate irrespective of the route. Women account for an increasing proportion of migrants⁶⁹. In Africa, there are 101 female migrants under the age of 20 for every 100 male migrants⁷⁰. This figure is confirmed by in-country studies, such as those conducted in Ethiopia⁷¹ and Nigeria⁷⁰ which showed that women migrate to various parts of their country over and above their male counterparts; or the study in Mali⁷¹, which showed that an increasing number of women migrate for work-related issues.

There is limited gender-disaggregated data on African migrants. Nonetheless, there is evidence of some distinct female-dominated migrant flows⁶⁹. Research has shown that women migrate as much as men, and statistics indicate that the global proportions of maleand female migration are almost equal. Men and women experience migration differently, and gender and its intersections with other social aspects has a complex interaction with migration, producing varying positionalities for migrant women⁷⁴. The findings of this research however agreed with the report of International Organization for Migration where it was reported that females represent an increasing component of the immigrant population in Nigeria⁷⁵. Female migrants are also a highly diverse and heterogeneous group with individuals migrating for varying reasons situated differently based on socioeconomic and legal status, and other social factors such as age, (dis)ability, race, ethnicity, educational level, religious and cultural beliefs⁷⁶.

The study showed that majority of the immigrants were secondary school certificate holders. This is contrary to reports that individuals who are more educated tend to be more mobile; they seek work that matches their higher skills and expectations, and which pays returns on education costs incurred⁶⁸. In this study, majority of the returnees were third born followed closely by fourth. Thefinding of this study is in contrast with a study where majority of the returnees are first born because it is the first born child that usually holds household responsibilities, for instance economically helping their families⁶⁰. The study also showed that majority of the respondents were Benis and their residential local government area were Egor, Oredo, and Ikpoba Okha, Ovia-North East, Owan East and Akoko-Edo. Previous study on migrants in Edo state revealed that majority of the respondents were Binis and are in habituate in a few local area namely; Oredo, Ovia, Orhiomwon and Uhumwode¹⁴. Another report also showed that majority of the young adult migrants who travelled to Libya from Edo state were from Benin city⁶². The Benin by ethnic group according to Alenkhe encompasses all ethnic groups that migrated from Benin and include Esan, Etsako, Igara etc¹⁴.

Causes of illegal migration among young adults

This study showed that 313(94.0%) migrate for socio-economic reasons, 317(92.2%) had travelled once, 320(93.0%) travelled by land, 303(88.1%) returned 0-6 months ago of which 164(47.7%) returned due to financial challenges. Several reasons for illegal migration among the young adults studied were identified. The research showed that majority of irregular migrants were doing so for socio-economic reasons in search of greener pastures. Similar findings were reported in other studies where the young adults migrate because of socio-economic reasons^{61,60}.

Globally and regionally, there is the prosperous region and the lagging region but people are generally more attracted to the prosperous area⁷⁸. It was said that before people migrate, they compare the desirability of their place based on its social, economic, political or environmental condition, to the value of living in another location. They also consider the advantages and disadvantages of staying versus moving. In most cases, destination areas of migrants give opportunity to enjoy a better living condition⁷⁹. This is because provision of services such as electricity, piped water and public amenities makes destination areas attractive to migrants.

The migrants in the report by Popoola gave reasons for leaving their home country for Nigeria; 40% indicated that they left for Nigeria because of poverty, 22% poor access to land, 20%; they could get employment opportunities, while 18% did because of poor income they receive in their home countries⁷⁸. All the reasons given still reflect the fact that the migrants crossed the border for Nigeria because of bad economic conditions in their countries of origin. Joshua and Makama in their publication on rise of illegal migration among Nigerians reported causes of migration from Nigeria poverty, overpopulation, include reunification, wars and asylum⁷⁸. International Organization for Migration reported that emigration from Nigeria is mainly driven by economic factors, while internal displacement also occurs from conflict-affected areas, in particular the north-west

region under the threat of Boko Haram⁸¹. Majority of respondents in this study travelled using the land route. This agreed with previous studies as majority of the migrants have been reported to have travelled by land⁶⁰. It was said that other means of transportation, namely air and sea are costly and need paperwork, including passport, visa and ticket⁶⁰. Therefore, land is the major means of transportation for irregular immigrants due to low cost and simplicity in logistics involved. The study also showed that majority of the respondents had returned about 0 - 6 months before with financial challenges being the utmost reason for most of them. This means that despite migrating through land, the financial challenges were still enormous, and became a factor for most of the irregular migrants to return

Reproductive and sexual health implication of irregular migration

This study showed that 303 (88.1%) of respondents said yes that it is true that most Nigerians are faced with unethical challenges on their land route journey, 127 (41.9%) were said to face sexual harassment with 189 (54.9%) experiencing the challenge while traveling on land route, 98 (28.5%) have been a victim of such experience, 279 (81.1%) thought that illegal migrants were sexually abused while traveling abroad or at point of destination, 199 (71.3%) thought the likely outcome of such harassment is unwanted pregnancy and 291 (84.6%) thought that illegal migrants are likely to contact STIs/STDs. The research further showed that 302(87.8%) said yes to high probability of young adults contracting STIs/STDs, 280 (81.4%) said illegal migrants are likely to engage in abortion, 144 (41.9%) knew a young adult who had the challenge, 63 (43.8%) of them were said to have experienced mental health deterioration and 318 (92.4%) will not advice any young adult to engage in illegal traveling.

Most Nigerians are faced with unethical challenges on their land route journey during migration. Migrants face several challenges including the risk of death at various points in the journey, in particular in the desert where they face harsh conditions and dehydration during the sea journey across the Mediterranean⁸¹. The journeys are often fatal, with migrants perishing not only in the Mediterranean but also in the Sahara, and the numbers of deaths along the way are increasing⁸².

Over 2,000 Nigerian illegal migrants were said to be drowned in Mediterranean sea in 2018⁸². Research by Alenkhe affirmed that most irregular migrant are faced with deadly challenges and life-threatening experiences that often deter them from traveling the same route when they are deported or returned¹⁴. This also agreed with the study done by Ayman Zohry, whose finding is in accordance with those conducted in Europe which showed that majority of the returnees would not wish to migrate to Europe without the needed documents. They are often exposed to ill-treatment by officers of destination countries and transitory cities, thus exposing the migrant to bad experiences⁶¹.

Some of the challenges faced by irregular migrants in this study are financial difficulties, armed robbery attack, slavery, health challenges, torture with majority of them facing sexual harassment. The sexual harassment made them prone to STIs/STDs, mental health disorders and majority of them unwanted pregnancies. Those with unwanted pregnancy have the possibility of abortion causing mental health deterioration, physical injuries, disabilities and even death. According to Black et al⁸³, the mediterranean route which connects West and East Africa to Niger and Libya before entering Italy is by far the deadliest in absolute term, and one along which has the highest levels of violence against women. Migrants through thisroute are vulnerable to numerous perils including physical and sexual violence⁸⁴. Vanessa et al⁸⁴ reported that women often become pregnant as they are on the move but frequently have to deal with the pregnancy alone.

Sexual and reproductive health of irregular migrants were said to be poor according to a study on accessing adolescent sexual and reproductive health services in South Africa⁸⁵. According to another report, risks faced by irregular immigrants include: exploitation' higher risk of trafficking' forced sexual labour and sexual assault leading to adverse reproductive and sexual health consequences' gender-based discrimination that is sometimes exacerbated by racial and ethnic prejudices' and predisposition to a range of human rightsabuses⁷⁶. Evidence has suggested that prevention and treatment of HIV among migrant populations remains a low priority for the majority of EU member states⁸⁶. According to the Vanguard news as reported by Benjamin Njoku, "girls are sexually exploited in the process of trying to travel via route from Libya to Europe where girls are being threatened to sleep with many men or boys"⁶². The research therefore showed that the reproductive and sexual need of irregular migrants is largely unmet with possibility of contracting STIs/STDs, high pregnancy risks and hence abortion and other forms of mental stress.

Conclusion

This study has provided information on the reproductive and sexual health implications of illegal migration among young adults in Benin metropolis. From the study, majority of the respondent were sexually abused which resulted in unwanted pregnancies, when travelling through illegal route. The research showed that majority of irregular migrants were doing so for socio-economic reasons in search of greener pasture. From the study, majority of the respondents were females who migrate illegally. Most of the respondents were faced by unethical challenges why travelling through route like sexual harassment and robbery when they travel through route. The study revealed that returnees are likely to contact STD/STIs including HIV/AIDs. Studies have shown that migrants are vulnerable to STIs/STDs. The study also asserted that most returnees engage in abortion especially among the young adults, this may have some adverse effects on their reproductive and sexual health later in the future.

Recommendations

- 1. There is need to enlighten the young adults who want to migrate illegally of the implication of the illegal migration on their reproductive and sexual health.
- 2. There should be campaigns by non-governmental organizations to the general public against illegal migration/trafficking, stressing the negativeeffects such as the risks to which victims are exposed along the routes. The risks they face working as street prostitutes, risks of HIV/AIDS and other health hazards. Parents who tend to pressurize their children to be trafficked/migrate illegally should be special targets of such campaigns.
- 3. The government should set up more skill acquisition centres where the young adults

- (male and female) can acquire various occupational skills. At the end of such training, they should be empowered and with financial support, become self-employed.
- 4. The government should take positive steps to provide employment opportunities for the youth, and create an enabling environment for the private sector to invest and increase employment opportunities.
- 5. The young adult should be educated on how they can directly have access to travel without needing to go through traffickers.

References

- 1. Taylor M. The Drivers of Immigration in Contemporary Society: Unequal Distribution of Resources and Opportunities. Human Ecology. 2007;35 (6): 775–776
- Rushing R. Migration and Sexual Exploitation in Vietnam. Asian and Pacific MigrationJournal, 2006; 15(4):471-93;
- 3. Nguyen T and Minh N. Migrant and Non-Migrant Domestic Workers in Hanoi: The Segmentation of Domestic Service. UEA Working paper. 2010; 22.
- Nazhmidinova R. User Generated Racism: Russia's media and migrants. The European Journalism Observatory. Retrieved on 5 May 2023.
- Assylum seekers 'illegal immigrants' and entry without a visa. Advisory Guidelines 2011. Australian Press Council. Archived from the original on 1 August 2015.
- 6. Julien A. African Youths and their Perilous Journey to Europe through Sahara Desert: Causes, Effects and Remedies. http://harisnefo.hubpages.com/hub/African Youthsand-their-Journey-to-Europe-through Sahara-Desert-Causes-Effects-and-Remedies. Accessed 23/2/2023.
- 7. Yee V. Here's the Reality About Illegal Immigrants in the United States. Retrieved on 29 June 2018.
- 8. Bazelon E. The Unwelcome Return of Illegals. The New York Times. Archived from the original on 8 August 2023
- Dinan S. 121 murders attributed to illegals released by Obama administration. The Washington Times. Archived from the original on 11 August 2022.
- Gonzales RG. Learning to Be Illegal: Undocumented Youth and Shifting Legal Contexts in the Transition to Adulthood (PDF). American Sociological Review. American Sociological Association. 2011; 76 (4): 602–619.
- 11. Palivos T. Welfare effects of illegal immigration. Journal of Population Economics.2008: 22 (1): 131–144.
- 12. Liu X. On the macroeconomic and welfare effects of illegal immigration. Journal of Economic Dynamics and Control. 2010:34 (12): 2547–2567.
- 13. Chassamboulli A and Peri G. The labor market effects of reducing the number of illegal immigrants. Review of Economic Dynamics. 2015; 18 (4): 792–821.

- 14. Alenkhe OD. Beyond Bargaining: The Scourge faced by illegal interbational migrants of Benin descents. Journal of Peace and Strategic Development.2019 (forth coming)
- Borjas G. The Labor Demand Curve is Downward Sloping: Reexamining the Impact of Immigration on the Labor Market. The Quarterly Journal of Economics. 2003; 118 (4): 1335–1374.
- Doezema J. Loose Women or Lost Women? The reemergence of the myth of 'white slavery' in contemporary discourses of 'trafficking in women. Gender Issues. 2000; 18 (1): 23–50.
- 17. Flynn M, Eggerth D and Jacobson J. Undocumented Status as a Social Determinant of Occupational Safety and Health: The Workers' Perspective. American Journal of Industrial Medicine. 2015; 58 (11): 1127–1137.
- Bloch A. The Right to Rights? Undocumented Migrants from Zimbabwe Living in South Africa. Sociology. 2010; 44 (2): 233–250.
- 19. Wendy ND. Gender Equality and Women's Issues in Vietnam: The Vietnamese Woman -Warrior and Poet, Gender Equality and Women's Issues in Vietnam: Pacific Rim Law & Policy Journal. 2001;10:191-5.
- Oye-Adeniran BA, Adewole IF, Odeyemi KA, Ekanem EE and Umoh AV. Contraceptive prevalence among young women in Nigeria J. Obstet Gynaecol. 2005:25;182-5.
- Santillan D, Schuler S, Anh H, and Minh T. Limited Equality: Contradictory Ideas about Gender and The Implications for Reproductive Health in Rural Vietnam. J of Hlth Manag. 2002; 4:251-67.
- Belanger D and Hong K. Single Women's Experiences of Sexual Relationship and Abortion in Hanoi, Vietnam. Reprod Hlth Matters 1999; 7:71-82.
- Trang Q. Femininity and Sexual Agency among Young Unmarried Women in Hanoi. Culture, Health and Sexuality 2008; 10:151-61.
- 24. Truong HA. Reproductive Health of Female Migrant Workers in Hanoi: Current Situation and Policy Implications.2009;17:6:69-80 Working paper for Conference on Migration, Development and Poverty Reduction.
- Quynh L and Thao L. Cultural Attitudes of Vietnamese Migrants on Health Issues. AARE Conference 2005.
- Poss J. Providing Health Care for Southeast Asian Refugees.
 Journal of the New York State Nurses Association 2003; 2:4-6.
- Nguyen T and Minh N. Migrant and Non-migrant Domestic Workers in Hanoi: The Segmentation of Domestic Service. UEA Working paper. 2010, 22.
- Markus S and Liselotte B. Mobility and Vulnerability: An Explorative Study among Female Sex Workers in Ho Chi Minh City 2001; 23:5-8.
- Vivian G, Fei-Ling Q and Chung V. Gender Gaps, Gender Traps: Sexual Identity and Vulnerability to Sexually Transmitted Diseases among Women in Vietnam. Soc Sci Medi. 2002; 2:6-8.
- Khuat TH. Adolescent Reproductive health in Vietnam: Status, Issues, Policy and Program. Policy working paper. 2003.
- Marie S. International Australia: Problems Facing Internal Migrants Accessing Sexual and Reproductive Health

- Services 2006; 3:4-6.
- 32. UNODC. Organized Crime and Irregular Migration from Africa to Europe. 20.
- 33. ILO (Int. Labour Office), Labour Migr. Branch, Int. Labour Off., Dep. Stat. 2015. ILO Global Estimates on Migrant Workers: Results and Methodology. Special Focus on Migrant Domestic Workers. Geneva: ILO. http://www.ilo.org/wcmsp5/groups/public/@dgreports/
- @dcomm/documents/publication/wcms_436343.pdf 34. Flynn MA. Safety and the diverse workforce. Prof. Saf.2014; 59(6):52–57.
- 35. Bur. Labor Stat. Foreign-born workers: labor force characteristics 2015. NewsRelease, May 19.https://www.bls.gov/news.release/archives/forbrn 05192016.htm
- 36. Preibisch K and Otero G. Does citizenship status matter in Canadian agriculture? Workplacehealth and safety for migrant and immigrant laborers. Rural Sociol. 2014; 79(2):174–99.
- 37. Byler CG and Robinson WC. Differences in patterns of mortality between foreign-born and nativeborn workers due to fatal occupational injury in the USA from 2003 to 2010. J. Immigr. Minor. Health https://doi.org/10.1007/s10903-016-0503-2.
- 38. NIOSH (Natl. Inst. Occup. Saf. Healt. Pesticide illness & injury surveillance. UpdatedFeb. 7, Cent. Dis. Control Prev. (CDC)
 Atlanta.https://www.cdc.gov/niosh/topics/pesticides/default.html. 2017.
- Arcury TA, Grzywacz JG, Isom S, Whalley LE and Vallejos QM. Seasonal variation in the measurement of urinary pesticide metabolites among Latino farmworkers in eastern North Carolina. Int. J. Occup. Environ. Health 2009; 15:339–50
- Hsieh YC, Apostolopoulos Y and Sonmez S. Work conditions and health and well-being of Latina hotel housekeepers. J. Immigr. Minor. Health 2016; 18(3):568–81
- 41. Hsieh YC, Apostolopoulos Y and Sonmez S. The world at work: hotel cleaners. Occup. Environ. Med. 2013; 70(5):360–64.
- 42. Fung KA. Gel, acrylic, or shellac: the impact of Southeast and East Asian immigrant nailsalon workers on the health care system. U. Md. L. J. Race Relig. Gend. Cl. 2014; 14:124–43.
- 43. Panikkar B, Woodin MA, Brugge D, Hyatt R and Gute DM, Community Partn. Somerville Community Immigr. Work. Proj. Characterizing the low wage immigrant workforce: a comparative analysis of the health disparities among selected occupations in Somerville, Massachusetts. Am. J. Ind. Med. 2014;57(5):516–26.
- 44. Can. Cent. Occup. Health Saf. 2016. Hotel housekeeping. Fact Sheet, Nov. 1.
- http://www.ccohs.ca/
 - oshanswers/occup_workplace/hotel_housekeeping.ht
- 45. Quandt SA, Kucera KL, Haynes C, Klein BG and Langley R. Occupational health outcomes for workers in the agriculture, forestry and fishing sector: implications for immigrant workers in the southeastern US. Am. J. Ind. Med. 2013; 56(8):940–59

- 46. Dong XS, Largay JA, Choi SD, Wang X, Cain CT and Romano N. Fatal falls and PFAS use in the construction industry: findings of Agricultural innovation from the NIOSH FACE reports. Accid. Anal. Prev. 2017; 102:136–43.
- 47. Virupaksha H, Kumar A and Nirmala B. Migration and Mental Health: an Interface.
- Journal of Natural Science, Biology and Medicine, 2014; 233-239.
- 48. Migration and Youth: Challenges and Opportunities. Edited by Jeronimo Cortina, Patrick Taran and Alison Raphael on behalf of the Global Migration Group. UNICEF.
- 49. UNICEF. The state of the Word's children- Adolescence: An age of opportunity. New York 2011. Retrieved from http://www.unicef.org/sowc2011/pdfs/SOWC-2011- Main-Report_EN_02092011.pdf.
- Mohammed YA. Cause and Consequence of Cross Border Illegal Migration from South Wollo, Ethiopia. Arts Social Sci J. 2016; 7: 188.
- 51. Ines K, Aurore G, Gorik O, Nicole V, Marleen T and Kristien R. Sexual and reproductive health of migrants: Does the EU care? J. health pol. 2013;10: 007.
- 52. Sedgh G, Bankole A, Okonofua F, Imarhiagbe C, Hussain R and Wulf D. Meeting Young Women's Sexual and Reproductive Health Needs in Nigeria. New York: Guttmacher Institute; 2009.
- 53. Alubo O. Adolescent reproductive health practices in Nigeria. Afr J Reprod Health2001;5:109 -19
- 54. UNFPA. Save the Children USA. Adolescent sexual and reproductive health toolkit forhumanitarian settings. United Nations Population Fund and Save the Children US. 2009.http://www.unfpa.org/sites/default/files/pubpdf/ UNFPA_ASRHtoolkit_english.pdf. Accessed 15 Apr 2016.
- 55. Edo State Task Force on Human Trafficking.
- Yemi K. National Bureau of Statistics Annual Abstract of Statistics. 2011
- 57. Phc A, Afe O and Ogboshi PHC. Public and Private Health Facilities in Edo State. Minist Heal [Internet]. Available from: Public and Private Health Facilities in Edo State.
- 58. Cochran WG. Sampling technique (3rd edition). John Wiley and Sons. New York, 1977.
- James M. Devastating consequences of sex trafficking on women's health. The Linacre Quarterly 2017;84(4) :367–379.
- Teshone DK, Ajay B and Charles HT. Irregular Migration: Causes and Consequences of young Adult Migration from Southern Ethiopia to South Africa. 2013.
- 61. Ayman Z. Egyptian Irregular Migration to Europe. 2006.
- 62. Benjamin N. Horro of human trafficking in Edo State. The Vangaurd of 16thSeptember, 2018
- DeRegt M. Time to look at the girls Adolescent Girls
 Migration in Ethiopia. Available
 www.graduateinstitute.ch. 2016.
- Regional Mixed Migration Secretariat (RMMS). Young and on the Move: Children and youth in mixed migration flows within and from the Horn of Africa, 2016.

- Available www.regionalmms.org.
- 65. Temin M, Montgomery M, Engebretsen S and Barker K. Girls on the Move; Adolescent Girls and Migration in the Developing World. A Girls Count Report on Adolescent Girls. Population Council; Washington DC. 2013.
- 66. Bell M and Muhidin S. Cross-national comparisons of internal migration. Human Development Research Paper. 2009/30, New York, UNDP.
- 67. Bell M and Charles-Edwards E. Measuring internal migration around the globe: A comparative analysis. KNOMAD Working Paper, 2014, No. 3. Global Knowledge Partnership on Migration and Development.
- Ackah C and Medvedev D. Internal migration in Ghana: Determinants and welfareimpacts. Background paper for the 2010 World Bank Ghana Poverty Assessment. WB.
- 69. GFMD. Contributing of women migrant workers to development: Going beyond remittances. Background Note prepared for the Global Forum on Migration and Development Third Thematic Meeting, 8 Sept. 2015, Geneva.
- 70. UNDESA. Facts and figures: International migrant children and adolescents (0-19 yrs).
- Factsheet from Trends in international migrant stock: Migrants by sex and age 2013.
- 71. Bezu S and Holden ST. Rural-urban youth migration and informal self-employment in Ethiopia. Centre for Land Tenure Studies/School of Economics and Business Norwegian University of Life Sciences, 2014
- Internal Migration Survey. International Organization for Migration [IOM] Nigeria 2013.
- 73. Lesclingand M. Nouvelles strategies migratoires des jeunes femmes rurales au Mali: De la valorisation individuelle àune reconnaissance sociale. Sociétés contemporaines,2004; 3(55): 21–42.
- 74. Caritas Internationales. The female face of Migration, Advocacy and best practices for women who migrate and the families they leave behind. Available. http://www.caritas.org/what-we-do/migration/female-face-migration/.2012.
- International Organization for Migration (IOM). Migration in Nigeria A Country Profile 2009.
- Women on the Move: Migration and Health in the WHO
 African Region. Brazzaville: World Health
 Organization; 2018.
- 77. Kirwin M and Anderson J. Identifying the factors driving West African migration", West African Papers, N°17, OECD Publishing, Paris. 2018.
- 78. Popoola KO. Cross-Border Migrants' Integration in Rural Border Communities of South-West Nigeria; Journal of Sustainable Development Studies. 2016; 9:2,138-152.
- Birhan A. Causes and Consequences of Rural-Urban Migration: The case of Woldiya town, North Ethiopia. MA Thesis, University of South Africa; 2011.
- Joshua IA and Makama JG. Is illegal migration on the rise among Nigerians? A wake-up call. Arch Med Surg 2017; 2:35-7.
- 81. International Organization for Migration (IOM) Nigeria.

- irregular migration between westAfrica, North Africa and the mediterranean, abuja 2015, 11.
- 82. Okonofua FE, Ogbomwan SM, Alutu AN, Okop K and Aghahowa E. Knowledge, attitudes and experiences of sex trafficking by young women in Benin City, South-South Nigeria." Social science & medicine 2014; 59(6): 1315-1327.
- 83. Black J, Dearden K and Montes A. Migrant deaths and disappearances worldwide:2016analysis (Issue Brief No.8). Retrieved from https://publications.iom.int/system/files/pdf/gmdac_d ata_briefing_seriesissue_8.pdf. 2017, 3.
- 84. Vanessa G, Cynthia M, Chiara Q and Nina S. Shifting vulnerabilities: gender and reproductive care on the migrant trail to Europe; Comp Migr Stud. 2018; 6(1):

- 23.
- 85. Mukondwa K and Gonah L. Accessing Adolescent Sexual and Reproductive Health Services among Undocumented Migrants in South Africa: A Documentary Review. Medical Journal of Zambia, 2016; 43 (4), 247 251.
- 86. Platform for International Cooperation on Undocumented Migrants (PICUM). The sexual and reproductive health rights of undocumented migrants narrowing the gap between their rights and the reality in the EU. February, 2016.
- 87. Herrera C and Sahn D. Determinants of internal migration among Senegalese youth. New York, Cornell University.2013..