

## APPRAISAL OF THE SEXUAL AND REPRODUCTIVE HEALTH OF WOMEN IN NIGERIA FROM THE PERSPECTIVE OF INTERNALLY DISPLACED PERSONS\*

### Abstract

*Women and girls, in times of conflict, have a heightened need for sexual and reproductive health care services due to their increased risk to Sexually Transmitted Diseases (STIs) including Human Immunodeficiency Virus (HIV), unwanted pregnancies, maternal mortality and morbidity, as a consequence of gender-based sexual violence. Access to sexual and reproductive health is a fundamental human right that is central to achieving the 2030 Agenda as emphasized in the Sustainable Development Goals in relation to good health and wellbeing, and gender equality. The paper aims at inquiring into the limitation of access to reproductive rights by internally displaced women. It adopted a doctrinal research methodology. The research has shown that during crises and war, availability of health care services including sexual and reproductive health services are limited. Hence, internally displaced women are left with no choice than to seek important sexual and reproductive health care services from local midwives and patent medicine vendors. This article reviews the impact of crises and internal displacement on women's access to sexual and reproductive health care services including the numerous challenges that occur. The paper finds that there is urgent need to sincerely and progressively expand access to essential health services that are made available to internally displaced women to include an integrated package on sexual and reproductive health care, specifically tailored to meet women needs.*

**Keywords:** 'Internally Displaced Women', 'Sexual Reproductive Health', 'Access to Health Care', 'Conflict'.

### Introduction

Two targets of the globally adopted 2030 agenda for Sustainable Development explicitly mentions sexual and reproductive health. The health goal clearly states that "By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes".<sup>1</sup> The gender equality goal, aims to "ensure universal access to sexual and reproductive health and reproductive rights", in accordance with previously negotiated UN agreements.<sup>2</sup> These interventions, in addition to the prevention of mother-to-child transmission (PMTCT) treatment for HIV/sexually transmitted infections, vaginal injuries and fistula management, post-abortion care, safe abortions, interventions for the prevention of sexual violence and comprehensive clinical management of rape are equally important components of reproductive health in displacement settings as outlined in the Minimum Initial Service Package (MISP).<sup>3</sup>

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\* **OLUREMI SAVAGE**; LLB, LL.M. LL.D. Senior Lecturer, Department of Public and Private Law, Lagos State University.

<sup>1</sup> Target 3.7,

<sup>2</sup> Target 5.6. UN, 'Transforming Our World: The 2030 Agenda for Sustainable Development' (2015) A/RES/70/1. <<https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>> accessed 9 May 2021; UN, 'Sustainable Development Goals: International Organization for Migration' (2020) <<https://sustainabledevelopment.un.org/>> accessed 9 May 2021.

<sup>3</sup> O C Amodu and MS Richter and BO Salami, 'A Scoping Review of the Health of Conflict-Induced Internally Displaced Women in Africa' (2020) *International Journal of Environmental Research and Public Health* (17)4

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Sexual and reproductive health and rights (SRHR) are fundamental to people's health, survival and economic development. Several decades of research have shown and continue to show the profound and measurable benefits of investment in sexual and reproductive health.<sup>4</sup> Even though the government has through several international agreements, committed itself to investing in SRH,<sup>5</sup> progress recorded has been stymied as a result of weak political commitment, inadequate resources, persistent discrimination against women and girls, and an unwillingness to address issues related to sexuality openly and comprehensively.<sup>6</sup> This is especially true in cases of internally displaced persons (IDPs) in Nigeria.

The problem of internal displacement is of significant concern in the African region. Although all groups of persons experience a form of hardship or the other during conflict and displacement; women and girls are extremely affected.<sup>7</sup> In particular, women have an increased need for sexual and reproductive health services because of their increased exposure to sexual and gender-based violence, STIs, HIV, unwanted pregnancy and maternal mortality and morbidity.<sup>8</sup> For the girl child, their level of development makes them susceptible to sexual exploitation in addition to other challenges. With the persistent rise in the spate of attacks on innocent people and burning down of villages by the terrorist group Boko Haram, the number of internally displaced people continue to increase and the prospects of the women and girls affected accessing good SRH care becomes more difficult.

### **Reproductive and Sexual Health as a Human Right**

The need to protect women's reproductive health prompted the official recognition of reproductive rights as a human right during the International Conference on Human Rights where the right of parents 'to determine freely and responsibly the number and spacing of their children' was first acknowledged.<sup>9</sup> Recognised today under national laws and international human rights instruments,<sup>10</sup>

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1280; WHO, 'Inter-agency Field Manual on Reproductive Health in Humanitarian Settings' (2010) <[https://www.who.int/reproductivehealth/publications/emergencies/field\\_manual/en/](https://www.who.int/reproductivehealth/publications/emergencies/field_manual/en/)> accessed 9 May 2021.

<sup>4</sup> A S Madkour, and others, 'Early Adolescent Sexual Initiation and Physical/Psychological Symptoms: A Comparative Analysis of Five Nations' (2010) 39(10) *Journal of Youth and Adolescence* 1213; E Ketting and C Winkelmann 'Sexual Health of Young People' in WHO, 'European Region in Sexual Health: A Public Health Challenge in Europe' (2011) 72 *Entre Nous* – 'The European Magazine for Sexual and Reproductive Health' 12 <[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0019/142570/en72.pdf](http://www.euro.who.int/__data/assets/pdf_file/0019/142570/en72.pdf)> accessed 19 May 2021.

<sup>5</sup> The Nigerian government is a party to several human rights treaties including the CEDAW and African Women Protocol in addition to other soft agreements such as the ICPD Programme of Action etc.

<sup>6</sup> S Cusack and R J Cook, 'Stereotyping Women in the Health Sector: Lessons from CEDAW' (2009) 16(1) *Washington and Lee Journal of Civil Rights and Social Justice* 50, 59-60; N Newton 'Applying best practices to youth reproductive health' (2000) *UNAIDS - Best Practice Digest* 3.

<sup>7</sup> R Adeola and B D Mezmu, 'The Protection of Internally Displaced Children in Africa: A Doctrinal Analysis of Article 23(4) of the African Children's Charter' (2021) 65(S1) *Journal of African Law* 115.

<sup>8</sup> UN Population Fund, 'Shelter from the Storm: A Transformative Agenda for Women and Girls in a Crisis Prone World' (2015) State of World Population <<https://www.unfpa.org/swop-2015>> accessed 12 May 2021.

<sup>9</sup> Para 16 Proclamation of Teheran 1968 <<https://www1.umn.edu/humanrts/instree/l2ptchr.htm>> accessed 12 May 2021. The right was further affirmed by the General Assembly of the UN in art 4 of the Declaration on Social Progress and Development 1974 <<http://www1.umn.edu/humanrts/instree/sl1dspd.htm>> accessed on 12 May 2021.

<sup>10</sup> Under international law, States are bound by the human rights instruments they accede to. The effectiveness of such instruments are however determined by the status of international law in the national legal systems of the ratifying States. In Nigeria, a dualist State, section 12 of the 1999 Constitution (as amended) provides that the National Assembly should first domesticate the instrument before it becomes local law.

reproductive rights are a group of rights which relate to the ability of women to make decisions on issues which affect their reproductive health.<sup>11</sup>

These rights, based upon principles of human dignity and equality, recognize the right of everyone to make decisions on their reproductive health without coercion and fear. After its initial recognition, the use of human rights to advance the protection of sexual and reproductive health rights gained momentum after two conferences held thereafter: the International Conference on Population and Development (ICPD) and the United Nations Fourth World Conference on Women (Beijing Conference).<sup>12</sup> The ICPD whilst laying the foundation for the recognition of women's rights as a sustainable approach towards achieving development agenda and population targets,<sup>13</sup> defined reproductive health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes in all matters related to the reproductive system etc.'<sup>14</sup> In addition, the Programme of Action listed the elements of reproductive health care as family planning, maternal health care, safe abortion (where not against the law), education on sexuality and reproductive health and prevention/appropriate treatment of infertility and sexually transmitted diseases, including HIV/AIDS.

Hence, reproductive health implies that people should have satisfying and safe sex lives, ability to reproduce and the freedom to decide whether, when and how often they wish to do so.<sup>15</sup> Attached to this last condition, is the right of women to access effective, affordable and acceptable SRH care services of their choice safely wherever they are.<sup>16</sup> The ICPD shifted the main focus of family planning programmes from curbing population growth to empowering women and promoting individual choice as regards childbearing.<sup>17</sup> The Platform apart from declaring women's right to have control over matters related to their sexuality, also notes that 'equal relationships between women and men in matters of

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<sup>11</sup> WHO 'Mental Health Aspects of Women's Reproductive Health: A Global Review of Literature' (2009) 4 <<https://apps.who.int/iris/handle/10665/43846>> accessed 12 May 2021; LM Knudsen, *Reproductive Rights in a Global Context: South Africa, Peru, Uganda, Denmark, United States, Vietnam and Jordan* (Vanderbilt University Press 2006), 2.

<sup>12</sup> Programme of Action of the International Conference on Population and Development (ICPD), Cairo, Egypt, Sept 5-13, 1994, U.N. Doc. A/CONF.171/13/Rev. (1995) <[http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/icpd\\_eng.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/icpd_eng.pdf)> accessed 12 May 2021; Beijing Declaration and the Platform for Action, Fourth World Conference on Women, Beijing, China, September. 4-15 1995, U.N. Doc. A/CONF.177/20 (1996) <<http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf>> accessed 12 May 2021.

<sup>13</sup> ASTRA Network, *Reclaiming and Redefining Rights: Setting the Adolescent and Young People SRHR Agenda Beyond ICPD+20* (2014), <<http://www.astra.org.pl/repronews/98-new-publication-reclaiming-and-redifining-rights-setting-the-adolescent-and-young-people-srhr-agenda-beyond-icpd-20.html>> accessed 12 May 2021.

<sup>14</sup> Para 7.2 ICPD Programme of Action 1994.

<sup>15</sup> Para 7.2 *Ibid*; NI Aniekwu, 'A Legal Perspective on Reproductive Health and Gender-Specific Human Rights in Nigeria' (2004) 3(1) *Journal of Medicine and Biomedical Research* 21.

<sup>16</sup> R Cook and M Fathalla, 'Advancing Reproductive Rights Beyond Cairo and Beijing' (1996) 22(3) *International Family Planning Perspectives* 115; CAA Packer, *The Right to Reproductive Choice: A Study in International Law* (Abo: Akademia University Press 1996), 1.

<sup>17</sup> The human rights community, especially women's rights proponents who played an active role in achieving the feat argued that population and development policies should not only advance gender equality and the empowerment of women but also that family planning should be part of comprehensive reproductive health care. See UN Population Fund and CRR, *ICPD and Human Rights: 20 Years of Advancing Reproductive Rights through UN Treaty Bodies and Legal Reform* (2013) <<http://www.unfpa.org/publications/icpd-and-human-rights>> accessed May 10 2021; C McIntosh and J Finkle, 'The Cairo Conference on Population and Development: A New Paradigm?' (1995) 21(2) *Population and Development Review*, 223-260; A Germain and R Kyte, *The Cairo Consensus: The Right Agenda for The Right Time* New York, (2<sup>nd</sup> edn, International Women's Health Coalition, 1995) 1-40.

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sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences'.<sup>18</sup>

The World Health Organization's current working definition of sexual health emphasizes physical, mental and social wellbeing in relation to sexuality, and the need for sexual experiences to be pleasurable, safe, and devoid of coercion and violence.<sup>19</sup> It also recognizes that sexual health is elusive if sexual rights are not respected, protected and fulfilled. Inter-related rights include the right to equality and non-discrimination, right to privacy and right to determine the number and spacing of children.<sup>20</sup> Violations in sexual health rights often amount to a violation of reproductive health rights.

Initially, crafters of the Millennium Development Goals (MDGs)<sup>21</sup> omitted SRH from the goals altogether out of concern that including it in the MDGs may put adoption of the Millennium Declaration at risk. It took 7 years for advocates to gain global consensus on the reality that achieving universal access to reproductive health by 2015 was a necessary component of MDG 5: to improve maternal health.<sup>22</sup> The subsequent United Nations Agenda for Sustainable Development adopted by all member States in 2015 includes SRH and reproductive rights from the draft stage even though it still excludes any mention of sexual rights.

The Sustainable Development Goals (SDGs) contains 169 targets that are to be achieved by 2030;<sup>23</sup> two of which calls for, 'universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes' and reduction of maternal mortality rates in accordance with the Cairo and Beijing agreements.<sup>24</sup> Since 2013, countries have made more far-reaching commitments in various regional consensus agreements. Although widely different in scope and approach, regional documents from Africa (the Maputo Plan of Action, 2016–30),<sup>25</sup> Latin America and the Caribbean (the Montevideo

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<sup>18</sup> Paragraph 96 Beijing Declaration and Platform for Action.

<sup>19</sup> WHO, *Definition of Sexual Health* (2006) <[https://www.who.int/topics/sexual\\_health/en/](https://www.who.int/topics/sexual_health/en/)> accessed 10 May 2021.

<sup>20</sup> Inter-Agency Working Group, *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* (2018) <<http://iawg.net/wp-content/uploads/2019/01/2018-inter-agency-fieldmanual>> accessed May 10, 2021. See also Chapter IV of the 1999 Constitution of Nigeria (as amended).

<sup>21</sup> The Millennium Development Goals (MDGs) was the United Nation's initial plan targeted at reducing poverty worldwide by 2015.

<sup>22</sup> The MDGs at creation was originally silent on importance of SRHR in improving the health of women and promoting economic and gender empowerment. See B Crossette, 'Reproductive Health and the Millennium Development Goals: The Missing Link', (2005) 36(1) *Studies in Family Planning* 71–79; A Galati, 'Onward to 2030: Sexual and Reproductive Health and Rights in the Context of the Sustainable Development Goals' (2015) 18(4) *Guttman Policy Review* 77–84.

<sup>23</sup> UN, *Transforming Our World: The 2030 Agenda for Sustainable Development* (2015) <<https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>> accessed 9 May 2021. The sustainable development goals are a universal plan agreed to by all countries to end poverty, protect the planet and achieve prosperity for all. Made up of 17 goals and 169 targets, the SDGs unlike its predecessor, the MDGs which were formulated by some individuals at the UN headquarters, were adopted after several consultations by the UN Open Working Group on Sustainable Development Goals. The Working Group made up of members from 70 countries was established in January 2013 and the final draft of the SDG was adopted in July 2014. See *Introduction to the Sustainable Development Goals* <<https://www.sportanddev.org/en/learn-more/sport-and-sustainable-development-goals/introduction-sustainable-development-goals>> accessed 23 May, 2021.

<sup>24</sup> Target 3.1 & 3.7 of Goal 3 of the 2015 SDG. See *Sustainable Development Goals/SDG3* <[https://en.wikiversity.org/wiki/Sustainable\\_Development\\_Goals/SDG3](https://en.wikiversity.org/wiki/Sustainable_Development_Goals/SDG3)> accessed June 1 2021.

<sup>25</sup> African Union, *Maputo Plan of Action 2016–2030 for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights* (2015) <

Consensus),<sup>26</sup> and Europe and Central Asia<sup>27</sup> use the broader term, “sexual and reproductive health and rights”, and contain more progressive language on a range of issues. Examples include listing ‘safe abortion care’ as a component of SRHR and calling for countries to ‘ensure access to safe abortions to the full extent of national laws and policies’;<sup>28</sup> promoting, protecting, and guaranteeing SRHR to contribute to social justice;<sup>29</sup> and organizing dedicated services for those who have no access, such as adolescents, unmarried people, those living in institutions, migrants, asylum seekers, people living with HIV, people with disabilities, and lesbian, gay, bisexual, transgender, queer, and intersex people (LGBTQI).<sup>30</sup>

### Internal Displacement

Rising rates of conflict, terrorism and human rights violations have fueled the global displacement of persons. In 2019 alone, the number of people that have been forcibly displaced in the world reached an all-time high of 79.5 million.<sup>31</sup> Out of the population of forcibly displaced persons, 50.8 million people were internally displaced as a result of violence, disasters and conflict<sup>32</sup> with 52 percent of them being women.<sup>33</sup> To further worsen an already bad situation, in the first half of 2020, another 14.6 million new internal displacements occurred.<sup>34</sup> In a majority of cases, more than half of the IDPs in need of humanitarian assistance are women and girls of reproductive age.<sup>35</sup>

According to the Guiding Principles on Internal Displacement, ‘internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border’.<sup>36</sup> Although several incidents of conflict

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<https://www.au.int/web/en/document/maputo-plan-action-2016-2030-operationalisation-continental-policy-framework-sexual-and-reproductive-health-and-rights> > accessed May 10 2021.

<sup>26</sup>UNESCAP, *Report of the Sixth Asian and Pacific Population Conference* (2014) <

<https://www.unescap.org/sites/default/files/Report%20of%20APPC%202013.pdf>> accessed 12 May 2021.

<sup>27</sup>WHO Regional Committee for Europe, *Action Plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda for Sustainable Development in Europe-Leaving No One Behind* (2016)

<<http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2016/action-plan-for-sexual-and-reproductive-health-towards-achieving-the-2030-agenda-for-sustainable-development-in-europe-leaving-no-one-behind-2016>> accessed May 10 2021.

<sup>28</sup>African Union, *Maputo Plan of Action 2016–2030 for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights* (2015)

<<https://www.au.int/web/en/document/maputo-plan-action-2016-2030-operationalisation-continental-policy-framework-for-sexual-and-reproductive-health-and-rights>> accessed May 10 2021.

<sup>29</sup>C N Montevide, *Consensus on Population and Development* (2013)

<<http://repositorio.cepal.org/handle/11362/40336>> accessed May 10 2021.

<sup>30</sup>WHO Regional Committee for Europe (n 26).

<sup>31</sup>UNHCR *Global Trends: Forced Displacements in 2019* <<https://www.unhcr.org/flagship-reports/globaltrends/globaltrends2019/>> accessed 24 June 2021.

<sup>32</sup>*Of the 50.8 million IDPs, 33.4 million were new displacements which occurred within the year. See IDMC, Internal Displacement Index 2020 Report* <<https://reliefweb.int/report/world/internal-displacement-index-2020-report>> accessed 10 June 2021.

<sup>33</sup>UNHCR, *Global trends: Forced Displacements in 2019* (n 30) 34.

<sup>34</sup>IDMC, *Internal Displacement 2020: Mid-Year Update* <<https://www.internal-displacement.org/publications/internal-displacement-2020-mid-year-update>> accessed 24 June 2021.

<sup>35</sup>IDMC, *Hidden in Plain Sight* (2020) 5 <<https://www.internal-displacement.org/sites/default/files/publications/documents/202003-twice-invisible-internally-displaced-women.pdf>> accessed May 10 2021.

<sup>36</sup>Paragraph 2 *Guiding Principles on Internal Displacement* <<https://undocs.org/E/CN.4/1998/53/Add.2>> accessed 10 May 2021.

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displacements have occurred in recent years, Sub-Saharan Africa is mostly affected, as armed conflict, communal violence and jihadist attacks continue to occur in several countries, Nigeria inclusive.<sup>37</sup> The United Nations Refugee Agency<sup>38</sup> notes that there are presently over 2.1 million IDPs in Nigeria with violent attacks occasioned by Boko Haram affecting a majority of States in the north-eastern region. Coupled with factors relating to competition over diminishing resources and the effects of climate change, limited and non-existent access to basic amenities, the challenges faced by women and girls affected by internal displacements continue to exacerbate.

IDPs have been described as ‘the invisible majority’ because even though they outweigh international asylum seekers and refugees by 50%, they have relatively limited global visibility and legal protection unlike refugees.<sup>38</sup> While there is a relationship between internal and cross-border movement, both in terms of flight and return, its nature and extent need to be better understood. For instance, while both IDPs and refugees have the right enshrined in international and regional law<sup>39</sup> to a solution, whether through voluntary return and reintegration, local integration, or relocation; IDPs are more likely than refugees to still live within fragile settings.<sup>40</sup> Thus, the characteristics of internal displacement are uniquely distinct from cross-border migration in terms of constitutional and legal provisions for access to resources, social services, and international human rights protection.<sup>41</sup>

IDPs face protection concerns during all stages of their displacement<sup>42</sup> and can remain within host countries for many years after the acute crisis is resolved without security, shelter, food, health care and water, and with numerous factors threatening their survival within the areas of their resettlement.<sup>43</sup> Internal displacement was placed on the international agenda and recognised as an important issue of global concern in the early 1990s. The key milestone in the institutional history of internal displacement was the creation of the Guiding Principles on Internal Displacement in 1998 by the UN Commission on

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<sup>37</sup> IDMC, *Global Report on Internal Displacement* (2020) 3

<<https://reliefweb.int/sites/reliefweb.int/files/resources/2020-IDMC-GRID.pdf>> accessed 10 May 2021.

<sup>38</sup>United Nations Refugee Agency *Nigeria Emergency* <<https://www.unhcr.org/nigeria-emergency.html>> accessed 27 May 2021.

<sup>38</sup>UN *Report of the Secretary-General on Conflict-Related Sexual Violence* (2016)

s/2016/361<<https://www.un.org/sexualviolenceinconflict/wp-content/uploads/report/s-2016-361/SG-Annual-Report-spread-2015.pdf>> accessed on May 10 2021.

<sup>39</sup>The Convention relating to the Status of Refugees 1951 and the Optional Protocol relating to the Status of Refugees 1967 otherwise referred to as the 1967 Optional Protocol. The 1951 Convention defines the refugee, establishes the principle of non-refoulement and also provides for the rights of refugees. It is necessary to state that in the African region, the Convention Governing the Specific Aspects of Refugee Problems in Africa 1969 (OAU Convention) and the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa 2009 (Kampala Convention) are the laws granting protection to refugees and internally displaced persons.

<sup>40</sup>Norwegian Refugee Council and IDMC, *Global Report on Internal Displacement* (2017) <<http://www.internal-displacement.org/global-report/grid2017/>> accessed on May 10 2021.

<sup>41</sup>Norwegian Refugee Council and IDMC, *Global Report on Internal Displacement* (n 40).

<sup>42</sup>R Cohen and FM Deng, *Masses in Flight: The Global Crisis of Internal Displacement* (Brookings Institution Press, 1998) <<https://international-review.icrc.org/sites/default/files/S1560775500059927a.pdf>> accessed 10 May 2021; IDMC, *Global Report on Internal Displacement* (2016) <<http://www.internal-displacement.org/globalreport2016/>> accessed May 10 2021.

<sup>43</sup>A Burton and F John-Leader, *Are We Reaching Refugees and Internally Displaced Persons?* (2009) 87(8) *Bulletin World Health Organization* 638-639; ICRC, *Internal Displacement in Armed Conflict Facing Up to the Challenges* (2009) <[https://www.icrc.org/eng/assets/files/other/icrc\\_002\\_4014.pdf](https://www.icrc.org/eng/assets/files/other/icrc_002_4014.pdf)> accessed May 10 2021; J Leaning and D Guha-Sapir, ‘Natural Disasters, Armed Conflict, and Public Health’ (2013) 369(19) *New England Journal of Medicine*, 1836-1842.

Human Rights.<sup>44</sup> The development of this framework represented a landmark in the process of establishing a normative framework for the protection of IDPs. Since then, several further important developments have allowed the issue of internal displacement some visibility in regional and international policy dialogue.<sup>45</sup>

Despite the above, the legal protection framework for IDPs is not concrete and their global prominence is further obscured by restrictions on media coverage and humanitarian assistance to conflict-affected regions.<sup>46</sup> Additionally, humanitarian workers and policymakers respond to internal displacement with desperate measures which prevents deep analysis of the human rights aspects of the situation. At baseline, analysis of internal displacement includes two main factors: the coercive conditions which caused the displacement and the fact that such movement takes place within national borders.<sup>47</sup> IDPs usually have different reasons for fleeing their places of residence and the conditions for displacement differs based on political, geographical, social, and economic factors. More so, literature does not always disaggregate the conditions of displaced persons based on these factors, rather it describes them as an indiscriminate group of forced migrants with a common experience. It has been said that internal displacement falls in the cracks between various academic, humanitarian, and applied disciplines and the offshoot of this is disconcerted responses to the problem.<sup>48</sup> Thus, while on one hand, humanitarian agencies are diplomatically exploring human rights aspects of displacement to avoid compromising their neutrality by becoming involved in international politics,<sup>49</sup> inter-governmental organizations deliberating peace and conflict resolution on their part view displacement simply as one of many undesirable outcomes of the conflict.<sup>50</sup>

### **Legal Framework**

The legal framework for protection of victims of non- international armed conflicts in States which are parties to international agreements would be considered in this section. There are various treaties which have been provided and which Nigeria can do well to implement in order to assure the protection of internally displaced people generally and women in particular

#### **1. Geneva Conventions<sup>51</sup>**

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<sup>44</sup>*Guiding Principles on Internal Displacement* (n 35 above).

<sup>45</sup>IDMC, *The Complexities of Internal Displacement Across the Globe* (2013) <<http://www.internal-displacement.org/sites/default/files/publications/documents/2013-Appeal-corporate-en.pdf>> accessed May 10 2021.

<sup>46</sup>M Mirza, *Unmet Needs and Diminished Opportunities: Disability, Displacement and Humanitarian Healthcare* (2011) <<https://www.unhcr.org/4e0dbdb29.pdf>> accessed May 10 2021; A Oliver-Smith, *Nature, Society, and Population Displacement: Towards Understanding of Environmental Migration and Social Vulnerability* (2009) <<https://d-nb.info/1029692041/34>> accessed May 10 2021.

<sup>47</sup>Norwegian Refugee Council and IDMC (n 40).

<sup>48</sup>M Caprioli, 'Primed for Violence: The Role of Gender Inequality in Predicting Internal Conflict' (2005) 49(2) *International Studies Quarterly* 161-178; C Boano and R Zetter and T Morris, 'Environmentally Displaced People' (2008) 1 *Forced Migration Policy Briefing* 7-8.

<sup>49</sup>S K Lischer, 'Causes and Consequences of Conflict-Induced Displacement' (2007) 9(2) *Civil Wars* 142-155.

<sup>50</sup>C Boano and R Zetter and T Morris, 'Environmentally Displaced People' (n 48).

<sup>51</sup>The Geneva Conventions 1949 with their additional protocols form the core of international humanitarian law. The Conventions which are four in number regulate the conduct of armed conflict under International Humanitarian Law. The fourth Geneva Convention primarily seeks to protect individuals (civilians) not taking part in the conflict from harm occasioned as a result of the conflict between the parties at war. Nigeria is a party to the four Geneva Conventions of 12 August 1949 and the two Additional Protocols of 1977.

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In its Article 2(1)(a), the Vienna Convention<sup>52</sup> defines a ‘treaty’ as “an international agreement concluded between States in written form and governed by international law, whether embodied in a single instrument or in two or more related instruments and whatever its particular designation.” According to this definition, it is clear that the Geneva Conventions and its Additional Protocols constitute international treaties, for they are agreements concluded between States that create international obligations for their signatories.

Previously, the law of armed conflict applied only to international armed conflicts. However, non-international armed conflicts are regulated by Article 3 common to the four Geneva Conventions of 1949, along with the Additional Protocol II of 1977 (AP II).<sup>53</sup> Common Article 3 to the Geneva Convention provides that:

*In the case of armed conflict not of an international character occurring in the territory of one of the High Contracting Parties, each Party to the conflict shall be bound to apply, as a minimum, the following provisions....*

The specific characteristics which hostilities occurring within a State Party must include in order to be considered as an “armed conflict” for the application of the norm to be applied are not incorporated within the text of article 3, neither is there a definition of the term “armed conflict.” The ambiguity surrounding the provision contained in common article 3 was often used by States to limit its applicability, thereby resulting in the International Committee of the Red Cross establishing measures and gauges to identify when hostilities could be considered as an “armed conflict” or otherwise.<sup>54</sup> The criteria include:

1. that the Party in revolt against the Government possesses an organized military force, an authority responsible for its acts, acting within a determinate territory and having the means of respecting and ensuring respect for the Convention.
2. that the Government is obliged to have recourse to the regular military forces against insurgents organized as military and in possession of a part of the national territory.
- 3.(a) That the Government has recognized the insurgents as belligerents;  
or  
(b) that it has claimed for itself the rights of a belligerent; or  
(c) that it has accorded the insurgents recognition as belligerents for the purposes only of the present Convention; or  
(d) that the dispute has been admitted to the agenda of the Security Council or the General Assembly of the United Nations as being a threat to international peace, a breach of the peace, or an act of aggression.

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<sup>52</sup> Vienna Convention on the Law of Treaties, 1969 <<https://treaties.un.org/doc/Publication/UNTS/Volume%201155/volume-1155-I-18232-English.pdf>> accessed June 26 2021

<sup>53</sup> Additional Protocol II is one of the Protocols to the Geneva Conventions. It seeks the protection of victims of non-international armed conflicts. It defines certain international laws that strive to provide better protection for victims of internal armed conflicts that take place within the borders of a single country. AP II contains 18 substantive provisions devoted entirely to non-international armed conflicts. See E David, *International (Non-International) Armed Conflict* in the Oxford Handbook of International Law in Armed Conflict, A Clapham and P Gaeta Edn. (United Kingdom: Oxford University Press, 2014).

<sup>54</sup> ICRC *How is The Term "Armed Conflict" Defined in International Humanitarian Law?* (2008) 3 <<https://www.icrc.org/en/doc/resources/documents/article/other/armed-conflict-article-170308.htm>> accessed 27 June 2021.

- (4) (a) That the insurgents have an organisation purporting to have the characteristics of a State. (b) That the insurgent civil authority exercises de facto authority over persons within a determinate territory.
- (c) That the armed forces act under the direction of the organised civil authority and are prepared to observe the ordinary laws of war.
- (d) That the insurgent civil authority agrees to be bound by the provisions of the Convention.<sup>55</sup>

Thus, the armed conflict referred to in Article 3 relates to non-international armed conflicts. Non-international armed conflicts are conflicts which in many respects are like international wars though they are confined within the territory of a State and involve organized armed groups who constitute the armed forces of a non-State party. Civilians in a non-international armed conflict are people who are neither members of the armed forces or organized armed groups.<sup>56</sup> Due to the reason that they are often caught in between the hostilities between warring factions, civilians in these conflicts are vulnerable as they flee from the areas of crises and end up being displaced from their homes.

## **2. Additional Protocol II relating to the Protection of Victims of Non-International Armed Conflict**

Protocol Additional to The Geneva Conventions of 12 August 1949, and Relating to The Protection of Victims of Non-International Armed Conflicts (Protocol II)<sup>57</sup> protects the victims of non-international armed conflicts. Article 13 of the Protocol provides that the civilian population and individual civilians shall enjoy general protection against the dangers arising from military operations. To give effect to this protection, the Protocol expressly prohibits civilians from being subjected to attacks or threats of violence, the primary purpose of which is to spread terror. In this instance, the protection of civilians is paramount and only withdrawn if the civilian decides to actively partake in the conflict.

Unlike Common Article 3, Protocol II contains a restrictive definition of non-international armed conflict as it restricts its field of application to acts that occur within the territory of a State between its armed forces and dissident armed forces or other organized armed groups in which the dissident armed group “under responsible command, exercise such control over a part of its territory as to enable them to carry out sustained and concerted military operations and to implement this Protocol”.<sup>58</sup> In its Commentary to the Additional Protocol,<sup>59</sup> the International Committee of the Red Cross (ICRC) notes that Article 1 constitutes the keystone of the instrument as it has a greater threshold for applicability than the common Article 3. The reason for the adoption of a more restrictive definition of is not far-fetched as the Additional Protocol seeks to prevent situations whereby ordinary riots or protests are indiscriminately terms as armed conflicts.

Explaining that contrary to several misinterpretations, the ICPC points out that Protocol II does not in any way regulate common Article 3 as the scope of application of the two provisions differs. While

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<sup>55</sup>ICTY, *Prosecutor v Tadić* IT-94-1-AR72. Para 67 Decision on the defence motion for interlocutory appeal on jurisdiction, 2 October 1995.

<sup>56</sup>N Melzer, *Interpretive Guidance on the Notion of Direct Participation in Hostilities under International Humanitarian Law* (2009) 20 < <https://www.icrc.org/en/doc/assets/files/other/icrc-002-0990.pdf>> accessed 27 June 2021.

<sup>57</sup> *The Additional Protocol II was adopted on 8<sup>th</sup> June 1977 and entered into force on 7<sup>th</sup> December 1978.*

<sup>58</sup>Article 1(1) Protocol Additional to The Geneva Conventions of 12 August 1949 and Relating to The Protection of Victims of Non-International Armed Conflicts (Protocol II).

<sup>59</sup> ICRC *Treaties, States Parties and Commentaries* < <https://ihl-databases.icrc.org/ihl>> accessed June 26 2021.

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common Article 3 applies to all sustained hostilities, Protocol II only applies to situations of a greater magnitude of violence than those encompassed in the latter. Hence, Additional Protocol II only applies to those conflicts in which the conditions it sets forth specifically are met. A main shortcoming of Article 1(1) is that it neither gives an explanation on the expanse of territory that must be controlled by dissidents nor the duration of the control thereby leaving room for misinterpretation.<sup>60</sup>

### **3. Guiding Principles on Internal Displacement**

Unlike refugees, who are protected under international law,<sup>61</sup> there is no universal international instrument that exclusively applies to internally displaced persons. The only international document in existence specifically relating to the protection of IDPs is the Guiding Principles on Internal Displacement,<sup>62</sup> a compilation of existing international laws relating to the protection of IDPs by the Representative of the Secretary-General on Internally Displaced Persons.<sup>63</sup> The Principles, 30 in number, identify the rights relevant to the protection of the internally displaced in all phases of displacement.

Defining IDPs as “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border”, the Principle restates that the basic rights of displaced persons are inalienable and they should not be discriminated against in the enjoyment of any rights and freedoms on the ground that they are internally displaced.<sup>63</sup> Noting that IDPs in addition to possessing the right to request and receive protection from relevant authorities, the Principle also explains that IDPs can request for humanitarian assistance and the government has a primary duty, in fulfilment of their obligations under human rights and international humanitarian law, to provide the assistance while taking cognizance of the vulnerable amongst them.<sup>64</sup> In addition, IDPs are to be protected from all forms of sexual exploitation and violence, have access to essential medical services with special attention paid to the reproductive health needs of women.<sup>65</sup>

### **4. Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention)**

In 1969, the Organization of African Unity had developed a framework for the protection of persons displaced outside state borders.<sup>66</sup> This protection, captured through the 1969 OAU Convention, was in

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<sup>60</sup> E La Haye, *War Crimes in Internal Armed Conflicts*, (United Kingdom: Cambridge University Press, 2008) 9.

<sup>61</sup> Convention Relating to the Status of Refugees 1951 & Protocol Relating to the Status of Refugees 1967.

<sup>62</sup> The Guiding Principles, though not binding on States is based on the principle of non-discrimination. See *Guiding Principles on Internal Displacement* (n 35 above).

<sup>63</sup> Francis Deng was the United Nations' first Special Rapporteur on the Human Rights of Internally Displaced Persons.

<sup>63</sup> Principles 1 & 4 Guiding Principles on Internal Displacement 1998.

<sup>64</sup> Principles 3, 4(2) & 5 Guiding Principles on Internal Displacement 1998.

<sup>65</sup> Principles 11, 18(2)(d) & 19(2) Guiding Principles on Internal Displacement 1998.

<sup>66</sup> The 1969 Refugee Convention which incorporates the 1951 UN Refugee Convention definition of refugees as persons who as a result of well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group etc. are unwilling to avail themselves of the protection of a country where they previously resided or are unwilling to return to it. The definition expanded the category of refugees to include persons who as a result of aggression or events seriously disturbing public order, are compelled to leave their place of habitual residence in order to seek refuge in another place outside his country of origin or nationality. See arts 1(1) & (2) OAU Convention Governing the Specific Aspects of Refugee Problems in Africa 1969 (Refugee Convention 1969); art 1 Refugee Convention 1951. See also SA Aiboni *Protection of Refugees in Africa*

response to the dynamics of displacement on the continent in the period following decolonisation. However, there was no regional standard on the plight of persons displaced within State borders. Given the need to articulate guidance, the African Union (AU) Commission was requested to commence the development of a context-suited framework in response to the issues faced by IDPs in Africa. This process resulted in the development and eventual codification of the Kampala Convention<sup>67</sup> which sought to identified gaps while leveraging on the provisions contained in the International Guiding Principles. The Kampala Convention which encompasses 23 provisions has the objectives of promoting and strengthening regional and national measures adopted to mitigate or eliminate root causes of internal displacement; establishing a legal framework for preventing and protecting people that are internally displaced in the region and promoting co-operation and durable solutions that will assist in combating displacement and its attendant consequences.<sup>68</sup> Notably, the Convention while urging States to prevent conditions that result in displacement, also tasks them to respect provisions of international law that are relevant for the protection of IDPs, including their right not to be arbitrarily displaced and also facilitate their access to humanitarian assistance.<sup>69</sup>

In addition, the Convention underscoring the duty of State parties to take positive steps, advises them to cooperate with international organizations and humanitarian agencies in order to relieve the difficulties experienced by IDPs.<sup>70</sup> Also, State parties are to protect IDPs from all forms of sexual and gender based violence.<sup>71</sup> Other provisions include those relating to issues of compensation, registration of IDPs and institutional protection through the machineries of the peer review processes, report to the African Commission etc.<sup>72</sup> Criticisms of the Kampala Convention<sup>73</sup> include that it only made special accommodations for women once where it provides that for the protection and psychological support of the SRH of internally displaced women who are victims of sexual abuse. The Convention failed to address the linkages between economic, social and rights (ESCR) and the conditions of internally displaced women in relation to their right to work, education, adequate standard of living etc. especially acknowledging the importance of ESCRs in stopping the cycle of poverty and violence which affects women during conflict and wars.

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(Stockholm, Sweden, 1978); M R Rwelamira 'Two Decades of the 1969 OAU Convention Governing the Specific Aspects of the Refugee Problem in Africa' (1989) 1(4) *International Journal of Refugee Law* 557; E Arboleda 'Refugee Definition in Africa and Latin America: The Lessons of Pragmatism' (1991) 3(2) *International Journal of Refugee Law* 185; J Oloka-Onyango 'Human Rights, the OAU Convention and the Refugee Crisis in Africa: Forty Years After Geneva' (1991) 3 *International Journal of Refugee Law* 453; G Okoth-Obbo 'Thirty Years On: A Legal Review of the 1969 OAU Refugee Convention Governing the Specific Aspects of Refugee Problems in Africa' (2001) 20 *Refugee Survey Quarterly* 79; JOM Okello 'The 1969 OAU Convention and the Continuing Challenge for the African Union' (2014) 48 *Forced Migration Review* 70.

<sup>67</sup>The Kampala Convention entered into force in 2009 with initially 15 States that has since grown to 33.

<sup>68</sup>Art 2 Kampala Convention.

<sup>69</sup>See generally Kampala Convention <<https://www.unhcr.org/50f9551f9.pdf>> accessed 24 June 2021.

<sup>70</sup>Arts 5(6) & (7), 6 Kampala Convention.

<sup>71</sup>Art 9(1)(d) Kampala Convention. It is important to mention that the Kampala Convention by prohibiting harmful practices as a cause of displacement, goes further than the Guiding Principles which prohibits mutilation and gender-specific violence against IDPs in its Principle 11. The inclusion of this provision is based on the already adopted Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (African Women's Protocol) which scores a first among international treaties that specifically supports the protection of women's reproductive health and rights. See R Adeola, *The Kampala Convention and the right not to be arbitrarily displaced* retrieved (2018) <<https://www.fmreview.org/GuidingPrinciples20/adeola>> accessed 24 June 2021.

<sup>72</sup>Kampala Convention, arts 12, 13 and 14.

<sup>73</sup>L Groth, 'Engendering Protection: An Analysis of the 2009 Kampala Convention and its Provisions for Internally Displaced Women' (2011) 23(2) *International Journal of Refugee Law* 243.

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Noting that the absence of a policy framework on internal displacement in Nigeria resulted in fragmented poor, ineffective and uncoordinated response to the plight of IDPs, the Nigerian National Policy on Internally Displaced Persons<sup>74</sup> which mirrors the Kampala Convention was formulated in 2012. One of the policy's objectives is to increase the government's commitment to obligations laid down under the various international treaties with respect to international humanitarian law and human rights protection in situations of emergencies and internal displacement.

### **Internal Displacement in Nigeria**

Nigeria is a resource-rich, ethnically diverse country with over 200 million people and 250 identifiable ethnic groups.<sup>75</sup> One in every five African is a Nigerian.<sup>76</sup> The country's large and diverse population contributes to the constant crises it faces and this has led to the high number of internally displaced people in it. Conflict remains one of the major drivers for displacement. Thus, the high level of displacement caused by ethno-religious conflicts, coupled with the Boko Haram terrorist crisis, which initially began around 2009 in North-Eastern Nigeria, but has since escalated to other parts of the country, is one of the major drivers of internal displacement in Nigeria.<sup>77</sup>

Although internal displacements can result from natural disasters as seen in countries outside the African region, human factors have been identified as mainly the root cause of the conflicts that lead to internal displacement in Nigeria. This, the Internal Displacement Monitoring Centre notes when it explained that:

*Internal displacement caused by both communal violence and internal armed conflict is a recurrent phenomenon in most states in Nigeria. The parties to the fighting have sought political, economic and social advantages in a country with endemic poverty, low levels of education and a huge and alienated youth population.*<sup>78</sup>

Boko Haram which began as an ideological movement against western education, in 2014 orchestrated the infamous abduction of Chibok school girls.<sup>79</sup> Since then, the sect has been responsible for numerous attacks with the situation deteriorating into terrorist insurgency with targeted bombings of religious

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<sup>74</sup> Nigerian National Policy on Internally Displaced Persons (2012) <<https://www.refworld.org/pd/5a7ae2324.pdf>> accessed 24 June 2021.

<sup>75</sup> National Population Commission and ICF International, *Nigeria Demographic and Health Survey 2008* (2009) <<https://dhsprogram.com/publications/publication-fr222-dhs-final-reports.cfm>> accessed May 10 2021.

<sup>76</sup> Organisation for Economic Co-operation and Development *Nigeria* (2012) <[https://www.oecd.org/swac/publications/Nigeria\\_e-version\\_en\\_light.pdf](https://www.oecd.org/swac/publications/Nigeria_e-version_en_light.pdf)> accessed May 10 2021.

<sup>77</sup> It has been alleged that the activities of the sect was further fuelled by political elites who mobilized the sect to ruffle incumbent governments in order political advantages during elections. See W O Iyekekpolo, 'Political Elites and the Rise of the Boko Haram Insurgency in Nigeria' (2018) *Terrorism and Political Violence* 1-19.

<sup>78</sup> IDMC, Nigeria: No End to Internal Displacement (2009) <<https://reliefweb.int/report/nigeria/nigeria-no-end-internal-displacement>> 15 June 2021.

<sup>79</sup> Students have been a major target of the sect. In 2018, students were abducted in Dapchi. Others are the over 300 students abducted from a boarding school in Zamfara among others. See Associated Press *Timeline: Nigeria's Kidnapped Chibok Schoolgirls* <<https://www.dailyherald.com/article/20161013/news/310139940>> accessed 24 June 2021; BBC News *Nigeria's Zamfara School Abduction: More Than 300 Nigerian Girls Missing* <<https://www.bbc.com/news/world-africa-56188727>> accessed 24 June 2021. In 2015, the group was ranked as the world's deadliest terrorist group by the Global Terrorism Index ahead of the Islamic State group (ISIS).

institutions, abductions, massacre of people, in addition with a mass displacement of over two million people from their homes across states in Nigeria as at 2020.<sup>80</sup>

In the north-central and southern parts of the country, farmer-herder clashes have also ensued between pastoralists and natives, exacerbating ethnic hostilities that has led to thousands of deaths and displacements.<sup>81</sup> Driven by the competition for food and water, the frequency of the farmer-herder clashes is further fueled by factors including desertification as a result of climate change, depletion of arable land for subsistence farming as a result of urbanization and population explosion. Incessant conflicts in the north-central has resulted in people being displaced to neighbouring States with reports revealing that as at 2018, over 18,000 IDPs were in 11 camps.<sup>82</sup>

The COVID-19 pandemic which resulted in the suspension of economic activities for some period in 2020, also contributed to the problem of displacement. The lack of political will by government to decisively address the root causes of the farmer-herder clashes coupled with terrorist induced displacements has resulted in Nigeria having one of the worst humanitarian crises in the world with women and children making up a larger proportion of those displaced.<sup>83</sup> Once displaced from their communities, IDPs live in precarious conditions; whether in relief camps or host communities. Women especially have an unequal access to social services and are often compelled to trade sex for food, money, and other necessities of life.

Additionally, the dismantling of community structures of protection, extended family support networks and sources of livelihood further exposes them to gender-based violence, unplanned pregnancies and sexually transmitted infections.<sup>84</sup> According to Dumbili & Nnanwube, women displaced by insurgencies in Nigeria often experience sexual violation even in the hands of officials and military personnel who are meant to protect them.<sup>85</sup>

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<sup>80</sup>International Committee on Nigeria (ICON) *Nigeria's Silent Slaughter: Genocide in Nigeria and the Implications for the International Community* (2020) 16

<[https://www.researchgate.net/publication/345122865\\_Nigeria\\_Silent\\_Slaughter\\_Genocide\\_in\\_Nigeria\\_and\\_the\\_Implications\\_for\\_the\\_International\\_Community](https://www.researchgate.net/publication/345122865_Nigeria_Silent_Slaughter_Genocide_in_Nigeria_and_the_Implications_for_the_International_Community)> accessed 24 June 2021; S A. Olofinbiyi, *The Intractable Malaise: Understanding the Patterns That Maintain the Terrorist Stronghold in Nigeria* (2021) <<https://journals.sagepub.com/doi/full/10.1177/21582440211006148>> accessed 24 June 2021; UNHCR *Nigeria Emergency* <<https://www.unhcr.org/nigeria-emergency.html>> accessed 24 June 2021; Global Conflict Tracker *Boko Haram in Nigeria* <<https://www.cfr.org/global-conflict-tracker/conflict/boko-haram-nigeria>> accessed 25 June 2021.

<sup>81</sup> U Egbuta, *Understanding the Herder-Farmer Conflict in Nigeria* (2018) <<https://www.accord.org.za/conflict-trends/understanding-the-herder-farmer-conflict-in-nigeria/>> accessed 27 June 2021; AC Okoli, and GA Atelhe, 'Nomads Against Natives: A Political Ecology of Herder/Farmer Conflicts in Nasarawa State, Nigeria' (2014) 4(2) *American International Journal of Contemporary Research* 76-88.

<sup>82</sup> U Egbuta, (n 82).

<sup>83</sup>United Nations High Commissioner for Refugees, *Nigeria: Population of Concern Snapshot* (2020) <<https://data2.unhcr.org/en/documents/download/77189>> accessed May 10, 2021.

<sup>84</sup> See generally, L Bermudez and others, 'Safety, Trust and Disclosure: A Qualitative Examination of Violence Against Refugee Adolescents in Kiziba Camp, Rwanda' (2018) 200 *Social Science & Medicine* 83; I Iyakaremye and C Mukagatare, 'Forced Migration and Sexual Abuse: Experience of Congolese Adolescent Girls in Kigeme Refugee Camp, Rwanda' (2016) 4(3) *Health Psychology Report* 83-91.

<sup>85</sup>E W Dumbili and E F Nnanwube, 'Boko Haram Violence and Social Inequalities: A Sociological Exploration of Internally Displaced Persons in Northeastern Nigeria' (2019) 4(1) *Covenant International Journal of Psychology* 1-54; O Oladeji and others, 'Sexual Violence-Related Pregnancy among Internally Displaced Women in an Internally Displaced Persons Camp in Northeast Nigeria' . (2018) 36 *Journal of Interpersonal Violence* 1-13; E Aloba and S Obaji, 'Internal Displacement in Nigeria and the Case for Human Rights Protection of Displaced Person' (2016) 51 *Journal of Law, Policy and Globalization* 26-33; UN, *Report of the Secretary-*

### **Sexual and Reproductive Health Care Services of Internally Displaced Women**

The existence of conflict and displacement has been described as ‘states of exception’ where individuals are stripped of their basic rights and dignity as citizens. In these settings, everything becomes a challenge: challenge to survive, challenge to navigate everyday relationships successfully without being violated, and also the challenge to access basic SRH care services etc.<sup>86</sup> Women and girls are an overlooked group within conflict or disaster affected populations, and their sexual and reproductive health (SRH) needs are often neglected or ignored. Existing evidence reveal that forced migration makes girls and women more vulnerable to poor SRH outcomes due to their engagement in high risk sexual behaviors and lack of contraception use. Even though the enjoyment of SRH rights is seen as central to the realization of fundamental human rights, gaps exist in the extent to which the SRHR of displaced and other marginalized women are protected.<sup>87</sup> Use and knowledge of SRH services and commodities, including family planning, are often low among women and girls in humanitarian settings due to the reason that the occurrence of crisis often leads to a disruption in access to many of their basic needs including healthcare.

McGinn *et al.* explains that knowledge, access and use of modern contraceptive methods was low among women and girls of reproductive age in six reproductive health program locations held in three conflict-affected countries, Sudan, Uganda and the Democratic Republic of Congo.<sup>88</sup> Health facilities have been the target of insurgents in the northern part of Nigeria with nearly half of the health facilities in the region destroyed.<sup>89</sup> Although research about displaced women is sparse, extant studies in the region identify an alarming rise in maternal deaths associated with excessive bleeding during childbirth due to lack of professional personnel to manage childbirth processes.<sup>90</sup> Coupled with women bearing the emotional and physical burden of caring for close kin during displacement and cultural barriers which impose restrictions on women travelling without male accompaniment, access to SRH health care can prove impossible. Also, infectious diseases are prevalent among IDPs because of poor sanitary conditions and disrupted health systems. In 2017, the UNFPA revealed that a cholera outbreak at a displacement camp resulted in pregnant women experiencing abortions, stillbirths and a high maternal mortality during pregnancy.<sup>91</sup>

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*General on Conflict-Related Sexual Violence* (2016) <<https://www.un.org/sexualviolenceinconflict/wp-content/uploads/report/s-2016-361/SG-Annual-Report-spread-2015.pdf>> accessed May 9 2021; Human Rights Watch, *Nigeria: Officials Abusing Displaced Women, Girls Displaced by Boko Haram and Victims Twice Over* (2016) <<https://www.hrw.org/news/2016/10/31/nigeria-officials-abusing-displaced-women-girls>> accessed May 9 2021.

<sup>86</sup>E O Onyango, *Manhood on the Margins: Failing to be a Man in Post-Conflict Northern Uganda* (2012) 68 <<https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.644.8873&rep=rep1&type=pdf>> accessed 15 June 2021; M M Alzate, ‘The Sexual and Reproductive Rights of Internally Displaced Women: The Embodiment Of Colombia’s Crisis’ (2008) 32(1) *Disasters* 131–148.

<sup>87</sup>A M Starrs and others, ‘Accelerate Progress Sexual and Reproductive Health and Rights for All: Report of the Guttmacher–Lancet Commission’ (2018) 391 *Lancet* 2642–2692.

<sup>88</sup>T McGinn and others, ‘Family Planning in Conflict: Results of Cross-Sectional Baseline Surveys in Three African Countries’ (2011) 5(11) *Conflict and Health* <<https://doi.org/10.1186/1752-1505-5-11>> accessed 9 May 2021.

<sup>89</sup>Borno, Adamawa and Yobe States in particular have been worst affected by the humanitarian crisis in Nigeria since 2014.

<sup>90</sup>A K Ager and others, ‘Health Service Resilience in Yobe State, Nigeria in the Context of the Boko Haram Insurgency: A Systems Dynamics Analysis Using Group Model Building’ (2015) 9(30) *Conflict and Health* 1–14.

<sup>91</sup>UNFPA, *Cholera Poses Grave Risks to Pregnant Women in Conflict-Affected Nigeria* (2017) <https://reliefweb.int/report/nigeria/cholera-poses-grave-risks-pregnant-women-conflict-affected-nigeria> accessed 7 July

In recognition of the continuous violation of SRHR of displaced women, the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) developed a manual on reproductive health in humanitarian settings.<sup>92</sup>The Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (IAFM), which is based on guidelines issued by normative bodies, incorporates evidence resulting from the application of global SRH human rights standards in humanitarian settings thus becoming an authoritative source for the provision and access to SRH care during disasters. Noting that the average length of displacement is 17 years and a large number IDPs are forced to stay in refugee camps during the period, the IAFM explains that persons affected by displacements are highly vulnerable to life-threatening sexual and reproductive ill-health which in turn poses significant challenges to efforts to accomplish global benchmarks such as the Sustainable Development Goals.<sup>93</sup>

The Minimum Initial Service Package (MISP) in humanitarian setting requires the adoption of a multi-sectoral approach as morbidity and mortality related to SRH is a significant public health issue that those in humanitarian settings often face. Observing that the prevention of unintended pregnancy is a major objective in the IAFM, actions identified as part of the MISP that are to be undertaken within hours of the onset of crises in this regard include ensuring the availability of long-acting reversible and short-acting contraceptive methods at primary health care facilities to meet demand, providing access to information, education and communications materials and also contraceptive counseling that places emphasis on informed choice and consent, privacy, equity, quality and non-discrimination etc. Others include ensuring that the IDPs are aware of the availability of the services. Thus, in these settings, a timely provision of SRH information and services can prevent diseases and disability related to unintended pregnancy, STIs, HIV infection and other forms of gender-based violence.<sup>94</sup>

### **Barriers**

Even in crises ridden settings, it is still fundamental for internally displaced women and girls to access to SRH care services. As widely known, the occurrence of maternal morbidity and mortality due to inaccessibility to SRH care is a global public health issue. The problem, which is often occasioned as a result of damaged healthcare systems and limited availability of SRH services is exacerbated by several factors, chief of which is the fact that IDPs are mostly poor as they have lost their means of livelihood. Lack of economic power translates to inaccessibility to comprehensive SRH care services as the displaced women cannot pay for private SRH or other healthcare services needed neither can they travel to areas where the services are readily available. Lack of knowledge and information about SRH issues, insecurity and lack of freedom of movement, existence of cultural norms that forbid use of contraceptives or access to other SRH services, lack of confidentiality, health provider bias, policy impediments and unavailability of female health care providers are other issues. Language barrier is also a key obstacle preventing women's access to SRH services as these services are delivered in languages unfamiliar to them.

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2021; M Caprioli, 'Primed for Violence: The Role of Gender Inequality in Predicting Internal Conflict' (2005) 49(2) *International Studies Quarterly* 161-178.

<sup>92</sup>Inter-Agency Working Group, *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* (2018) <<http://iawg.net/wp-content/uploads/2019/01/2018-inter-agency-fieldmanual.pdf>> accessed 9 May 2021.

<sup>93</sup>Inter-Agency Working Group, *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* (n 93) ii.

<sup>94</sup>Inter-Agency Working Group, *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* (n 93) 2-4; SE Casey, 'Evaluations of Reproductive Health Programs in Humanitarian Settings: A Systematic Review' (2015) 9(1) *Conflict and Health* S1.

### **Conclusion**

Providing a single solution that will grant internally displaced women immediate access to SRH care services and information is almost a mirage. However, taking targeted measures that deliberately confronts and dismantles the numerous barriers embedded in laws, policies, social cultural norms and values which prevent women and girls in displacement camps from achieving good SRH would be advantageous. Also, recognizing that improvement of people's general wellbeing depends on the ability to make informed decisions about their sexual and reproductive lives through access to quality, confidential and respectful healthcare services is germane.

The high level of insurgency in Nigeria coupled with the massive number of people displaced has worsened existing gender inequalities as internally displaced women are trapped in a vicious cycle of violence that includes sexual and gender-based violence.

While health ministries and service providers need to progressively pursue interventions that seek to expand access to essential SRH care services for women generally and women in displacement camps in particular, the government in conjunction with donor agencies and non-governmental organizations need to work together to adopt long term flexible strategies which prioritize full access to essential SRH services in displacement camps, fund decision making policies and address existing gaps.

Of paramount importance is the importance of strengthening the accountability processes at all levels to ensure that SRH goals and commitments are realized.

Finally, though the Nigerian IDP policy mirrors the Kampala Convention, and there are moves to domesticate the Kampala Convention, it is necessary to state that adopting the relevant laws, policies and guidelines will be ineffective unless the ratification and domestication of the Conventions is accompanied by the will to ensure proper monitoring and enforcement.