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Access to Contraceptive Services in Crisis Environment: A Case Study of Women in Wassa Internally Displaced Persons Camp in the Federal Capital Territory, Abuja

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Abstract

Women in internally displaced persons' camps experience limited access to reproductive health services due to the crisis context. The Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings outlines the minimum reproductive health services for women in crisis situations. This study analysed women's access to rights-based contraceptive services in Wassa Internally Displaced Persons (IDP) camp in Abuja, Nigeria.

The study employed quantitative and qualitative research designs to understand accessibility and quality of reproductive health services utilised by women of reproductive age 15-49 in the camp. A structured

questionnaire and discussion guide were developed with focus on the minimum package in the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings. Out of 270 respondents, 201 women (74.8%) reported that there were no contraceptive services available in the Camp, while 69 women (22.6%) claimed it was available. 211 women (78.2%) reported not using any form of contraceptives, while 56 women (21.1%) were using at least one form of contraceptives. Poor access to contraceptive services compromises the health and well-being of women and girls in IDP camps and underscores the urgent need for targeted interventions and policy reforms.

Keywords: Reproductive Health Services, Internal Displacement, Women and Girls

Introduction

Family planning refers to the knowledge, tools, and techniques that empower individuals to make choices regarding the timing and number of their children. Family planning provides guidance on achieving pregnancy when desired and addressing infertility concerns (UNFPA, 2022) [7].

The United Nations Population Fund (UNFPA) strategy on family planning 2022-2030 further establishes family planning as a human right and a critical approach to women's empowerment. However, several factors continue to hinder access to family planning services including disruptions due to humanitarian crisis and conflict (UNFPA, 2022) [7].

However, internally displaced women continue to have poor access to contraceptive services. A study on improving sexual and reproductive health services among refugees and internally displaced people in the Democratic Republic of Congo showed that only 10% of the displaced women were using a family planning method, despite that 51% of women were aware of at least one family planning method. The same study in Bangladesh further showed that healthcare facilities providing services were insufficient to meet demand and displaced women often did not have access to a full range of essential reproductive health services (Health Cluster, 2018).

In Nigeria, only 8% of sexually active women in an internally displaced person's camp in the Northeast were using a contraceptive method.

A study on Sexual and Reproductive Health Needs and Problems of Internally Displaced Adolescents (IDAs) in Borno State, Nigeria: A Mixed Method Approach indicated that major reproductive health needs of displaced women was family planning

services (96.2%). Unsafe sex and teenage pregnancy were also identified as major reproductive health challenges by 80.1% and 72 % of respondents (Odo, Musa & Oladugba, 2020)^[4].

Another study on the sexual and reproductive health needs and challenges of adolescent girls and young women in humanitarian settings in Nigeria and Uganda indicated that the women in the IDP camps had poor knowledge of contraceptives, with only 34% of respondents who self-reported awareness of contraceptives, and only 8.5% were using any method of contraceptives (Roth *et al.*, 2022)^[5].

Methodology

The study employed a mixed-methods approach that encompassed both quantitative and qualitative elements to allow for a more comprehensive exploration of the complexities surrounding access to reproductive health services in a crisis environment.

The study was conducted in the Internally Displaced Persons camp Wassa, Federal Capital Territory, Abuja. The camp is located about 5 Km from the city centre. The camp residents are displaced persons from Borno, Adamawa, and Yobe who fled the crisis in North Eastern Nigeria. It is the largest camp in the Federal Capital Territory.

The target study population includes women of reproductive age between 15 to 49 years in Wassa Internally Displaced Persons camp, Abuja. The camp has a total population of about 5121 persons and 1359 women of reproductive age.

From the total population of the study target (1359), 20% of

women of reproductive age were selected (272 women of reproductive age). Two questionnaires were considered invalid due to incomplete responses. Hence, 270 responses were recorded.

A validated questionnaire was used to gather data. Additionally, to gather more insights and enhance depth of information, three focus group discussions were conducted. Participants were grouped based on their age (15-24, 25 to 34 and 35-49). A discussion guide was developed to outline the questions and ensure a structured conversation.

Quantitative data was screened, vetted and coded using Microsoft Excel 2019 software. The data was subjected to further analysis including inferential statistics and descriptive statistics using SPSS (Statistical Package for the Social Science) version 23. The data output were presented in frequency count, percentages, mean, Standard Deviation and histogram.

A thematic analysis technique was used to analyse the transcripts from the key stakeholders' interviews to identify relevant themes.

Results

Table 1 shows respondents' socio-economic and demographic characteristics.

Table 2 shows the level of awareness of existing contraceptive services in the camp.

Table 3 shows the uptake of contraceptive services in the camp.

Table 1: Socio-economic and Demographic Characteristics of the Respondents

Variables	Frequency	Percentage
Age		
15-19 Years	43	15.8
20-34 Years	174	64.7
35-49 Years	51	18.8
No response	2	0.8
Total	270	100.0
Educational Level		
Primary School Leaving Certificate	112	42.1
Secondary School Certificate	60	22.6
Tertiary Education	9	3.4
No formal education	76	28.6
No response	9	3.4
Source of Livelihood		
Petty trade	46	16.2
Domestic work	28	10.5
Daily wage jobs	6	2.3
Farming	134	50.0
No source of income	41	15.4
Total	270	100
Marital Status		
Single	43	15.8
Married	220	81.6
Divorced	1	0.4
Separated	4	1.5
Widowed	2	0.8
Total	270	100.0
Motherhood experience		
Yes	212	78.6
No	58	21.4
Total	270	100.0

Table 2: Awareness of Contraceptive Services in Wassa IDP Camp

Variables	Frequency	Percentage
Are you aware of contraceptive services in the camp?		
Yes	36	12.4
No	234	87.6
Total	270	100.0
Are contraceptive services available in the camp?		
Yes	48	18.0
No	186	68.4
Do not know	36	13.6
Total	270	100
If not, where do you think you can access reproductive health services?		
General Hospital	59	21.9
Primary Health Care Facilities	40	15.0
Community Health Extension Workers	2	0.8
Pharmacy	49	18.4
Private Patent Medicine Vendor	24	9.0
Chemist	3	1.1
Clinic	2	0.8
Primary Healthcare facilities and Pharmacy	3	1.1
Primary Healthcare facilities and Private patient medicine vendors	20	6.0
Primary healthcare facilities and others	5	1.9
Primary Health Care Facilities and do not know	1	0.4
Pharmacy and Private Patient Medicine Vendor	17	6.4
Pharmacy and others	1	0.4
Private Patent Medicine Vendor and do not know	1	0.4
General hospital and Community healthcare facilities and Pharmacy	2	0.8
General Hospital, Community healthcare facilities, and others	3	1.1
General Hospital, community health extension workers and do not know	1	0.4
General Hospitals and Pharmacy and others	1	0.4
Primary health care facilities and Pharmacy and Private Patient Medicine Vendor	1	0.4
Primary health care facilities, Private Patent Medicine Vendor and do not know	1	0.4
Do not know	52	19.5
No response	4	1.5
Total	270	100.0

Table 3: Uptake of Contraceptive Services by Women of Reproductive Age (15-49 Years Old) Living in Wassa IDP Camp

Variables	Frequency	Percentage
Are you using any form of contraceptive?		
Yes	56	20.7
No	212	78.5
No response	2	0.8
Total	270	100.0
If yes, which contraceptive method are you using?		
Condom	19	7.1
Withdrawal method	2	0.8
Pills	7	2.6
Implant	10	3.8
Injectable	18	6.8
Rhythm method	1	0.4
Condom, Pills, and Injectable	1	0.4
Those who said NO	212	78.2
Total	270	100.0
If not, what is the reason for not using contraceptives?		
Not aware of contraceptive services	7	2.8
Want more children	53	19.9
Personally, against contraceptive use	5	1.9
Partner is against contraceptive use	50	18.8
Fear of side effects	12	4.5
High cost of services	18	5.3
Do not like the available methods	3	1.1
Not sexually active	34	12.8
Two years before menstruation commences after childbirth	4	1.5
Menstruation was delayed after childbirth	1	0.4
No healthcare centre and high cost of service	1	0.4
Not aware of contraceptive services and personally against contraceptive use	1	0.4
Want more children, and Partner is against contraceptive use	1	0.4
want more children and Fear of side effects	4	1.5

want more children and High cost of services	13	4.9
Personally, against contraceptive use and Not sexually active	1	0.4
Personally against contraceptive use and two years before menstruation commences after childbirth	1	0.4
High cost of service and two years before menstruation commences after childbirth	1	0.4
No response	4	1.5
Total	270	100

Discussion of Results

Contraceptive usage remains relatively low within the camp, with only 21.1% of respondents using at least one form of contraceptive. Only 12.4% of respondents were aware of contraceptive services. 77.1% of the respondents reported that condoms were not available in the camp. 74.8% reported that there were no contraceptive services available in the Camp, while 22.6% claimed it was available. On contraceptive use, 78.2% reported not using any form of contraceptives, while 21.1% were using at least one form of contraceptive. Among those using contraceptives, 7.1% were using condoms, followed by 6.8% who were using injectables and 3.8% on implants. For those who were not on any contraceptive method, 19.9% said the reason was because they wanted more children, followed by 18.8% who said their partners were against contraceptives.

12.8% of adolescent girls 15-19 were not using contraceptives because they were not sexually active. This is an indication that age and marital status are also a barrier to access to contraceptive services (Crawford, Atchison, Ajayi & Doyle, 2021)^[1]. This is similar to the study by Sampson *et al.* (2023) on low contraceptive prevalence among women in Internally Displaced Persons camp at 18.1%. In this study, it is slightly higher by 3%. Another reason in this study for poor uptake of contraceptive services was spousal refusal for women to access services at 18.8%. Issues around spousal refusal remain a key barrier to accessing contraceptive services by displaced women and were also highlighted by Sampson *et al.* (2023). Traditionally, many women seek consent from their spouses before accessing contraceptive services, and oftentimes, they are denied consent with men exerting power over women's bodies. Issues around power become even more prominent in humanitarian settings where women and girls are more vulnerable with little or no power even in making decisions about their bodies as also found in the study by Roth *et al.* (2022)^[5].

Another reason for poor uptake of contraceptive services could be poor awareness as only 12.4% of respondents were aware of contraceptive services which are similar even though with worse results to the study by Marlow *et al.* (2022)^[3] in which only about 30% of displaced women in a camp in Northeastern Nigeria were aware of contraceptive methods.

Conclusion

This study has highlighted the significant challenges faced by women and girls in the Wassa Internally Displaced Persons (IDP) Camp in accessing essential reproductive health care services even as their reproductive health needs continue to be neglected. The findings reveal a distressing reality where the absence of a dedicated health facility within the camp has forced women and girls to undertake arduous journeys, often facing financial barriers, to access the care they urgently require. The lack of accessible reproductive health services not only compromises the health and well-being of these vulnerable populations but

also underscores the urgent need for targeted interventions and policy reforms.

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Conflicts of Interest

The authors declare that there are no financial, personal, or professional conflicts of interest related to this research.

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