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# ENVIRONMENTAL EDUCATION: A PANACEA FOR SAFE AND HEALTHY PRIMARY SCHOOL ENVIRONMENT IN NIGERIA

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## BOKO HARAM ACTIVITIES AND REPRODUCTIVE HEALTH OF WOMEN: IMPLICATIONS FOR PUBLIC HEALTH

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Qazeem Onaolapo<sup>5</sup>

### Abstract

*It is not an understatement to say that in Nigeria, terrorism has been a constant threat to all aspects of health including physical, social and psychological wellbeing of the people. The most prominent of the problems faced by the nation today is the Boko Haram insurgency. Boko Haram is a terrorist group which strongly perceive western education as forbidden. They then began the killings of who ever have received western education. They kidnap mostly, women and girls of childbearing age. The gruesome attacks by Boko Haram insurgents on women cannot be overemphasized. Girls are been abducted and used as suicide bombers while others are brutally raped and impregnated. Some of these women after being rescued result to abortion of the unwanted pregnancies while others see it as their fate and may decide to have the babies. This gave rise to series of reproductive health problems among the internally displaced persons (women) especially those living in the internally displaced camps. Several conditions in their new abode have made them prone to HIV, STIs, abortion, domestic violence, infertility and other reproductive health challenges. Effective reproductive health care is advocated for these women.*

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## Introduction

Beyond any reasonable doubt, one can say that terrorism is the biggest threat to global peace and stability. In Nigeria, since October first 2010, the incidence of terrorism has been on a steady rise. According to Okolie and Lortyer (2014) just few years ago, terrorism seemed to be restricted to a few isolated places such as Northern Ireland, Spain and some other areas of the Middle East. However, since September 11, 2001, with the destruction of Twin Towers in New York, it has escalated into a worldwide phenomenon.

Africa, especially Nigeria, is also not exempted from the growing terrorist activities. The emergence of Boko Haram is a significant manifestation of such act in Nigeria. According to Sabella (2012) Boko Haram is a terrorist group claiming to be an Islamic Sect waging war against three nations including Nigeria. The name Boko Haram is an Hausa word meaning 'Western Education is Forbidden'. The group made its presence known in 2004 in Yobe state and by 2011, it made its presence known to the global community by bombing the United Nations headquarters in Abuja. It has wilfully attacked hundreds of buildings and killed many innocent Nigerians. Until recently, very few people or agencies knew about the group's origin and philosophy.

Emmanuel (2015) asserted that Boko Haram group have displaced, abducted, kidnapped, wounded, sexually abused or forced into marriages a lot of people, through gruesome attacks on north eastern Nigerian communities. In one of their recent strikes, Boko Haram militants detonated two bombs, attached to adolescent girls in Yobe state and other one on a girl less than 12 years old in crowded market in Maiduguri. Emmanuel (2015) further said that, currently, it is believed that Boko Haram controls about 20,000 square miles in Borno and Yobe states. The International Rescue Committee estimates that as many as 1,000 refugees a week are crossing the Nigerian- Niger border into Niger's Diffa region. Four out of five of these refugees are women and girls, who feel helpless in the face of Boko Haram's violent attacks.

Beyond widespread displacement of many women in northern part of Nigeria, women are killed by Boko Haram insurgents. Most women in the

attacked areas find themselves traumatized while many are wounded, impregnated or forced to live on the streets. One of the most disgusting attack carried out on Nigerian women by Boko Haram was the massive kidnap of 200 school girls in Chibok. After the abduction, mothers of these girls were put through emotional torture. Some became hypertensive while some others suffered mental problems. In another case, more than 200 women who were forcefully impregnated were rescued from the den of Boko Haram insurgents. On the twentieth of January, 2015 a report from the United Nation Daily News said that women make up the vast array of refugees fleeing violence in northern Nigeria.

Majority of the Internally Displaced Persons in Nigeria are women and children. Even though there are varying statistics about the exact figure of internally displaced persons in northern Nigeria, investigation shows that, women and children constitute more than 50 percent of the Internally Displaced Persons Camps formation. The internally Displaced Monitoring Centre (2015) estimated that there are almost 2,152,000 internally displaced people (IDPs) in Nigeria. The IDP population is composed of 53 % women and 47% men. More than 56% of the total IDP population are children out of which more than half are up to 5 years old, while 42% are adults. 92% of IDPs were displaced by the insurgency. The majority of the current IDPs population was displaced in 2014 as 79%. The IDPs come mainly from Borno (62%), Adamawa (18%) and Yobe (13%). 87% of IDPs live with host families while 13% live in camps (DTM 2015).

The UN daily news (2015) further said that the recent attack by Boko Haram on Baga lead a fresh wave of refugees, mainly women and children into neighbouring countries, worsening a humanitarian crisis in the region that sees one million people displaced from their homes. The news also reported that about 9,000 people crossed into Chad in January, a mixture of Nigerian refugees and Chadian returnees. This has brought the total number of Nigerian refugees there to over 10,000, women are unarguably the largest percentage of this population.

According to the Internally Displaced Monitoring Center (2015) most internally displaced people (IDPs) live with host families, and their needs are neither assessed nor addressed by government or international actors. Those who live in camps receive relief, but they still often lack access to

sufficient food, essential household items, hygienic environment and health facilities. Most camps and camp-like settings close after a few week displacement takes place and little is done to help IDPs find durable solutions to their displacement. Protection risks are widespread in areas that suffer conflict and violence, and many people are afraid to return home. Whether their property has been damaged or destroyed by conflict or flooding, many IDPs do not have a home to go back to.

Most of the women survivors of the incessant insurgent attacks find themselves seeking shelter and safety in the various internally displaced persons' camps in north eastern Nigeria. One never seem to wonder what kind of atmosphere they live in, the kind of treatment or maltreatment they receive, the hygienic conditions of that place and their reproductive health status. Although, the effort of all the stakeholders including government, non state actors and individuals cannot be under looked, the reproductive health of these women must not be neglected. The focus of this review is on the reproductive health of women in internally displaced camps in the north eastern Nigeria. These are women who have been subjected to risks of unhygienic conditions, gender-based violence, abortion, sexually transmitted diseases and HIV/AIDS.

Mia, (2015) opined that in January 2013, Worldwide, nearly 43 million people were considered forcibly displaced due to conflict and persecution in late 2011 (the most recent global estimate); half of these refugees, internally displaced people, and asylum seekers were women and girls. United Nations High Commissioner for Refugees (UNHCR) (2012) argued that during such humanitarian crises, the reproductive health needs of women and girls do not disappear. Displacement can actually increase the need for reproductive health services since access, information, and supplies are greatly disrupted. The lack of family planning services and lifesaving interventions (including obstetric care) results in increased unplanned pregnancies and unsafe abortions, and in women and girls dying or being permanently disabled from rape or complicated deliveries.

According to UNHCR (2014) in IDPs as at 5 November, 2014, Adamawa SEMA and the Nigerian Red Cross Society had registered over 10,236 IDPs at the NYSC camp, over 3,436 IDPs at the Housing Estate Camp

(Konan Waya), over 3,000 at the Daware Camp settlement, over 3,000 at the Malkwai camp settlement and over 3,000 at the two camp settlements named Girei I&II camp settlements. An average of about 500 IDPs are reported to be registered daily in the various camps since most of the IDPs by default move into the host communities. It is reported by some partners that some IDPs are migrating northwards to the bordering states of Bauchi and Gombe and that the Borno state government is evacuating its citizens to Maiduguri, however this could not be verified within the duration of the mission.

### **Gender and Sexual Based Violence**

Fordham (2004, p.176) claimed that women's greater vulnerability is based on the fact that women are disadvantaged compared to men. They often occupy a position of dependence on other persons and their roles in the society is often invisible.

Nnadi (2012) noted that in conflict situations or other humanitarian crises, the risks to women and girls are increased. With the collapse of moral and social orders that occurs during these circumstances, women and girls are especially defenceless against physical abuse and exploitation, rape and human trafficking. Abame and Kwaja (2009) stated that in some instances, displacement as a consequence of these conflicts uproot women from their homes and expose them to more sexual abuse as they will be coerced to submission in order to obtain food and other basic necessities they need to survive. In most terrorism attacks, women are forced to line in unfortunate situations, where security is not guaranteed. This make them to become victims of criminal acts such as rape and other sexual assaults.

Brad, Seema, Cécile and Mihoko (2015) opined that displaced very young adolescents (10-14 years), especially girls, are at risk of sexual exploitation and abuse. Because of their limited life experience, they may not recognise the sexual nature of abusive or exploitative actions in strange settings. Although, there is yet to be a genuine data on the prevalence of sexual and gender based violence in IDP camps in Nigeria, the situation cannot be different from what people in other refugee and IDP camps experience.

UNHCR (2012) reiterated that women and girls are prone to sexual assault, rape or being forced to join armed forces as cooks or sex slaves. Dona (2012) said that research work shows that the experiences of conflict and displacement usually result to psychological trauma in children as well as adults, even though it has been recognized by psychologists since the 1980s, it was only in the mid-1990s that humanitarian organizations started to fund psycho-social programmes for refugees and IDPs with the aim of helping them recover and adapt to their situations.

The activities of soldiers, loss of hope and loss of self esteem may predispose women in IDPs camp to gender-based violence. Survivors of sexual and gender-based violence are at risk of unwanted pregnancy, unsafe abortion, STIs including, Gonorrhoea, syphilis and HIV/AIDS, as well as mental health, psychological and social problems including social stigmatisation. Alawemo and Mutarera (2009) noted that in conflicts, women are not only physically harassed but also sexually abused and degraded. Researchers also gathered that women, during wars were raped and divorced by their husbands because they have been sexually abused. In addition to the suffering of women as a result of GBV in conflict, there is increased risk of HIV/AIDS.

## SEXUALLY TRANSMITTED DISEASES

The IDPs camps have recently been in the news for many unbelievable and disturbing reasons. Incidents of rape, unwanted pregnancies and sexually transmitted diseases have begun to spring up in the various camps. Ndahi, Umar and Victoria, (2015) revealed that five IDPs in some camps located in Maiduguri who were screened for malaria and HIV/AIDS by a non- governmental organisation (The Business and Professional Women) tested positive to HIV/AIDS. Watila, a member of the NGO disclosed that the affected IDPs had already been counselled and referred for treatment. According to him, what they usually do is to treat those who tested positive to malaria and other diseases immediately. Those who tested positive to HIV/AIDS will be counselled and transferred to the State Specialist Hospital for proper medication.

Brad, Seema, Cecile and Mihoko (2015) said that ensuring access to family planning services can be a life-saving intervention in unstable, crisis environments. It can also promote a young woman's rights to health, education and independence. Likewise, training of youth peer educators to, raise HIV awareness, exhibit correct and consistent use of condoms and make condoms available helps protect adolescents from the transmission of STIs, including HIV, that are known to be rampant in this highly vulnerable age group. Similarly, adolescents will only have access to the life-saving provision of post-exposure prophylaxis, provided as part of clinical management of sexual assault survivors, they are made aware of sexual violence as a violation of their rights and their rights to counselling and treatment.

In an IDPs camps where there are no toilet facilities that are germ free and there is free mix of adolescent boys and girls. With coercion by men of armed forces, the possibility of high prevalence of STIs cannot be overruled.

## **FERTILITY AND FAMILY PLANNING**

Those working with war affected populations express contradictory opinions regarding the impact of forced migration on fertility. That fertility rises because of the pressure to replace deceased children and warriors and that it falls because the stress and uncertainties of displaced life are not conducive for childbearing. In fact, both responses are described in numerous demographic and economic analyses summarized in a 1999 analysis of fertility decline in Ethiopia. Lindstrom and Berhanu, (1999) revealed that high fertility has been observed in times of economic insecurity and where social or public support networks are unavailable or uncertain and declines in fertility have been observed in response to short- or long-term economic decline, political upheaval, famine, war and marital separation as a result of forced migration.

It is not surprising that the demand for family planning services is affected by migrants' previous family planning knowledge and experience. However, even among migrant groups with limited prior exposure and low demand, the availability of high-quality education and services can be expected to help them attain their desired family size and improve their health status (McGinn, 2015). The UNHCR (2014) recommended that the

health status of the displaced population in Nigeria needs to be improved. There is need to screen and provide primary health care services to new arrivals during their pre-registration, relocation to and in the camp. Provide medical and health care services, including referrals for refugees in local health care centres.

International health experts recommend working with providers in ensuring that women and men have access to safe, affordable and culturally accepted family planning services that guarantee clients' rights to confidentiality and privacy. Experts also advise introducing family planning services and STI prevention programs as part of a coordinated approach by non-governmental organizations (NGOs) and international agencies working on IDPs.

The progress made in recent years to protect and assist IDPs in Nigeria is very encouraging. The country ratified the African Union "Kampala Convention" on internal displacement in May 2012 and rewrote a draft policy on IDPs to incorporate its provisions. One year on, however, the Federal Executive Council, country's cabinet and the National Assembly are yet to adopt the policy or another domestic law to implement the Convention. The absence of such frameworks as a means of defining roles and responsibilities has and will continue to hamper humanitarian and development efforts to mitigate the effects of internal displacement. They are also essential to a holistic approach in supporting IDPs' search for durable solutions, and in preparing for and preventing future displacement (IDMC, 2013).

## Conclusion

Terrorism has put Nigerian women, especially the internally displaced women in north eastern Nigeria in unbearable situations. An effective public health intervention based on family planning education and services, sensitization on HIV/AIDS and other sexually transmitted diseases and gender based violence will practically improve the conditions of internally displaced women in the north eastern Nigerian.

## Recommendation

1. There should be provision of essential protection for women in the IDP camp.
2. Sexual and gender-based violence should be prevented in the IDP camps.
3. Community and social protection should be enforced
4. Conditions for peaceful coexistence should be created for women in IDP camps
5. An effective public health intervention based on family planning education and services, sensitization on HIV/AIDS and other sexually transmitted diseases and gender based violence is also recommended to improve the reproductive health status of the internally displaced women in north eastern Nigeria

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