Internal Displacement & Reproductive Health Information

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Internal Displacement & Reproductive Health Information Desert Among the Adolescents in Camps in Nigeria

Globally, there is a growing concern for the reproductive health of adolescents. This is because adolescents (recognized by the World Health Organization as persons aged 10-19) have early sexual exposure but lack adequate information and planning skills to manage their reproductive health (UNFPA and PRB, 2012; Morris and Rushwan, 2015). Adolescence is even more challenging as adolescents may perceive themselves as being well-informed about sexuality issues, whereas they lack the cognitive, emotional and behavioural maturity and complete information to take care of their reproductive health (Women's Refugee Commission, Save the Children, UNHCR and UNFPA, 2012). As part of global efforts to prioritise reproductive health of adolescents on the global level, at the 1994 International Conference on Population and Development (UNFPA, 2004), governments and other stakeholders agreed that information and services should be made available to adolescents to help them understand their sexuality and protect themselves from unwanted pregnancies, Sexually Transmitted Diseases and subsequent risks of infertility. However, achieving good reproductive health status for adolescent has remained a global burden.

Reports show that globally, 16 million adolescent girls aged 15-19 years and two million girls under age 15 give birth every year, while an estimated three million adolescents pursue abortion yearly (Women's Refugee Commission, Save the Children, UNHCR, UNFPA, 2012). Adolescents, either male or female ones are vulnerable to poor sexual and reproductive health, however young female adolescents feel the heat more (Nwagwu, 2007; UNFPA, 2016). In Nigeria, about one-quarter of adolescent males and half the population of adolescent females are involved in early sexual intercourse (Cortez, Saadat, Marinda and Odutolu, 2016). Also, adolescents were found not often practising contraceptive use, leading to high levels of unwanted pregnancies, unsafe abortions, increasing rates of Sexually Transmitted Infections (STIs), and maternal mortality (National Policy on the Health and Development of Adolescents and Young People in Nigeria, 2007). Poor access to reproductive health information is recognized as the root cause of risky sexual behaviour and poor reproductive health of adolescents in Nigeria (Isiugo-Abanihe and Isiugo-Abanihe, 2007). Even though a policy (National Policy on the Health and Development of Adolescents and Young People in Nigeria, 2007) recognized the need to increase access to accurate and complete reproductive

health information and services by 50%, not much success has been achieved (World Bank Group, 2015).

Access to information is recognized as a constant source of power for one and for all (Malhan and Singh, 2016).Whereas access to information and its relative utilization in various spheres of life is very crucial to sustainable human and social development, it is often hinged on socioeconomic, demographic and cultural factors (Salami and Onuegbu, 2016). Although advancement in knowledge and information infrastructures globally has contributed significantly to improving information sharing, it has also heightened information gap within and across countries. For instance, more than 50% of the world's population still do not have access to the internet (Grizzle, 2016) thereby limiting the number of people who can access and utilize information through new media techniques.

Reproductive health information serves as a cue to action for people pertaining to their reproductive health. Its availability, accessibility, comprehension and utilization portend a concern for adolescents (Nwagwu, 2007). Adequate reproductive health information and sexual education are among the factors that delay the onset of sexual activities and increase safer sexual practices for the sexually active adolescents (UNAIDS, 1997). In Nigeria, there is a dearth of reproduction health information available and accessible to adolescents (Anasi, 2015). The lack of access to reproductive health information by the adolescents in the Internally Displaced Persons' (IDP) Camps increases their chances of burdens of reproductive health behaviour including contracting sexually transmitted infection (World Health Organization, 2017).

As the number of adolescents displaced in Nigeria increases exponentially, the reproductive health of the group becomes worrisome. Clearly, the psycho-social circumstances of displacement compounds challenges faced by adolescents and put their reproductive health at higher risks (Pathfinder International, 2008)). Limited accessibility to information channels (both old and new media techniques) through which well-packaged context-specific reproductive health information can be received, put adolescents at higher risks of harmful sexual behaviours (WHO, 2017). Although a number of studies in Nigeria (Olaleye, Anoemuah, Ladipo, Delano and Idowu, 2007; Nwagwu, 2007; Nwimo and Omaka, 2008; Okereke, 2010; Tobin-West and Akani, 2014; Anasi, 2015; Ekpenyong and Turnwait, 2016; Abiodun, Olu-Abiodun, Ani and Sotunsa, 2016) have explored adolescents' access to reproductive health information, very few have focused on IDP camps. As an addition to scholarly works on adolescent sexuality studies, this paper examines the availability, accessibility, comprehension and utilization of reproductive health information of adolescents in IDPs camps in Nigeria.

DATA SOURCES

The data for this paper were derived from a triangulation of grey literature, the review of a sample of Nigerian online news outlets, and the review of a sample of Nigerian online blogs. In selecting the news outlets, a list of ten online news outlets, where issues relating to IDPs were discussed, was created. News outlets were selected for high patronage, attention to issues pertaining adolescent and intensiveness of issues on IDPs. Also, a blog was purposefully selected because issues about adolescents' reproductive health care in IDP camps were discussed. In all, a total of four online news outlets and one online blog were selected as data sources for this study. The online news outlets selected were: ThisDay online newspaper, Vanguard online newspaper, Channels TV online news and PM online news, while the blog selected was Ynaija. Google search engine was used to search for the following key words: Internally Displaced Persons, IDPs, Adolescence, Adolescents, Reproductive health, Reproductive information, and Health information. All these key words featured in the sampled sources. Attention was carefully paid to the narrative from the online news outlets especially to ascertain the extent of discussion and for content analysis. Findings from the content analysis of the narratives from the news outlets and the blog were triangulated with grey literature and presented in this study.

All the sampled online news outlets in this study have a long history of media success in Nigeria. ThisDay Newspaper, has both print and online versions. Its online version was created in 2009, and

it gets about 90,000 visits per day, over 100,000 Facebook fans and about 55,000 twitter followers. The Vanguard Newspaper is one of the most populous newspapers in Nigeria, which has both print and online versions. It has about 372,000 visits daily, about 510,000 Facebook fans and almost 141,000 twitter followers (AABNigeria, 2012).Channels TV, is on the most popular and most accessed news outlets in Nigeria, and over the years have earned the reputation as an "aggressive news outlet, which provides a balanced news account of news coverage" (Channels TV, 2017). This station has also bagged the "Best TV of the year award" eleven times between 2000 and 2015. The PM News, was introduced in 1994 and has both online and print versions.It is one of the dominant newspapers in Southwestern Nigeria, and 60,000 print copies are distributed daily to Lagos metropolis, Offa and Ibadan. Ynaija is one of the most accessed blogsites and internet newspaper for young persons in Nigeria. The blog focuses on trending and up-to-date socio-political issues in Nigeria.

Adolescence and Reproductive Health in Nigeria

The Nigerian demographic structure is dominated by the young population mostly below 25 years of age. While this demographic structure presents the country with the opportunity to attain demographic dividends (Makinde-Adebusoye, 2014), as the youths are potential economic, social and political resource for achieving socio-economic development, the poor investment in the welfare, education and health of adolescents in Nigeria limits their abilities and capabilities. Adolescents in Nigeria are faced with myriad of challenges (including food insecurity, unemployment, lack of access to proper educational facilities, poor reproductive health, and exposure to substance abuse) (Adedokun & Oluwagbohunmi, 2014).While all these challenges are worrisome and detrimental, one which continues to plague adolescents with increasing morbidity and mortality is poor access to reproductive health information (National Policy on the Health and Development of Adolescents and Young People in Nigeria, 2007).

The poor reproductive health of adolescents in Nigeria results from a range of factors, one of which is the early exposure of adolescents to sexual activity without proper and complete information. The average age at sexual debut is roughly 18 years of age among adolescent girls and slightly higher at about 21 years for adolescent boys in Nigeria (NDHS, 2013). Early sexual activity for young girls is often linked to early marriage (marriage before 18) more prevalent in the northern Nigeria than southern parts of the country and also among more Muslims than Christians (UNICEF, 2014). Worse still, a large percent of sexually active adolescents fail to use contraception, which exposes them to unwanted pregnancies, STIs, illegal abortions and sometimes mortality. Currently, 23% of young adolescent women in Nigeria have begun child bearing, with higher prevalence in rural areas, among the poor and the Northern parts of the country (NDHS, 2013).

Expectedly, the high rate of uninformed young adolescents engaging in early sexual activities without the use of contraception has heightened the burden of Sexually Transmitted Infections such as HIV. It is estimated that 2.6 million people in Nigeria are infected with HIV and a large knowledge-behavior gap exists, especially among adolescents, with higher prevalence in females (1.7%) than males (0.7%) (Cortez, Saadat, Marinda and Odutolu, 2016). Even though some adolescents are aware of condom use for HIV prevention, especially with the introduction of Family Life and HIV Education to Secondary schools, its utilization is still very low (Cortez, Saadat, Marinda and Odutolu, 2016). This is largely attributed to social stigma and socio-cultural issues including; perceived lack of trust by partners, danger of being discovered by parents, fear of being perceived as infidel or promiscuous by partners (World Bank Group, 2015; Ankomah, Anyanti, Adebayo, Giwa. 2013; Amoran 2012; Adedeji, Omololu and Odutolu, 2007).

Furthermore, reports from demographic and health survey indicate that Nigeria accounts for about 14 percent of the global burden of maternal mortality, with about 576 maternal deaths per 100,000 live births (NDHS 2013). Young female adolescents in Nigeria account for over one-third of maternal deaths in Nigeria (NDHS, 2013). Maternal mortality among adolescents in Nigeria is largely due to pregnancy–related complications. The risk is higher among teenage mothers due to their underdeveloped body systems. Even though, large health expenditure has been invested in providing ANC and skilled birth attendance, Nigeria still has one of the lowest rates in Africa,

surpassing few countries including Niger, Chad and Ethiopia (Cortez, Saadat, Marinda and Odutolu, 2016).

Recognizing the myriad of reproductive health challenges plaguing the physical, social and emotional wellbeing of adolescents in Nigeria, the Federal Government created the National policy on the Health & Development of Adolescents & Young People in Nigeria, in 2007. In line with achieving the targets of the policy, the Nigerian government in collaboration with NGOs and Universities, created Youth-Friendly Health Services (YFHS) to provide health and welfare services for adolescents in Nigeria. However, most of these facilities lack enough human and material resources and are not comprehensive enough to meet the young people's needs across the country (Fatusi, 2012). Also, it has been observed that there is low accessibility of the YFHS largely due to lack of information about the location and operationalization of the centres (Ajike and Mbegbu, 2016).

Generally, progress has been made to improve adolescent reproductive health in Nigeria, but at a slow rate. For instance, knowledge on modern contraceptives among adolescents moved from 41.6% to 64.4%. Also, the age at first marriage has improved slightly as NDHS (2013) report shows that median age at first marriage increased from 17.3years among women age 45-49 to 19 years among women age 20-24. However, there is a need for intensified efforts, between the Government, NGOs, schools, international communities and other concerned bodies, to improve reproductive health of adolescents in Nigeria significantly.

The Burdens of Internal Displacement on Adolescents in IDP Camps

Internally Displaced Persons (IDPs) refer to "persons or group 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, violation of human rights or natural or manmade disasters, and who have not crossed an internally recognized state border" (Guiding Principles on Internal Displacement, 1998). Globally, there are well over 40.8 million IDPs as a result of conflict and disasters. Africa alone accounts for over one-third (12.4 million) of the global rate making the region the second largest number of IDPs after Middle East (IDMC, 2016).An estimated 9,500 persons are forcefully uprooted from their homes daily in Africa. The number of IDPs in Africa, which is about three times the number of refugees (4.5 million) in the region, is growing exponentially and uncontrollably (IDMC, 2016).

Among the five countries with the highest number of IDPs in Africa, Nigeria is second (2.1 million) after Sudan (3.2 million). Other countries include: South Sudan (1.7 million), Democratic Republic of Congo (1.5 million) and Somalia (1.2 million) (IDMC, 2016). Several factors are linked to the high rates of internal displacement in Nigeria: Terrorism (mostly carried out by Boko Haram insurgents) (UNICEF, 2016), civil war (for example, the Biafra war between 1967 and 1970 (Adesote and Peters, 2015), election violence (Eweka and Olusegun, 2016) and natural disasters (Internal Displacement Monitoring Centre, 2016). However, Majority of the internal displacement in Nigeria is facilitated by the Boko Haram insurgency in the North-east Nigeria, which has led to displacement of 2.1 million people (90% of total IDPs in Nigeria) (Internal Displacement Monitoring Centre, 2016). The Boko Haram terrorist group, currently the second deadliest group in the world (Global Terrorism Index, 2016), has attracted followership from a chunk of unemployed and frustrated youths in the region (IDMC 2016; Blanchard 2016). Asides displacement of people, the sect is also responsible for several attacks on towns and villages around the northern part of Nigeria and neighbouring countries, kidnapping, destruction of lives and infrastructures. For instance, between 2009 and 2015, the Boko Haram insurgency claimed more than 15,000 lives and destroyed more than 2000 schools (Blanchard, 2016).

Children and adolescents in Nigeria have been worst hit with displacement by the Boko Haram menace in the North-east part of the country. Following the kidnap of over two hundred and seventy girls from Chibok town in Borno State, Nigeria by Boko Haram insurgents on April 14 2014, many more adolescents and their families have been displaced (UNICEF, 2016). Reports credited to UNICEF (2016) indicate over 1.3 million children and adolescents have been displaced by Boko

Haram menace from north-eastern part of Nigeria and neighbouring countries (UNICEF, 2016). While some of the displaced young ones remain "invisible" (like the abducted Chibok girls who have been missing for three years), some others are sheltered in neighbouring communities or camps where there are limited resources (Displacement Tracking Matrix Report, 2014; ThisDay Live, 2017). Internally displaced adolescents in Nigeria are plagued by numerous social, psychological, mental, physical and spiritual challenges. This is further worsened by the lack of facilities in IDP camps in Nigeria, which provides unhealthy, unhygienic and unsafe habitat for many internally displaced persons. Asides the health and other social vulnerabilities which such environments exposes IDPs to, members of the society who wish to extend help through donations are often scared and sceptical to visit camps. Following a visit to the IDP camp located in Area One Abuja by Vanguard Features (a prominent Newspaper in Nigeria), it was noted that:

> *Some of the camps were located at the end of the streets where the roads are so tortuous and winding. Outside from the mechanic workshops that dotted the area, bushes are a common sight. As a matter of security, the terrains instil fear in a first-time visitor who might be forced to retreat upon approaching what could be taken as the end of the road (Vanguard, 2015).*

Expectedly, such unsafe and unhealthy environments have negative effects on the welfare of IDPs in camps. As noted by the Vanguard Features team after a visit to the camp in Abuja: "They (the IDPs in the camp) looked so forlorn; torn and tattered. Indeed, their fate appeared to be hanging in the balance. Their future, somewhat, looks bleak, yet they are Nigerians living in their country" (Vanguard, 2015). Adolescent IDPs in camps are exposed to sexual violence, forced marriages, recruitment to armed groups, psychological trauma, illicit drug use, morbidities and mortality (UNICEF, 2016; PM news, 2016; Sheikh, Mohammed, Eseigbe, Adekeye, Nuhu, Lasisi, Muhammad, Sulaiman, Abdullateef, Hayyatudeen and Akande, 2016). They are exposed to security threats and are soft targets for various forms of attack. For instance, in the fight against Boko Haram insurgency in the Northeast, the Nigeria Air force 'mistakenly' released an airstrike on an IDP camp in Borno state, Nigeria, which claimed the lives of about 100 people, mostly women and children (Vanguard, 2017). Although this was a "regrettable operational mistake", this kind of event creates panic and anxiety amongst IDPs and members of the public who visit IDP camps to extend humanitarian assistance.

It has also been discovered that efforts made to improve the living conditions of IDPs in camps are often frustrated by corrupt camp officials. For instance, in December 2016, following UNICEF's call for more food aid to curb high level of malnutrition in camps, Borno State government provided food materials which were diverted by some IDP camp officials for their private gain (Channels TV, 2016). In another instance, the Senate body of Nigeria finds it worrisome that over nine billion naira allocated to welfare of IDPs in camps have been misappropriated (Channels TV, 2016). On a visit to one of the camps in Borno State, Nigeria, Senator Shehu (the head of the Senate's Ad-Hoc committee on Humanitarian Crisis in the Northeast) remarked thus:

> *It is still surprising to us that despite billions of Naira sent in by the Federal Government to cater for this people at the camps, there ought not to be anything that is lacking. From all indications, camps have turned into a cash cow for some persons to amass wealth for themselves. It is very clear to us that if this money sent in is given to those directly on ground, things could have been better. Look at the children here they don't have clothes shoes, no uniforms, the school is still lacking and the hospitals, look at how it is with all the billions [Naira] being spent by the Federal Government. Look at the quality of goods being given to them. It is simply not commensurate with the amount of money the Federal Government is giving in the name of catering for people in northeast Nigeria (Channels TV, 2016).*

Thus, corruption and gross mismanagement has hampered the provision of aid and welfare to adolescents and other groups of people in camps.

Reproductive Health of Adolescent in IDP Camps in Nigeria

The reproductive health needs of adolescent in IDPs camps in Nigeria have remained largely unmet due to limited health care facilities and health personnel in the camps. This situation is worsened by the fact that IDP camps are "inherently disruptive environments, which may separate young people from family and community sources of learning, recreation, and support. This alteration of community routine, normalcy, boredom, and lack of positive alternatives may precipitate young people's involvement in risky behaviors, including early sexual activity and unprotected sex" (Pathfinder International, 2008: 4).Thus adolescents in camps are exposed to sexual activities, both consensual and forced, without the use of contraceptives, unintended pregnancies, STIs and other reproductive health risks. Worse still, displacement conditions are often "accompanied by poverty, powerlessness and loss of security, young refugee women may be forced to resort to harmful behaviors, such as prostitution and trading sex for food or protection, in order to survive"(Okanlawon, Reeves and Agbaje, 2010:17). Young girls in IDP camps in Nigeria are also predisposed to trafficking (The International Movement against all forms Discrimination and Racism, 2015).

As data on the sexual behaviours of adolescents in IDP camps in Nigeria are very scarce, the little available ones reveal a high prevalence of risky sexual behaviour and low use of contraceptives in refugee and IDP camps in Nigeria and other African countries. In a study by Tadiesse, Orago, Karega and Vivarie (2003) among adolescents in Kakuma Refugee camp, Northern Kenya, it was discovered that despite the availability of free condoms and other reproductive health care, about 70% of young refugee men and women had unplanned sex without using condoms. Similarly, it was discovered that although members in a refugee settlement in Yaonde, Cameroon were aware of the benefits of modern contraceptives, only a few utilized it in sexual activities (Halle-Ekane, Akwa, Sama, Obinchemti, Tchente, Nsom, Mangala, & Mbu, 2016).

Studies in Nigeria have also confirmed adolescents' engagement in casual sexual activities in camps without the use of contraceptives. For instance, Agbaje (2010) reported that while most adolescents in a refugee camp in Nigeria were sexually active, condom use was very low, especially among the girls, most of whom could not negotiate condom use with their male partners. Similarly, Okanlawon, Reeves and Agbaje (2010) in a study of the contraceptive use among adolescents in Oru refugee camp in Nigeria, discovered that even though most sexually active adolescents were aware of modern contraceptives as well as its usefulness, a large number of them did not utilize them which led to many cases of unwanted pregnancies and drop out of school. Due to weakened social ties in IDP camps, parental control of their children's involvement in risky sexual activities is low. For instance, one IDP who is a father with his children at the IDP camp in Maiduguri noted thus: "It is unfortunate that as a father of four grown up female children, I do not have control over any of my children as they roam about the camp mingling with bad eggs/boys" (Vanguard, 2016).

Asides consensual sexual activities among adolescent in IDPs camps in Nigeria, there is also high prevalence of sexual violence observed to occur in the camps in Nigeria (UNFPA, 2016). For instance, in an assessment by the Centre for Population and Reproductive health, Nigeria (2016), it was found that young girls are exposed to sexual violence by insurgents, police men, armed forces, partners, relatives and unknown persons (UNFPA, 2016). This is also in line with the reports by Human Rights Watch, where it was noted that young adolescent girls are exposed to rape by security operatives in IDP camps (Ynaija, 2016). Victims were sometimes drugged, raped or coerced into sex through false promises of financial and material assistance (Ynaija, 2016). One of the victims, a 17 year old girl living in an IDP camp, described her experience to the Human Right Watch group thus:

> *One day, he (a policeman) demanded to have sex with me, I refused but he forced me. It happened just that one time, but soon I realized I was pregnant. When I informed him about my condition, he threatened to shoot and kill me if I told anyone else. So, I was too afraid, too afraid to report him (Ynaija, 2016).*

This sexual violence often occurs as a result of poverty and exposure to child labour in camps and the victims face the risk of contracting HIV, AIDS and other Sexually Transmitted Infections (STIs).

Furthermore, IDP camps in Nigeria suffer a dearth of specific clinics and facilities dedicated to sexual and reproductive health facilities. Worse still, it is observed that young girls who were victims of rape by the Boko Haram insurgents are often treated with mistrust and are denied adequate maternal care and support from family and community members, who are supposed to be caregivers (International Alert and UNICEF, 2016). Also, it is observed that rape kits supplies, functional vehicles to transport victims of sexual violence, separate and private counselling for sexual violence victims and proper documentation forms for victims are rarely available (UNFPA, 2016). Even though more than half (60%) of the camps in Nigeria have people living with HIV, only 30% of the camps have some form of HIV testing services, which are not standardized (USAID, 2015). IDPs living with AIDS in camps are constantly challenged and are unable to access the needed drugs for their conditions either because they are afraid or shy to be identified by others as carriers or because they are denied access to other centres, outside the camp, where they can get the drugs (PM news, Nigeria).Camps in Nigeria lack services for anti-retroviral refill, comprehensive HIV/AIDS treatment and care services, available space for HIV counselling and testing or adequate storage facilities for AntiRetroVirals (USAID,2015). As regards well-trained staff in HIV testing and counselling, only about one-third of the total IDP camps in Nigeria possess this facility (USAID,2015).

Reproductive Health Information Desert among Adolescents in Camps in Nigeria: Patterns and Recommendations

The availability, accessibility and comprehension of reproductive health information is critical to improving reproductive health of adolescents in IDP camps. However, due to the lack of access to or weak communication system in IDP camps in Nigeria, more internally displaced adolescents have been observed to engage in sexual activities without sufficient information about contraceptive use, family planning services and Sexually Transmitted Infections, which expose them to risky sexual behaviour in IDP camps. The fitful flow of relevant information in IDP camps in Nigeria does not only keep IDPs uninformed, but also frustrates efforts by concerned agencies to provide assistance. This is buttressed in a statement made by a member of an International NGOs working with IDP camps in Borno state, in an interview session with members of the Refugee International: “There is no info-sharing taking place. No order to anything. Who runs the camps? No one knows who makes decisions, no one understands influence dynamics. Operationally speaking, people don’t even know where to go [to intervene].”(Refugees International, 2016).

Accordingly, studies have found that even when reproductive health services are provided by the governments and other concerned agencies, they are often under-utilized because adolescents are not aware that they exist (Okanlawon, Reeves and Agbaje, 2010). This suggests the need to create an intra-communication system within the IDP camps. The demographic and socio-cultural features of the adolescents in the camps need to be considered in designing an effective communication system. One of the major medium of reproductive health information in Nigeria is through parent-child communication (IIiyasu, Aliyu, Abubaka and Galadanci, 2012). However, in IDP situations, familial bonds are usually loosened and parent-child communication, thwarted. It is recommended that parent-child communications on appropriate sexual behaviours for adolescents be reinforced and encouraged in IDP camps. Also, communal gatherings and moonlight meetings of people from similar origins should be encouraged to discuss issues relating to appropriate reproductive health behaviour. NGDOs working in support of IDPs should take this as a challenge and design appropriate intervention toward it.

It has been observed that adolescents in IDP camps have poor access to complete and correct reproductive health information and even when correct information about reproductive health is available, most adolescents often have misperceptions about them. For instance, Okanlawon et. al., (2010) discovered that most adolescents in refugee camps in Nigeria do not possess correct information about contraceptives; 42.9% had misperceptions about its safety, believing that contraceptives are dangerous and that chemicals in contraceptives can damage their reproductive

system. In consequence, such beliefs resulted in the low use of contraceptives (31.6% use during last sex) and many unintended pregnancies, which have caused some refugee girls to drop out of school.

Thus, it is pertinent to establish reproductive health information centres within IDP camps in Nigeria. This unit should be 'Youth-friendly' and handled by well-trained information literate personnel who can meet the reproductive health information needs of adolescents in camps. This unit should be charged with the responsibility of keeping adolescents fully informed through formal and formal means, organizing trainings for parents, community leaders and spiritual leaders in IDP camps, on issues pertaining to the reproductive health of adolescents. This is necessary to fill the communication gap experienced by adolescents, who may not have access to Information and Communication Technologies where detailed reproductive health information is available. This unit also needs to be easily accessible, confidential and non-judgemental.

Finally, Adult gatekeepers (Elders, community leaders, religious leaders) in the IDP camps should be sensitized to the vulnerabilities of young displaced persons, and engaged in developing appropriate responses and programs, such as psychosocial support, education, life skills development, youth-friendly counselling and referral.

The reproductive health of the adolescents in camps is observed to be affected by several sociocultural factors, while the lack of access to complete and accurate health information seems to be the main facilitator. Thus there is a dire need for collaborative efforts by the government at all levels, international agencies, local NGDOs and all other concerned bodies, to create an intra-camp communication system and a youth-friendly unit dedicated to meeting the reproductive health information needs of adolescents in IDP camps. Additionally, there is a need to introduce adolescents to educational and income generation activities, in order to keep them productive, whilst they are being sheltered in the IDP camps. Hopefully, a combination of these strategies has potential of instigating adolescents toward appropriate reproductive health behaviour within and out of IDP camps in Nigeria.

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