

THE IMPACT OF CIVIL STRIFE ON THE HEALTH OF INTERNALLY DISPLACED PERSONS IN SOUTH-SOUTH NIGERIA

* Peters, E.J.¹, Ekpo, M.², Udonwa, N.¹, Essiet, G.A.³, Ekpe E.B.², Ayodele, M.²

¹Department of Medicine and Family Medicine, University of Calabar Teaching Hospital, Calabar,

²Federal Psychiatric Hospital, Calabar, ³Department of Pharmacology, University of Calabar, Calabar

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ABSTRACT

An investigation into the various health and other related problems faced by internally displaced persons quartered in Calabar, South-South Nigeria was carried out between 2002 and 2003. The survey involved one hundred and twelve adult persons displaced as a result of civil strife in South-South Nigeria and quartered at a refugee camp in Calabar. The persons were interviewed individually using a prepared semi-structured questionnaire, and followed by a comprehensive physical examination conducted by trained medical personnel. The subjects were aged 15-75 years and consisted of 71 (63.3%) males and 41 (36.7%) females. The study revealed a high incidence of both communicable and non-communicable diseases amongst the subjects. Hypertension was seen in 19.6% of the subjects, 20.2% had scabies, 18% malaria, while 13% had chronic cough. Clinical anaemia was seen in 46.4% of the subjects. Sexually transmitted diseases and typhoid fever topped the list of past health problems as reported by 20% and 16% of the subjects respectively. These findings amply illustrate the various health problems faced by internally displaced persons in Calabar. Government and related agencies should therefore make concerted efforts in improving the health needs of people displaced as a result of conflicts

Key Words: Civil strife, Health, Internally Displaced persons, Nigeria

INTRODUCTION

Internally displaced persons are defined as persons displaced from their natural habitation as a result of conflicts, violence or natural disasters (1,2). International research and relief organization estimates that there are between 20 – 25 million internally displaced persons (IDPs) worldwide (3). In Nigeria, these groups of people are found in most states of the federation as a result of communal conflicts and civil strife. Recently, ethnic, and religious violence have also assumed a higher proportion in most parts of the country. This is coupled with the volatile political atmosphere that currently prevails in the country.

Persons displaced from their homes and quartered in refugee camps face a lot of economic, social, and health related problems^{4,5}. The coherence of many families in situations of conflict is seriously threatened and the internal displacement disrupts cultural set up and social cohesion.

Children in communities affected by conflict are at constant risk of being subjected to violations by both state and non-state law enforcement bodies. This has immense impact on the lives of children and their families⁶. Adolescent girls have also been the hardest hit and have been rendered particularly vulnerable

by civil strife. In the camps, rape and immoral behaviour resulting from living in these densely, populated and congested places are commonly reported (7,8,9). Despite the evidence, there has been limited research in our environment on how individuals and communities cope with adversity.

This study was therefore aimed at investigating the various health and related problems faced by displaced persons resulting from civil strife in South-South Nigeria and quartered at a refugee camp in Calabar, Nigeria.

SUBJECTS AND METHODS

This study was conducted between 2002 and 2003 at the refugee camp, Ikot Ekpo, Calabar. The survey involved one hundred and twelve adult persons living at the camp. The camp is located in the outskirts of Calabar, about 15km from the city centre. Uncompleted residential quarters is currently used as temporary camp of the subjects. The camp lack adequate water supply, with poor sanitary condition and poor human waste disposal system. The authors in conjunction with federal psychiatric hospital, Calabar ran a clinic in the camp throughout the period of the survey and some weeks beyond. The subjects were consecutively sampled for the survey and were

aged 15 –75 years. The persons were interviewed individually using a semi-structured questionnaire and this was followed by a physical examination conducted by trained medical personnel. The questionnaire elicited information on their socio-demographic status, current medical problems past medical history, family and social history.

PROCEDURE

Each subject was taken through a prepared questionnaire by the investigators after a verbal consent. None objected but some were absent from the camp at interview. The subjects were comfortably seated within the circumstances during the interview and after allowing for sufficient period of relaxation, physical examination was carried out on each subject under feasible privacy. The blood pressure was first measured in a sitting position using a mercury sphygmomanometer. Korotkoff

phase 1 and phase 5 were used to determine systolic blood pressure (SBP) and diastolic blood pressure (DBP) respectively, according to WHO specification to the nearest 2mmHg. For those with elevated Blood Pressure, two more measurements were taken. The height, in metres, and weight, in kilograms, were measured using a height scale and bathroom weighing scale, respectively. Body mass index (BMI) was calculated using quetelets index i.e. weight (kg)/height (metres) (2). Information on each person was confidentially recorded in a protocol sheet prepared for each person.

LIMITATION OF STUDY

As a result of lack of funds and adequate diagnostic facilities in the camp, it was not possible to carryout detailed laboratory investigations on all the subjects reviewed
Table I: General characteristic of subjects

Table 1: General Characteristic Of Subjects

CHARACTERISICS	MALES n/%	FEMALE n(%)
SEX	71 (63.7)	41 (36.3)
MEAN HEIGHT (m)	1.62 ± 0.45	1.58 ± 0.38
MEAN WEIGHT (kg)	48.4 ± 3.20	45.8 ± 3.14
MEAN AGE (yrs)	32.26 ±2.4	26 ± 2.1
MARITAL STATUS		
MARRIED	59 (83)	33 (80)
SEPARATED	2 (3)	2 (5.4)
SINGLE	10 (14)	6 (14.0)

Table 2: Reported Past Medical History

	DISEASE CONDITION	n (%)
1.	Sexually Transmitted Disease (Excluding HIV/AIDS)	20 (17.8)
2.	Typhoid Fever	16 (14.4)
3.	Eye Disorders	13 (11.4)
4.	Diabetes Mellitus	-
5.	Bronchial asthma	3 (2.6)
6.	Hypertension	22 (19.6)
7.	Allergic Reaction	5 (4.5)
8.	Stroke	-
9.	Past Surgical History	5 (4.5)

RESULTS

On the 112 subjects surveyed, 71 (63.3%) were males while 41 (37.7%) were females. The general characteristic of the study group is as shown in table 1. The mean age of the male subjects was 32.26 ± 2.1 Years. Majorities of the male subjects were aged 26-35 years while the female's subjects were aged 15 – 24 years.

Table 2 shows the past medical and family history of the study group. Communicable diseases such as sexually transmitted disease and typhoid fever topped the list of past medical problems. About 11% of the subjects, had eye problems, or disorders such as refractive errors and conjunctivitis, while 5.8% of them had malaria in the past period. Surgical problems such as inguinal hernia and gun shot injuries constituted 4.6%.

The social habit of the subjects is shown in table 3. Alcohol consumption was very high among the male 79% (56) and 39% of female subjects (16). However, more than 50% of the male subjects who consumed alcohol were heavy drinkers (taking more than 20 drinks/shots a day). Similarly, 21.9% of female subjects smoked cigarette while 81.6% of the male subjects smoked. About 56.9% of the males, who smoked, smoke between 5 – 10 sticks of cigarettes daily. Local snuff consumption was generally low, among the IDPs probably because of financial constraint of their previous rural life. Table 4 shows the nutritional status of the subjects. There was evidence of malnutrition as shown in the body weight of the respondents. Up to 58% of them had a BMI of less than 20. Using a BMI of 27 kg/m^2 and above as indicating obesity, none of the subjects was obese.

The age and sex distribution of those who had obvious physical disease conditions are illustrated in table 5. The mean systolic blood pressure for the males was $138.60 \pm 12 \text{ mmHg}$. The highest blood pressure recorded was in the age range of 45-54 years. Similarly, a mean systolic blood pressure of $132.24 \pm 10.2 \text{ mmHg}$ was recorded in the females. The highest recording female systolic pressure was in the age range 65 years and above. Using World Health Organization/International Society for Hypertension (WHO/ISH) criteria for a blood pressure recording of $140/90 \text{ mmHg}$ and above as hypertension, 19.6% of the subjects were hypertensive. In both sexes, blood pressure level increased with age. Infectious disease remains

the commonest health problems of the subjects. Scabies was found in 20.2% of the subjects and this affected mainly younger male and female subjects. Malaria was seen in 18% of the subjects while 14% had typhoid fever. Eye problems such as refractory errors were common among the elderly persons. In all 46.4% were found to be anemic as detected by conjunctival pallor. There was no obvious abnormal health problem detected in eight male and nine female persons.

DISCUSSION

These findings amply highlight the poor health status of internally displaced persons in a refugee camp. The health status of persons displaced from their homes as a result of various communal clashes and strife has come under focus recently (10,11). This is because Nigeria has witnessed a great number of communal and religious clashes culminating in riots in various parts of the country. Most often, the people are forced to flee their homes because of the conflict or are rendered homeless as a result of arson and wanton destruction. The number of internally displaced persons has been on the increase in the last decade because of various conflict situations experienced in different parts of the country.

It has been established that displaced persons typically experience high mortality, especially in the period following their displacement with infectious diseases and nutritional disadvantage being the factors (12,13). It is therefore not surprising that persons displaced from their homes and equally deprived of basic health needs will manifest various health problems as revealed in this study. Fifty six percent of the subjects had nutritionally related health problems as evidenced by weight loss ($\text{BMI} < 20$), and presence of fluffy hairs. Similarly, 46.4% of the subjects were found to be clinically anaemic. Results of similar studies conducted at Ankoro refugee camp in the Democratic Republic of Congo (DRC) showed that 40% of children of age 0-5 were malnourished (14). Child malnutrition is a serious problem and shows that household food availability is very low. Parents weakened by malnutrition themselves, are unable to work. Malnutrition remains a key health problem for these persons as they face the difficulty of securing adequate food at the refugee camp. The food crisis faced by these persons would progressively get worse as the economic situation continues to deteriorate.

Raised blood pressure was seen in 19.6% of the subjects. Relatively younger subjects (<40%) were found with raised blood pressure. This may be attributable to the effect of stress that these persons are exposed to following displacement from their homes. The intense pressure and difficulty faced by these young male subjects in sustaining their families, and other dependents, in the refugee camp lead to severe emotional and psychological trauma. Furthermore, survivors of trauma suffer from chronic fatigue and mental exhaustion (3,10).

The study also revealed a high incidence of communicable disease among the subjects. Scabies was found in 20.2% of the subjects while 12.2% had chronic cough and respiratory diseases. The crowding and poor sanitary conditions prevailing in the camp may explain the high prevalence of these conditions. It has been documented that overcrowding in the camps also leads to the spread of disease such as measles and tuberculosis (13,15). There is evidence that armed conflict and infections are intimately linked together (16,17). Internally displaced people at Calabar also lack basic social amenities and good medical care. The available health unit near the camp is poorly and inadequately staffed for the population in the camp. This is coupled with the unavailability of essential drugs at the clinic. In conflict settings, the quantity and quality of health care available is usually greatly reduced; vector control programmes, outreach services, referrals and drug distribution are all typically impeded (12,18).

The main health complaints were malaria, respiratory infection, measles, diarrhea and malnutrition. This is similar to health problems documented in IDP camps elsewhere (4,5,14,19).

The camp situation is not conducive to family life. About 2,500 people stay in a small place with between 10 to 20 persons sharing a single room. This leads to unhealthy behaviour, such as over drinking and smoking, which were found in majority of the subjects. This environment makes it conducive to the spread of contagious diseases among the subjects. Coupled with poor nutritional status, which weakens the body's immune system, subjects are rendered susceptible to infectious diseases.

Adolescent girls (15-24 years) and men economically active (25-34 years) have been displaced and are involved in heavy drinking and smoking. There is therefore need for adequate treatment and prevention of sexually transmitted diseases (STD) (including HIV/AIDS) in the camp especially as about one fifth had reported STD infection.

The above findings clearly highlight the health problems of internally displaced persons quartered in Calabar. Lack of adequate food and medical facilities may be partly responsible for these health problems. Government and related agencies need to make concerted efforts to improve the health needs and food supply of people living in refugee camps.

Similarly, steps should be taken to prevent frequent communal clashes and strife in various volatile communities through implementation of appropriate economic and social development programmes by government and prompt intervention to mitigate the impact of conflicts on affected populations. These measures should complement other violence preventive strategies such as peace initiation between communities and intensive public enlightenment programmes against strife and violence. Preventing conflicts ultimately improves the public health of citizens.

Table 3: Use of Alcohol and Tobacco Products

1.	PARAMETERS	MALE n/%	FEMALE n/%
	Alcohol		
	1-5 measures/day	32	13
	5-10 measure/day	17	3
	10-20 measure/day	6	-
	Up to ½ bottle/day	6	-
	1 bottle/day	5	-
	Total	56 (78.8)	16 (30)
2.	Cigarette Smoking		
	1-5/day	33	9
	5-10/day	18	-
	Up to 1 packet/day	7	-
	Total	58 (81.6)	9 (21.9)
3.	Tobacco Powder (Snuf)		
	½ bottle/day	8	11
	1 bottle/day	2	4
	Up to 2 bottle/day	1	-
	Total	11 (15.4)	15 (36.5)
4.	Coffee Consumption	6	3

Table 4: Nutritional status of subjects

1.	PARAMETERS	MALES n/%	FEMALE n/%
	B.M.I		
	14-16	4 (5.6)	12 (29)
	17-20	19 (26.7)	21 (51)
	21-24	25 (35)	86 (14)
	>24	23 (32)	2 (14.8)
2.	MID-ARM CIRCUMFERENCE		
	10-15CM	8 (11.2)	5 (12)
	16-20CM	21 (29.5)	26 (18.5)
	21-25CM	34(47.8)	10 (24.3)
	>25CM	8 (11.2)	-
3.	FLUFFY HAIR	6 (8.4)	10 (25)

Table V: Age Distribution and Disease Conditions of Subjects

Age Range (Yrs)	Hypertension	Asthma	Chronic cough	Scabies	Allergic Reaction	Eye Disorders	Malaria	Typhoid fever	NAD	Nos.
Male										
15-24	-	-	-	-	11	-	12	-	-	19
25-34	3	-	2	2	2	1	2	-	-	34
35-44	6	1	1	-	-	3	-	4	-	9
45-54	3	-	1	-	-	4	-	3	-	4
55-64	1	-	2	-	-	5	-	-	-	3
≥65	1	-	-	-	-	-	-	-	8	2
Total	14	3	6	13	1	12	14	7	-	71
Female										
15-24	-	-	3	6	2	-	4	2	-	20
25-34	-	-	2	4	1	-	1	3	-	7
35-44	-	-	1	-	1	-	1	2	-	5
45-54	3	-	1	-	-	-	-	1	-	4
55-64	3	-	2	-	-	-	-	1	9	3
≥65	2	-	1	-	-	1	-	1	-	2
Total	8	-	9	10	4	1	6	9	-	41

NAD - No abnormality detected
 SBP - Systolic blood pressure
 DBP - Diastolic blood pressure

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