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IDP Camps are not a Safe Haven: Exploring Violence Against Displaced Women and Abortion Liberation in Abuja, Nigeria

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Abstract: Nigerians displaced women faced a lot of reproductive health challenges, with no choice but to seek available skeletal sexual and reproductive health services from local midwives and patent medicine vendors, among numerous sexual and reproductive health needs. This study examined the prevalence of self-reported sexual violence and the reproductive health challenges faced after being abused. The data was sourced from 300 displaced women randomly selected from four internally displaced Person's Camps in Abuja, Nigeria. Chi-square and binary logistic regression were done using IBM-SPSS-version-22.0. The findings show that 40% of the displaced women had experienced at least one sexual violence, and 61.2% had a pregnancy lost through unsafe abortion. Education, religion, pregnancy complications, and access to abortion care are significantly associated with sexual violence at 5% level significance. This study reveals high rates of unwanted-pregnancies, complications, and sexual violence among displaced women, emphasizing the need for comprehensive reproductive health services in camps and policy reviews. The study established the need to review the legislation against safe abortions, especially among the displaced women and girls. Thus, the inaction and neglect of stakeholders in meeting reproductive health-needs placed displaced women in danger haven.

order 1; Internally Displaced Persons (IDPs); 2; Sexual Violence (4) Abortion, Abortion, Policy Review, Forced Migrants, Reproductive Health

0. How to Use This Template

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1. Introduction

In Nigeria, the activities of Boko Haram and other conflict attacks have forced over 2.1 million Nigerians to flee their homes and resulted in their living in an unprecedented humanitarian support system called internally displaced persons (IDPs) Camps (Odo et al., 2020). Research has shown that healthcare services are limited during crises, insurgency, and war (Savage, 2021). These incidents opened women to a lot of reproductive health challenges, such as sexual violence, rape, molestation, and other gender-based violence (Adekeye et al., 2019). This had left displaced women with no choice but to seek available skeletal sexual and reproductive health services from local midwives and patent medicine vendors, among numerous sexual and reproductive health needs (Odo et al., 2020). In 2019, Adekeye and others in terrorism and the plight of women in IDP camps in Nigeria examined the nature of challenges faced by women in IDP camps and factors responsible for the plight of women. Study found that women in IDP

camps faced a lot of challenges, which include hunger, sexual exploitation, rape, molestation, and corrupt practices among camp officials (Adekeye et al., 2019). In particular, adolescent girls were the most vulnerable, especially in post-conflict abuse (Adejumo et al., 2021). The camps of internally displaced persons became national burdens in Nigeria in 2004, when a religious sect called Boko-Haram launched a violent attack against communities such as schools, churches, and mosques, abducting women and girls (Oladeji et al., 2021). The most famous attacks were those against the Chibok girls in 2014 and the Daphi school girls in 2018 (Amodu et al., 2020; Dumbili & Nnanwube, 2019; Odo et al., 2020; Oladeji et al., 2021). The problem is that the common government response strategies for the affected community place a premium focus on the provision of food, shelter, water, and human security with little or no attention to the reproductive health needs of the victims (Undelikwo & Ihwo, 2019). Disaster and displacement exposed women and girls to numerous reproductive health challenges, such as sexual violence, abuse, rapes, and trafficking, leading to a higher rate of unplanned pregnancies (Odo et al, 2020). Women, especially adolescent girls, are confronted with a lot of sexual and reproductive health needs during insurgency, among which we have sexuality education, safe motherhood services, family planning services, and most important access to safe abortions because of the peculiarities of their experience (Adekeye et al., 2019; Odo et al., 2020; Oladeji et al., 2021; Savage, 2021).

Globally, adolescent girls constitute a considerable proportion of yearly deaths caused by abortion, with 15% of all unsafe abortions taking place among girls under 20 who were victims of sexual violence and rape (Bessa et al., 2019). The big question is: shouldn't they be given emergency contraceptives and care immediately after rape, which Nigeria has provisions for? But the problem is: many perpetrators threatened their victims with torture. These vulnerable victims were not in their normal state of mind because of displacement, coupled with emotional and mental depression that limits their thinking toward such emergency contraceptives before pregnancy symptoms occur. According to Bhate-Deosthali & Rege (2019) in the study on "denial of safe abortion to survivors of rape in India", the desire for abortion is usually inevitable when pregnancy is a result of rape and sexual abuse, both within and outside marriage, and especially when a girl has been sexually abused by influential people in the community. But in a situation where the services needed are highly restricted, many seek another course of action, as keeping the pregnancies would be a scenario of another serious emotional disorder. The alternative to safe abortion has been the consequence of grave health damage (Bankole et al., 2020). Abortion prohibition in a community where there are high rates of violence, rape, and sexual violence is nothing but a denial of women's reproductive health rights (Bhate-Deosthali & Rege, 2019; Obadina, 2021). Different studies have shown that the lack of application of the law against access to safe abortion has inflicted double and enormous damage on women and girls who suffered sexual abuse, rapes, combined with a lack of understanding of the serious traumatic experience, caused by the perpetrator, particularly repeated sexual abuse (Bhate-Deosthali & Rege, 2019).

Denial of safe abortions at public facilities has led to serious reproductive health challenges - unsafe abortion, suicide, and other endangered activities that increase maternal mortality (Bankole et al., 2020). Between 2006 to date, many African countries have been going through insurgency, and those hosting humanitarian services for their IDP camps have been liberalizing their abortion law to achieve quality sexual and reproductive health for this subset in society. A few among those countries hosting displaced persons are Kenya, Colombia, Burkina Faso, Sierra Leone, Ethiopia, Chad, Cameroon, Mali, and a few others. As of today, Chad's penal law against abortion has been expanded to accommodate peculiar situations like sexual violence (Ikenye, 2021).

In Nigeria, different scholars **(Dumbili & Nnanwube, 2019; Odo et al., 2020; Oladeji et al., 2021)** had examined sexual violence among the displaced persons, but their submissions fail to consider the legal and policy implications that complicate this violence among victims. Similarly, there is sparse literature on drivers of sexual violence among displaced persons, especially in the aspect of ensuring the safety of women and girl-child in IDP camps through access to sexual and reproductive rights. On this premise, this article **explores violence against displaced women and the need for abortion liberation in Nigeria.** It provides answers to the following questions: What are the experiences of displaced women who were sexually abused in IDP camps? What are the common reproductive health challenges during their stay in camps? Is there an association between sexual violence and abortion seeking in camps? What are the determinants of sexual violence among these vulnerable populations? Would there be a better experience if abortion services were permitted in the camp?

Theoretical Framework

The Kroeger's model (1983) is primarily focused on health-seeking behaviour. Kroeger's was designed to explain how and why individuals choose particular healthcare options; it explains health-seeking behaviour, treatment pathways, and utilization of health services. Kroeger's Pathway/Behaviour Model was used in this study to explain the sexual violence, reproductive autonomy, contraceptive behaviour, and abortion among displaced women because it highlights how individuals navigate health-seeking pathways in response to both personal and contextual constraints. The model, according to (Cox, 2024; Kroeger, 1983) recognizes that health-seeking behaviour is shaped by three key domains—individual factors (e.g., age, knowledge, perception of risk), social and cultural influences (e.g., stigma, partner or religious pressure), and characteristics of the health system (e.g., availability, accessibility, and quality of services).
This theory was used on the premise that displaced women often face insecurity, limited autonomy, restricted mobility, and inadequate health services. Kroeger's model helps explain why they choose certain reproductive health options, such as self-care, clandestine unsafe abortion methods, or formal health facilities. It also helps illuminate how sexual violence and power inequalities influence their choices and constrain their ability to seek safe reproductive care. Thus, the model provides a useful framework for understanding the complex decision-making processes displaced women follow when accessing contraception, reporting sexual violence, or seeking abortion services.

2. Materials and Methods

The study design adopted for this article was a cross-sectional survey design. The sample population was women of reproductive age (15-49) who were internally displaced in Abuja, Nigeria. Eligible women for this research are those women who have been forced to leave their homes but remain in designated camps in Abuja, Nigeria. These people are displaced to seek asylum from their own government and within the confines of their national borders. Firstly, the study area was considered because the Federal Capital Territory (FCT), Abuja, serves as a source of national pride for Nigerians; many IDPs were cited in the city with the intention of getting proper attention, such as reliable social facilities, healthcare, and other social supports. Structured questionnaires were used for data collection, using structured interviews with IDP camp officials. This study adopted a multistage sampling design. The first step in the sampling procedure was the random selection of the study area, FCT Abuja, the capital city of Nigeria, based on the reasons stated above. The second step in the sampling procedure involved the identification and listing of IDP camps in the study area. The third stage was to randomly select four (4) IDP camps out of the 10 camps in Abuja, which are Durumi, Wassa, Yimitu, and New Kuchingoro. The selection of respondents was systematic sampling based on the sampling frame available from camp officials. Female interpreters were recruited to handle language/cultural barriers. However, 300 out of the 384 sample size calculated were considered suitable for this study using the Cochran Sample size determinant. But 84 of them were not found suitable for this study because they had incomplete responses, while some declined participation, making 300 respondents as sample size. These women were interviewed directly with the use of a structured questionnaire to collect information from women of reproductive age 15-49years between September and November 2022. The breakdown of sample size is discussed below based on language barrier and lack of interest: The IDPs camps covered are Durumi camp (68)), Wassa(65), Yimitu (64), and New Kuchingoro (103).

The study data were subjected to three levels of analysis. The first level involves a descriptive analysis of the socio-demographic and economic characteristics of the respondents using frequencies and percentages. The second level involves the examination of determinants of sexual violence using the Chi-Square Test of association between the independent (ages of respondents, level of education, marital status, ethnicity, religion, duration in camp, children ever born, knowledge of abortion law, and dependent variables (sexual violence and abortion seeking practice). The multivariate analysis is the third level of analysis that uses binary logistic regression models to evaluate the factors that influence sexual violence and the practice of unsafe abortion care in the camps.

3. Results

3.1 Background Characteristics

The results of Table 1 exposed the sociodemographic characteristics of the sampled displaced women and other variables measured in percentage (frequencies) and graphical presentations. About one woman among five (21%) of the sample was selected from four different IDP camps in Abuja; the same proportion in Yimutu IDP camp (21.3%), a bit more from Wassa IDP camp (21.7%), and more from New Kuchingoro IDP camp (34.3%), and Area 1 Durumi IDPs (22.7%). Concerning the age, more than half (56%) were older mothers aged 30 years and above, while 41% of the sample population were young mothers aged 20-29 years, and 2.7% were teenagers aged less than 20 years. The displaced women were from Borno State (93%), while those who reported coming from other states, such as Yobe 2% and Adamawa (5%), respectively. About 53% of the women had been in the camp for more than 6 years, while 16.7% had spent 3-5years in camp, and 30.7% reported they had spent less than 3 years. Also, the majority of the women reported to have given birth to3-5 children (51.3%) while 28.3% of the sampled women reported to have more than 6children.

Table 1a: Background Characteristics of Internally Displaced Women in Camp

Respondents and Camp Characteristics	*(n=300)*	*(%)*
Age of respondents		
Less than 20years	*8*	*2.7*
20-29years	*123*	*41.0*
30+	*169*	*56.3*
Number of Children ever born		
1-2 Children	*36*	*12.0*
3-5 Children	*154*	*51.3*
6+	*85*	*28.3*
None	*25*	*8.3*
Duration in Camp		
<3years	*92*	*30.7*
3-5years	*50*	*16.7*
6+	*158*	*52.7*
Camp of Residence		
Yimitu	*64*	*21.3*
Wassa	*65*	*21.7*
New kachingoro	*103*	*34.3*
Area 1 Durumi	*68*	*22.7*
Religion		
Christianity	*109*	*36.3*
Islamic	*180*	*60.0*
Traditional/Others	*11*	*3.7*
Marital Status		

Never married	*66*	*22.0*
Married	*167*	*55.7*
Widowed	*39*	*13.0*
Divorced/separated	*28*	*9.3*
Ethnic Group		
Fulani	*82*	*26.4*
Yoruba	*16*	*5.3*
Hausa/Fulani	*202*	*67.3*
Total	***300***	***100***

Source: Abuja IDPs Field work 2022

The bigger fraction, still 60% of the women, had Islam as their religious affiliation, while 36.3% were Christians. More than half (55.7%) of the sample population were married, 22.0% reported having never married legally, and widows/divorcees were about 23% of the sampled women. Also, in Table 1b, the analyses of respondents' level of education show that 35% of them had primary education, 33.7% had no formal education, while 25% had secondary education, and less than 6% had higher education, which comprises OND/HND/BSC. The state of origin of the respondents 93% were from Borno State, and the previous place of residence reported was towns in Borno, such as Gweoza, Biu, Maduguri, Mangoro, Abadan, etc. The major reason stated by respondents for leaving their usual residence was Boko Haram insurgencies (88.3%), Terrorist (6%), and other reasons were flood, Fulani herdsmen.

Table 1b: Other Socio-Demographic Variables

Other Socio-Demographic Variables	***Frequency***	***Percentage***
Educational qualifications		
No formal education	*101*	*33.7*
Primary	*105*	*35.0*
Secondary	*75*	*25.0*
OND	*11*	*3.7*
HND/BSC	*8*	*2.7*
State of origin		
Borno	*279*	*93.0*
Yobe	*6*	*2.0*
Adamawa	*15*	*5.0*
Previous place of residence?		
Abuja, Amae	*116*	*38.7*
Borno, Biu	*58*	*19.3*
Borno/Gwoza	*95*	*31.7*
Borno/Maduguri	*17*	*5.7*

Borno/Mungoro	*3*	*1.0*
Borno/Abadam	*3*	*1.0*
Adamawa/Song	*2*	*.7*
Yobe/Pofaskun	*5*	*1.7*
Borno/Kunduga	*1*	*.3*
Reason for living in Camp		
Flood disaster	*1*	*.3*
Terrorist	*18*	*6.0*
Civil war	*8*	*2.7*
Boko Haram insurgency	*265*	*88.3*
Fulani Herdsmen	*8*	*2.7*

Source: Abuja IDPs Field work 2022

3.2 Reproductive Health Challenges faced among Displaced women in Abuja Camps

Furthermore, after the background information of the sampled women. The study examined the reproductive health challenges faced in IDP camps. In Table 2, the study considered Reproductive Health Challenges faced among displaced women in Abuja Camps; more than 61.2% of the women had lost pregnancy through spontaneous abortion/miscarriage, while 38.8% had induced abortion. More than 55% of the women who wanted abortion or post abortion care got themselves treated through self-treatment, while 35.9% of them visited health facilities, and 9.1% used local herbs. It was found that 4 out of 10 women in the IDP camp had experienced pregnancy complications (42.7%) while 29.7% of them had not, and 27.6% is not sure. The type of pregnancy complication mostly reported among sampled women in camp was stillbirth (43%), followed by Eclampsia (40.6%), while a smaller proportion had Antepartum haemorrhage (11.7%), and obstructed labour/ruptured uterus (1.3%). On knowledge of Nigeria's abortion law, about 60% are aware of it, while 40% reported they are not aware.

Table 2: Reproductive Health Challenges faced among Displaced women in Abuja Camps

Access to Quality health care and Denial of safe care	***n***	***%***
Type of Pregnancy Lost		
Spontaneous abortion or miscarriage	*79*	*61.2*
Induced abortion	*49*	*38.8*
Abortion Care/Post abortion Care		
Self-treatment	*71*	*55.0*
Visiting health facility	*46*	*35.9*
Used local herbs	*12*	*9.1*
Pregnancy Complication experience in Camp		
Yes	*128*	*42.7*
No	*89*	*29.7*
Don't know	*83*	*27.7*
Type of Pregnancy's Complications		
Eclampsia	*52*	*40.6*

Still Birth	*55*	*43.0*
Antepartum haemorrhage	*15*	*11.7*
Postpartum haemorrhage	*2*	*1.6*
Obstructed labour/ruptured uterus	*4*	*1.3*
Know Nigeria's Abortion Law		
Yes	*180*	*60.1*
No	*120*	*39.9*
Age of child at death		
<1year	*10*	*3.3*
1-4years	*115*	*38.3*
5+years	*31*	*10.3*
Total	*300*	*100.0*

Source: Abuja IDPs Field work 2022

3.3. Prevalence of Gender Based Violence

The prevalence of gender and sexual violence was examined, and the results show that 28.3% of the women reported their husbands had forced them to have sexual intercourse with them when they were not willing, and more than 59% of them reported that the opposite sex had humiliated them since they had been in camp. 17% of them reported that a camp officer had sexually abused them before, and about one-third of the sample women reported that other men had sex with them forcefully. It was found that about 40% of the displaced women had experienced at least one instance of sexual violence either from an intimate partner or other male individual in the camp. The prevalence of sexual violence in the camp was examined in Table 3 and Fig 1. It was found that 28.3% of the women reported sexual violence from an intimate partner, 19.7% experienced sexual violence from camp officials, 21.3% reported sexual violence from other men in camp. Thus, about 40% of the displaced women had experienced at least one instance of sexual violence, either from an intimate partner or another male individual in the camp. More than 59% of sampled women reported that the opposite sex humiliates them since they have been in camp. More than 50% said they had never been physically forced to have sexual intercourse, but 33.3% of them said they experienced that sometimes, 7.0% said it happens often.

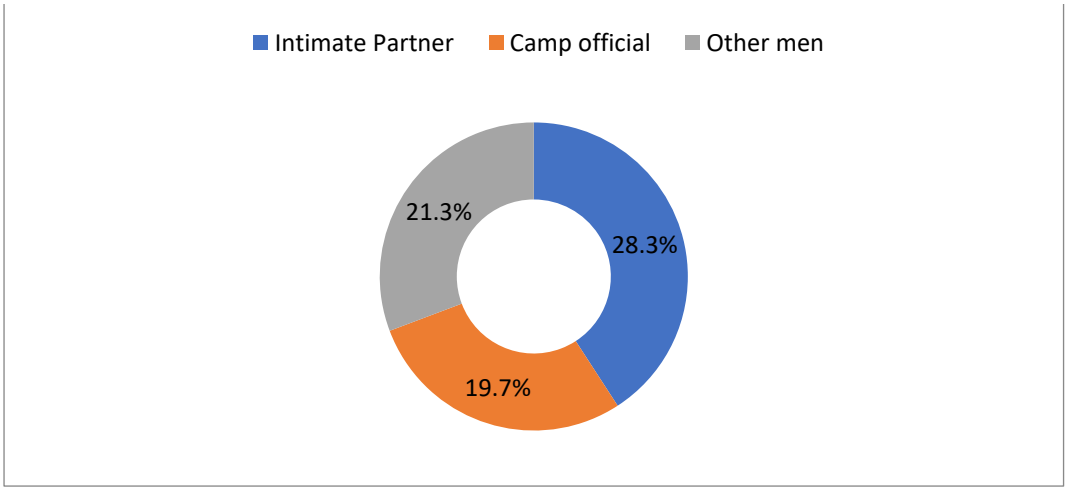

Table 3: Sexual, Physical, and Domestic Violence among Displaced Persons in

Sexual Violence from Intimate Partner	*Frequency*	*Percentages*
Yes	*85*	*28.3*
No	*148*	*49.3*
Don't know	*67*	*22.3*
Humiliation by the opposite sex since being in camp		
Yes	*177*	*59.0*
No	*35*	*11.7*
Don't know	*88*	*29.3*
Sexual violence from Camp officers		
Never	*241*	*80.3*
Often	*28*	*9.3*
Sometimes	*23*	*7.7*
Not in the last 12 months	*8*	*2.7*
Sexual violence from other men		
Never	*236*	*78.7*
Often	*38*	*12.7*
Sometimes	*22*	*7.3*
Not in the last 12 months	*4*	*1.3*
Sexual Abuse experience		
Never	*179*	*59.7*
At least one	*121*	*40.3*
Total	***300***	***100***

Source: Abuja IDPs Field work 2022

Table 4 and (fig. 2 & fig. 3) present the factors associated with different issues of sexual violence among displaced women. These factors are religion affiliation in camp, especially among Christians (93.6%) compared to Muslims and 18.2% chi-square ($\chi 2=13.77$, $p=0.001$. Level of education attainment was associated with sexual violence in camp, 23.8% among women with no formal education, 11.4% with primary, and 20.0% with secondary education reported sexual violence ($\chi 2=9.953$, $p=0.041$). Also, it was found that the age of respondents, marital status, years spent in camp, and number of children ever born do not significantly associate with ever experiencing sexual violence. Notably, we can deduce that religious affiliation and educational attainments are factors associated with sexual violence among displaced women in camps. Methods used in pregnancy complication care and sexual violence

Table 4: Social-Demographic Factors Associated with Sexual Violence Among Displaced persons

	Sexual Violence		Chi-Square (χ^2)Test
	Never	At Least One	
Religion			
Christianity	*102(93.6)*	*7(6.4)*	*χ2=13.77***
Islamic	*138(76.7)*	*42(23.3)*	
Traditional/Others	*9(81.8)*	*2(18.2)*	
Marital Status			*χ2=4.58*
Never married	*50(75.8)*	*16(24.2)*	
Married	*142(85.0)*	*25(15.0)*	
Widowed	*35(89.7)*	*4(10.3)*	
Divorced/separated	*22(78.6)*	*6(21.4)*	
Educational Attainment			
No formal education	*77(76.2)*	*24(23.8)*	*χ2=9.953**
Primary	*93(88.6)*	*12(11.4)*	
Secondary	*60(80.0)*	*15(20.0)*	
OND	*11(100.0)*	*0(0.0)*	
Higher Education	*8(100)*	*0(0.0)*	
Age of Respondents			
Less than 20years	*7(87.5)*	*1(12.5)*	*χ2=9.347**
20-29years	*95(77.2)*	*28(22.8)*	
30+	*147(87.0)*	*22(13.0)*	
Years spent in Camp			
<3years	*67(77.0)*	*20(23.0)*	*χ2=4.407*
3-5years	*41(87.3)*	*9(18.0)*	
6+	*138(87.3)*	*20(12.7)*	
Number of Children Ever Born			
1-2 Children	*31(86.1)*	*5(13.9)*	*χ2=3.587*
3-5 Children	*120(77.9)*	*34(22.1)*	
6+	*74(87.1)*	*11(12.9)*	

***Source*: Abuja IDPs Field work 2022**

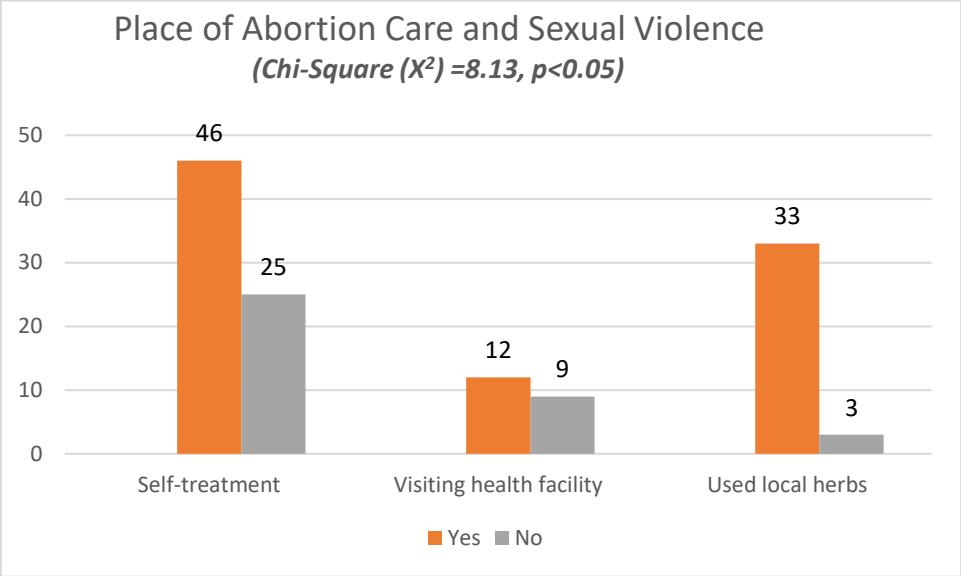

Table 4: Abortion Seeking Practices and Sexual Violence in Abuja IDPs

Variables	*Abortion Seeking Practice*			*X^2-Test*
	Self-Treatment	*Visiting Health facility*	*Used of Local Herbs*	
Knowledge of Abortion Law				
Yes	*75.3*	*9.6*	*15.1*	*X^2=20.10, p<0.05*
No	*45*	*5.1*	*49.9*	
Experience of Sexual Violence				
Yes	*56.2*	*12.3*	*31.5*	*X^2=8.13, p<0.05*
No	*35.1*	*20.4*	*44.5*	
Total	*71*	*46*	*12*	

Source: Abuja IDPs Field work 2022

There is a statistically significant association between knowledge of abortion law and abortion-seeking practices ($\chi^2 = 20.10$, $p < 0.05$). The patterns show that women who know the abortion law are more likely to self-treat (75.3%) compared to those without knowledge (45%), very few with knowledge visit a health facility (9.6%), and similarly low for those without knowledge (5.1%). Those without knowledge rely more heavily on local herbs (49.9%) than those with knowledge (15.1%).

The study showed a significant association between experience of sexual violence and abortion-seeking behaviour ($\chi^2 = 8.13$, $p < 0.05$). Survivors of sexual violence frequently choose self-treatment (56.2%) and local herbs (31.5%). Non-survivors are less likely to self-treat (35.1%) but are slightly more likely to visit a health facility (20.4%). Knowledge of abortion laws does not necessarily promote safe health-seeking; instead, women with more knowledge still rely heavily on self-treatment, possibly due to fear of stigma, restrictive legal environment, lack of confidential services within camps, and low autonomy or partner pressure. Consequently, they resort to self-managed abortions or traditional methods, which may increase health risks.

3.4 Multivariate Analysis of Factors Influencing Sexual Violence

The multivariate analysis shows that marital status, level of education, and religion influence sexual violence among displaced people in Abuja.

In fact, the unmarried displaced women were more likely to experience sexual violence compared to the married (OR=1.24, p<0.05). The women who had primary or no education were more likely to experience sexual violence compared to women with at least secondary education (OR=1.94, p<0.5). Conversely, there are significantly lower odds of reporting sexual violence among women who practice the Islamic religion compared to those who were Christians (OR=0.18, p<0.05), while the lower odds found in traditional and other religions were found to be statistically insignificant at 5% level of confidence. Other factors found with higher odds of sexual violence but not statistically significant ethnic group, Hausa/Fulani, Idoma/TIV, Details in Table 5.

Table 5: **Binary Logistic Regression of Women's Characteristics and Sexual Violence**

Sexual Violence (IDPs)	***Odd Ratio***	***Odd Ratio***
	Model 1	***Model 1***
Abortion seeking Practice		
Visit Health Facility	*1.00*	*1.00*
Self-treatment	*1.45**	*1.32**
Traditional/Herbs	*2*	*1.15*
Age of Respondents		
15-19year		*1.00*
20-29years		*0.68*
30+		*1.10*
Marital Status		
Married (RC)		*1.00*
Single		*1.24**
Widowered/Divorced		*3.06*
Education Status		
Educated (RC)		*1.00*
Primary/None		*1.94**
Children Ever born		
1-2 (RC)		*1.00*
3-5 Children		*0.73*
6+		*1.04*
Religion		
Christians		*1.00*
Islamic		*0.18**
Traditional/Others		*0.07**
Ethnic Group		
Other		*1.00*

Hausa/Fulani		*2.17**
Idoma /Tiv		*1.51*

*p<0.05, **p<0.01,***p<0.001 **Source: Abuja IDPs Field work 2022**

4. Discussion of Results

Nigeria has been finding it increasingly difficult and is almost failing in its task of managing its displaced persons (Olagunju, 2006). Obviously, the displacement in Nigeria has become a common occurrence, especially in the northern part of the country and a few areas in the southern parts. As of 2022, the United Nations Refugee Agency's (UNHCR, 2023) reported 44 million people in sub-Saharan Africa are displaced, about 38 million of them had been displaced since 2021. Of this figure, Nigeria, accounting for about 3,300,000 IDPs as of March 2014, tops the list of the three countries with the largest population of IDPs in Africa, followed by the Democratic Republic of Congo and Sudan, respectively; an additional 854,000 people in 2022, as against 107,000 recorded at the end of 2021.

This study found that the rate of sexual violence among displaced women is so terrible. It was found that about 40% of the displaced women had experienced at least one instance of sexual violence in the camp, and 61.2% had lost a pregnancy through spontaneous abortion/miscarriage, while 38.8% had induced abortion. The violence in IDP camps ranged from humiliation and physical abuse before sexual intercourse, even among intimate partners; many were forced into sexual intercourse against their will. This was supported by the work of Adekeye et al (2019), who found that women in IDPs faced a lot of challenges, such as sexual violence, rape, molestation, and other gender-based violence (Adekeye et al., 2019).

In the selected camps, women sampled reported some common reproductive challenges, such as loss of pregnancies, self-treatment due to lack of access to health facilities in the camp. Many who had miscarriages or who seek abortion care or post abortion care could not find available access because of legal restrictions on abortion law. About 60% of the displaced women are aware of the law. These had put displaced women to be left with no choice but to seek available skeletal sexual and reproductive health services from local midwives and patent medicine vendors, among numerous sexual and reproductive health needs (Odo et al., 2020). Denial of safe abortion care at public facilities has led to serious reproductive health challenges - unsafe abortion, suicide, and other unintended consequences that increase maternal mortality (Bankole et al., 2020).

Notably, in this study, the majority of these displaced women were uneducated, as ignorance opened them to sexual violence, intimidation, physical abuse, as well as ignorance of contraceptive use to prevent unintended pregnancy. Education and religion were found to significantly influence sexual violence, and sexual violence is significantly associated with unsafe practice of abortion in camps. *The reality is failing individual children, each of whom should be given the right to basic education. Every poor girl and boy deserves education to fulfil their future; being displaced should not be a denial of sexual rights. Between 2006 till date, many African countries have been going through insurgency, and those hosting humanitarian services for their IDP camps have been liberalizing their abortion law to achieve quality sexual and reproductive health for this subset in society. A few among those countries hosting displaced persons are Kenya, Colombia, Burkina Faso, Sierra Leone, Ethiopia, Chad, and Mali. As of today, Chad's panel law against abortion has been expanded to accommodate peculiar situations like sexual violence*(Ikenye, 2021). On this basis, liberalizing abortion law to save displaced women won't be a bad idea for Nigeria to review its legislation against abortion.

5.0 Conclusion and Recommendations

Nigeria struggles with managing displaced populations, especially in the north. This study reveals high rates of unwanted pregnancies, complications, and sexual violence among displaced women, emphasizing the need for comprehensive reproductive health services and policy review. *This* study affirmed that the desire for abortion is usually inevitable when pregnancy is unintended. But in a situation where the services needed are highly restricted, many seek another course of action, as keeping the pregnancies would be a scenario of another serious emotional disorder.

It is therefore recommended as follows: access to basic education is very important to every girl child. It is one key strategy for social liberation. That a woman is displaced or under insurgency should not give other people, especially well-meaning society, like camp officers, terrorists, and the likes to abuse them. Consequently, the increasing rate of abuse in IDP camps calls for reviewing Nigeria's abortion law by giving consideration to victims of sexual violence. This would not only put a new hope to vulnerable girl children in IDP camps, but also indirectly reduce the rate of unintended pregnancies, risk of unsafe abortion, leading to high maternal mortality. This would ultimately increase contraceptive uptake and contribute to improved maternal health among displaced women. There is a critical need to re-educate and re-orient religious leaders and intimate partners to support women's reproductive autonomy, including contraceptive use and informed decision-making on abortion. Furthermore, the stigma associated with contraceptive use must be addressed through targeted sensitization and community engagement initiatives.

6. Patents

There is no patent resulting from the work reported in this manuscript

Supplementary Materials: The following are available on request: the data collection instrument

Author Contributions: The contribution of individual authors was listed as follows SMA did the conceptualization SMA, SBS. and CO. did the methodology, SBS validated the research instrument, SMA did formal analysis, CO supervised the data collection/ research assistant in the investigation, ; resources, (SMA, SBS, and CO;.; writing original draft preparation, by SMA & SBS .;; supervision by SBS.All authors have read and agreed to the published version of the manuscript." Please turn to the Credit taxonomy for the term explanation. The lead authors confirmed that only authors who contributed substantially were added to the list of authors of this manuscript.

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Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Federal University Oye-Ekiti Institutional Ethics Committee and that of Federal Teaching Hospital Ido-Ekiti, protocol code XXX, and date of approval." OR "Ethical review and approval were waived for this study, due to REASON (please provide a detailed justification)." OR "Not applicable" for studies not involving humans or animals. You might also choose to exclude this statement if the study did not involve humans or animals.

Informed Consent Statement: Any research article describing a study involving humans should contain this statement. Please add "Informed consent was obtained from all subjects involved in the study." OR "Patient consent was waived due to REASON (please provide a detailed justification)." OR "Not applicable" for studies not involving humans. You might also choose to exclude this statement if the study did not involve humans.

Written informed consent for publication must be obtained from participating patients who can be identified (including by the patients themselves). Please state "Written informed consent has been obtained from the patient(s) to publish this paper" if applicable.

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