

Health risks and displacement experiences of children in Agan toll gate IDP camp, Makurdi, Benue State, Nigeria.

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Abstract

The issue of internally displaced persons (IDPs) is one of the most pressing humanitarian crises globally. Displacement often forces individuals, including children, to live in IDP camps, significantly impacting their health. This study examined the displacement and health of children at the Agan Toll Gate IDP camp in Makurdi, Benue State. It specifically investigated the living conditions of children in the camp, which expose them to diseases, and assessed the frequency of illness among these children. The study was anchored on social inclusion theory. A cross-sectional survey design was used, employing questionnaire (307 children) and key informant interviews (KIIs) (5 camp officials) to collect data. The data were analyzed using descriptive and inferential statistics with Statistical Service Package for Solution (SSPS). The study found that the main conditions exposing children to disease in the camp were poor shelter, poor nutrition/underfeeding, poor ventilation, exposure to pests and insects and lack of safe water. Additionally, it found that the incidence of diseases among under 10 children is high. The study recommends that, the Benue State Government, NGOs, and individuals should ensure the camp has food security, proper shelter, and water, sanitation and hygiene (WASH) to improve the health conditions of children in the camp in furtherance to achieving the (SDGs) sustainable development goals 17 objectives.

Key words: Children in Agan toll gate IDPs Camp, Health risks, displacement experiences, Sustainable development goals

1. Introduction

The displacement of people is one of the most concerning humanitarian crises globally and continues to be a major challenge (UNHCR, 2023). Conflicts, violence, political instability, religious reasons, terrorism, and insurgency are among the factors that force individuals and families to leave their homes, environments, and countries (UNHCR, 2023). Displacement can occur within national borders (internal displacement) or across national borders (refugees). IDPs are those who have been uprooted from their homes and communities within their own nation due to various crises, including conflict, human rights violations, and natural disasters. These displaced individuals and families often seek refuge in various locations, including government-established camps within their own countries (Agaigbe, 2023). Natural disasters and conflicts are among the most common causes of displacement of people. Natural disasters and conflicts are major causes of displacement. During such events, people are often compelled to leave their homes due to the destruction of their living environments, economic pressures, and concerns for their safety. At the end of 2023, 68.3 million people remained internally displaced due to conflict and violence. An estimated 9.1 million people were displaced within Sudan, the largest internally displaced population ever reported. This was followed by Syria (7.2 million), and the Democratic Republic of the Congo (6.7 million) (UNHCR, 2023).

By year 2023, the total number of internally displaced persons (IDPs) in sub-Saharan Africa stands at 34.8 million, representing 46% of the global total of 68.3 million IDPs. This worrisome trend underscores the urgent need for concerted regional and international action (Ecofin agency, 2024).

Recent reports shows that Nigeria is among the most contributing countries to displacement in Africa with a record of 3,578,996 IDPs (African Centre for Strategic Studies, 2023). As of 2023, the majority of internally displaced persons (IDPs) in Nigeria are women and children. The majority are women and children, and they are located in four different states. Of these, 69 per cent live within the host communities and 31 per cent in the official designated settlements. (UNHCR, 2023). This is a significant humanitarian concern and has implications for the provision of aid and support to IDP populations.

The Benue State Ministry of Information reported in 2018 that frequent Fulani herders' invasions on several farming communities in Benue State, located in the Middle Belt region of Nigeria, displaced hundreds of thousands of Benue people from their ancestral lands, including communities in Makurdi local government area. This displacement resulted in the establishment of IDP camps to accommodate the displaced persons, including children. The Internally displaced person's camp at Agan, Makurdi, Benue State is one of such camps. Statistics from the Benue State Emergency Management Agency, (SEMA, 2023) it's estimated that there are over 3.5 million internally displaced persons (IDPs) in Benue State, with women and children making up the majority and approximately 19% of this total population are under-five children. The ongoing conflicts, attacks, and violence involving Fulani herdsman have led to a significant surge in internally displaced persons, including children, who are forced to flee their homes and seek refuge in camps. This crisis is largely fueled by disputes over land and resources, which have become increasingly scarce due to climate change and population growth.

Akinrolie et al. (2022) observed that IDPs often face challenges including overcrowding, economic hardship, environmental degradation, poverty, lack of safe water, job loss, child labor, underpaid employment, poor sanitation, and waste management. These conditions are further compounded by the absence of shelter, food shortages and poor access to healthcare (UNHCR, 2023). The situation of children at the IDP's camp in Agan is not an exception. Children at the camps could be vulnerable to various health risks which could significantly impact their health status. It is due to this backdrop that this study explored, displacement and health of children in the internal displaced persons (IDPs) camp located at Agan, Makurdi local government area, Benue State. This study examined the displacement and health of children at the Agan Toll Gate IDP camp in Makurdi, Benue State.

2. Literature review

The challenges faced by Internally Displaced Persons (IDPs) have far-reaching and devastating consequences for their health and well-being, with children being disproportionately affected. Several risk factors contribute to the spread of diseases during displacement. These include the movement and resettlement of large populations in temporary locations, overcrowding, economic and environmental degradation, and inadequate access to safe water, sanitation, and waste management. These issues are further exacerbated by the lack of shelter, food shortages, and limited access to healthcare (Marou, 2024). According to Ajodo-Adebanjoko, (2017) and Gooding, et. al., (2024), children at internal displaced persons camp undergo serious challenges leading to malnutrition and other illnesses.

According to Kemei, (2023), IDPs face numerous challenges, including acute malnutrition, lack of medical facilities, poor shelter, inadequate water supply, and poor waste management. These conditions, along with security concerns, can expose IDPs to various diseases. Disruptions in public health services hinder prevention and control programs, leading to a rise in vector-borne diseases like malaria and yellow fever in IDP camps. Routine immunization services are also disrupted, increasing the risk of epidemics for vaccine-preventable diseases. According to Kemei, (2023), infectious disease outbreaks are common in IDP camps due to inadequate water, sanitation, and overcrowding. In a cross-sectional study of IDPs in Northern Uganda, it was found that food security and soap availability was found to be significantly associated with health status of IDPs (Owoaje, et al., 2016) while Birhan, et. al., (2023) observed that diarrheal disease is the major cause of morbidity and mortality among IDPs and mainly result from substandard or inadequate sanitation facilities, poor hygiene and scarcity of soap and water. Agaigbe, (2023) and Fiase & Gbaden, (2024) observed that in Benue State, the state of infrastructure at the camps are particularly in a calamitous state and this compels a lot of children to sleep outside with their parents which exposes them to a lot of risks including health risks and even loss of lives.

2.1 Social inclusion theory

The concept of social inclusion emerged in France in the 1970s and spread throughout Europe, transforming the analysis of social disadvantages (Aasland & Flotten, 2001). Today, sociologists widely use social inclusion theory to examine and interpret societal phenomena. Social inclusion theory focuses on enhancing the participation and well-being of marginalized individuals and groups, promoting equal opportunities, dignity, and empowerment. This framework addresses disparities based on identity, targeting those requiring support due to their circumstances (Dugarova, 2015).

The social inclusion theory posits that a socially inclusive society values everyone and provides for their basic needs, fostering a sense of belonging. Dugarova (2015) noted that this theory emphasizes the need for support, learning, contribution, and readiness among all individuals. Social inclusion is achieved through positive actions to change the circumstances of disadvantaged people.

Applying this theory to IDP camps, policies that include displaced people, particularly children, and address their economic welfare and health needs can significantly improve their living conditions and health outcomes. Social inclusion theory supports the integration of disadvantaged persons, regardless of their living situation. By focusing on social inclusion, policies can be developed to address the needs of IDPs, promote their well-being, and foster a more inclusive and equitable society.

3. Methodology

The study was carried out at Agan Toll Gate IDP camp. Agan is one among the council wards in Makurdi local government area of Benue State. It is situated along Makurdi-Lafia road at the outskirts of Makurdi. Agan is home to thousands of people who are displaced from their ancestral homes as a result of herdsmen invasion in their communities. The Agan Toll Gate

IDP camp in Benue State has a significant population, with 1,306 households and 5,529 individuals, including 2,483 males and 3,046 females (IOM, 2024).

The study adopted a cross sectional survey and mixed method. Data were collected using quantitative (questionnaire) and qualitative key informant interviews (KIIs) methods. The population for the study were children below 10 years living in the government established IDPs camp in Agan. However, respondents of the study were parents and guardians of the children who were in the position to give correct and accurate information that met the study phenomenon and respondents were purposively selected for the study. The population of children who were 10 years and below is 1,338 and using Taro Yamane's sample determination formula, 307 children were selected and sampled while 5 Camp officials were interviewed. Data were thematically analysed using the Statistical Service Package for Solution (SSPS).

4. Results

Table 1. Socio-demographic characteristics of children 10 years and below

Variables	Frequency	Percentage (%)
Age		
Less than 1 year	35	11.4
1-5	102	33.2
6-10	170	55.4
Sex		
Male	184	60.0
Female	123	40.0
At least one Parent alive		
Yes	242	79.0
No	42	21.0

Survey: 2024

Table 1 reveals that, the majority of children (55.4%) in the camp were aged 6-10 years old, followed by 1-5 years old (33.2%) and less than 1 year old (11.4%). The camp had a relatively balanced gender distribution, with 60% male and 40% female children and a significant proportion of children (79%) had at least one parent alive, while 21% had lost both parents.

By implication, the high proportion of children under the age of 5 (44.6%) indicates a significant population of young children who are particularly vulnerable to health risks and developmental challenges in IDP camps. The loss of parents can have a profound impact on children's well-being, including increased risk of emotional distress, neglect, and exploitation. The age distribution highlights the need for services tailored to the specific needs of different age groups, such as early childhood development programs for younger children and educational support for older children. While the gender balance in the camp is relatively equal, it's important to consider potential gender-specific vulnerabilities and needs among the children, particularly in terms of access to education, healthcare, and protection.

Table 2. Disease-prone living conditions faced by children in IDP camp (Multiples responses)

Conditions	
Poor shelter	307(100%)
Lack of safe water	307(100%)
Poor waste disposal	110(35.8%)
Poor nutrition/under feeding	304(99%)
Over crowding	194(63.2%)
Hand washing	50(16.3%)
Poor ventilation	200(65.1%)
Exposure to pests and insects	286(93.2%)
Healthcare access	30(9.8%)
Vaccination	70(22.8%)
Food security	95(31.0%)

Survey, 2024

Findings presented on table 2 show that, all children in the camp were exposed to poor shelter (100%) and lack of safe water (100%), indicating widespread and critical issues. A significant majority of children faced poor waste disposal (35.8%), poor nutrition/underfeeding (99%), and overcrowding (63.2%). Access to healthcare and vaccination was limited, with only 9.8% and 22.8% of children reporting access, respectively. A significant number of children (31%) faced food security challenges.

The high prevalence of poor living conditions in the IDP camp underscores the urgent need for comprehensive interventions addressing WASH, food security, healthcare access, and overcrowding to improve the health and well-being of children.

This finding is corroborated by a camp official who were interviewed. They acknowledged factors exposing children to diseases in the camp. He noted that;

The conditions in this camp is extremely poor, posing significant health risks, especially for children. They have no choice but to stay here despite the dangers. Many of them sleep in the open, as parts of the buildings are incomplete and lack mosquito nets. This exposes them, particularly the children, to mosquito bites and diseases. It's difficult to stay awake all night to protect children from mosquitoes.

Another official observed that;

The problem of food is a major challenge that is exposing the younger children to diseases in this camp. Although the government and NGOs as well as other kind hearted individuals sometimes try their best to support with food, but the quality of food especially the one provided by the government is usually poor, most times it is carbohydrates and even at that the children are usually under-fed, they don't get enough to eat at all. Sometimes some of we the officials in charge of giving out food usually hoard it. The children are really suffering from poor nutrition which exposes them to diseases.

The problem of adequate and safe water was also noted as a major challenge that is exposing children to diseases in the camp. Most time they go sourcing for water in open dug wells and streams and use to bath, drink, wash and cook without purification. Sometimes sachet water is provided but it is hardly enough to go round or even last them for a day or two.

Table 3. Incidence of diseases among under 10 children in IDP camp (Multiple responses)

Disease Incidence	Frequency	Percentage (%)
Has your child/children suffered from diarrhea	187	61.0
Has your child/children suffered from Respiratory Infections(Cough, asthma, pneumonia)	305	99.3
Has your child/children suffered from skin infections(rashes, boils, sores, ulcer)	306	99.7
Has your child/children suffered tuberculosis	34	11.1
Has your child/children suffered from kwashiorkor	183	60.0
Has your child/children suffered from malaria	307	100

Field Survey, 2024

In the Table above, a very high percentage of children were reported to have suffered/suffering from respiratory infections (99.3%), diarrhea (61%), skin infections (99.7%) and malaria (100%). Kwashiorkor, a form of severe protein-energy malnutrition, affected 60% of children. While tuberculosis was present but it affected a smaller proportion of children (11.1%).

Table 4. Pearson matrix of relationship between conditions of living and health of children in Agan Tool Gate IDPs camp

Items	1	2	3	4	5
1. Poor shelter makes my child/children fall sick often	1				
2. Lack of safe drinking water often make my child/children sick	.846**	1			
3. Poor waste disposal method affects my child/children's health	.231**	.273**	1		
4. Poor nutrition/under feeding makes my child/Children sick often	.637**	.539**	.147**	1	
5. Overcrowding in the camp makes my children contract communicable diseases	.230**	.271**	.994**	.146**	1

** . Correlation is significant at the 0.01 level (2-tailed).

The Pearson result presented in table 4 show that poor shelter, poor nutrition and under feeding, lack of safe drinking water, poor waste disposal method and overcrowding all have significant influence on health of children living in the camp.

4.1 Discussions of findings

This study assessed the impact of displacement on the health of children at Agan Toll Gate IDPs Camp. The study revealed that the major conditions of living that expose the children to disease on the camp are poor shelter, poor nutrition/under feeding, poor ventilation, exposure to insects and lack of safe water and unhygienic environmental conditions. This finding corroborates findings from a study conducted by Abari, Chinta, and Bai-Tachia (2019) where it was observed that shortages of basic needs such as food, water, poor shelter among other poor conditions of living in Benue State IDP camps affect children's health. Agaigbe, (2023) and Fiase & Gbaden, (2024) found in their study that, camps in Benue state are in calamitous state and a lot of displaced persons are usually housed in in schools, uncompleted buildings and many others are usually forced to sleep in open spaces. This portrays vulnerability of

children in camps to poor health conditions. A studies by Akinrolie, et. al., (2022); Kemei, (2023) and Marou, (2024) observed that children in IDP camps were underfed, lacked safe drinking water, poor nutrition, lacked adequate medical facilities, poor sanitation, poor shelter and overcrowding . These harsh living conditions can lead to infections and chronic diseases, jeopardizing the health of children in IDP camps.

The alarming rate of incidence of diseases at the IDP camp underscores the critical need for enhanced healthcare access and services. Malnutrition, in particular, poses a significant threat to children's health and development, making programs that improve food security and provide nutritional supplements absolutely essential. To combat infectious diseases like malaria and respiratory infections, strategic interventions are vital, including distributing mosquito nets, promoting hygiene practices, and ensuring clean water and sanitation. Although tuberculosis incidence is lower, it remains a pressing public health concern, necessitating robust control programs encompassing diagnosis, treatment, and prevention measures. Ultimately, these findings emphasize the urgent requirement for comprehensive healthcare interventions to address the acute health needs of children in IDP camp.

Previous studies by Umennuihe, et. al., (2022) observed high prevalence of stunting, wasting, moderate to acute malnutrition among children living in IDP camps in Plateau State, Nigeria. Health conditions such as kwashiorkor are also known to affect children who do not have adequate diet in the right proportion. Another study conducted in Uganda by Owoaje, et. al., (2016) observed that food security and soap availability were significantly associated with health status among the IDPs in camps. Another study in Ethiopia by Birhan, et. al., (2023), observed that diarrhoea disease is the major cause of morbidity and mortality among IDP children while Kemei, (2023) and Gooding, (2024) noted that due to inadequate water, sanitation, and overcrowding in IDP camps, infectious diseases such as diarrhea, rashes, malaria, pneumonia, meningitis, and tuberculosis are common.

The health of children living in Nigeria's internal displacement camps is severely compromised, largely due to inadequate nutrition. The World Health Organization (WHO) emphasizes that inadequate nutritious food intake leads to various diseases. In Nigerian IDP camps, malnutrition is rampant, caused by insufficient nutrient intake, limited food access, and irregular food distribution. This situation disproportionately affects children, making them highly vulnerable.

5. Conclusion and recommendations

Internal displacement is a persistent and widespread issue in Nigeria, with Benue State being no exception. The state has experienced numerous displacement waves, primarily triggered by conflicts between Fulani herdsmen and farmers, as well as natural disasters like flooding. This has led to a severe humanitarian crisis, forcing many to seek refuge in government-established camps.

The living conditions in these camps are dire, significantly impacting the health of children. Poor shelter, inadequate nutrition, and lack of access to safe water are among the factors

exacerbating health issues in children. These conditions make children more susceptible to diseases, further compromising their well-being.

The study offers the following recommendations

- i. The government should prioritize the needs and well-being of children in IDP camps to improve their lives. This includes providing essential services like quality shelter, nutritious food, and access to safe water. By addressing these basic needs, the government can significantly enhance the health and overall well-being of these vulnerable children.
- ii. Organizations like the World Health Organization (WHO) and UNICEF are already working together with the Nigerian government to reach every child with immunization services and improve their health status. The National Primary Health Care Development Agency (NPHCDA) has also developed an Immunization Recovery Plan to target zero-dose children and ensure they receive life-saving vaccines. IDPs camps should be made a priority in these policy implementations.
- iii. To improve the conditions for children in IDP camps in Benue State, the government should take proactive steps in line with the United Nations' guiding principles on internal displacement and the African Union Convention. This includes providing essential items like mosquito nets to prevent malaria and other diseases

References

- Abari, C., A. Chinta, T., & Bai-Tachia, M. (2018). Living condition and health of children in Internally Displaced Persons' (IDPs) Camps in Benue State, Nigeria *FUDMA Journal of Politics and International Affairs (FUJOPIA)*. 2(2),134-147
- Birhan, T. A., Bitew, B. D., Dagne, H., Amare, D. E., Azanaw, J., Genet, M., Engdaw, G. T., Tesfaye, A. H., Yirdaw, G., & Maru, T. (2023). Prevalence of diarrheal disease and associated factors among under-five children in flood-prone settlements of Northwest Ethiopia: A cross-sectional community-based study. *Frontiers in pediatrics*, 11, 1056129. <https://doi.org/10.3389/fped.2023.1056129>
- Agaigbe, F. M. (2023). Forced displacement, migration, and security: challenges in Benue state. *International Journal of Migration and Global Studies*, 3(2).
- Ajodo-Adebanjoko, A. (2017). Armed conflict, insecurity and the Nigerian child: A study of North-Eastern Nigeria. *Fulafia Journal of Contemporary Political Studies*. (1)1
- Akinrolie, O., Masta, A. M., Jasper, U. S., Fawole, H. O., Onyeso, O. K., Akinrolie, O., & Jumbo, U. S. (2022). Physical inactivity among internally displaced persons in Nigeria. *Journal of migration and health*, 6, 100140. <https://doi.org/10.1016/j.jmh.2022.100140>
- Annual Results Report 2023 Nigeria. UNHCR: The UN refugee agency
- Ecofin Agency: Sub-Saharan Africa Records 19.5 Million Internal Displacements in 2023 (IDMC)
- Fiase, M. E., & Gbaden, A. R. (2024). Banditry, insecurity and development in Benue state.

Gooding, C., Musa, S., Lavin, T., Sibeko, L., Ndikom, C. M., Iwuagwu, S., Ani-Amponsah, M., Maduforo, A. N., & Salami, B. (2024). Nutritional challenges among African refugee and internally displaced children: a comprehensive scoping review. *Children (Basel, Switzerland)*, 11(3), 318. <https://doi.org/10.3390/children11030318>

IDMC GRID (2020). Sub-saharan Africa

Kemei, J., Salami, B. O., Soboka, M., Gommaa, H. I. M., Okeke-Ihejirika, P., & Lavin, T. (2023). The forms and adverse effects of insecurities among internally displaced children in Ethiopia. *BMC public health*, 23(1), 200. <https://doi.org/10.1186/s12889-023-15109-9>

Marou, V., Vardavas, C. I., Aslanoglou, K., Nikitara, K., Plyta, Z., Leonardi-Bee, J., Atkins, K., Condell, O., Lamb, F., & Suk, J. E. (2024). The impact of conflict on infectious disease: a systematic literature review. *Conflict and Health*

Owoaje, E. T., Uchendu, O. C., Ajayi, T. O., & Cadmus, E. O. (2016). A review of the health problems of the internally displaced persons in Africa. *Niger Postgrad Med J*, 23:161-71

Dugarova, E. (2015). Social inclusion, poverty eradication and the 2030 agenda for sustainable development. *UNRISD Working Paper*, No. 2015-15, United Nations Research Institute for Social Development (UNRISD), Geneva

Umennuihe, C. L., Okechukwu, F. O., Nnubia, U. I., & Nnodim, E., J. (2022). Assessment of the nutritional status of school-aged children in internally displaced persons' camps in Plateau State, Nigeria. *Nigerian Journal of Nutritional Sciences*.43:1

United Nations High Commissioner for Refugees (UNHCR). (2023). Forced Displacement: A Global Crisis. <https://www.unhcr.org/refugee-statistics/insights/explainers/forcibly-displaced-pocs.html>

UN Migration, IOM. BIOMETRIC REGISTRATION PROGRESS REPORT, 2024.