

The Effect of Migration Caused by Insurgency (Boko-Haram) on Urban Town of Yola, Adamawa State, Nigeria

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Abstract

The research is on the effect of migration (caused by insurgency-Boko Haram) on Yola metropolis, Adamawa State. A case study design was adopted in this research and the target population of 202 respondents. A self-constructed questionnaire was made and an interview was conducted with the help of three assistants.

The purpose of the study was to ascertain its effect on the health of children, women and the elderly.

The research looked at the public health situation of the migrants; they were assessed using advanced health assessment and also had health education that centered on primary prevention, promotion of health and inhabitation (restoration) of health.

Conclusively, it was found that the children, women and elderly were greatly affected by migration.

Introduction

Background of study

Rural-urban migration has been historically connected with industrialization, urbanization and economic growth (Bhattacharya, 1993). Rural-urban migration eases inter-sectoral factor mobility and plays a vital role for structural changes. Moreover, migration has also been a key livelihood and survival strategy for many poor groups across the developing world, particularly in Africa.

Hundreds of thousands of people are displaced due to conflict every year globally (UNHCR, 2010). They are forced to flee from their homes in search of protection, some are able to find refuge with families and friends, but most are crowded into camps where they become victims of further violence, mental stress, and disease (IDMC, 2012). One noticeable aspect in the society today is the rate at which people migrate from rural to the urban centers in search for greener pasture, while the rural centers are decreasing in population; the Adamawa State capital has experienced population explosion because of the impact of insurgency. This led to migration from rural areas to urban city of Yola.

The subjects involved are public Health, Advanced Health Assessment and Health Education. The project will focus on the effect on health of the internally displaced, the public health aspect, the health assessment done to the internally displaced and the health education given. The researcher used physical interview, assessed the situations of the internally displaced and took history of their conditions. Photographs were taken at the spots to show the state of their conditions.

Objectives of the study

The objective of the study is to find out the impact of migration (caused by insurgency Boko Haram) on urban town of Yola. The specific objectives are:

1. To find out the impact of migration on children's health
2. To find out its impact on women's health.
3. The impact on the health on the elderly.

Study methodology

A case study design was adopted in this research where Yola metropolis was chosen as a case study. The data for this study were mainly collected in the internally displaced camps. A random sampling method was used to select the respondents. A total of 202 respondents were involved in the study. Data were collected by using structured questionnaire and interview.

Effect of migration

Effect of migration on health of children

Migration is either planned or unplanned. Unplanned migration has serious consequence, especially if it is caused by insurgency. Insurgency witnessed its highest peak in North Eastern Nigeria in 2014. This led to influx of internally displaced people from Southern Borno and North Adamawa states to Yola metropolis. The rural areas were most affected because there are no security forces stationed there. So people were killed un-numbered, this particularly affected the lives and health of children. Male children were particularly killed and pregnant women were brutally murdered in case they were carrying male children. Since their targets are mostly men, the men had to run for their lives leaving women, children and the elderly. Crops, markets, animals were looted, drinking water sources was also poisoned. Women fled, some carried only the number of children they were able to carry. Some children died on the way and were left to rot without burial. These people left unprepared, without food, water or drugs. The assessment is therefore done on a few that survived.

Oxford online Dictionary states that urban areas are communities of 1000,000 or more with a number of at least 50,000 and surrounding communities that share a high degree of social and economical integration. Yola with a population of about 395,871 populations with surrounding communities is an urban area.

Healthy children are active, alert, curious, have clear skin, bright eyes, regular and normal bowel movements, sleep soundly, good eaters, steadily gain weight and grow taller, enjoy individual and group activities, are curious and excited about new experience, feel good about themselves but not these ones. You see them confused, cry a lot, afraid, malnourished and scared.

Effect on women health

Women also suffered greatly on the hands of insurgents. The women are raped and forcefully used as cooks and some forced to go war. They have lost husbands, children, comfort and food. They are the ones mostly seen in the camps.

A woman complained of how her husband was killed in her house and her two months old baby boy killed, roasted and eaten in her presence. She could not sleep for weeks because of the trauma.

Effect on the elderly

Most of the elderly were left in the rural areas because there was no one to carry them. Some of them were not ready to leave; they feel there is no need to run. They were left behind and some were cared for by the insurgents. Some of them died because of lack of food, water and health care. Those that were lucky to be carried along were left in the cold in the camps. No proper or regular food, no clothings, beddings no regular checkup for their health.

Findings

Interview for the elderly (27 Elderly)

	No. of Present	Percentage
1 Incontinence	5	19
2 Immobility	6	22
3 Risk for fall	5	19
4 Dimension/depression	2	7
5 Obesity	4	15
6 Arthritis	9	33
7 Diabetes	12	44

The elderly were twenty seven (27) in number in the various camps, and at homes. Out of this number 5 of them representing 19% were incontinent (these are found in relatives homes). i.e 22% of the elderly visited also were immobile, 5 people that is 19% also had risk for fall. Only 2 that is 7% of the elderly had dementia/ depression. 4 that is 15% of the elderly were obese.

The number of those that had arthritis were 9 that is 33%. Diabetes were 12 that is 44% of the population.

The elderly were assessed using the advanced health assessment and were given health education on how to care for their condition. The relations were also involved in the care. The diabetics we taught on how to give themselves injection and how to test urine for sugar.

Questionnaire for 100 Children

	Healthy Child	No. of Respondents	% Not in Good Condition
1.	Active, Alert, curious	47	53
2.	Have clear skin, bright eyes	30	70
3.	Bowel movement	37	63
4.	Sleep	22	78
5.	Good eaters	54	46
6.	Steadily gain weight and grow taller	36	64
7.	Enjoy individual and group activities	48	52
8.	Dental hygiene	12	88
9.	Dressing for weather	07	93
10.	Feeling and emotions	18	82
11.	Personal cleanliness	13	87
12.	Rest and sleep	11	89
13.	Physical Assessment done to all		

- 53% of children not active, alert or curious
- 70% of the children have skin diseases and eye problems
- 63% had problems with bowel movements
- 78% of the child had problem with normal sleep
- 46% do not eat well
- 64% have lost weight.

- 62% do not enjoy individual or group activities
- 88% had problems with their teeth, no dental care free
- 93% of the children have no provision for the weather-harmattan
- 82% of the children emotions and feelings have no control over them
- 87% of the children do not know how to keep themselves clean and are not being cared for. They eat anything they get and play anywhere, defecate any where
- 89% of the children have no particular time to rest and sleep

The children were assessed using the advanced health assessment learnt starting from head to toe. The researcher used inspection, auscultation, percussion and palpation to assess the children. Some of them were found to be malnourished; some had respiratory track infection etc. The children were also given health education.

Women's Questionnaire (75 in numbers)

i	Feeling of sexism (biase against gender)		75%
ii	Feeling of misogygy (hatred towards women)		75%
iii	Malnutrition	50	67%
	Anaemia	47	63%
	Early marriage	63	84%
	Teenage pregnancy	57	76%
	School dropout/childhood labour	42	56%
	Skin diseases	43	57%
	Alcohol addiction	40	53%
	Smoking	37	49%

Physical Examination

The data showed that 50% of the women that is 67% of the respondents had malnutrition. While 47 that is 63% of the women were anaemia. The data also showed that 63 that is 84% of the respondents went through early child marriage. 57, that is 76% of the respondents also carried of having teenage pregnancies. Forty-three (43) of them that is 57% had one form of skin disease or another. Forty (40) of the respondents representing 53% confessed of being addicted to alcohol, while 37 that is 49% of the respondents are smokers or sneaff local tobacco.

The women's health was assessed, health education was also given.

Types of illness IDP's Suffer in the pasts month (n-202)

Illness	Elderly (n-27)	%	Women (n-75)	%	Childre n (100)	%
Common Cold	12	(44)	62	(83)	86	(86)
Chest Infection	14	(52)	13	(48)	32	(32)
Diarrhea	5	(19)	2	(3)	16	(16)
Skin infections	2	(7)	43	(57)	28	(28)
Cardiac Problems	3	(11)	-		-	
Arthritic	9	(33)	7	(9)	-	
Diabetes	12	(44)	8	(11)	-	
Loss of Vision	8	(30)	3	(4)	-	
Reproductive Health Problem	-		13	(17)	-	
Anemia	2	(7)	47	(63)	27	(27)

Pictures of migrants caused by insurgency in IDP camps in yola metropolis



Pictures of IDPs being fed before clinical assessment of both mothers and children



Some IDPs feeding malnourished children in Yola



IDPs receiving health education in Malkohi camp Yola town



Women IDPs waiting for health assessment after health education in NYSC orientation camp Yola.



IDPs at routine health check at NYSC orientation camp



IDPs receiving health education and routine clinical health assessment to prevent outbreak of diseases



IDPs resting after clinical health assessment



Some of the sick IDPs on admission in Specialist Hospital Yola

Conclusion

Migration has negative health consequences due to physical and psychological strains experienced by migrants throughout the entire migration process. These strains may lead to stress and rustic behaviors having a negative effect on the migrant's somatic and mental health especially many of the women and the elderly were found to be hypertensive

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