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IDRC GRANT / SUBVENTION DU CRDI : - UNDERSTANDING AND ADDRESSING THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS AND CHALLENGES OF YOUNG REFUGEE GIRLS AND WOMEN IN NIGERIA AND UGANDA

Project Title: Understanding and addressing the SRH needs and challenges of young women and girls in humanitarian settings in Nigeria and Uganda

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Executive Summary

This research project sought to gather and use evidence to improve the design and delivery of sexual and reproductive health and rights (SRHR) services among adolescent and young women in Muna El Badawe Internally Displaced Persons (IDP) Camp in Maiduguri, Nigeria and Nakivale Refugee Settlement Camp in Isingiro, Uganda.

Following quantitative and qualitative research, the study found that use of contraception and other SRHR services is low. The data indicates this may be linked to low decision-making power, stigma, and lack of awareness. The study further found differences between the two locations that may help to inform and tailor future SRHR services across humanitarian settings, including around how concentrated cultural norms in an IDP camp impact decision-making and stigma differently than the more diverse population of the refugee camp. The study has four published journal papers and reports. Two other papers from the study are under consideration for journal publications.

Innovative programs were designed and implemented to address the key issues discovered in the research, including awareness raising on SRHR and GBV information and services, and vocational skills training. Both programs were targeted at young women and adolescent girls. Another program addressed the community though a GBV education and discussion session directed at men.

The Research Problem

In Uganda and Nigeria, young women and girls form a substantial proportion of the population of people in refugee and IDP camps. Uganda hosts one of the largest refugee settlements in the world with over 1.5 million, 81% of whom are women and children.[1] In Nigeria, the Boko Haram insurgency has displaced nearly 2.2 million people, half of whom are women and girls.[2]

The high rates of women and children in both Nigeria and Uganda give rise to the critical need to address SRHR vulnerabilities. Young women and adolescent girls living in humanitarian settings, such as IDP and refugee camps, face increased SRHR vulnerabilities including greater risk of unsafe abortion, high maternal mortality, early and forced marriage, early and unintended childbearing, and intimate partner violence (IPV), among others.[3][4] Despite the knowledge of these vulnerabilities, access to quality care in humanitarian settings continues to be limited, especially for young people.[5][6] Existing efforts to promote access to SRHR services for refugees and internally displaced persons in Uganda and Nigeria have not particularly targeted young women and girls. They therefore remain largely underserved and less likely to be aware of and to use existing refugee and humanitarian SRHR services.

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[1] World Bank. (2022). "Preventing and Responding to Gender-Based Violence and Keeping Children Safe in Uganda's Refugee Hosting Districts." World Bank.

[2] Displacement Tracking Matrix (DTM). (2022). "Nigeria – North-east – Displacement Report 41 (June 2022)." IOW UN Migration.

[3] Davidson, N., Hammarberg, K., Romero, L., and Fisher, J. (2022). "Access to preventive sexual and reproductive health care for women from refugee-like backgrounds: a systematic review." BMC Public Health, 22(1).

[4] UNHCR USA. (2022). "Global Trends: Forced Displacement in 2021." UNHCR.

[5] Jordan, K., Lewis, T. P., and Roberts, B. (2021). "Quality in crisis: a systematic review of the quality of health systems in humanitarian settings." BMC Conflict and Health, 15(7).

[6] Jennings, L., George, A.S., Jacobs, T., Blanchet, K., and Singh, N. S. (2019). "A forgotten group during humanitarian crises: a systematic review of sexual and reproductive health interventions for young people including adolescents in humanitarian settings." Conflict and Health, (13) 57.

At a time of growing global recognition of the importance of adolescent-friendly and responsive services in closing gaps in access and use of SRHR services among the world's most marginalized adolescents, the research addressed adolescent SRHR in two contrasting typologies of humanitarian settings. The study used a mixed-method approach to explore the following key questions:

1. What are the SRHR issues and challenges of young women and girls living in camps for internally displaced persons and refugees in Nigeria and Uganda?
2. How do the SRHR needs and challenges of young women and girls differ based on humanitarian setting-types?
3. What are the barriers to the provision of SRHR information and services to young women and girls in IDP and refugee camps in Nigeria and Uganda?
4. What improvements are needed to strengthen the design and delivery of SRHR services and to increase awareness, access, use and demand for SRHR services and programs among young women and girls in IDP and refugee camps Nigeria and Uganda?

Synthesis of Research Results and Development Outcomes

The study found that use of contraception and other SRHR services is quite low, particularly in the IDP camp in Nigeria. While 63 percent of sexually active women interviewed in Uganda report using some method of contraception, just 9 percent of those in Nigeria report the same. Meanwhile, just 35 percent of those in Nigeria and 26 percent in Uganda report using SRHR services inside the camp suggesting that in Uganda, even women who do use contraception may be unable to access care inside the camp. We suggest three possible explanations for non-use of SRHR services: low decision-making power, stigma, and lack of awareness. These three explanations additionally highlight differences between the two settings to consider when designing SRHR service.

First, reduced decision-making power, including as an effect marriage, negatively impacts contraceptive usage. Participants from Nigeria were over 2.5 times as likely to be married than those in Uganda. Moreover, in Nigeria only 30 percent had been the sole decision-maker about their marriage, compared to 74 percent in Uganda. One reason for this may be the high rate of child marriage in Northern Nigeria, where 48 percent of girls are married by age 15 and 78 percent by age 18.[7] Data for this study were not collected from participants on age of marriage, but findings on age of first intercourse show that participants from Nigeria were four times as likely to have first intercourse prior to age 15 and 20 percent more likely before age 18, compared to those in Uganda. These findings suggest the potential for high rates of early marriage among our sample in Nigeria. Education is also connected to decision-making power, and we found that 59 percent of participants in Nigeria had no formal schooling, compared to 21 percent in Uganda.[8]

Reduced decision-making power is linked to girls' and women's reduced control over sexual and reproductive behaviors in the relationship, leading to lower contraceptive usage, greater risk of IPV, and reduced freedom of movement.[9] The reduced decision-making power in Nigeria therefore

[7] Save the Children. (2021). "State of the Nigerian Girl Report." Save the Children.
[8] Wei, W., Sarker, T., Żukiewicz-Sobczak, W., Roy, R., Alam, G.M.M., Rabbany, M.G., Hossain, M.S., and Aziz, N. (2021). "The Influence of
Women's Empowerment on Poverty Reduction in the Rural Areas of Bangladesh: Focus on Health, Education and Living Standard."
International Journal of Environmental Research and Public Health, 18(13).
[9] Save the Children. (2021). "State of the Nigerian Girl Report." Save the Children.

may have played a role in the significantly lower rates of contraceptive usage. This effect may also have been exacerbated by the humanitarian setting, where adolescent girls and young women are already at risk of lacking accessible and adequate SRHR care.[10] The relationship between reduced decision-making power as a result of lower educational attainment, early and forced marriage, and the use and/or access to SRHR in IDP settings remains understudied, though these preliminary findings are in line with emerging research and add to the growing level of information on this topic.[11]

We argued that stigma may play a significant role in non-use of contraception and other services, particularly in Nigeria. As those in Nigeria resided in an IDP camp, local and cultural taboos around discussions of contraceptive usage were likely more homogenous than in a more diverse refugee camp like Uganda where norms may have greater variation and informal or formal discussions of contraceptives may be more readily accessible in comparison. Fear of being seen was a notable barrier to use of services, particularly in Nigeria. Among those who reported they had used SRHR services, by far the most common service sought in both countries was pregnancy care, but particularly in Nigeria. On the other hand, half of users in Uganda were seeking contraception, compared to just 4 percent in Nigeria.

Another indication of stigma faced in Nigeria relates to abortion. Twenty-six interviewees in Nigeria reported that they had done something to resume menstruation following menstrual delay and 8 percent of those accessing SRHR services reported that they had received post-abortion care. Yet, no one from Nigeria reported having had an abortion. Other studies on SRHR in humanitarian context correspond with these trends, noting that stigma and shame around young people's sexual activity is a barrier to SRHR services and are exacerbated in displacement contexts.[12]

Finally, we suggest that poor awareness of available services limits their use in both settings. Of sexually active women who were not currently using a method of contraception, lack of information was a key reason. General knowledge of contraceptive types and where to access them was lower in Nigeria, particularly among those who had never had sex. While 75 percent of these women in Uganda reported knowing where to obtain a method should they want one, only 12 percent in Nigeria did so. This suggests limited discussion with family, friends, and healthcare providers around contraceptives. At the same time, 21 percent of women in Uganda who had not accessed SRHR care inside the camp reported that this was because of a lack of information, compared to 7 percent in Nigeria. Thus, while awareness overall may be higher in Uganda, context-specific information may still be limited.

These findings shine light on the SRHR needs and challenges facing adolescent girls and young women in humanitarian settings and how these affect their ability to access quality care. Looking at two different settings – an IDP camp in Nigeria and a refugee camp in Uganda – further helps to see how these needs and challenges vary across settings. Findings on the effects of decision-making power, stigma around contraceptive use and SRHR care, and low awareness of services

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[10] Ivanova, O., Rai, M., and Kemigisha, E. (2018). "A Systematic Review of Sexual and Reproductive Health Knowledge, Experiences and
Access to Services among Refugee, Migrant and Displaced Girls and Young Women in Africa." International Journal of Environmental
Research and Public Health, 15(8).

[11] Hunersen, K., Attal, B., Jeffery, A., Metzler, J., Alkibsi, T., Elnakib, S., and Robinson, W. C. (2021). "Child Marriage in Yemen: A Mixed
Methods Study in Ongoing Conflict and Displacement." Journal of Refugee Studies, 34(4).

[12] Tirado, V., Chu, J., Hanson, C., Ekström, A.M., Kågesten, A. (2020). "Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review." PLoS One, 15(7).

demonstrate gaps that can drive further research and programming to support greater SRHR access and health needs for adolescent girls and young women in humanitarian settings.

Project Outputs

The team had created multiple open access outputs, including an evidence synthesis report, a joint quantitative report and two manuscripts, with other manuscripts in the works.

Evidence synthesis report

1. Izugbara, C and Sebany, M (2019) SRHR needs and challenges of refugee and internally displaced women and girls in sub-Saharan Africa: evidence highlights. International Center for Research on Women, Washington, DC.

The project team has prepared a joint (Uganda and Nigeria) dataset that can be made open after some time. We are still mining the data currently. Using this data set, the team also drafted a quantitative report with the result from each survey and a comparative discussion:

2. Roth, C., Bukoye, O., Kunnuji, M., Schaub, E., Kanaahe, B., Atukunda, D., Esiet, A., and Izugbara, C. (2022). The Sexual and Reproductive Health Needs and Challenges of Adolescent Girls and Young Women in Humanitarian Settings in Nigeria and Uganda. International Center for Research on Women, Washington, DC.

Two collaborative manuscripts have been published utilizing data from this project and contributing to open-access literature on the topic of SRHR for young women and adolescent girls in humanitarian settings:

1. Marlow, H., Kunnuji, M., Esiet, A., Bukoye, F., and Izugbara, C. (2022). "The Sexual and Reproductive Health Context of an Internally Displaced Persons' Camp in Northeastern Nigeria: Narratives of Girls and Young Women." *Frontiers in Reproductive Health, 3.*
2. Marlow, H. M., Kunnuji, M., Esiet, A., Bukoye, F., and Izugbara, C. (2022). "Contraceptive use, menstrual resumption, and experience of pregnancy and birth among girls and young women in an internally displaced persons camp in Northeastern Nigeria." African Journal of Reproductive Health, 26[12s].

Additional collaborative manuscripts are currently in process and abstracts have been preliminarily accepted for potential publication in a special issue journal of the African Journal of Reproductive Health which will be open access. These planned papers include: "Transactional sex in humanitarian settings: a comparative analysis of livelihood and demographic predictors" and "Gender-based violence against adolescent girls in humanitarian contexts in Uganda and Nigeria"

Additionally, a collaborative abstract based on data from Nigeria was orally presented online at the International Population Conference (IPC) in December 2021. The abstract is titled *Sexual and Reproductive Health and Rights Challenges of Adolescents and Young Women in an IDP Camp in Nigeria*.

Problems and Challenges

1. **Delays caused by COVID-19:** The onset of the COVID-19 pandemic occurred after the first six months of the project, resulting in significant disruption to and adaptation of the research plan. During the first few months following the onset, the refugee and IDP camps closed to outside visitors to contain the spread of COVID -19. Protective measures such as social distancing, personal protective equipment (PPE) and handwashing were put into place and all research activities were initially suspended. During this period, the teams

quickly revised all IRB protocols to reflect the new reality of conducting research activities safely and under new IRB guidelines. Throughout the project, activity continuation was subject to national laws and IRB guidelines, causing additional delays and the team remained malleable to adjust to this. The various adaptations caused delays in research activities, but the research team ensured that all research activities were carried out and done with high regard to safety.

2. **Travel restrictions caused by COVID-19:** Due to the restrictions on travel in the first few years of COVID-19, data collections trainings that would have normally been held in person were now held online. The ICRW research team adapted to this unexpected change, but it reduced the full transfer of skills.
3. **Delays in data collection and data quality issues in Uganda:** Due to COVID-19, as well as recurring flooding in Uganda and limited leadership, the Uganda data collection was significantly delayed and hindered the ability to continue the comparative aspects of the project. Qualitative data was collected between March – August 2021, but despite support and guidance to the team, data quality was limited. Quantitative data was collected in April 2022 after multiple delays due to COVID-19 and natural disasters. A lot of time and resources were spent supporting the Uganda team which was programming institution with limited research capacity. This caused a lot of strain on the larger team. Due to issues with data cleaning quality, ICRW staff re-cleaned the data from the raw data set. The need to re-clean the data to ensure its quality caused further delay and limited the ability to produce multiple products from the Uganda data and the joint data. Though this limited the outputs, the final data is of high quality and a final quantitative joint report was produced. Future research collaborations with organizations that primarily do implementation may consider the option of keeping research-specific budgets directly with research-focused organizations. It may also be critical to recognize the additional research support that such collaborations require and budget for them.

Administrative Reflections and Recommendations

Overall, the team enjoyed working together. We also got adequate support from our project contact at IDRC throughout the project period. We were slowed down in the implementation by some of the team members who despite limited research experience failed to follow instructions. Researchers had to spend so much extra time correcting and addressing some of these issues. COVID-19 was an additional drawback.

The project resulted in several critical outcomes. In Nigeria, for example, evidence from the project was used to inform changes in service delivery in the IDP camp. Interventions were implemented in this camp to support displaced women and girls with vocational skills. In addition to preparing for life after displacement, this intervention also reduces their dependence on sex-based exchanges for livelihood. In both study settings, awareness campaigns have also been mounted to raise attention to SRHR and GBV information and services. Within the Uganda Red Cross, the study has inspired efforts to strengthen research. Red Cross Uganda has established a new research department. The process of collaborative data collection, report writing, and manuscript development has also strengthened the research and writing skills of the research team. With the published papers and reports, the partner-institutions and study team members have also improved their profiles as researchers.

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