Archives of Women Health and Care



Volume 7 Issue 2

Short Article

A Narrative Enquiry on the Ethno-Religious Conflict on the Health of Women in Plateau, Nigeria

Favour C. Uroko Ph.D*

Department of Religion and Cultural Studies, Faculty of the Social Sciences, University of Nigeria, Nsukka

*Corresponding author: Favour C. Uroko (Ph.D). Faculty of the Social Sciences, University of Nigeria, Nsukka

Received: June 12, 2024; Accepted: June 17, 2024; Published: June 24, 2024

Abstract

This study investigates the impact of ethno-religious conflict on the health of women in Plateau State, Nigeria, utilizing a comprehensive review of existing documents and literature. Plateau State, often referred to as the "Home of Peace and Tourism," has been plagued by persistent ethno-religious violence, which has had profound implications for the health and well-being of its female population. This research synthesizes data from governmental reports, non-governmental organisation (NGO) publications, academic journals, and health surveys to delineate the multifaceted health challenges faced by women in this region. The findings reveal that ethno-religious conflicts in Plateau State have significantly exacerbated physical, mental, and reproductive health issues among women. The physical health impacts include increased rates of injuries, malnutrition, and infectious diseases due to disrupted living conditions and healthcare services. Psychologically, women experience heightened levels of stress, anxiety, and post-traumatic stress disorder (PTSD) as a result of exposure to violence, displacement, and the loss of family members. Furthermore, reproductive health is severely affected, with limited access to prenatal and postnatal care, higher instances of sexual violence, and inadequate menstrual health management. The study implicated policymakers, health care providers, humanitarian organisations, faith-based organisation working in Plateau State. Recommendations are discussed.

Keywords: Religion, Ethnicity, Health, Women, Plateau, Nigeria

Introduction

Ethno-religious conflicts have long been a persistent challenge in various parts of Nigeria, significantly impacting the social fabric and overall well-being of its population. Plateau State, located in the central region of Nigeria, is one of the areas most affected by these conflicts. The intersection of ethnic diversity and religious plurality in Plateau has often led to violent clashes between different groups, resulting in substantial socio-economic and health-related repercussions. The health of women, in particular, has been severely affected by these conflicts. Women in conflict zones often face unique vulnerabilities, including displacement, loss of livelihoods, and increased exposure to violence and exploitation. These factors collectively exacerbate health issues ranging from physical injuries and psychological trauma to disruptions in maternal and child healthcare services [1,2].

In Plateau State, the cyclical nature of ethno-religious violence has created a volatile environment where healthcare delivery is consistently disrupted. Hospitals and clinics are often targets during conflicts, leading to their destruction or abandonment, which severely limits access to essential medical services for women. Additionally, the breakdown of social networks and support systems further compounds the health challenges faced by women, as they are often left to cope with the aftermath of violence with limited resources and support [3].

Studies have shown that women in conflict-affected areas of Plateau State experience higher rates of physical and mental health issues

compared to those in more stable regions. For instance, maternal mortality rates are significantly higher in these areas due to the lack of access to emergency obstetric care and skilled birth attendants. Furthermore, the pervasive fear and stress associated with ongoing conflict contribute to a higher prevalence of mental health disorders, such as depression and anxiety, among women [4,5].

This study aims to explore the multifaceted impact of ethnoreligious conflict on the health of women in Plateau State, Nigeria, and to identify potential strategies for mitigating these effects. By examining the direct and indirect health consequences of conflict and highlighting the experiences of affected women, this research seeks to contribute to a better understanding of the challenges and inform policy and programmatic responses to support women's health in conflict-affected regions.

Research Methodology

This study is a qualitative study using narrative method. The narrative method is a qualitative research approach that focuses on the collection, analysis, and interpretation of stories to understand the experiences, meanings, and cultural contexts of individuals or groups. Data was gotten from gazettes, periodicals, journal articles and archives of humanitarian organization such as governmental organizations, non-governmental organizations, civil based organizations, community based organization and faith-based organization. The data was analyzed using discourse analysis.

Ethno-Religious Conflict in Plateau, Nigeria

Plateau State, located in central Nigeria, has been a hotspot for ethno-religious conflicts for several decades. This region, known for its ethnic and religious diversity, has witnessed recurrent violent clashes between different groups, primarily driven by competition over land, political power, and resources. These conflicts are often framed along ethnic and religious lines, exacerbating tensions and leading to significant loss of life, displacement, and destruction of property. The roots of ethno-religious conflicts in Plateau State can be traced back to colonial and post-colonial policies that disrupted traditional land ownership and governance structures. The British colonial administration's divide-and-rule tactics, coupled with the post-independence government's failure to address these divisions, laid the groundwork for contemporary conflicts [6].

Plateau State is home to over 50 ethnic groups, with the Berom, Afizere, and Anaguta being the indigenous ethnicities, while the Hausa-Fulani are significant settler communities. The state is also religiously diverse, with a roughly equal distribution of Christians and Muslims. This diversity, while a potential strength has often been exploited by political actors to mobilize support and resources, deepening ethnic and religious divides. Several factors contribute to the ethno-religious conflicts in Plateau State. First, the competition for fertile land and grazing rights between indigenous farming communities and migrant herders is a primary driver of conflict. This competition has intensified with population growth and environmental changes, leading to frequent clashes. Second, the political marginalization of certain ethnic groups fuels resentment and conflict. Indigenous groups often feel that the settler communities, particularly the Hausa-Fulani, are favored in political appointments and economic opportunities. Third, religious identity is a significant factor in Plateau's conflicts. Incidents of religious violence elsewhere in Nigeria often spill over into Plateau State, inflaming local tensions. Both Christians and Muslims perceive themselves as victims of marginalization and discrimination, leading to mutual suspicion and hostility. Fourth, high levels of youth unemployment and poverty create a fertile ground for recruitment into militant groups. Young people, feeling disenfranchised and without prospects, are easily mobilized by leaders who exploit ethnic and religious narratives for their purposes [7-11].

The impacts of the conflicts in Plateau State cannot be underestimated. First, there is the loss of life and property. Thousands have been killed in violent clashes, and many more have been injured or displaced. Entire communities have been destroyed, with homes, schools, and places of worship burnt down [3]. Second, the conflicts have led to massive internal displacement, with many people living in camps under harsh conditions. Displacement disrupts education, healthcare, and economic activities, perpetuating poverty and instability. Third, the continuous cycle of violence has caused deep psychological trauma among the affected populations, particularly women and children. This trauma manifests in increased mental health issues and social fragmentation. Fourth, the persistent conflicts have severely affected the local economy. Agriculture, the mainstay of the state's economy, has been disrupted, leading to food insecurity and economic decline [12-14].

Various efforts have been made to address the conflicts in Plateau State but the issue has continued to escalate with women being at the receiving end. The first effort of the government is the deployment of security agencies. The Nigerian government has deployed security forces to quell violence and established commissions of inquiry to investigate the causes of conflicts. However, these measures have often been criticized for being reactive rather than preventive [15]. Another intervention of the government was the setting the pace for dialogue and reconciliation initiatives. Local and international organizations have initiated dialogue and reconciliation programs aimed at fostering understanding and cooperation between conflicting groups. These initiatives include peace education, interfaith dialogues, and community mediation [7]. Also, there are the economic empowerment programs such as vocational training and economic empowerment programs targeting youth. These programs aim to reduce unemployment and provide alternative livelihoods. Unfortunately, these strategies have not yielded the needed results because the ethno-religious conflicts in Plateau State are complex and multifaceted, rooted in historical grievances, competition for resources, political marginalization, and religious tensions [16].

Women and Conflict in Nigeria

Women in Nigeria are significantly affected by various forms of conflict, including ethno-religious violence, insurgency, communal clashes, and political unrest. These conflicts, which are prevalent in different regions of the country, have profound and multifaceted impacts on women's lives. It is important to state that ethno-religious conflicts, particularly in the Middle Belt and northern regions, have a devastating impact on women. These conflicts often arise from long-standing ethnic tensions and religious differences, exacerbated by competition over land and resources. Women are frequently targeted in these conflicts, experiencing violence, displacement, and loss of livelihoods [10].

Also, the Boko Haram insurgency in northeastern Nigeria is one of the most severe conflicts affecting women. Boko Haram's brutal tactics, including mass abductions, sexual violence, and forced marriages, have garnered international attention. Women and girls are particularly vulnerable to these abuses, which have long-lasting physical and psychological effects. Furthermore, during communal clashes and resource-based conflicts women are the targets. In various parts of Nigeria, communal clashes often revolve around land disputes, resource control, and herder-farmer tensions. These conflicts, prevalent in states like Benue, Taraba, and Kaduna, disrupt communities and displace thousands of women and children. The loss of homes and livelihoods significantly affects women's ability to provide for their families [17,18].

Women are also affected by political violence, especially during election periods. Political thuggery, assassinations, and post-election violence create an environment of insecurity that disproportionately affects women, limiting their participation in political processes and exposing them to further violence. The impact of the conflict on women cannot be overemphasized. It causes physical violence and sexual exploitation. Women in conflict zones are often subjected to physical violence and sexual exploitation. Rape and other forms of

sexual violence are used as weapons of war, leading to severe physical injuries, unwanted pregnancies, and sexually transmitted infections. These experiences not only cause immediate harm but also have long-term health implications. It resulted in displacement and humanitarian crisis for the women. Conflicts in Nigeria frequently result in mass displacement. Women and children constitute a significant portion of the internally displaced population. Displacement exacerbates existing vulnerabilities, as women in camps often face inadequate living conditions, limited access to healthcare, and increased risk of exploitation. Also, it has resulted in economic hardship for women [19-21].

Conflict-induced displacement and disruption of economic activities lead to significant economic hardships for women. Many women lose their means of livelihood and struggle to provide for their families. The destruction of markets, farmlands, and other economic resources further deepens poverty and economic instability among women. Also, the psychological impact of conflict on women is profound. Women who have experienced violence, displacement, and the loss of loved ones often suffer from severe mental health issues, including depression, anxiety, and post-traumatic stress disorder (PTSD). The lack of mental health services in conflict zones exacerbates these problems, leaving many women without the support they need [22,23].

There is also disruption of education and healthcare. Conflicts disrupt essential services, including education and healthcare. Many girls drop out of school due to insecurity and displacement, limiting their future opportunities and perpetuating cycles of poverty and dependency. Healthcare services, particularly maternal and reproductive health services, are often severely limited during conflicts, increasing risks for pregnant women and new mothers [24].

Women and Conflict in Plateau, Nigeria

Women in Nigeria are profoundly affected by various forms of conflict, facing physical violence, displacement, economic hardships, psychological trauma, and disruptions to education and healthcare. It has resulted in the physical violence and sexual exploitation. Women in conflict zones are at high risk of physical violence and sexual exploitation. During clashes, women are often targeted for rape and other forms of sexual violence as a tactic of war and intimidation. Such violence has devastating immediate and long-term effects on women's physical and mental health, leading to trauma, unwanted pregnancies, and sexually transmitted infections, including HIV/AIDS [25].

Women have encountered displacement and loss of livelihood in Plateau, Nigeria. Ethno-religious conflicts frequently lead to large-scale displacement. Women and children make up the majority of internally displaced persons (IDPs) in Plateau State. Displacement disrupts women's lives profoundly, stripping them of their homes, livelihoods, and social networks. Many displaced women find themselves in IDP camps, where living conditions are often dire, and access to basic necessities like food, clean water, and healthcare is limited. The destruction of property and loss of livelihoods during conflicts disproportionately affect women, who often bear the primary responsibility for their families' welfare. With traditional

agricultural activities disrupted, many women struggle to provide for their children, leading to increased poverty and economic instability. Additionally, women frequently face barriers to accessing financial support and resources needed to rebuild their lives after displacement [26,27].

The psychological impact of conflict on women in Plateau State cannot be overstated. Women who have experienced violence, displacement, and the loss of loved ones often suffer from severe mental health issues, including depression, anxiety, and post-traumatic stress disorder (PTSD) [22]. The lack of mental health services exacerbates these problems, leaving many women without the support they need to recover. Conflicts disrupt essential services, including education and healthcare. Women and girls are particularly affected by these disruptions. Many girls drop out of school due to displacement or insecurity, limiting their future opportunities and perpetuating cycles of poverty and dependency. Healthcare services, especially maternal and reproductive health services, are often severely limited during conflicts, increasing risks for pregnant women and new mothers [24].

Health of Women in IDP Camps

Internally displaced persons (IDPs) camps are temporary shelters established to accommodate people who have been forced to flee their homes due to conflict, violence, or natural disasters. In many regions, including Nigeria, women make up a significant portion of the IDP population. The health of women in IDP camps is a critical issue, as they face numerous challenges that impact their physical, mental, and reproductive health. There are physical health challenges that women go through. There is poor living condition for women in IDP camps. IDP camps are often overcrowded and lack adequate sanitation facilities, which contribute to the spread of infectious diseases. Women in these camps are at heightened risk of contracting illnesses such as cholera, malaria, and respiratory infections due to poor hygiene and limited access to clean water [21].

Also, there is limited access to healthcare services in IDP camps. Access to healthcare services in IDP camps is often severely limited. Health facilities are typically understaffed and under-resourced, making it difficult for women to receive the care they need. This is particularly problematic for pregnant women and those with chronic health conditions. The lack of access to maternal healthcare services increases the risk of complications during pregnancy and childbirth, leading to higher maternal and infant mortality rates [28].

Furthermore there is malnutrition affecting women in IDP camps. Food insecurity is a common issue in IDP camps, where food supplies are often insufficient and lack nutritional diversity. Malnutrition is a significant health concern, particularly for pregnant and lactating women, who require increased nutritional intake. Malnourished women are more susceptible to health complications and have a higher risk of giving birth to underweight babies [29].

The mental health challenges of women cannot be underestimated. It has resulted in psychological trauma. The experiences that lead to displacement, such as violence, loss of family members, and destruction of homes, are traumatic. Women in IDP camps often suffer from

severe psychological distress, including depression, anxiety, and post-traumatic stress disorder (PTSD). The lack of mental health services in these camps exacerbates the problem, leaving many women without the support they need to cope with their trauma [23].

It has led to increased gender-based violence. Women in IDP camps are at increased risk of gender-based violence (GBV), including domestic violence, sexual harassment, and rape. The lack of security and privacy in these camps makes women vulnerable to exploitation and abuse. GBV has profound impacts on women's physical and mental health, leading to injuries, psychological trauma, and sexually transmitted infections [25].

There is the reproductive health challenge facing women. There is the lack of reproductive health services such as family planning, prenatal care, and childbirth assistance, are often inadequate in IDP camps. This lack of services leads to high rates of unintended pregnancies, unsafe abortions, and complications during childbirth. Women in IDP camps frequently lack access to contraception and other reproductive health supplies, further exacerbating these issues [28]. Also, there is the inadequate menstrual health management. Managing menstrual health in IDP camps is a significant challenge. Women often lack access to sanitary products, clean water, and private spaces to manage their menstruation, leading to poor menstrual hygiene. This can result in infections and other health complications, as well as contribute to feelings of shame and embarrassment [30].

Recommendation

Finding a roadmap towards solving the impact of ethno-religious crisis in plateau state requires a coordinated effort that combines healthcare, protection, mental health support, and empowerment initiatives is essential to address the complex challenges faced by these women. There is the need for the state government of Plateau state to collaborate with non-governmental organization and faith-based in supporting women affected by conflict in Nigeria. These organizations will assist in providing essential services, including food aid, healthcare, psychosocial support, and educational programs. There is also the need to strengthen healthcare infrastructure. This could be done through an expansion of healthcare facilities in IDP camps. This could be done through the increase in the number and capacity of healthcare facilities in conflict-affected areas to ensure accessible and adequate medical care for women. There is also the need for the government, NGO's and FBO's to ensure that healthcare centers where sick and displaced women are kept are well-equipped with necessary medical supplies and staffed by trained healthcare professionals, particularly those skilled in trauma care and reproductive health services.

The importance of mobile health clinic cannot be overemphasized. There is the need to deploy mobile health clinics to reach women in remote or insecure areas, providing essential services such as vaccinations, prenatal and postnatal care, and treatment for injuries and infectious diseases. Also, there is the need to implement comprehensive psychosocial support programs to address the mental health needs of women affected by conflict. These programs should include counseling, support groups, and trauma-informed care. Furthermore, training for healthcare workers is paramount. Train

healthcare workers in mental health care to recognize and treat conditions such as PTSD, depression, and anxiety among women in conflict zones.

There is the need to improve reproductive health services. Access to reproductive health Supplies should be improved. Furthermore, ensure that women in conflict areas have access to reproductive health supplies, including contraceptives, sanitary products, and safe childbirth kits. Also, establish safe spaces within IDP camps and affected communities where women can receive reproductive health services and information in a secure and private environment.

There is the need to strengthen protection mechanisms within IDP camps and conflict-affected communities to prevent gender-based violence. This includes improving security, increasing the presence of female security personnel, and implementing zero-tolerance policies against perpetrators of physical and sexual violence against women in IDP camps. There is the need to provide medical care, legal assistance, and psychosocial support for women in IDP camps.

Conclusion

The ethno-religious conflict in Plateau State, Nigeria, has had a profound and detrimental impact on the health of women in the region. The violence and instability have exacerbated physical, mental, and reproductive health issues, creating a public health crisis that demands urgent attention. Women in Plateau State face heightened risks of injury, malnutrition, and infectious diseases due to disrupted living conditions and inadequate access to healthcare. Additionally, the psychological toll of conflict, including stress, anxiety, and PTSD, has severely impacted their mental health. Reproductive health has also suffered, with limited access to essential prenatal and postnatal care, and a rise in instances of sexual violence. To address these challenges, it is imperative to strengthen healthcare infrastructure, enhance mental health support, and improve reproductive health services. Protection mechanisms must be fortified to prevent gender-based violence, and comprehensive support must be provided for survivors. Ensuring food security and nutrition is crucial for the overall health and resilience of women and their families. A multi-sectoral approach that promotes collaboration between government agencies, NGOs, international organizations, and local communities is essential for holistic and sustainable solutions. Policy advocacy and robust monitoring and evaluation systems are needed to ensure effective implementation and continuous improvement of interventions. By addressing the health needs of women in conflict-affected areas comprehensively, stakeholders can work towards mitigating the adverse effects of ethno-religious conflict and enhancing the overall well-being of women in Plateau State. The commitment to peacebuilding, healthcare access and women's empowerment will pave the way for a healthier, more resilient community. The ethno-religious conflict in Plateau, Nigeria, has profound and far-reaching impacts on the health of women. By implementing these recommendations, stakeholders can work towards mitigating these effects and improving the overall health and well-being of women in conflict-affected areas. A coordinated effort that combines healthcare, protection, mental health support, and empowerment initiatives is essential to address the complex challenges faced by these women.

References

- Ikelegbe A (2005) The economy of conflict in the oil rich Niger Delta region of Nigeria. Nordic Journal of African Studies 14(2): 208-234.
- Pogu J (2018) Ethno-religious crises and the challenges of sustainable development in Nigeria. African Journal of History and Culture 10(5): 54-62.
- Human Rights Watch (2013) Leave Everything to God: Accountability for Inter-Communal Violence in Plateau and Kaduna States, Nigeria. Human Rights Watch.
- Onifade CA, Imhonopi D (2013) Towards national integration in Nigeria: Jumping the hurdles. Research on Humanities and Social Sciences 3(9): 75-82.
- Adebayo AA (2011) The challenge of poverty alleviation in Nigeria. Poverty Alleviation Strategies and Sustainable Development in Nigeria 3: 45-54.
- Danfulani UHD, Fwatshak SU (2002) The September 2001 Events in Jos, Nigeria. African Affairs 101(403): 243-255.
- Best SG (2007) Conflict and Peace Building in Plateau State, Nigeria. Spectrum Books.
- Blench R (2004) Natural Resource Conflicts in North-Central Nigeria: A Handbook and Case Studies. Mallam Dendo Ltd.
- 9. Egwu S (2004) Ethnic and Religious Violence in Nigeria. St Stephen Book House.
- Salawu B (2010) Ethno-religious conflicts in Nigeria: Causal analysis and proposals for new management strategies. European Journal of Social Sciences 13(3): 345-353.
- Higazi A (2011) The Jos Crisis: A Recurrent Nigerian Tragedy. Friedrich-Ebert-Stiftung.
- International Crisis Group (2012) Curbing Violence in Nigeria (I): The Jos Crisis. International Crisis Group.
- Okoli AC, Atelhe GA (2014) Nomads Against Natives: A Political Ecology of Herder/ Farmer Conflicts in Nasarawa State, Nigeria. American International Journal of Contemporary Research 4(2): 76-88.
- Adamu PA, Ben A (2015) The Impact of Ethno-Religious Conflicts on Women and Children in Northern Nigeria. Global Journal of Human-Social Science Research 15(4): 12-20.

- Ibrahim J, Kazah-Toure T (2003) Ethno-Religious Conflicts in Northern Nigeria. Centre for Research and Documentation.
- 16. Mercy Corps (2015) Youth and Conflict: A Toolkit for Intervention. Mercy Corps.
- Human Rights Watch (2014) Those Terrible Weeks in Their Camp: Boko Haram Violence against Women and Girls in Northeast Nigeria. Human Rights Watch.
- International Crisis Group (2018) Stopping Nigeria's Spiraling Farmer-Herder Violence. International Crisis Group.
- Akiyode-Afolabi A, Arogundade L (2003) Gender Audit-2003 Election and Issues in Women's Political Participation in Nigeria. Women Advocates Research and Documentation Centre (WARDC)
- 20. Amnesty International (2015) Nigeria: Human Rights Agenda. Amnesty International
- 21. IDMC (2020) Nigeria: Annual Report on Internal Displacement. Internal Displacement Monitoring Centre.
- Olujide JO (2016) Gender-based violence in Nigeria: Causes and Remedies. Journal of Research in Peace, Gender and Development 6(3): 32-40.
- Olley BO (2006) Perceived Stigma and Barriers to Accessing Health Services among Women in Conflict Zones in Nigeria. Social Psychiatry and Psychiatric Epidemiology 41(10): 743-748.
- UNICEF (2017) The Impact of Conflict on Women and Girls in West and Central Africa. UNICEF.
- Amnesty International. Nigeria: Trapped in the Cycle of Violence. Amnesty International Publications.
- Internal Displacement Monitoring Centre (2013) Nigeria: Fragmented Response to Internal Displacement amid Boko Haram Attacks and Flood Season. IDMC.
- 27. Ibeanu O (2006) Civil Society and Conflict Management in the Niger Delta. Cleen Foundation.
- 28. UNFPA (2016) The State of the World's Midwifery. United Nations Population Fund.
- 29. World Food Programme (2017) Nigeria: Food Security and Nutrition Assessment. WFP.
- UNICEF (2018) Menstrual Hygiene Management in Emergencies: Consolidated Response in Nigeria. UNICEF.

Citation:

Uroko FC (2024) A Narrative Enquiry on the Ethno-Religious Conflict on the Health of Women in Plateau, Nigeria. ARCH Women Health Care Volume 7(2): 1-5.