IMPROVING MATERNAL AND REPRODUCTIVE HEALTH OUTCOMES FOR WOMEN IN INTERNALLY DISPLACED PERSONS (IDP) CAMPS IN NIGERIA: CHALLENGES AND INTERVENTIONS

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ABSTRACT
Maternal and reproductive health outcomes among women in Nigerian internally displaced persons camps remain a critical concern due to persistent structural, socio-cultural, and institutional challenges. This study critically examined these challenges and evaluated existing interventions with the aim of identifying contextually relevant strategies for improvement. Adopting a qualitative analytical approach, the study synthesised existing literature to explore the complex interplay between healthcare system deficiencies, gender norms, and security-related vulnerabilities. The findings revealed that inadequate healthcare infrastructure, limited reproductive autonomy, and exposure to sexual violence significantly constrained access to and utilisation of essential health services. While some interventions have improved awareness and service availability, their impact has been limited by poor coordination and failure to address underlying systemic inequalities. The study therefore argued for a multidimensional approach that integrates healthcare delivery with socio-cultural engagement and institutional reform. It concluded that sustainable improvements in maternal and reproductive health outcomes require context-sensitive, rights-based interventions that prioritise both service provision and structural transformation.

Keywords: Maternal Health, Reproductive Health, Internally Displaced Persons, Nigeria

INTRODUCTION
The persistent deterioration of maternal and reproductive health outcomes among women in internally displaced persons camps in Nigeria represents one of the most pressing yet insufficiently resolved public health crises in contemporary humanitarian discourse. Internal displacement in Nigeria, largely driven by insurgency, communal violence, and environmental instability, has disproportionately affected women of reproductive age, exposing them to compounded vulnerabilities that extend beyond physical displacement into systemic reproductive health deprivation (Ehimwenma, 2025; Kazeem et al., 2026; Oga et al., 2026). Within these fragile settings, maternal health services are frequently inadequate, fragmented, or entirely inaccessible, thereby heightening risks of maternal mortality, unintended pregnancies, unsafe abortions, and untreated reproductive morbidities (Amodu et al., 2021; Jibirilla, 2021; Osunde & Olorunfemi, 2023). While global health frameworks emphasise reproductive rights as fundamental human rights, the lived realities of displaced Nigerian women reveal a stark contradiction between policy commitments and actual service delivery (Imoh et al., 2025; Savage, 2021; Fatemi & Moslehi, 2021).

Empirical studies have consistently shown that internally displaced women in Nigeria experience structural and socio-cultural barriers that severely constrain their access to reproductive healthcare services. For instance, Okorafor et al. (2024) and Ngwibete et al.

(2023) demonstrated that financial hardship, lack of autonomy, and deeply entrenched gender norms limit women's ability to seek timely maternal care, even when such services are theoretically available. Similarly, Marlow et al. (2022) highlighted that young women in IDP camps often navigate reproductive health decisions within environments characterised by coercion, misinformation, and inadequate support systems. This suggests that the crisis is not merely infrastructural but is embedded within broader socio-political and cultural dynamics that systematically marginalise displaced women's reproductive agency (Oga et al., 2026; Odo et al., 2020; Savage, 2021).

More critically, the intersection of displacement and reproductive health has introduced new dimensions of vulnerability, including heightened exposure to sexual violence and exploitation. Evidence from Oladeji et al. (2021) revealed a disturbing prevalence of sexual violence related pregnancies among women in IDP camps, thereby underscoring the urgent need for comprehensive reproductive health interventions that address both prevention and response mechanisms. This is further corroborated by Oviahon and Omorogiuwa (2025), who argued that healthcare delivery systems within camps are often ill-equipped to respond to such complex reproductive health needs due to resource constraints and weak institutional coordination. Thus, while some interventions have been introduced by governmental and non-governmental actors, their impact remains inconsistent and insufficiently transformative (Munyuzangabo et al., 2020; Amodu et al., 2021; Kazeem et al., 2026).

The Nigerian context presents a particularly compelling case for examining maternal and reproductive health outcomes within IDP settings due to the scale and persistence of internal displacement across regions such as Borno, Benue, and parts of North Central Nigeria. Studies conducted in these regions have revealed significant disparities in access to antenatal care, skilled birth attendance, and postnatal services when compared to non-displaced populations (Ngwibete et al., 2023; Osunde & Olorunfemi, 2023; Omoniyi, 2023). While some scholars attribute these disparities primarily to infrastructural deficits, others argue that governance failures and policy inconsistencies play an equally critical role in perpetuating reproductive health inequities (Oga et al., 2026; Ehimwenma, 2025; Savage, 2021). This divergence in scholarly perspectives highlights the need for a more integrated analytical framework that captures both structural and contextual determinants of reproductive health outcomes.

Despite the growing body of literature on reproductive health in humanitarian settings, significant gaps remain in understanding how interventions can be effectively tailored to the unique socio-cultural and institutional realities of Nigerian IDP camps. For example, while global systematic reviews such as Fatemi and Moslehi (2021) and Munyuzangabo et al. (2020) have identified key strategies for improving reproductive health service delivery in conflict settings, their applicability within the Nigerian context remains under-examined. Conversely, localised studies such as those by Omoniyi (2023) and Ngwibete et al. (2023) provide valuable insights into community-specific challenges but often lack broader theoretical integration. This disconnect between global evidence and local realities limits the development of contextually relevant and sustainable interventions.

Based on this understanding, the central problem addressed in this study is the persistent inadequacy of maternal and reproductive health outcomes among women in Nigerian IDP camps, driven by a complex interplay of structural, socio-cultural, and institutional barriers. In the specific context of North Central Nigeria, particularly in Benue State and surrounding regions, the situation is further exacerbated by prolonged displacement, weak healthcare

infrastructure, and limited policy implementation capacity (Ngwibete et al., 2023; Kazeem et al., 2026; Oviahon & Omorogiuwa, 2025). This raises critical questions regarding the effectiveness of existing interventions and the extent to which they address the multidimensional nature of reproductive health challenges in these settings.

The significance of this study lies in its attempt to move beyond descriptive accounts of reproductive health challenges towards a more critical and integrative analysis that bridges empirical evidence with policy and practice. By synthesising insights from diverse scholarly perspectives, this study seeks to contribute to ongoing debates on reproductive health justice, humanitarian health governance, and gender equity in crisis contexts (Oga et al., 2026; Imoh et al., 2025; Savage, 2021). Furthermore, it aims to provide actionable recommendations that can inform the design and implementation of more effective and context-sensitive interventions for improving maternal and reproductive health outcomes among displaced women.

In terms of scope, this study focuses specifically on women of reproductive age residing in internally displaced persons camps in Nigeria, with particular emphasis on North Central and North Eastern regions where displacement has been most pronounced. The analysis is confined to maternal and reproductive health outcomes, including access to antenatal care, family planning services, safe delivery, and postnatal care, while also considering broader issues such as sexual violence and reproductive rights. By concentrating on these dimensions, the study seeks to provide a comprehensive yet focused examination of the challenges and potential interventions within this critical domain (Okorafor et al., 2024; Marlow et al., 2022; Amodu et al., 2021).

OBJECTIVES OF THE STUDY

The primary aim/objective of this study is to critically examine the challenges and interventions associated with improving maternal and reproductive health outcomes for women in Nigerian internally displaced persons camps.

The specific objectives are to:

1. Examine the structural and socio-cultural barriers affecting maternal and reproductive health outcomes among women in Nigerian IDP camps.
2. Critically analyse existing interventions and their effectiveness in addressing reproductive health challenges in these settings.
3. Propose contextually relevant strategies for improving maternal and reproductive health outcomes among displaced women in Nigeria.

RESEARCH QUESTION

How can maternal and reproductive health outcomes for women in Nigerian internally displaced persons camps be effectively improved in the face of existing structural, socio-cultural, and institutional challenges?

LITERATURE REVIEW

Conceptual Review

Maternal Health Outcomes in Humanitarian Settings

The concept of maternal health outcomes within humanitarian contexts extends beyond clinical indicators such as maternal mortality and morbidity to encompass the broader conditions that shape women's access to safe pregnancy, childbirth, and postnatal care services. Scholars have argued that in displacement settings, maternal health outcomes are not merely biomedical phenomena but are deeply embedded within structural inequalities, governance failures, and

socio-political instability (Amodu et al., 2021; Jibirilla, 2021; Oga et al., 2026). While traditional public health perspectives emphasise service availability and utilisation, more critical approaches contend that such outcomes are influenced by systemic exclusion and marginalisation that disproportionately affect displaced women (Savage, 2021; Ehimwenma, 2025; Fatemi & Moslehi, 2021).

There is, however, divergence in how scholars conceptualise the determinants of maternal health outcomes in IDP camps. For instance, Osunde and Olorunfemi (2023) focused on service availability as the primary determinant, suggesting that improving infrastructure would significantly enhance outcomes. In contrast, Okorafor et al. (2024) and Ngwibete et al. (2023) emphasised socio-cultural barriers such as gender norms, stigma, and decision-making autonomy, arguing that even where services exist, utilisation remains constrained by deeply rooted social structures. This tension reflects a broader debate between structuralist and socio-cultural explanations of maternal health disparities.

Despite these differences, there is convergence among scholars that maternal health outcomes in Nigerian IDP camps remain critically poor and require multidimensional interventions that address both supply and demand side constraints (Amodu et al., 2021; Kazeem et al., 2026; Oviahon & Omorogiuwa, 2025). Based on this understanding, maternal health outcomes in this study are conceptualised as the result of an interaction between healthcare systems, socio-cultural dynamics, and displacement-induced vulnerabilities.

Reproductive Health and Rights in Displacement Contexts

Reproductive health, as defined within global health discourse, encompasses the ability of individuals to have a safe and satisfying sexual life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. However, in displacement contexts, this definition becomes contested due to the constraints imposed by insecurity, poverty, and institutional neglect (Imoh et al., 2025; Oga et al., 2026; Savage, 2021). Scholars have increasingly framed reproductive health within the broader discourse of reproductive justice, which emphasises not only access to services but also the social conditions that enable or restrict reproductive autonomy (Oga et al., 2026; Ehimwenma, 2025; Fatemi & Moslehi, 2021).

A key debate within this conceptual domain revolves around whether reproductive health challenges in IDP camps should be understood primarily as service delivery failures or as manifestations of deeper injustices. For instance, Amodu et al. (2021) highlighted structural gaps in healthcare provision, arguing that strengthening institutional capacity is central to improving outcomes. Conversely, Oga et al. (2026) critiqued this approach as insufficient, positing that reproductive health injustices are rooted in systemic inequalities that cannot be resolved through service provision alone. Similarly, Imoh et al. (2025) underscored the importance of reproductive rights, particularly in relation to family planning, arguing that displacement contexts often strip women of their reproductive agency.

Nevertheless, there is consensus that reproductive health in Nigerian IDP camps is characterised by limited access to contraception, inadequate sexual health education, and high rates of unintended pregnancies (Marlow et al., 2022; Omoniyi, 2023; Odo et al., 2020). This convergence suggests that while theoretical perspectives may differ, empirical realities point to a pervasive crisis that demands both structural reforms and rights-based interventions.

Internal Displacement and Gendered Vulnerability

Internal displacement is not a gender-neutral phenomenon, as women and girls often experience disproportionate burdens due to pre-existing inequalities that are exacerbated in crisis settings. Scholars have consistently demonstrated that displacement intensifies gendered vulnerabilities, particularly in relation to reproductive health risks, exposure to violence, and economic marginalisation (Ehimwenma, 2025; Kazeem et al., 2026; Oviahon & Omorogiuwa, 2025). This conceptualisation aligns with feminist analyses that view displacement as a process that amplifies structural inequalities rather than creating entirely new vulnerabilities (Savage, 2021; Oga et al., 2026; Fatemi & Moslehi, 2021).

However, there is debate regarding the extent to which displacement itself is the primary driver of vulnerability. While Oladeji et al. (2021) attributed increased reproductive health risks to displacement-related conditions such as overcrowding and insecurity, others such as Okorafor et al. (2024) argued that these risks are deeply intertwined with pre-existing socio-cultural norms that persist within camp environments. This suggests that displacement acts as a magnifier rather than a sole cause of vulnerability.

Despite these differing perspectives, there is agreement that internally displaced women face heightened risks of sexual violence, limited access to healthcare, and reduced decision-making power, all of which negatively impact maternal and reproductive health outcomes (Odo et al., 2020; Ngwibete et al., 2023; Marlow et al., 2022). Thus, understanding gendered vulnerability is essential for designing interventions that are both context-sensitive and effective.

Theoretical Review

This study is anchored in the Reproductive Justice Theory, which provides a critical framework for understanding the intersection of reproductive health, rights, and social inequalities. Originating from feminist scholarship, this theory posits that reproductive health cannot be fully understood without considering the broader socio-economic and political contexts that shape individuals' reproductive choices and experiences. It moves beyond the narrow focus on individual autonomy to emphasise collective conditions that enable or constrain reproductive decision-making (Oga et al., 2026; Imoh et al., 2025; Savage, 2021).

Through the lens of Reproductive Justice Theory, the challenges faced by women in Nigerian IDP camps can be interpreted as manifestations of systemic inequities rather than isolated service delivery failures. For instance, the limited access to maternal healthcare services is not merely a logistical issue but reflects deeper structural inequalities related to poverty, gender discrimination, and governance deficits (Amodu et al., 2021; Ehimwenma, 2025; Fatemi & Moslehi, 2021). This theoretical perspective thus redirects attention from symptoms to root causes, encouraging a more holistic understanding of the problem.

Furthermore, the theory highlights the importance of agency and empowerment in reproductive health. In the context of IDP camps, women's reproductive choices are often constrained by factors such as lack of information, coercion, and socio-cultural norms (Okorafor et al., 2024; Marlow et al., 2022; Omoniyi, 2023). By framing these constraints as issues of justice rather than mere barriers, the theory underscores the need for interventions that go beyond service provision to address underlying power dynamics.

Importantly, Reproductive Justice Theory also emphasises intersectionality, recognising that individuals experience multiple and overlapping forms of oppression. In Nigerian IDP camps, women's experiences are shaped not only by gender but also by factors such as displacement status, socio-economic background, and cultural norms (Kazeem et al., 2026; Oviahon & Omorogiuwa, 2025; Odo et al., 2020). This intersectional perspective allows for a more nuanced analysis of reproductive health challenges and highlights the need for tailored interventions that address diverse needs.Thus, by applying Reproductive Justice Theory, this study seeks to uncover the deeper and often overlooked dimensions of maternal and reproductive health challenges in IDP camps, thereby providing a more comprehensive basis for developing effective interventions.

Empirical Review

Okorafor et al. (2024) carried out a qualitative study on the sexual and reproductive health needs, barriers, and coping strategies of internally displaced women in North Central Nigeria. The study focused on understanding the lived experiences of women in IDP camps and identifying key challenges affecting their reproductive health. The authors adopted in-depth interviews and thematic analysis as their methodological approach. The findings revealed that women faced significant barriers including financial constraints, limited access to healthcare facilities, and socio-cultural restrictions that hindered service utilisation. The implication of these findings suggests that improving access alone may not be sufficient without addressing underlying socio-cultural dynamics. The study recommended community-based interventions and increased awareness programmes. However, the study did not extensively explore the role of policy frameworks in shaping these challenges.

Amodu et al. (2021) conducted an analytical study on reproductive healthcare provision in Nigerian IDP camps, focusing on structural gaps within the healthcare system. The study utilised secondary data analysis and policy review to examine existing healthcare structures. The findings indicated that healthcare services in IDP camps were fragmented, under-resourced, and poorly coordinated, leading to inadequate maternal health outcomes. This implies that systemic reforms are necessary to improve service delivery. The study recommended strengthening institutional capacity and improving coordination among stakeholders. However, it did not sufficiently address the socio-cultural factors influencing healthcare utilisation.

Marlow et al. (2022) undertook a narrative-based study examining the reproductive health experiences of girls and young women in IDP camps in Northeastern Nigeria. The study employed qualitative interviews to capture personal experiences. The findings revealed high rates of unintended pregnancies, limited contraceptive use, and significant gaps in reproductive health education. These findings imply that interventions must prioritise education and empowerment. The study recommended targeted youth-focused programmes. However, it did not fully integrate these findings within broader structural or policy contexts.

Oladeji et al. (2021) conducted a study on sexual violence related pregnancies among internally displaced women in Northeastern Nigeria. Using quantitative and qualitative methods, the study examined the prevalence and implications of sexual violence in IDP camps. The findings revealed a high incidence of sexual violence leading to unintended pregnancies, highlighting severe gaps in protection and reproductive health services. This implies that reproductive health interventions must incorporate protection mechanisms. The study recommended strengthening legal and support systems for survivors. However, it did not extensively explore preventive strategies within community settings.

Collectively, these studies provide valuable insights into the multifaceted challenges affecting maternal and reproductive health in Nigerian IDP camps. However, they also reveal significant gaps, particularly in integrating structural, socio-cultural, and policy dimensions into a cohesive analytical framework. This underscores the need for a more comprehensive approach, which this study seeks to address.

MATERIALS AND METHODS

This study adopted a qualitative critical analytical approach in order to interrogate the complexities surrounding maternal and reproductive health outcomes among women in Nigerian internally displaced persons camps. The choice of a qualitative orientation was informed by the need to move beyond surface level descriptions and instead engage deeply with existing scholarly arguments, empirical findings, and theoretical interpretations relevant to the subject matter (Okorafor et al., 2024; Oga et al., 2026; Amodu et al., 2021). Given that the study sought to examine structural, socio-cultural, and institutional dimensions of reproductive health challenges, a qualitative design provided the most appropriate framework for synthesising diverse perspectives and generating nuanced insights.

The study relied primarily on secondary data sources, drawing extensively from peer reviewed journal articles, policy analyses, and scholarly books contained within the provided reference list. These sources were purposively selected based on their relevance to reproductive health in displacement contexts, methodological rigour, and contextual focus on Nigeria and comparable humanitarian settings (Marlow et al., 2022; Ngwibete et al., 2023; Kazeem et al., 2026). Through a systematic process of document analysis, key themes related to barriers, interventions, and outcomes were identified, compared, and critically evaluated.

Analytically, the study employed thematic synthesis combined with critical discourse analysis to examine how different scholars conceptualised and addressed maternal and reproductive health challenges in IDP camps. This involved identifying patterns of convergence and divergence across studies, interrogating underlying assumptions, and situating findings within broader theoretical and policy debates (Imoh et al., 2025; Savage, 2021; Fatemi & Moslehi, 2021). Such an approach enabled the study to not only aggregate existing knowledge but also to challenge dominant narratives and highlight overlooked dimensions of the problem.

To enhance the credibility and depth of analysis, multiple sources were cross examined within single arguments, ensuring that interpretations were grounded in a broad evidence base rather than isolated findings (Oviahon & Omorogiuwa, 2025; Odo et al., 2020; Osunde & Olorunfemi, 2023). This methodological orientation ultimately allowed the study to generate a comprehensive and critically informed understanding of maternal and reproductive health outcomes in Nigerian IDP camps.

RESULTS AND DISCUSSION

Structural Barriers to Maternal and Reproductive Health Outcomes

The analysis revealed that structural deficiencies within healthcare systems in Nigerian IDP camps had significantly constrained maternal and reproductive health outcomes. Amodu et al. (2021) had demonstrated that healthcare infrastructure within camps was fragmented and under-resourced, thereby limiting access to essential maternal services such as antenatal care and skilled birth attendance. This position was reinforced by Osunde and Olorunfemi (2023), who had observed that even where health facilities existed, they were often inadequately equipped and staffed, resulting in poor quality service delivery. While both studies converged

on the importance of infrastructural inadequacies, Amodu et al. (2021) had emphasised systemic policy failures, whereas Osunde and Olorunfemi (2023) had focused more narrowly on operational inefficiencies within existing facilities.

In contrast, Oga et al. (2026) had extended this argument by framing these structural gaps as manifestations of broader reproductive health injustice, suggesting that the neglect of IDP populations reflected deeper inequalities embedded within national health governance systems. This perspective shifted the discourse from technical deficiencies to systemic marginalisation, thereby offering a more critical interpretation of the problem. However, while this argument provided a compelling theoretical lens, it had been less explicit in detailing practical pathways for reform. Thus, although there was consensus that structural barriers were central to poor outcomes, divergence remained regarding whether these barriers should be addressed through technical health system strengthening or broader socio-political transformation.

Socio-Cultural Constraints and Reproductive Agency

The findings further indicated that socio-cultural dynamics had played a critical role in shaping reproductive health behaviours and outcomes among displaced women. Okorafor et al. (2024) had revealed that women's decision-making autonomy regarding reproductive health was often constrained by patriarchal norms and economic dependence, thereby limiting their ability to access available services. Similarly, Marlow et al. (2022) had highlighted that young women in IDP camps had navigated reproductive health decisions within environments characterised by misinformation, stigma, and limited educational opportunities.

While both studies acknowledged the significance of socio-cultural barriers, they diverged in their interpretation of agency. Okorafor et al. (2024) had presented women primarily as constrained actors who adopted coping strategies within restrictive environments, whereas Marlow et al. (2022) had suggested that some women exercised limited forms of agency despite these constraints, particularly in relation to contraceptive use and negotiation of reproductive choices. This divergence underscored the complexity of agency in displacement contexts, where individuals simultaneously experienced constraint and resilience.

Furthermore, Omoniyi (2023) had provided empirical evidence that low uptake of family planning services among multiparous women was linked not only to lack of access but also to cultural perceptions surrounding fertility and motherhood. This finding challenged purely structural explanations by demonstrating that even when services were available, cultural beliefs continued to shape utilisation patterns. Therefore, the interaction between socio-cultural norms and structural conditions had emerged as a critical determinant of reproductive health outcomes.

Experiences of Sexual Violence and Reproductive Health Risks

A particularly significant finding concerned the prevalence of sexual violence and its implications for reproductive health outcomes. Oladeji et al. (2021) had documented high incidences of sexual violence related pregnancies among internally displaced women, thereby highlighting the intersection between insecurity and reproductive health risks. This finding had been consistent with broader observations by Oga et al. (2026), who had argued that reproductive health injustices in IDP camps were exacerbated by inadequate protection mechanisms.

However, while Oladeji et al. (2021) had focused on the outcomes of sexual violence, particularly unintended pregnancies, the study had been less explicit in addressing the structural and institutional failures that enabled such violence to persist. In contrast, Amodu et al. (2021) had linked these vulnerabilities to systemic gaps in camp governance and healthcare provision, suggesting that the absence of integrated protection and health services contributed to heightened risks. This comparison revealed that understanding sexual violence in IDP camps required a multidimensional approach that incorporated both immediate health consequences and underlying institutional dynamics.

The implications of these findings were profound, as they suggested that improving maternal and reproductive health outcomes could not be achieved without addressing issues of security and protection. Therefore, interventions that focused solely on healthcare provision without integrating protection mechanisms were likely to produce limited impact.

Effectiveness of Existing Interventions

The analysis showed that existing interventions aimed at improving reproductive health outcomes in Nigerian IDP camps had produced mixed results. Amodu et al. (2021) had noted that while some programmes had improved access to basic services, their impact had been constrained by poor coordination and inadequate resource allocation. Similarly, Okorafor et al. (2024) had observed that community based interventions had enhanced awareness but had not significantly transformed underlying socio-cultural barriers.

In contrast, Marlow et al. (2022) had suggested that targeted interventions focusing on young women, particularly those that combined education with service provision, had demonstrated more promising outcomes. This indicated that interventions tailored to specific demographic groups might be more effective than generalised approaches. However, Oga et al. (2026) had critiqued such interventions for failing to address systemic injustices, arguing that without structural reforms, their impact would remain limited and unsustainable.

This divergence highlighted a critical tension between short term programme effectiveness and long term systemic change. While targeted interventions had shown immediate benefits, they had not fundamentally altered the conditions that produced poor reproductive health outcomes. Conversely, broader structural reforms, although necessary, had been more difficult to implement and sustain.

Towards Context-Sensitive and Integrated Strategies

The findings suggested that improving maternal and reproductive health outcomes in Nigerian IDP camps required a more integrated and context-sensitive approach. Omoniyi (2023) had emphasised the importance of culturally sensitive family planning programmes, while Okorafor et al. (2024) had advocated for community engagement strategies that addressed socio-cultural barriers. These perspectives converged on the need for interventions that were not only technically sound but also socially acceptable.

At the same time, Amodu et al. (2021) and Oga et al. (2026) had underscored the necessity of strengthening healthcare systems and addressing governance challenges. This implied that effective interventions must operate at multiple levels, combining service delivery improvements with broader structural and policy reforms. However, the challenge remained in balancing these dimensions within resource constrained settings.

Thus, the overall analysis demonstrated that maternal and reproductive health outcomes in Nigerian IDP camps had been shaped by a complex interplay of structural deficiencies, socio-cultural constraints, and security challenges. While existing interventions had addressed certain aspects of the problem, they had often failed to capture its multidimensional nature. Therefore, a more holistic approach that integrated health services, socio-cultural engagement, and structural reforms was essential for achieving sustainable improvements.

CONCLUSION AND IMPLICATIONS

This study critically examined the persistent challenges affecting maternal and reproductive health outcomes among women in Nigerian internally displaced persons camps, with particular attention to the interplay between structural deficiencies, socio-cultural constraints, and institutional limitations. The analysis demonstrated that these challenges were not isolated occurrences but rather deeply embedded within broader systems of inequality and marginalisation that continued to shape the lived realities of displaced women. Maternal health outcomes in these contexts were therefore not merely a reflection of healthcare availability but were significantly influenced by the conditions under which women attempted to access and utilise such services.

The findings revealed that structural barriers within healthcare systems had consistently undermined the quality and accessibility of maternal and reproductive health services. Inadequate infrastructure, insufficient medical personnel, and weak institutional coordination collectively contributed to poor service delivery, thereby exposing women to preventable health risks. However, it became evident that addressing these structural gaps alone would not be sufficient. Socio-cultural factors, including gender norms, limited autonomy, and deeply rooted beliefs surrounding fertility and reproductive roles, continued to shape health-seeking behaviours in ways that restricted effective utilisation of available services.

Furthermore, the study established that insecurity and exposure to sexual violence significantly compounded reproductive health risks within IDP camps. These realities highlighted the limitations of interventions that focused exclusively on healthcare provision without integrating protection mechanisms. The persistence of such vulnerabilities suggested that maternal and reproductive health outcomes could only be improved through approaches that addressed both health and security dimensions simultaneously. In this regard, the study underscored the importance of viewing reproductive health within a broader framework of human dignity, safety, and rights.

Based on these insights, this study took the position that improving maternal and reproductive health outcomes in Nigerian IDP camps requires a multidimensional and context-sensitive approach. Interventions must move beyond fragmented efforts and instead adopt integrated strategies that combine healthcare delivery, socio-cultural engagement, and institutional reform. This implies that policymakers and practitioners must recognise the interconnected nature of the challenges and design responses that are both comprehensive and adaptable to local realities.

The implications of this study are both theoretical and practical. From a theoretical perspective, the findings reinforced the relevance of justice-oriented frameworks in understanding reproductive health challenges in displacement contexts. Such frameworks enable a deeper appreciation of how structural inequalities and power dynamics shape health outcomes, thereby moving the discourse beyond purely technical solutions. Practically, the study highlighted the

need for targeted interventions that prioritise community engagement, culturally sensitive health education, and the empowerment of women as active participants in their reproductive health decisions.

Additionally, the study implied that strengthening healthcare systems in IDP camps must be accompanied by improved governance and accountability mechanisms. Without addressing issues of policy implementation and institutional coordination, efforts to enhance service delivery are likely to remain ineffective. There is therefore a need for stronger collaboration between governmental agencies, humanitarian organisations, and local communities to ensure that interventions are both sustainable and impactful.

This study also emphasised the importance of tailoring interventions to the specific needs of different groups within IDP populations. Women of varying ages, marital statuses, and socio-economic backgrounds experience reproductive health challenges differently, and as such, a one-size-fits-all approach is unlikely to yield meaningful results. Contextual understanding and responsiveness must therefore guide the design and implementation of all programmes.
In essence, the improvement of maternal and reproductive health outcomes in Nigerian IDP camps cannot be achieved through isolated or short-term measures. It requires a sustained commitment to addressing the underlying structural, socio-cultural, and institutional factors that perpetuate inequality and vulnerability. Based on this understanding, future efforts must prioritise integrated, inclusive, and rights-based approaches that recognise the dignity and agency of displaced women while addressing the complex realities of their environments.

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