



ECONOMIC AND HEALTH IMPLICATIONS OF INTERNAL DISPLACEMENT ON THE SOCIAL WELLBEING OF WOMEN IN IDP CAMPS IN GUMA LGA, BENUE STATE



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Abstract

Globally, there is continuous increase in forceful displacement of persons with corresponding effect on the social well-being. In Nigeria, internal displacement is on the increase and many of the IDPs who live in camps are women, a vulnerable group in the population whose social wellbeing is ultimately under threat. To uncover some of the implications of internal displacement, this study examined implication of internal displacement on the social wellbeing of women in Guma Local Government Area of, Benue State, Nigeria. The specific objectives were to: examine economic implication of internal displacement, health implication of internal displacement, of women in Guma LGA, Benue State. Social integration theory were adopted in the study. The study utilised cross-sectional survey design with Guma Local Government Area as the study area. The population of the study was internally displaced women who were 18 years and above, living in camps in Guma Local Government Area. The sample size determination formula by Cochran was used to arrive at a sample size of 384. The study utilised multi-stage sampling procedure. Questionnaire and Key Informant Interview (KII) were used to collect data. The data were analysed using descriptive, inferential as well as content analyses techniques. Findings of the study revealed that economic implications of internal displacement included loss of farm ownership loss of job, reduction in income, increase in dependency ratio among others influenced the social wellbeing of women in the area. Additionally, it was found that internally displaced women ate food that were unhygienic, there was also indication for lack of clean water, and the environment not fumigated thereby giving rise to mosquito bites and subsequent malaria significantly affected the social wellbeing of women in camps in Guma Local Government Area. The study concluded that internal displacement including economic, health, and nutritional implications have significant influence on the social wellbeing of women in Guma Local Government Area. The study recommended a comprehensive assessment in camps in the study area. The government should start by conducting a thorough needs assessment in the camps to understand the specific economic challenges faced by internally displaced women in Guma Local Government Area, Benue State. This will help to improve the social wellbeing of internally displaced women in the study area.

Keywords: Women; Social Well-being; Internal Displaced Persons; Economy; Health; Benue

Introduction

The problem of displaced persons has in recent years become a global concern with its implications on the social wellbeing of displacement (Ladan, 2021). Every year, people around the world face the devastating impacts of conflicts, violence, disasters and climate change. Tens of millions of people flee their homes but never cross an international border, these individuals, known as internally displaced persons (IDPs') make up the vast majority of displaced people around the globe today. In addition to the many general human rights violations faced by all IDPs, Internally Displaced Women (IDW) are often at greater risk than other affected populations. Hence, it is essential to consider the needs of internally displaced women and girls as they experience displacement differently, are more at greater risk than men and boys and face specific challenges that must be better understood to address their needs (Laurie & Petchesky, 2018). They tend to have less access to assistance, and struggle to access adequate education, healthcare, training and livelihoods. They are more susceptible to sexual and gender-based violence (SGBV), are likely to face difficulties in exercising rights to housing, land and property, and are often excluded from decision-making processes, all of which affects their social health (Bimkpe, 2020).

The social wellbeing of IDPs in Africa is severely impacted by a combination of poverty, lack of access to essential services, gender-based violence, and the disintegration of social structures. Displacement exacerbates existing vulnerabilities and creates new risks, particularly for women and children, who often face the brunt of the negative effects (Oyefara & Alabi 2016). Women in Africa account for half of the world's internally displaced persons (IDPs) (UNCHR, 2019). As of 2018, there were 7.4 million refugees and asylum seekers and 17.8 million IDPs across the African continent (UNCHR, 2019). Almost half of the world's displacement is caused by conflict (46.4%) (NRC/IDMC, 2018), followed by natural disasters, human rights violations and governance deficits. Displacement exacerbates existing social and economic inequalities, leading to an increased risk of marginalization and long-term negative outcomes for displaced populations, especially women and children

In Nigeria, the social well-being of internally displaced persons (IDPs) in Nigeria is heavily shaped by ongoing conflict, economic challenges, and inadequate access to basic services. Nigeria has one of the largest populations of displaced persons in Africa, with over 2.5 million IDPs as of 2020 (IDMC, 2021). These individuals face significant challenges that threaten their social well-being, including poverty, lack of access to education and healthcare, exposure to violence, and the breakdown of social structures. UNHCR (2021) observed that the displacement crisis in Nigeria has led to severe consequences for the displaced population, particularly women and children, who experience heightened vulnerability and marginalization

According to the Nigerian National Commission for Refugees, Migrants, and Internally Displaced Persons (NCFRMI, 2021), IDPs often live in overcrowded and under-resourced camps with limited access to basic necessities such as food, clean water, and shelter. A study by the United Nations High Commissioner for Refugees (UNHCR, 2022) highlighted that IDPs in Nigeria face persistent poverty, with many unable to find stable employment or income-generating opportunities. This lack of economic resources undermines their ability to support themselves and their families, leading to a deterioration of their overall well-being. The high levels of poverty also contribute to the social exclusion of IDPs, as they are often seen as dependent on aid rather than active members of the community.

In Benue State particularly, the farmers and herdsman clashes have brought about threats to lives and properties. It has brought about loss of lives and properties, and rendered many homeless. Majority of the people in affected areas have been displaced and are housed in

internally displaced persons' camps. Most of the IDPs in the camps are women and children; who are the most vulnerable group (Kater, 2020). This study focuses on the effects of internal displacement on the social wellbeing of women in Guma Local Government Area (LGA) of Benue State, the study seeks to better understand the experiences and perceptions of internally displaced women in Guma LGA, in order to identify the main barriers to their social wellbeing. Therefore, this study aims to fill this research gap by examining the social wellbeing of women in IDPs camps in Guma LGA, Benue State.

The study has theoretical and methodological significance. From the theoretical point of view, this study will add to the exiting literature on implications of internal displacement on social wellbeing. It will also serve as a spring board upon which subsequent studies of similar kinds can be conducted. This study also aims at filling the gap in knowledge on implications of internal displacement on social wellbeing, since research on the subject matter has not conducted done in Guma Local Government area.

From the methodological point of view, by examining the impact of internal displacement on the social wellbeing of women, this study can identify strategies to address the disparities in access to healthcare and quality of healthcare. It will also provide equip the relevant authorities with information the health condition of IDPs which will be used as evidence to advocate for improved healthcare services, infrastructure, and resources in among internally displaced women, enhancing the overall health outcomes of displaced women in Guma Local Government Area and Benue state at large.

Statement of the Problem

The issue of social well-being among internally displaced persons (IDPs) is a global concern, with millions of people affected by displacement due to conflict, natural disasters, and human rights violations. According to IDMC (2020), there were over 50 million internally displaced persons worldwide by the end of 2020, with women and children disproportionately bearing the brunt of the negative impacts of displacement. For women, displacement brings a range of social, economic, and emotional challenges, including increased vulnerability to gender-based violence (GBV), a lack of access to basic services, and the breakdown of community and familial support systems. These factors severely affect their social well-being, resulting in isolation, loss of livelihood, and long-term psychological trauma. Despite the growing recognition of these challenges globally, the specific needs and experiences of displaced women have often been marginalized in humanitarian responses.

In Nigeria, the situation of internally displaced persons, particularly women, is dire. As of 2020, Nigeria had one of the highest numbers of IDPs in Africa, with over 2.5 million displaced individuals (IDMC, 2020). The majority of displaced persons in Nigeria are victims of the ongoing Boko Haram insurgency in the northeast and conflict between herders and farmers in other regions, including the Middle Belt. Guma Local Government Area (LGA) in Benue State, where the research will focus, has been significantly affected by internal displacement. Women in these camps face not only the physical risks of displacement but also severe social and psychological challenges. Empirical studies on displacement in Nigeria, such as those by the UNHCR (2019) and Oyefara and Alabi (2016), show that women in IDP camps often suffer from poor access to basic services, including healthcare and education, while also being exposed to gender-based violence, including sexual assault and exploitation.

Existing studies have predominantly focused on general humanitarian conditions in IDP camps, with limited attention to the interconnected economic and health implications and

how they collectively shape the social well-being of women, particularly at the local level such as Guma LGA. Consequently, there exists a critical gap in empirical knowledge regarding how economic deprivation and poor health conditions interact to influence the social well-being of women in IDP camps. Addressing this gap is essential for informing policies and interventions aimed at improving the quality of life and long term recovery of displaced women in Benue State.

Research Objectives

The main objective of this study was to identify the social wellbeing of women in IDPs camps in Guma LGA, Benue State. Specifically, the study sought to:

- i. Evaluate the economic implication of internal displacement on the social wellbeing of women in Guma Local Government Area of, Benue State
- ii. Assess the health implication of internal displacement of women on their social wellbeing in Guma LGA, Benue State

Literature Review and Theoretical Framework

Conceptual Clarifications

Internal Displaced Persons (IDPs)

The term “internal displacement” has been defined as the obligation by force the persons and people to flee involuntarily their living places, residential, homes, and cities but staying inside their countries” borders (Al-Khafaf, 2017). The intensity of internal displacement arising from different factors, which include violent conflicts and natural disasters, has become a global problem (Durosaro & Ajiboye, 2011).

According to Ademú & Rasheed (2016) internally displaced persons often shorten as IDPs are people who flee their home as a result of violence conflict but look for a temporary settlement within the boarder of their country. IDP therefore is distinguishable from refugees which some people use indiscriminately. The distinguishing feature between IDPs and refugees is that IDPs are displaced from their home and settle within their country's boarder, the refugees are displaced population that flee beyond the boarder of their country and are protected by international law.

The United Nations Guiding Principles on the protection and assistance of Internally Displaced Persons IDPs has offered elaborate definition of IDPs as; Internally displaced people are people or groups of people who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised State border. (UNGP, 1998). This definition is all encompasses and vividly shows that people may flee their home when there is imminent attack to a safer place to avoid loss of lives and destruction of moveable properties. In his own contribution to the meaning of IDPs, Ladan using international law approach described IDPs as Displaced persons under international law are persons or groups of persons who have been forced or obligated to flee or to have cause to leave their homes or place of habitual residence in particular, due to or in order to stave off the effect of armed conflict, violations of human rights, situations of generalized violence, natural or man-made disasters, to another place considered relatively safe either within their own national borders (as internally displaced persons) or travel across an internationally recognized state border (as refugees) (Ladan, 2006). Ladan's definition buttress on the UN guiding principles definition by developing a dichotomy between IDPs and refugees.

Economic Implication of Internal Displacement and Social Wellbeing of Women

Globally, the main problem of internal displacement in securing economic stability in poor urban areas is obtaining a regular source of income of women. Access to the formal labor market is quite limited, particularly for IDPs. They typically only have occasional and temporary access to jobs in construction or domestic service (US Department of Defence, 2017). Participating in the formal work sector and social security system renders registered IDPs ineligible for state assistance offered to women IDPs, which is another important consideration they must take into account when seeking employment. Both IDPs and a significant proportion of the host community obtain what unsteady income they generate through the informal employment sector. State support for income generation enables IDPs to establish small, informal businesses (Holzer, 2022).

According to UNICEF (2024), men tend to serve or are suspected to be serving as combatants in time of internal displacement. As a result, they go missing, are killed or become disabled while in combat. Consequently, their displaced wives become heads of households which had hitherto been occupied by men. As a result, heavy burden is placed on women since their traditional gender roles have limited their economic opportunities and access to resources. The difficulty faced by women in providing for themselves and their households in the camps or places of refuge is because of their cultural norms and values which hold that the place of women is in the home.

Insecurity in camps also deters them from engaging in economic activities if there is opportunity to do so. One could imagine the plight of women who had been economically inactive when displacement separates them from their husbands who had been their sources of supplies as „breadwinners“ of their families. In a situation whereby it is culturally unacceptable for women to establish and manage businesses, or go out of the home without being accompanied by male relatives, such women would become helpless and unable to fend for themselves when uprooted from their families as a result of violence or disaster. When the family structure that supports this arrangement that men should work while women should perform domestic chores is destroyed by displacement, women are incapacitated and impoverished, and therefore face serious challenges on how to meet their needs (Deng, 2021).

In urban centers, men usually work in the construction industry or in the personal services sector as coteries (loading and unloading goods at the city's markets and other places), street vendors, and cleaning cars at traffic lights, etc. Women generally work in domestic service or street vending. These are all unskilled activities carried out by people with a low level of education in the informal economy. Workers of this kind are not entitled to health or other social benefits, and their earnings depend on the work they do each day. The informal activities that they carry out sometimes involve an invasion of public spaces. It is common to see women, children and elderly people begging for money on the street, at traffic lights and outside shopping centers with signs saying that they are IDPs. This situation undermines their dignity and self-esteem, although, as they themselves say, it is better to beg than to steal. In conclusion, IDPs are unable to become self-reliant and meet their basic needs in a sustainable manner, without permanent assistance from the government and humanitarian organizations (Deng, 2011).

Displacement disrupts the source of income of the victims, and subjects them to severe hardship (Chukwuji, 2019). Forced migration negatively impacts on women more than men. For example, changes in gender roles in situations of conflict arise when women are forced to assume responsibilities hitherto held by men. Women with children in most cases make up

the majority of the IDPs population (UN Economic and Social Council 2004). Traditional Gender roles are largely a function of cultural determinism. They originate from cultural beliefs, institutions, and practices. Ibe (2020) states that through gender socialization, males and females learn the gender roles considered appropriate by their culture. He maintained that through gender role socialization, people observe, imitate, and internalize the culturally prescribed attitudes and behaviors through direct instruction and using other males and females as role models. In virtually all Nigerian societies, traditional gender roles require that men engage in economic activities as the breadwinners of their families while women should perform domestic chores at home. Consequently, men are exposed to more opportunities to work, learn skills, trade, and occupy positions of authority where decisions are made while women learn about caretaking and nurturance.

In Nigeria, OCHA (2024) reports that vulnerable IDPs women including children displaced in Yola town, Adamawa state, have been forced to engage in survival sex to meet their basic needs. From the foregoing, it could be deduced that the negative impact of displacement is heavier on women by virtue of the fact that they have been culturally raised to be dependent on men for their material needs. In event of displacement when the male breadwinners are not available to provide for the women, it becomes virtually impracticable for them to fend for themselves. Consequently they remain at the mercy of donors who are rarely available.

Health Implication of Internal Displacement and the Social Wellbeing of Women

Internally displaced persons (IDPs) often face numerous challenges, including limited access to healthcare which significantly impacts the health of women and their social wellbeing. A study by Hamisu (2019) conducted in Nigeria found that internally displaced women faced challenges in accessing healthcare services due to limited infrastructure and resources. This restricted access to essential medical care, including antenatal care, vaccinations, and family planning services. Consequently, women's health is compromised, leading to increased maternal mortality rates and other preventable health complications (Koko, 2023).

Internal displacement often amplifies the risk of GBV against women and girls, especially resident in IDP camps. A study by Okumu (2020) conducted in Nigeria highlighted the prevalence of GBV in IDP camps, leading to mental health issues and reproductive health problems among women. Survivors of GBV may suffer physical injuries, sexually transmitted infections, unwanted pregnancies, and psychological trauma, all of which negatively impact their overall health.

Internal displacement often results in overcrowded living conditions and inadequate sanitation, which heighten the risk of communicable diseases among women in IDPs. A report by the International Organization for Migration (IOM, 2018) states that, outbreaks of diseases such as cholera, malaria, and respiratory infections are common in overcrowded IDP camps. Women, particularly pregnant women with compromised immune systems are more susceptible to these diseases due to poor living conditions (Aka, 2019).

Women and children constitute over 70% of internally displaced populations, and they experience a wide range of health risks (Getanda, Papadopoulos & Evans, 2015). They are extremely vulnerable to physical and mental health problems, and they also have unique health needs (Mooney, 2005). Several studies have also reported that women and girls were victims of physical and sexual violence in IDP camps (Glass, 2014). Women are at higher risk of unwanted pregnancies, unsafe abortions, maternal morbidity and mortality. The negative impacts of sexual violence are significant and long term. These may include physical injuries, sexually transmitted infections including HIV, unwanted pregnancies and

mental health effects (Schlecht, 2007). Similarly, epidemics of cholera, yellow fever and recently discovered hepatitis E have been reported in IDP and refugee camps across Africa (Nicole, 2015). Moreover, IDPs, particularly those affected by conflict commonly report psychological reactions are post-traumatic stress disorders (PTSDs) in reaction to violence and depression as a reaction to loss (Getanda, Papadopoulos & Evans, 2015). Other types of mental health problems which have been reported are panic attacks and anxiety disorders (Saxon, Makhashvili, Chikovani, Seguin, McKee & Patel, 2016). These behaviours are linked to an increased burden of non-communicable diseases such as hypertension, chronic obstructive pulmonary disease and cancers (Roberts, Patel & McKee, 2012).

Health care services remain inadequate in crisis torn areas in Nigeria, particularly in Borno, where Boko Haram insurgents had destroyed at least 75 health facilities as of May, as reported by the UN. Out of Borno's 27 LGAs, the report has it that only 13 have access to health care facilities. In response, the UN Health Sector had assisted in the construction of primary health care facilities for 17,000 new IDPs in Borno and Yobe as of late May 2019. As of early June the same year, the GoN and UNICEF had provided integrated primary health care services to approximately 139,800 people including nearly 69,300 children in Adamawa, Borno, and Yobe. Services include deworming, HIV testing and counselling, measles and polio immunizations, malnutrition screening, and the distribution of Vitamin A supplements. IDP camps in northeastern Nigeria do not have functional latrines and adequate hygiene workers (Sar, 2019). In response, the GoN and UNICEF have provided 10,000 IDPs in Adamawa with access to improved sanitation facilities. The GoN and UNICEF have also distributed buckets, jerry cans, and soap to 3,600 residents of an IDP camp in Yobe's Damaturu town to help facilitate improved hygiene (Koko, 2020).

Theoretical Framework

Social Integration Theory

Social Integration Theory, primarily developed by Émile Durkheim (1893) and later expanded by sociologists like Talcott Parsons (1951) and Robert Putnam (2000), focuses on how individuals and groups integrate into society. Durkheim initially introduced the concept to explain the cohesion and solidarity within societies, particularly examining how shared norms and values bind individuals together. In more modern interpretations, social integration theory has come to emphasize the process by which individuals, particularly those from marginalized or displaced communities, interact with and are accepted into the host society. Robert Putnam's work on social capital also highlights how integration into social networks and the building of trust and relationships can promote social well-being. The theory posits that individuals are better able to thrive when they are connected to broader social networks, have access to community support, and are involved in communal activities that foster a sense of belonging (Gordon, 1964).

At its core, social integration theory assumes that social cohesion and the sense of belonging are critical for individuals' overall well-being. It argues that when displaced or marginalized individuals, such as refugees or internally displaced persons (IDPs), are socially integrated into their new environment, they experience better mental health, reduced stress, and improved quality of life. The theory also posits that integration is a two-way process, where both the displaced individuals and the host community must adapt to each other for successful integration. For IDPs, social integration can be seen in terms of economic participation, access to services, engagement in social networks, and recognition of their rights within the host community. A lack of integration, on the other hand, can lead to exclusion, stigmatization, and a decline in social and psychological well-being (Park, 1921).

One of the key strengths of social integration theory is its emphasis on the importance of social networks and community connections for the well-being of displaced persons. It recognizes that integration into society is not solely about material conditions, but also about the psychological and social aspects of life, such as belonging, trust, and community support. The theory highlights how social cohesion can improve mental health outcomes, reduce isolation, and increase access to resources such as education, employment, and healthcare. In the context of humanitarian crises, the theory provides a comprehensive framework for understanding the multifaceted ways in which social integration can affect the well-being of displaced populations, particularly women, who may face additional barriers to integration due to gender roles and cultural differences (Shwartz et al , 2011).

Despite its strengths, social integration theory has some limitations. One key weakness is its tendency to assume that integration processes are linear and universally applicable, when in reality, integration can vary widely depending on factors such as the host community's willingness to accept displaced populations, the duration of displacement, and the level of support from humanitarian organizations. Additionally, the theory can underestimate the role of power dynamics and structural inequalities in shaping the integration process. Displaced persons, especially women, may face barriers such as gender-based violence, limited access to resources, and discriminatory practices that impede their full integration into host societies. Moreover, while the theory emphasizes the importance of community engagement, it does not always account for the complexities of identity, cultural differences, and the impact of trauma that displaced individuals may experience (Shwartz et al , 2011).

Applying social integration theory to the study of women in IDP camps in Guma LGA, Benue State, offers a lens through which to understand the challenges and opportunities for improving their social well-being. Women in these camps face numerous barriers to integration, including social exclusion, lack of access to basic services, and gender-based violence. The theory emphasizes that successful integration into the host community requires mutual adaptation and cooperation between displaced persons and their new environment. In Guma LGA, many displaced women are isolated from their host communities due to cultural differences, stigmatization, and limited social networks. This exclusion results in social fragmentation and worsens their vulnerability to exploitation, mental health issues, and economic hardship. Moreover, the lack of adequate support systems in the camps, such as access to education, healthcare, and legal protection, further hinders their integration. After discussing the two theories, the displacement theory is adopted and applied in this study because it was able to give general explanation of the problem under study.

Methodology

Research Design

The study adopted a mixed method approach. This process uses both quantitative and qualitative data to strengthen the research. The degree to which respondents' responses to survey questions reflect respondents' actual thoughts and behaviors is a key indicator of survey research success. While the interviews strengthen respondents thoughts.

Area of Study

This study is carried out in Guma Local Government Area, one of the administrative divisions in Benue State, located in the North-Central region of Nigeria. Benue State is popularly referred to as the “Food Basket of the Nation” due to its rich agricultural potential, with the majority of its population engaged in subsistence and commercial farming. Guma LGA shares boundaries with other local government areas within the state and has close proximity to Makurdi, the state capital.

Geographically, Guma LGA lies within the Guinea Savannah vegetation belt, characterized by moderate rainfall and fertile soils suitable for crop production. The area is traversed by several rivers and streams, which support agricultural activities but also expose some communities to seasonal flooding. The climate is typically tropical, with distinct wet and dry seasons, influencing both livelihood patterns and living conditions within the area.

The population of Guma LGA is predominantly rural, with a significant proportion of inhabitants belonging to the Tiv ethnic group. Farming constitutes the primary occupation, with crops such as yam, cassava, maize, and rice widely cultivated. However, in recent years, the area has been severely affected by recurring violent conflicts, particularly farmer–herder clashes, which have resulted in widespread destruction of lives and property.

Population of the Study

The population of the study comprised of internally displaced women who are 18 years and above, living in camps in Guma Local Government Area. The reason for selecting internally displaced women in camps was because the displaced women in these camps were the populations who were subjected to the most health, economic, nutritional and psychological problems since they experience different traumatic life events through different displacement phases (WHO, 2021). Guma Local Government Area has projected population of 194,196 people (National Population Commission Projected Figures, 2025). However, the population of internally displaced women (18 years plus) in Guma Local Government Area is unknown.

Sample Size Determination

The study employed the sample size determination formula by Cochran to select the minimum sample size to be used since population of displaced women living in camps in the sample area is unknown. Cochran formula was used and it is stated as thus:

Camps	Total population	Estimated women population
Daudu community	19518	5200-6200
Gbajimba camp	13561	3500-4200
Daudu camp I (UNHCR)	2227	650-770
Daudu camp II	9061	2400-2900
Gbajimba community camp	12321	3100-3700
Total	146688	15000-1800

$$N = \frac{Z^2 Pq}{e^2}$$

Where: N = the desired sample size (if the target population is greater than 10,000)

Z = Standard normal deviate at the required confidence level (1.96)

P = the proportion of the population which has the attribute in question, estimated to be 50% (0.5)

q = 1-p (1-0.5 = 0.5)

e = desired level of precision which is 0.5

Therefore,

N= 384

The sample size for this study was 384. 10% (38) was added for attrition. making 422. The camps included were selected based on official recognition, data availability and stability of camps (long standing camps not temporary influx sites). The following were excluded for methodological rigor; informal/host community settlement, newly created emergency camps and camps without sec-disaggregated data.

Sampling Procedure

In the first stage, cluster sample was used to select respondents from IDP camps in Guma. Clusters were defined at the ward level, with each ward hosting IDP camps treated as a cluster. This is consistent with humanitarian research practice where wards serve as administrative units for intervention and data organization. This helped to ensure all parts of the LGA were included and represented in the study.

In the second stage, two (2) council wards were purposively based on presence of official recognized IDP camps, high concentration of internally displaced persons and accessibility and security consideration. The selected wards were Daudu ward and Gbajimba ward. Also, the choice of these council wards was informed due to the presence of camps inhabiting internally displaced women in the study area.

In the third stage, the researcher employed simple random sampling to select respondents. Specifically, 211 participants were chosen from the two council wards. This was done by writing “Yes” and “No” in equal numbers on slips of paper, which were then carefully folded and thoroughly mixed in a container. Two women from each camp were invited to draw from the container, and those who picked a slip marked “Yes” were selected as respondents. This process continued until the total sample size of 422 was reached.

Methods of Data Collection

The data for this study were collected by the researcher with support from 2 recruited and paid research assistants. The researcher trained the research assistants on the objectives of the study and the instruments of data collection. The training equipped them with required skills and knowledge necessary for successful completion of the study.

The administration of instrument was through face-to-face interaction with the respondents, where the researcher and his assistants administered the questions on daily basis during a period of two weeks. The researcher waited and collected the filled instrument on daily basis. This was done in order to ensure high return rate of the questionnaire. The KII guide was conducted with key informant and audio-recorded with consent. Key informant for this study comprised individuals with direct involvement in the management of IDP these include camp managers, health workers, officials of SEMA and staff of NGOs. Data collection was conducted in English language for key informant and literate respondents. Tiv for respondents who could not communicate effectively in English and later translated into English. Ethical procedures were strictly followed, participants were clearly informed about the purpose, procedures and expected duration of the research, participation was voluntary and verbal or written consent was obtained propr. To ensure confidentiality no names or identifying information were recorded, response were treated as strictly confidential and used solemnly for academic purposes

Methods of Data Analysis

The data collected for this study were analysed using qualitative and quantitative techniques of descriptive and inferential statistical tools as well as manual content analysis. Statistical Packages for Social Sciences (SPSS) version 25 was used to collate the data. The univariate analysis was done using frequency distribution tables, mean and standard deviations. The responses were reported in counts and percentages especially socio-demographic data and other quantitative variables. The bivariate analysis was used to explain the association between internally displaced persons camp and social wellbeing to test the study hypotheses. A mixed method (triangulation) approach was employed in analysing the data.

The qualitative data was analysed using manual content analysis. This included key informants' views and opinions as expressed during the interview sessions. A thorough

translation and transcription of all the information that were gathered from the key informant interviews (KIIs) was done immediately after collection of data. The results and information that were gathered from the interviews were used to create a synergy between the two techniques adopted and to buttress and add strength to the results of the quantitative data that were analysed.

Results/Presentation of Findings

Table 1: Socio demographic Variables of Respondents

Variable	Categories	Frequency (N=396)	Percentage (%=100)
Age	18-25	56	14.1
	26-30	80	20.2
	31-35	143	36.1
	36 and above	117	29.5
Religion	Christianity	273	68.9
	Islam	20	5.1
	Traditional	103	26.0
Marital Status	Single	155	39.4
	Married	52	13.1
	Separated	99	24.7
	Divorced	52	13.1
	Widowed	38	9.7
Education	No formal	101	25.5
	Primary	81	20.5
	Secondary	168	42.4
	Tertiary	46	11.6
Income per month	30,000	340	85.9
	30,001 – 100,000	52	13.1
	100,001- 150,000	4	1.0

Source: Field Survey, 2025

The data presented on the socio-demographic variables of respondents' revealed a majority of respondents were from the age bracket of 31-35 years, implying that a majority of the IDPs were adult women. It is implied that at this age, the women would be better positioned to understand the socio-economic and psychological challenges subjective to camp life.

Distribution of data according to religion showed that a majority of the respondents were Christians, giving the impression of a Christian dominated religious terrain. This was followed by traditional religion, since IDPs were mainly from rural areas, many of them do not attend neither church nor mosque but remain as traditionalists.

The study also showed that majority of the women are married, coming from the rural areas as would be observed shortly based on locational distribution, the ruralites are quite subjected to early marriage, also at adult age, it is certain majority of the women would be married. This implies that women's social wellbeing will be threatened since they have children to carter for.

Furthermore, data presented above indicated that majority of the women had no formal education as is common with rural women who marry rather too early without much consideration for academic advancement. Given that the larger proportion of this population is uneducated, they would be swayed by the unfortunate realities of camp living, where exploitation, violation and abuse is saliently subjects of the day.

Distributed by previous location, majority of the women came from rural areas, with relative low monthly income bases, and income less than 50,000, a situation that can worsen their wellbeing in the camps. An understanding of the socio-demographic attributes of the respondents provides a solid base for analyzing the impact of internal displacement on the social wellbeing of women in Guma Local Government Area of Benue State.

Economic Implication of Internal Displacement and Social Wellbeing of Women in Guma LGA

Table 2: Respondents rating of the economic implication of internal displacement and social wellbeing of women in Guma LGA

S/N	Economic implication of internal displacement and social wellbeing of women	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Mean	Std
1	I don't own farmland any more due to internal displacement	105	241	30	11	9	4.07	0.809
2	I have lost my job due to internal displacement	225	114	34	14	9	4.34	0.940
3	As an internally displaced person, my source of income has dwindled	202	129	44	7	14	4.26	0.973
4	I can no longer afford bathing soap due to my condition	154	220	5	11	6	4.28	0.758
5	I can no longer afford airtime in my phone	136	202	27	20	11	4.09	0.926
6	I have established a small-scale business here in the camp.	17	20	25	246	88	2.07	1.933
7	My husband	130	191	26	43	6	4.00	0.983

	has not been able to provide for the family since we became IDPAS.								
8	I live on 21 income provided by visiting Non-governmental organisations.	35	178	125	35	2.70	0.941		

Source: Field Survey, 2025. (N=396). Key: Std -standard deviation

The result in table 2 showed the rating of respondents on the economic implication of internal displacement on the social wellbeing of women. The above responses all had the mean scores above the accepted cut-off point of 2.50, showing that economic factors determine the social wellbeing of internally displaced women except a single statement that IDP women have established small scale businesses in the camp which was rejected with a mean score of 2.07 which is below the cutoff point. The standard deviation ranged from 0.758 to 0.983 signifying homogeneity for the items raised. The small value of the standard deviation shows that they are clustered around the mean, showing harmony of data. Findings show that majority of the respondents strongly agreed that economic implications of internal displacement influenced the social wellbeing of women in Guma Local Government Area of Benue State. This implies that the social well-being of women in IDPs is threatened due to adverse economic realities they experience in camp. As a disadvantaged population, the economic burden of living as an IDP falls mostly on women in the study area.

Health Implication of Internal Displacement and Social Wellbeing of Women in Guma LGA

Table 3: Respondents rating of the health implication of internal displacement and social wellbeing of women

S/ N	Health implication of internal displacement and social wellbeing	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Mean	Std
1	The food I eat in this camp is unhygienic	103	196	60	24	13	3.89	0.969
2	I am afraid I will contract airborne disease in this environment	207	98	54	20	17	4.16	1.107
3	I sleep on bare floor and the weather is usually cold	17	20	36	200	123	2.01	0.996

4	I am exposed to mosquito bites which is why I am always treating malaria	223	104	30	23	16	4.25	1.084
5	I drink water that is colourful and tasteful.	218	105	46	13	14	4.26	1.025
6	I sleep under mosquito nets	96	250	26	15	9	4.03	0.815
7	There is no infectious diseases currently among us IDPs	68	288	30	6	4	4.04	0.631
8	There is no health care centre in this camp	26	68	19	190	93	2.35	1.200

Source: Field Survey, 2025. (N=396). Key: Std -standard deviation

From table 4.3 on the health implication of internal displacement on the social wellbeing presented above, most of the means were above the accepted point of 2.50 showing the health implication of internal displacement on the social wellbeing of women. However, the item which was stated that respondents sleep on bare floor even when the weather was cold and that there was no health care centre in the camp with the mean scores of 2.01 and 2.35 were rejected. The high value of the means of the items indicated the acceptance of the statements. The values of standards deviation were between 0.631 and 1.200, signifying homogeneity for the items raised. Findings of the study indicated that a majority of internally displaced women ate food that were unhygienic, there was also indication for lack of clean water, and the environment not fumigated thereby giving rise to mosquito bites and subsequent malaria.

This is important for the study since international displacement has significant health implications on the social wellbeing of women living in camps. Displacement often exposes women to overcrowded and unsanitary living conditions, increasing their risk of infectious diseases, including respiratory infections, diarrhea, and skin diseases. Limited access to clean water, sanitation facilities, and healthcare services can further compound these health challenges, leading to increased morbidity and mortality among women in displacement camps. Additionally, the lack of access to reproductive healthcare services and adequate maternal care can result in high rates of maternal and infant mortality, as well as poor health outcomes for pregnant and breastfeeding women. Furthermore, the mean scores are high and above the cut-off point with low values in standard deviation indicating their closeness; hence they items raised are largely accepted.

Discussion of Findings

Economic implication of internal displacement and social wellbeing of women

The study identified the relationship between economic implication of internal displacement and social wellbeing of women in Guma Local Government Area, Benue State. The findings

showed that, majority of the respondents strongly agreed that economic implications of internal displacement including loss of farm ownership, loss of job, reduction in income, increase in dependency ratio among others influenced the social wellbeing of women in Guma Local Government Area of Benue State. Tested hypothesis also agreed with the finding that there is a significant relationship between economic implication of internal displacement and social wellbeing of women in the study area. The study agreed with previous study by Deng, (2011) who found that the level of insecurity in camps also deters them from engaging in economic activities if there is opportunity to do so. One could imagine the plight of women who had been economically inactive when displacement separated them from their husbands who had been their sources of supplies as “breadwinners” of their families. In a situation whereby it is culturally unacceptable for women to establish and manage businesses, or go out of the home without being accompanied by male relatives, such women would become helpless and unable to fend for themselves when uprooted from their families as a result of violence or disaster. When the family structure that supports this arrangement that men should work while women should perform domestic chores is destroyed by displacement, women are incapacitated and impoverished, and therefore face serious challenges on how to meet their needs.

Health Implication of Internal Displacement and Social Wellbeing of Women

Findings on the health implication of internal displacement and social wellbeing of women in Guma, Benue State showed that, majority of internally displaced women ate food that were unhygienic, there was also indication for lack of clean water, and the environment not fumigated thereby giving rise to mosquito bites and subsequent malaria. The hypothesis tested also agreed with the finding that there is a significant relationship between health effects of internal displacement and the social wellbeing of women in the study area.

The findings were in line with previous findings in such as Hamisu (2019) who found that internally displaced women faced challenges in accessing healthcare services due to limited infrastructure and resources. This restricted access to essential medical care, including antenatal care, vaccinations, and family planning services. This affects the social wellbeing of women. Consequently, women's health is compromised, leading to increased maternal mortality rates and other preventable health complications. The study is also in congruence with that of Aka, (2019), who observed that internal displacement often results in overcrowded living conditions and inadequate sanitation, which heighten the risk of communicable diseases among women in IDPs and that, outbreaks of diseases such as cholera, malaria, and respiratory infections are common in overcrowded IDP camps. Women, particularly pregnant women with compromised immune systems, are more susceptible to these diseases due to poor living conditions.

Also, Getanda, Papadopoulos & Evans (2015) supported the findings when they stated that women are at higher risk of unwanted pregnancies, unsafe abortions, maternal morbidity and mortality. The negative impacts of sexual violence are significant and long-term. These may include physical injuries, sexually transmitted infections including HIV, unwanted pregnancies and mental health effects. Similarly, epidemics of cholera, yellow fever and recently discovered hepatitis B have been reported in IDP and refugee camps across Africa (Nicole, 2015). Moreover, IDPs, particularly those affected by conflict, commonly report psychological imbalance and post-traumatic stress disorders (PTSDs) in reaction to violence and depression as a reaction to loss. Findings above showed that there is a relationship between the health implications of internal displacement and the social well-being of women in Guma Local Government Area, Benue state, as displacement disrupts the living conditions, environment and even the hygiene of those displaced.

Conclusions and Recommendations

This study has shown that the implications of internal displacement, including economic and health, have a significant influence on the social well-being of women in Guma Local Government Area. Where previous studies focused exclusively on the relationship between internal displacement and socio-economic conditions of IDPs, this study is unique in that it has been able to contribute to knowledge by tracing the social well-being of women IDPs to economic and health implications of internal displacement. The study has revealed that economic implications of internal displacement such as lost of farm ownership, lost of job, reduction in income, increase in dependency ratio shape the social wellbeing of women.

Based on the findings of this study, the following recommendations are made:

- i. To improve the economic conditions and social wellbeing of internally displaced women, the government should conduct a comprehensive economic needs assessment in camps in the study area. They should start by conducting a thorough needs assessment in the camps to understand the specific economic challenges faced by internally displaced women in Guma Local Government Area, Benue State. This will involve gathering data on their living conditions, access to healthcare, education, employment opportunities, social networks, and overall mental and physical wellbeing and subsequently deploy means to address identified challenges.
- ii. To tackle the health problems associated with internal displacement and social wellbeing of women, the state Ministry of Health in collaboration with State Emergency Service should establish strong coordination mechanism so as to improve coordination and communication among various stakeholders engaged in addressing the health issues of internal displacement and social wellbeing of women. There should also be enhanced collaboration between government agencies, NGOs, international organizations, and local communities to ensure a holistic and effective response which considers the unique health challenges faced by women in the camps in Guma Local Government Area, Benue State.

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