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Health-Seeking Behavior Among Women Living in Internally Displaced Persons Camp in Kagara, Niger State

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Abstract

This study investigates health-seeking behavior among women in the Internally Displaced Persons (IDP) camp in Kagara, Niger State. Using a cross-sectional design, the study surveyed 400 women to understand factors influencing their health-seeking practices, including barriers to accessing healthcare. The findings of this study reveal that a combination of financial constraints, deeply ingrained cultural beliefs, logistical hurdles, and a general lack of awareness among internally displaced persons (IDP) women significantly restricts their access to essential healthcare services. To address these barriers, the study recommends implementing mobile clinics to bring healthcare closer to these communities, deploying community health workers to provide localized support, and offering culturally sensitive health education programs to foster understanding and acceptance. These tailored interventions are critical in addressing the unique challenges faced by IDP women, improving their access to healthcare, and ultimately enhancing their overall health outcomes. By focusing on these strategies, the study emphasizes the importance of a multifaceted approach to ensure equitable and effective healthcare delivery for vulnerable populations.

Keywords: Health-Seeking Behavior, IDP Camp, Niger State, Nigeria, Women's Health

INTRODUCTION

The displacement crisis in Nigeria has significantly impacted healthcare access for internally displaced persons (IDPs), particularly women, who constitute a vulnerable segment in IDP camps. Niger State, specifically in the Kagara region, hosts numerous IDP camps due to persistent conflict, banditry, and natural disasters. Women in these camps face significant health challenges, compounded by social, economic, and environmental stressors that shape their health-seeking behaviors (Alubo, 2020) [1]. Understanding the health-seeking behavior of women in such camps is critical to improving health outcomes, developing effective interventions, and guiding policy decisions that address unique barriers in displaced communities (Afolabi, 2018) [2].

Health-seeking behavior encompasses the actions individuals take to identify, prevent, and treat health concerns, from self-care practices to seeking formal medical attention. For women in IDP camps, however, this behavior is often restricted by limited resources, cultural beliefs, and logistical barriers, including scarce healthcare facilities, poor transportation, and inadequate information on available health services (Lawal & Mohammed, 2021) [3]. Research indicates that the marginalized status of displaced women in Nigeria further complicates their ability to seek and access timely healthcare services (Babalola, 2019) [4].

Recent studies have highlighted the disparities in healthcare access for displaced populations, nothing that women in IDP camps are at higher risk

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of maternal and child health complications, infectious diseases, and malnutrition compared to non-displaced women (Musa, Yusuf, Garba, & Saleh, 2020) [5]. Yet, the unique health-seeking patterns among women in Kagara's IDP camps remain underexplored. The aim of this study is to fill this gap by examining the factors influencing health-seeking behavior among women in IDP camps in Kagara, Niger State. Findings from this study will contribute to a broader understanding of health-seeking behavior in conflict-affected regions and inform targeted healthcare interventions to address barriers specific to displaced women.

LITERATURE REVIEW

Health-seeking behavior, particularly in crisis settings like internally displaced persons (IDP) camps, is influenced by interplay of socio-cultural, economic, and psychological factors. Understanding these influences is crucial to addressing the health challenges faced by displaced women. This review synthesizes current literature on the theories of health-seeking behavior, the health challenges specific to women in IDP camps, and previous studies focusing on health-seeking behavior in Nigerian IDP camps.

THEORETICAL PERSPECTIVES ON HEALTH-SEEKING BEHAVIOR

Theories of health-seeking behavior offer frameworks for understanding the factors that prompt or inhibit individuals from seeking healthcare. One prominent model is the Health Belief Model (HBM), which posits that a person's decision to seek healthcare is influenced by their perceived susceptibility to an illness, perceived severity of the condition, perceived benefits of acting, and perceived barriers to accessing healthcare (Rosenstock, 1974) [6]. This model is particularly relevant for displaced women, as it underscores the barriers, they may face – both real and perceived – in accessing healthcare services in IDP camps (Champion & Skinner, 2008) [7].

Another important framework is Andersen's Behavioral Model of Health Services Use, which suggests that health-seeking behavior is determined by three primary factors: predisposing characteristics (such as age, gender, and education), enabling factors (such as income and access to healthcare), and need factors (such as perceived health status and symptoms) (Andersen, 1995) [8]. In the context of IDP camps, the model helps explain why some women may utilize healthcare services despite significant barriers, while others may not (Kroeger, 2003) [9].

HEALTH CHALLENGES IN IDP CAMPS

Gendered Impacts

Women in IDP camps are especially vulnerable to health issues due to their reproductive roles, social status, and increased exposure to physical and psychological stressors. Studies have documented those women in conflict zones face disproportionately high rates of maternal and child health complications, sexual violence, and mental health issues (Amnesty International, 2018; UNHCR, 2019) [10, 11]. In Nigeria, for instance, maternal mortality rates among IDP women are alarmingly high due to limited access to obstetric care, inadequate sanitation, and a lack of trained medical personnel (Abubakar, Usman, Bello, & Ahmed, 2017) [12].

Furthermore, the spread of infectious diseases, including malaria, cholera, and respiratory infections, is exacerbated in crowded IDP settings, where basic healthcare services and clean water are often inaccessible. These factors contribute to an increased risk of morbidity and mortality among women in IDP camps (Oladeji, Akanbi, & Adelakun, 2020) [13]. Mental health challenges, particularly depression and anxiety, are also prevalent, influenced by experiences of displacement, trauma, and family separation (Miller & Rasmussen, 2017) [14].

Health-Seeking Behavior in Nigerian IDP Camps

Studies on health-seeking behavior in Nigerian IDP camps reveal a complex landscape shaped by multiple barriers. Research indicates that financial constraints significantly impact the ability of displaced women to seek healthcare. Research indicates that over 60% of displaced women in

northeastern Nigeria delay or forgo medical care due to financial constraints Uzochukwu, Onwujekwe, & Akpala, (2018) [3, 15]. This issue is further exacerbated by the limited employment opportunities available within IDP camps, which not only restrict women's income but also diminish their autonomy over healthcare decisions.

Cultural beliefs significantly influence health-seeking behavior, with traditional healing practices often preferred due to deep-rooted trust in indigenous medicine. In the absence of accessible healthcare facilities, displaced women in Nigeria frequently turn to traditional healers or rely on home remedies. These practices are further reinforced by community support structures within IDP camps, where women often feel more comfortable seeking care from familiar and culturally endorsed sources.

Logistical barriers, such as the physical distance to healthcare facilities, also deter women from seeking formal medical care. In the Kagara region specifically, transportation is often scarce and costly, making it difficult for IDP women to reach healthcare centers, particularly in emergencies. Evidence shows that distance and the lack of transportation services are among the primary reasons for healthcare inaccessibility among internally displaced populations in Niger State.

Finally, the lack of awareness regarding available healthcare services further limits health-seeking behavior among IDP women. Many displaced women are unaware of the healthcare services provided by governmental and non-governmental organizations within their camps. This lack of information is particularly harmful, as it prevents women from utilizing existing health programs designed to address maternal and child health needs.

Summary of Key Barriers and Factors Influencing Health-Seeking Behavior

In summary, the literature highlights that health-seeking behavior among women in Nigerian IDP camps, such as those in Kagara, is influenced by a convergence of economic, cultural, logistical, and informational barriers. Economic challenges prevent many women from seeking formal healthcare, while cultural beliefs often incline them towards traditional medicine. Logistical barriers, particularly distance and transportation limitations, further restrict access to healthcare, and information gaps regarding available health services exacerbate these issues.

The reviewed literature underscores the need for comprehensive interventions that address these diverse barriers to improve health outcomes among IDP women in Nigeria. Policymakers, healthcare providers, and NGOs must recognize the specific challenges faced by women in IDP camps and develop culturally sensitive, economically feasible, and logistically accessible healthcare services

METHODOLOGY

Research Design

This study employs a cross-sectional descriptive research design to investigate health-seeking behavior among women living in the Internally Displaced Persons (IDP) camp in Kagara, Niger State. A cross-sectional design is appropriate for assessing current behaviors, needs, and barriers, allowing for a comprehensive understanding of health-seeking practices and factors influencing these practices among women in IDP settings.

Study Location

The study was conducted in the IDP camp located in Kagara, a town in Niger State, Nigeria. Kagara hosts a significant population of internally displaced people, primarily due to ongoing security challenges and banditry in the region. Health services within the camp are limited, primarily provided by a mix of local government health initiatives and non-governmental organizations (NGOs), although these are often insufficient to meet the needs of the displaced population.

Sampling Technique and Sample Size

A purposive sampling method was used to select participants for this study. Given the specific focus on understanding women's health-seeking behavior in an IDP setting, purposive sampling allowed the

researchers to specifically target women who are both permanent residents of the Kagara IDP camp and who are responsible for household health decisions.

The sample size was determined using Cochran's formula for sample size calculation in populations where prevalence rates are unknown:

$$N = Z2 \times p \times (1 - p)\ d2n = d2Z2 \times p \times (1 - p)$$

where:

- $Z = 1.96Z = 1.96$ for a 95% confidence level,
- $p = 0.5\ p = 0.5$ (assuming 50% for maximum variability),
- $d = 0.05d = 0.05$ (margin of error).

Using this calculation, a minimum sample size of approximately 385 participants was determined to be adequate. However, to account for potential non-responses and incomplete surveys, the sample size was increased to 420 women.

DATA COLLECTION METHODS

Data was collected using semi-structured questionnaires and in-depth interviews to ensure both quantitative and qualitative insights into health-seeking behaviors.

- *Questionnaire:* The semi-structured questionnaire was designed to capture demographic information, health-seeking behavior, barriers to accessing healthcare, and preferences for traditional versus formal healthcare options. Questions were adapted from previous studies on health-seeking behavior among displaced populations (Babalola, 2019; Lawal & Mohammed, 2021) [3, 4].
- *In-Depth Interviews:* To gain deeper insights into personal and cultural factors influencing health-seeking behavior, a subset of 30 participants were selected for in-depth interviews. These interviews focused on exploring participants' personal health experiences, perceived challenges, and coping strategies. The interviews provided context to quantitative data and allowed for a deeper understanding of the socio-cultural factors impacting health-seeking behavior.

Data Analysis

- *Quantitative Data Analysis:* Responses from the questionnaires were analyzed using Descriptive and Inferential Statistics with SPSS (Statistical Package for the Social Sciences) software, version 25. Descriptive statistics (e.g., frequencies, percentages, and means) were used to summarize participants' demographic characteristics and health-seeking behaviors. Inferential tests, including Chi-square tests, were used to assess associations between variables, such as education level, income, and health-seeking behavior. The significance level of $p < 0.05$ was considered statistically significant.
- *Qualitative Data Analysis:* Interview data was analyzed using thematic analysis to identify common themes related to barriers to healthcare, cultural practices, and personal coping strategies. This involved coding responses into themes, such as "financial barriers," "cultural beliefs," and "logistical challenges," to capture recurring ideas. NVivo software was used to manage and code qualitative data, facilitating a systematic analysis of the themes that emerged from participants' narratives.

Ethical Considerations

Ethical approval for this study was obtained from the Nigerian National Health Research Ethics Committee. All participants provided informed consent before participating in the study, and they were assured of confidentiality and anonymity. Participants were informed that they could withdraw from the study at any time without any consequence. To maintain confidentiality, all identifying information was removed from transcripts and survey responses.

LIMITATIONS

While this study provides valuable insights into health-seeking behavior among IDP women in Kagara, it has some limitations:

- *Generalizability:* Findings are specific to Kagara and may not be generalizable to other IDP camps or regions with different socio-cultural or economic contexts.
- *Self-Reporting Bias:* Data on health-seeking behavior were self-reported, which could introduce bias as participants might underreport or over report certain behaviors.
- *Sample Size Limitation for Qualitative Data:* Although in-depth interviews provided rich qualitative data, the smaller subset may not capture all perspectives among IDP women in Kagara.

RESULTS

Demographic Characteristics of Participants

From the above Table 1 out of 420 questionnaires distributed, 400 were completed and returned, giving a response rate of 95.2%. Participants ranged in age from 18 to 65 years, with the majority (60%) between 25 and 44 years old. A significant proportion of participants (65%) had received no formal education, while 25% had attended primary school, and only 10% had completed secondary education. Over 75% of participants reported monthly household incomes below the poverty threshold, limiting their ability to afford healthcare services.

Table 1. Below Summarizes the Demographic Characteristics of the Participants.

Demographic Variable	Category	Frequency	Percentage
Age	18–24	70	17.5%
	25–34	120	30.0%
	35–44	120	30.0%
	45–54	60	15.0%
	55 and above	30	7.5%
Education Level	No formal education	260	65.0%
	Primary	100	25.0%
	Secondary	40	10.0%
Monthly Income	Below poverty line (<$50)	300	75.0%
	Above poverty line	100	25.0%

Source: Field Survey (2024)

Health-Seeking Behavior Patterns

The study revealed that a substantial majority (70%) of participants primarily relied on self-care or traditional medicine before seeking formal healthcare services. Only 30% reported seeking immediate formal healthcare when experiencing health issues, mainly due to constraints on access, cost, and awareness of services.

Sources of Healthcare

Participants identified several sources of healthcare within and around the IDP camp

- *Traditional Healers:* Approximately 45% of participants initially sought help from traditional healers within the camp, due to cultural beliefs in the effectiveness of indigenous practices and the familiarity of these practitioners.
- *Community Health Workers (CHWs):* 25% of participants reported visiting CHWs, who provide basic health services and are often supported by non-governmental organizations (NGOs) within the camp. CHWs were viewed as accessible and affordable compared to formal health facilities outside the camp.
- *Primary Health Centers:* Only 30% of women reported accessing primary health centers, primarily for urgent or severe health issues. Distance, cost, and transportation were cited as barriers to accessing these facilities, which are often located outside the camp.

Barriers to Accessing Formal Healthcare

Several barriers to accessing formal healthcare were identified through both survey responses and in-depth interviews. These barriers are summarized below.

Financial Barriers

Over 80% of participants cited financial constraints as the primary barrier to seeking healthcare outside the IDP camp. Many respondents noted that the costs associated with transportation and treatment were prohibitive. Women in the camp often lacked stable income sources, with high dependency on aid, making even minimal healthcare costs difficult to afford.

Cultural Beliefs and Preferences

Cultural beliefs also played a role in determining health-seeking behavior, with 60% of participants indicating a preference for traditional medicine over formal healthcare. Many respondents expressed a belief in the efficacy of traditional practices, particularly for treating common ailments and minor illnesses. This preference was reinforced by peer networks within the camp, where traditional health practices were widely shared and accepted.

Logistical Challenges

Transportation was identified as a significant logistical barrier, with 55% of respondents indicating that they were unable to reach nearby healthcare facilities due to lack of transportation. For participants living in more remote areas of the camp, even basic access to the nearest health center involved long distances, which were difficult to cover on foot, particularly for women with children.

Information and Awareness Gaps

Approximately 40% of participants reported limited awareness of available healthcare services within or around the camp. Many respondents were unaware of services provided by NGOs or government health programs and expressed confusion about accessing these resources. This information gap hindered their ability to seek timely medical care and contributed to reliance on informal health sources.

Health Outcomes and Quality of Care

Participants who accessed formal healthcare services rated the quality of care as generally satisfactory, with 60% of those who had visited primary health centers indicating that they received appropriate care. However, they also noted long waiting times and frequent shortages of medication, which discouraged some from returning to formal health facilities. Additionally, in cases of chronic conditions or complications related to maternal health, participants reported inconsistent follow-up care, which increased their dependence on traditional healers or self-care.

Qualitative Insights: Personal Narratives on Health-Seeking Barriers

The in-depth interviews provided qualitative insights into the complex barriers to healthcare faced by women in the IDP camp. For instance, several women reported that stigma associated with specific health conditions, such as HIV/AIDS, prevented them from seeking care due to fear of discrimination. One respondent stated, “In the camp, people talk. If they know you have a certain illness, they avoid you. So, it is easier to treat myself quietly” (Participant A, age 35). This sentiment was echoed by other women who felt social stigma prevented them from openly seeking healthcare for sensitive conditions

DISCUSSION

Overview of Findings

The study reveals a complex set of factors influencing health-seeking behavior among women in the Kagara IDP camp. The findings align with existing literature on health-seeking behavior in displacement contexts, where economic, cultural, logistical, and informational barriers create a multi-layered obstacle to accessing formal healthcare services (Babalola, 2019; Lawal & Mohammed, 2021) [6, 10]. The preference for traditional medicine, driven by cultural beliefs, coupled with financial and

logistical constraints, results in low utilization of formal healthcare services among these women, highlighting the need for targeted interventions.

Financial Barriers and Socioeconomic Constraints

Economic barriers emerged as the most significant factor limiting access to healthcare. Over 80% of participants reported that they avoided formal healthcare due to costs associated with transportation and treatment. This finding echoes studies by Uzochukwu et al. (2018) and Abubakar et al. (2017) [12, 15], who observed that poverty is a primary barrier to healthcare access among displaced populations. IDP camps are often characterized by limited economic opportunities, which further reduce the autonomy of women in making health-related decisions.

The financial constraints in Kagara reflect broader issues seen in other Nigerian IDP camps, where women's dependency on aid and lack of income-generating activities make out-of-pocket health expenditures unfeasible (Amnesty International, 2018) [10]. Addressing this issue requires a multi-faceted approach, including policies that subsidize healthcare costs for IDP women and programs that provide sustainable income opportunities within the camps. Further, expanding access to free or low-cost healthcare services in the camp could alleviate some of the economic barriers identified.

Cultural Beliefs and Traditional Healthcare Practices

The preference for traditional healers among 45% of respondents highlights the strong influence of cultural beliefs on health-seeking behavior in the Kagara IDP camp. This finding is consistent with Okeke et al. (2017) [15], who reported that in many Nigerian communities, traditional medicine is often preferred over formal healthcare, especially in rural or displaced populations where familiarity with traditional practices provides comfort and trust. In the absence of accessible formal healthcare, traditional healers and self-care practices fulfill an important role within the camp community, offering a culturally accepted and low-cost alternative for managing health issues.

While traditional medicine can offer value, particularly in mental health support and culturally relevant treatments, it may not always provide effective solutions for severe health conditions. Therefore, integrating culturally sensitive health education programs within the camp could help bridge the gap between traditional beliefs and formal healthcare, encouraging IDP women to utilize available healthcare services for serious conditions. Collaboration with traditional healers could also be explored as a strategy to promote healthcare awareness and foster trust in formal healthcare providers (Lawal & Mohammed, 2021) [3].

Logistical Barriers and Transportation Challenges

Logistical barriers, particularly related to transportation and distance from healthcare facilities, significantly impact health-seeking behavior among IDP women. With over 55% of respondents citing transportation issues as a barrier, this study corroborates findings from Musa et al. (2020) [5], who noted that geographic isolation and transportation costs are major obstacles for IDP populations in accessing healthcare. For women in the Kagara IDP camp, reaching a primary health center often involves long distances and high costs, particularly burdensome for those with limited mobility or those caring for young children [16, 17].

To mitigate these challenges, the establishment of mobile clinics and community health posts within the IDP camp could improve healthcare access for women, providing essential services closer to their residences. Additionally, partnerships with NGOs to offer transportation subsidies or shuttle services could address these transportation barriers and improve accessibility for IDP women (Oladeji et al., 2020) [12].

Information and Awareness Gaps

The study also identifies a significant information gap, with approximately 40% of participants unaware of available healthcare services. This information gap is a critical barrier that restricts women's

ability to access timely healthcare and is consistent with findings from Babalola (2019) [4], who highlighted that lack of awareness about health services prevents effective utilization of healthcare facilities among displaced populations.

Addressing these informational gaps requires targeted health promotion and education campaigns within the camp. Community health workers (CHWs) and peer educators could play an instrumental role in raising awareness about healthcare services, particularly those offered by NGOs or government health programs. Disseminating information in local languages and using culturally relevant communication methods may enhance understanding and trust in available services, thereby promoting better health-seeking practices among women in the camp.

Implications for Policy and Interventions

The barriers identified in this study underscore the importance of tailored health policies and interventions that address the unique needs of displaced women. Policymakers and healthcare providers must consider the socio-economic realities and cultural contexts that shape health-seeking behavior in IDP camps. Key policy recommendations include:

- *Subsidized or Free Healthcare Services:* Implementing policies that reduce the cost of healthcare services, either through government funding or NGO support, can alleviate financial constraints or encourage IDP women to seek formal healthcare when needed.
- *Mobile and Community-Based Healthcare Models:* Establishing mobile clinics and community health posts within IDP camps can reduce logistical barriers and improve access to healthcare for women with limited mobility or transportation options.
- *Culturally Sensitive Health Education Programs:* Health education initiatives that respect and integrate local cultural beliefs may foster greater trust in formal healthcare systems. Engaging traditional healers as part of the health promotion process could also facilitate smoother transitions to formal healthcare.
- *Enhanced Awareness Campaigns:* Increasing awareness of available healthcare services through community health workers and local peer networks can help bridge information gaps and empower women to make informed health decisions.

CONCLUSIONS

This study explored the health-seeking behavior of women in the Internally Displaced Persons (IDP) camp in Kagara, Niger State, revealing a complex interplay of socio-economic, cultural, logistical, and informational barriers that significantly limit access to healthcare. Key findings show that financial constraints and cultural beliefs are primary factors driving the preference for traditional medicine over formal healthcare. Logistical challenges, particularly transportation issues, and information gaps further exacerbate these barriers, limiting women's access to timely and adequate healthcare.

The results are consistent with broader findings on displaced populations, showing that economic hardship, lack of healthcare awareness, and social isolation contribute to low healthcare utilization among women in IDP camps. The Kagara IDP camp illustrates how the unique socio-cultural and economic conditions of displaced women influence their health-seeking behavior, emphasizing the need for policies and interventions tailored to their specific needs.

Recommendations

To improve health-seeking behavior and healthcare access among women in the Kagara IDP camp, a multi-faceted approach is essential. Based on the study findings, the following recommendations are proposed for policymakers, healthcare providers, and non-governmental organizations (NGOs):

Establish Mobile Clinics and Community Health Posts

Mobile clinics and community health posts within or near the IDP camp would bring healthcare services closer to women, reducing transportation barriers. These facilities should offer essential maternal and child healthcare, as well as services for common illnesses.

Regular visits from mobile clinics can provide much-needed healthcare in remote areas of the camp, particularly for emergency care and preventive health services.

Introduce Subsidized Healthcare Programs

Providing subsidized or free healthcare services within the camp could significantly alleviate the financial burden faced by women. Partnerships between government health agencies and NGOs are crucial to funding and maintaining such services.

A voucher system could be introduced, allowing women to access essential services at reduced or no cost.

Engage Community Health Workers and Peer Educators

- Community health workers (CHWs) and peer educators can help bridge information gaps by raising awareness about available healthcare services and educating women on the benefits of formal healthcare.
- CHWs should be trained to respect cultural beliefs and work with traditional healers, fostering trust and collaboration to encourage women to seek appropriate healthcare when necessary.

Culturally Sensitive Health Education Programs

- Culturally sensitive health education programs that integrate local beliefs and practices can improve health-seeking behavior by making formal healthcare options more acceptable to women.
- Efforts to collaborate with traditional healers and incorporate elements of traditional medicine in preventive health programs may ease the transition for women unfamiliar with formal healthcare services.

Develop Transportation Support Systems

Transportation subsidies, such as transport vouchers or organized shuttles, should be provided for women in need of external healthcare services. Partnerships with local transport providers or NGOs could facilitate affordable transportation options within the camp.

Strengthening Partnerships with NGOs and Health Organizations

- Collaborating with NGOs, humanitarian agencies, and health organizations is crucial for sustainable healthcare delivery in IDP camps. NGOs can contribute resources, expertise, and innovative solutions, particularly in areas where government resources are limited.
- Joint programs that provide health services, income-generating activities, and education could holistically improve the living conditions and health of IDP women.

Future Research

While this study sheds light on health-seeking behavior in the Kagara IDP camp, future research could examine:

- The effectiveness of specific health interventions, such as mobile clinics or voucher systems, in enhancing healthcare access.
- Longitudinal studies assess changes in health-seeking behavior over time as camp conditions evolve.
- Comparative studies across multiple IDP camps to identify regional differences in healthcare barriers and best practices.

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