The Effect of Boko Haram Insurgency on Health and Nutrition among the Residents of Bolori 2 of Maiduguri Metropolitan Council of Borno State, Nigeria.

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ABSTRACT

The Boko Haram insurgency has unleashed a devastating wave of violence, upheaval, and insecurity across Nigeria and neighboring regions. While the direct impact of this extremist group on lives and livelihoods is undeniable, there remains a hidden and insidious crisis quietly unfolding in its wake. This article delves into the profound and often overlooked consequences of the Boko Haram insurgency on the health and nutrition landscape of affected communities. The detrimental effects of the Boko Haram insurgency reverberate far beyond the immediate destruction caused by their attacks. Disrupted healthcare systems, damaged infrastructure, and mass displacements have given rise to a complex web of interconnected health and nutritional challenges. By examining the multifaceted dimensions of this crisis, we can gain a deeper understanding of the intricate ways in which Boko Haram's presence has compromised the well-being of individuals, families, and entire communities. At the heart of this analysis lies the profound disruption to healthcare services, including the destruction of medical facilities and the forced migration of healthcare personnel. As a result, access to basic healthcare has drastically diminished, leaving vulnerable populations grappling with untreated illnesses, limited maternal care, and inadequate immunization coverage. Concurrently, the collapse of essential public health initiatives has created fertile ground for the outbreak and resurgence of infectious diseases, exacerbating the already dire health challenges. Additionally, the Boko Haram insurgency has precipitated widespread displacement and disrupted food production systems, resulting in acute food shortages and severe malnutrition. Families living in conflict-affected areas face extreme difficulties in accessing nutritious food, with many forced into camps or fleeing to already overwhelmed urban centers. The persistent threat of violence and the destruction of agricultural infrastructure have crippled farming activities, leading to dwindling food supplies, and soaring prices, pushing communities towards a state of chronic hunger and undernutrition.

The far-reaching consequences of the Boko Haram insurgency on health and nutrition demand urgent attention from policymakers, humanitarian organizations, and the international community. Recognizing the interconnectedness of these issues is crucial for implementing effective and sustainable interventions that address not only the immediate needs but also the long-term repercussions. By understanding the complexities of this crisis, we can work towards rebuilding resilient health systems, rehabilitating agricultural infrastructure, and fostering community-led initiatives that restore health, well-being, and food security to the affected regions. This article aims to shed light on the often-overshadowed impact of the Boko Haram insurgency on health and nutrition, advocating for a comprehensive response that prioritizes the restoration of fundamental human rights and dignities to those who have borne the brunt of this ongoing crisis. This article is on the effect of Boko-Haram insurgency on health and nutrition among the residents of Bolori 2 of Maiduguri metropolitan council of Borno state. The study has examined the health and nutrition

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activities in the study area, assess the components of household health and nutrition, the effects of Boko-haram insurgency on health and nutrition and the level of malnutrition and other physical diseases respectively. The methodology used in the study includes observations, questionnaire, and interview. Percentage analysis is used to discuss findings. The concrete findings revealed that 59.55% of the respondents' benefits from the health and nutrition services of 50.25% benefit from OPD, 34.92% CMAM and only 15.32% benefits from IPD. This is because of attacks by the insurgents which triggers lack of access to the population under study. It was revealed that 50.25% of the respondents considered home remedy as an initial means of in events of emergency in the study area. This will in turn further trigger household illness/diseases from moderate to severe and thereby subjecting the population into critical health situations. 50.55% of the respondents have a bad situation of hygiene. This will aid in exposing the population to the risk of water hygiene and sanitation related diseases. 59.45% of the respondents implied that there is no wide coverage access to health and nutrition services. The study revealed that 61.55% of the respondents implied that there is only one and single health/ nutrition facility in the area. This will further make the study area volatile as far as the cases of health and nutrition area concern. 59.50% of the respondents did (wives) not visit antennal clinic which accounts for the prevalence and of maternal and child health conditions. The study shows that health and nutrition services depreciated and were not appreciated over time 66.58%. majority of the respondents cannot access the health and nutrition services during emergency 93.71% and 75.37% of the respondents considered Boko-haram insurgency as the hindering factor to the access of the health /nutrition facility in the events of emergency. Percentage of 97.48% of the respondents revealed that health/nutrition awareness were not experienced due to insurgency leading to lack of health and nutrition key messages. The study emanated that Boko-haram insurgency is the reason for not conducting this awareness campaign. Understanding the specific challenges faced by residents in terms of healthcare access can inform targeted interventions. It highlight the need for increased medical facilities, personnel, and services to address the health needs of the community. The study identifies high levels of malnutrition, it can lead to the implementation of nutritional programs, including the distribution of food aid, supplementary feeding, and education on proper nutrition. Recognizing the psychological impact of the insurgency can prompt the establishment of psychosocial support services, including counseling and mental health programs, to address trauma and stress. Findings indicating damage to healthcare facilities and infrastructure may drive efforts to rebuild and reinforce these structures, ensuring that residents have access to essential medical services. The study can contribute to the formulation of policies at the national level to address the broader health and humanitarian issues resulting from the insurgency. This might involve collaboration between governmental bodies and international organizations. Understanding the specific needs of Bolori 2 can influence the allocation of resources at the national level, ensuring that funds and support are directed to areas most affected by the insurgency. Insights into the impact of insecurity on healthcare access may prompt the government to implement or strengthen security measures, creating a safer environment for residents and healthcare providers. The study may attract attention from the international community, leading to collaborative efforts to address the broader implications of the conflict, including health, security, and humanitarian concerns. The study's findings can be used for advocacy purposes, raising awareness about the challenges faced by communities affected by the Boko Haram insurgency. This can garner support from both national and international stakeholders.

Key Words. Boko-Haram, Health, Nutrition, Borno State.

INTRODUCTION

In the heart of Nigeria's conflict-ridden northeastern region, the community of Bolori 2 stands as a testament to the devastating impact of the Boko Haram insurgency on the lives of its residents. As one of the countless communities affected by this violent extremist group, Bolori 2 has witnessed the erosion of its social fabric, the destruction of its infrastructure, and a profound disruption to the health and nutrition landscape of its inhabitants. This article aims to provide an extensive exploration of the multifaceted

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consequences endured by the residents of Bolori 2 in the wake of the Boko Haram insurgency, shedding light on the far-reaching effects that have left an indelible mark on their health and nutritional well-being (Humanitarian Action plan, 2015)

Nestled in the state of Borno, Bolori 2 once thrived as a vibrant community with bustling markets, accessible healthcare facilities, and food security. However, the emergence of Boko Haram drastically altered the course of its history, plunging the community into a cycle of violence, fear, and instability. Bolori 2, like many other areas in the region, has become a microcosm of the wider crisis, exemplifying the toll exacted on the physical, psychological, and social health of its residents. (Humanitarian Action plan, 2015)

The first and perhaps most significant consequence of the Boko Haram insurgency is the severe disruption to the healthcare system. The community's once functional hospitals and clinics now lie in ruins, leaving residents with limited access to essential medical services. Healthcare personnel have fled due to threats and attacks, further exacerbating the scarcity of healthcare professionals to address the urgent health needs of the community. This breakdown in healthcare infrastructure has resulted in untreated illnesses, inadequate maternal care, and diminished immunization coverage, giving rise to a cycle of preventable diseases and increased mortality rates. (Humanitarian Action plan, 2015).

The effects of the insurgency on the nutrition landscape of Bolori 2 have been equally devastating. Food production and distribution systems have been decimated, rendering the community increasingly reliant on external aid, and facing acute food shortages. The disruption of farming activities, destruction of agricultural infrastructure, and the displacement of farmers have crippled the once-thriving agricultural sector, leading to a state of chronic hunger and malnutrition. Vulnerable groups, such as children, pregnant women, and the elderly, are particularly at risk, with their nutritional needs going unmet, resulting in stunted growth, micronutrient deficiencies, and increased susceptibility to diseases. (Famine and Agricultural Organization, FAO, 2015).

Beyond the physical consequences, the Boko Haram insurgency has also inflicted deep psychological scars on the residents of Bolori 2. Constant exposure to violence, forced displacements, and the loss of loved ones have engendered a pervasive sense of fear, trauma, and anxiety within the community. These psychological stressors further exacerbate the health and nutritional challenges faced by the residents, creating a vicious cycle where the deteriorating mental well-being impairs their ability to access and utilize available healthcare and support services. Understanding the extensive effects of the Boko Haram insurgency on the health and nutrition of Bolori 2 is crucial for designing targeted interventions and policies that address the specific needs of this community. By examining the intricate web of challenges faced by its residents, from the collapse of healthcare systems to the erosion of food security, we can pave the way for sustainable solutions that restore dignity, resilience, and hope to the affected individuals and communities.

The Boko Haram insurgency in Nigeria has had a significant impact on the shortage of healthcare providers in the affected regions. The ongoing violence, displacement of populations, and attacks on healthcare facilities have disrupted the health infrastructure, leading to challenges in delivering healthcare services. Healthcare professionals have been forced to flee conflict zones, leading to a shortage of skilled personnel in areas affected by the insurgency. Boko Haram has targeted hospitals and clinics, causing damage to infrastructure, and hindering the ability to provide medical care. (Ashimi, 2022).

Moreover, the insurgents' attacks on the hospital with resultant abductions and killing of health providers was one of the devastating sets back towards achieving optimal health and well-being of individuals residing within and outside the Bolori 2. Bolori 2 being the Epicenter of Boko-haram in 2009 has been known to be central dogma and the first area where Boko-haram erupted. Oter impact of the insurgency related to shortages of health care providers include the fear of attacks which have deterred healthcare workers from

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operating in affected areas, exacerbating the shortage of providers. The insurgency has disrupted education in affected regions, especially Bolori 2, limiting the training and development including capacity building and continues medical education of both new and the exiting healthcare professionals. (Babagana, 2021).

On the other hand, the Borno state Government through the federal government of Nigeria has set up various mitigations and strategies to counteract this impact of the insurgency on the health sector. These health care challenges posed a significant threat to already existing deficits of the state health care system. To address the health care related challenges caused by the Boko-Haram insurgency, the government has engaged in military operations to combat Boko Haram and restore security, aiming to create a safer environment for healthcare providers. Efforts have been made to rebuild and reinforce healthcare facilities that have been damaged or destroyed during the conflict. The government has collaborated with international organizations and received humanitarian aid to support healthcare services in affected areas. Initiatives have been implemented to recruit and train healthcare workers, addressing the shortage by increasing the number of skilled professionals. The government has engaged with local communities to build trust and encourage healthcare workers to return to or remain in affected regions. Despite these efforts, challenges persist due to the complex nature of the conflict. Ongoing security concerns and the need for sustained development efforts continue to impact healthcare provision in Boko Haram-affected areas. (Adegoroye, 2022).

Insurgency is a protracted political-military struggle directed toward subverting or displacing the legitimacy of a constituted government or occupying power and completely or partially controlling the resources of a territory using irregular military forces and illegal political organizations. The common denominator for most insurgent groups is their objective of gaining control of a population or a territory, including its resources. (Central Intelligence Agency, 2012), This objective differentiates insurgent groups from purely terrorist organizations. It is worth noting that identifying a movement as an insurgency does not convey a normative judgment on the legitimacy of the movement or its cause; the term insurgency is simply a description of the nature of the conflict.

Insurgent groups often pursue some common objectives to undermine the legitimacy of the government and bolster their own standing with the population. Insurgents seek to:

Undercut the ability of the government to provide the population security and public services, including utilities, education, and justice. An insurgent group may attempt to supplant the government by providing alternative services to the people, or it may be content to portray the government as impotent. They also struggle to Obtain the active or passive support of the population. Not all support must be or is likely to be gained from true sympathizers, fear and intimidation can gain the acquiescence of many people. They equally Provoke the government into committing abuses that drive neutral civilians toward the insurgents and solidify the loyalty of insurgent supporters. Undermine international support for the government and, if possible, gain international recognition or assistance for the insurgency. (UNOCHA, 2021).

Insurgency is primarily a political competition for legitimacy, but the violent aspect of the struggle most often alerts observers to the insurgency's existence. Insurgent warfare is characterized by a lack of front lines, sequenced battles, or campaigns; a protracted strategy, often lasting more than a decade; and unconventional military tactics, including guerrilla warfare, terrorism, or ethnic cleansing. The distinction between civilians and combatants is blurred in insurgency, often resulting in proportionally higher civilian casualties than suffered in conventional conflicts. (Humanitarian Action plan, 2015)

Nigeria has a long history of conflicts such as the Kano riot of 1953, Western region crisis of 1962, Maitatsine uprising of 1980s, Jos crisis of 2001 and so on. However, these crises were not as deadly as the current crisis faced by Nigeria in the light of Boko Haram insurgency which is over a decade since its inception. Boko Haram insurgency which began in 2009 is yet to be curtailed and Its menace has led to the

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death of thousands of lives, destruction of properties and many civilians have been displaced from their homes. It was gathered that in Borno State, located in the North-Eastern part of Nigeria is experiencing the Boko Haram massacre, over 122,000 people fleeing conflict in other local government areas, including Marte, Kukawa and Mafa, were displaced in Monguno town (OCHA, 2017). Insecurity is still a lingering issue as areas outside Monguno town remain unsafe and sporadic attacks by Boko Haram in surrounding villages and LGAs continue to displace people within Monguno and prevent returns beyond the headquarters (Guardian 2017). This has impacted negatively on agriculture, livelihood and food security as the security situation does not allow for farming and fishing. several research was conducted in Monguno such as Problems of Public Sector Housing Schemes and How It Affects the Low-Income Class (Mari *et al.*, 2014), Analysis of The Marketing of onion (Sulumbe *et al.*, 2015) and others which seeks to address socio-economic issues of the area. There is virtually little or no documented research on the effects of Boko haram insurgency on agricultural productivity and food security in this area of which it is one of the most affected local government areas by insurgency in Borno State.

Based on this study, information obtained from various research studies conducted including presentations and seminars done on the anatomy of the Boko-Haram crisis. From 2009 till date the insurgency has procreated manifold sources of information to support the study. Additionally, information was specifically gotten from research, reports from humanitarian action plan, United nations (UN), World Health Organization (WHO), International Committee of Red Cross (ICRC), Medicines San Frontiers (MSF-Doctors without Borders). Having the information comes in handy as we have bulk of humanitarian experiences and network of access to humanitarian and protracted conflicts overview, action plans and reports.

This article aims to amplify the voices of the residents of Bolori 2, bringing to light their struggles, resilience, and aspirations for a brighter future. By shedding light on the profound consequences of the Boko Haram insurgency, we strive to inspire collective action, mobilize resources, and foster a renewed commitment from local authorities, humanitarian organizations, and the international community to support and uplift the residents of Bolori 2, ensuring that they receive the necessary health and nutritional assistance to rebuild their lives in the aftermath of this relentless tragedy.

RESEARCH METHODS

Research Design.

The research design adopted for the study is non-experimental descriptive survey design. It deals with the collection of data as the occur in their natural settings. Often used by the researchers to determine the direction of effects, attitudes, and behavior. The design is combination of purposive and sample random sampling techniques will be used for this study. Questionnaires (398) will be administered in Bolori 2 area. This question will be designed to address the research objectives and hypothesis.

Study Setting.

Bolori 2 is located in the north-eastern part of Maiduguri metropolitan council of Borno state. Its shared trench and boundary with Shuwari 7 from the east, Jajeri form the west, Bulabluin environs from the north and Abba-ganaram from the south respectively. According to the national population census conducted in 2006, its population was estimated to be around 101,000 people with several around 10008 households. According to the individual registration conducted by the premier urgence international 2019, the estimated population of Bolori 2 residents was around 138,887 and occupied by about 19024 household size. Bolori 2 being the largest ward among its counterpart ward of Bolori 5,6,7 and so on. About 80% of its are occupants are Kanuri by tribe. 10% are Shuwa Arabs, 5% are Fulani. Babur Bura, Margi, and Hausas occupy the remaining percent. About 80% of the occupants of the Bolori 2 are farmers whereas minority group are civil servants, businessmen and women and so on. Majority of people of Bolori 2 are Muslims while the minority

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being the Christian belief. it has over 154 community head called Bulamas.

Bolori 2 is a ward ranked to be the second largest ward in Borno state, Gwange being the first largest ward. Bolori 2 comprises of Gonidamgari settlement, Bulabluin Ngarnam, Bulabulin Alajeri, Jareri, Herwa quarters, railway quarters Ummarari settlement, Bulama Aji Kauji Camp and Shuwa Arabs camps respectively. Bolori 2 has Government and private established elementary school, Government universal Basic Education, senior secondary school. It's also having primary health care facility in Bulabulin Alajeri, Herwa housing estate and Gonidamgari. Bolori 2 has several health posts or called outpatient therapeutic program set up by the international non-governmental organizations.

Furthermore, Bolori 2 is an area where the book haram insurgency erupted specifically Gonidamgari to railway quarters which is just a kilometer away from the epic enteral arena of Boko haram Islamic radicalization group. In 2009, Islamic optimist people with the same ideas initiated an illegal opposition to the Nigerian democracy. This gave rise to the ever escalating and aggravating radicalization towards the nations democratic system. Let it be no doubt or fear of contradictions that Bolori 2 was the one and only area book haram first hits. From 2009 to 2015 when armed opposition group called book haram intensify their attacks on religious places of worships including market and other places of festivities, individual and groups. The people of Bolori 2 flee and left the area for refuge. Today, with the minimal attacks on the area, the occupants return to their ancestral homes with an evident effect of post attacked by the group.

Target Population.

According to national population census conducted 2006. The estimated population of people in Bolori 2 was 101,000.

Sample and Sample Technique.

The method adopted is probability sampling technique specifically the simple random sampling. This is where every member of the population has equal chance of being selected as part the sample.

Instruments for Data Collection.

Questionnaire.

Self-developed questionnaire is the instrument used for the data collection. The questionnaire is based on the research questions divided into five sections, section A deals with demographic data of the respondents, section B consist of the health and nutrition activities in Bolori 2, section C composed of components of household health and nutrition needs in Bolori 2, section D comprises of the effects of book haram insurgency on health and nutrition, whereas section E deals with the level of malnutrition and other physical diseases in Bolori 2.

Interview.

This is described as face-to-face interaction situation in which a person (the interviewer) asks another person (the interviewee) the questions which he/she responded to orally. This method permits the researcher to obtain directly first-hand information about a person's knowledge, his/his values, experience as well as their attitudes and beliefs. It is a method that provides immediate feedback and gives the opportunity to asking question which arises from other questions.

Data Analysis and Procedure.

Simple percentage method will be used to analyze the data collected and information gather were presented

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in a tabular form. Through these methods, such question would separately be analyzed, based on the answers supplied. This would be done to foster easy and clear understanding of the work. The data collected were analyzed and presented using tables, frequency, and percentage.

Ethical Considerations.

Informed consent (oral) was obtained from the respondents prior to the collection of data, and they were informed that all information obtain will be used for the purpose of research and were treated with strict privacy, respect, and all degree of confidentialities.

RESULTS

Table 3.1. Population of the geographical Area of the ward under study.

S/N	LOCATION	TOTAL POPULATION
1.	Gonidamgari	25,346
2	Bulabulin Ngarnam	18,202
3	Bulabulin Alajeri	14,221
4	Jareri community	20,002
5	Ummarari	12,201
6	Bulama Aji Kauji camp	5,435
7	Shuwa Arab camp- El-Yakub Camp	3,789
8	Herwa housing estate	1004
9	Railway housing estate.	800 Total: 101,000 Sample size: 398

Source: Data matrix of national population commission census conducted 2006.

Interpretation*:* the table below shows areas and settlement in Bolori 2 ward of Maid6uguri metropolitan council of Borno state. Gonidamgari being the largest area with a population of 25,346. Bulabulin Ngarnam with a population of 18,202 people. Bulabulin Alajeri has 14,221. Jareri has 20,002. Ummarari community has 12,201. Bula aji Kauji camp with the population of 5,435. Shuwa Arabs camp (El-Yakub Camp) having a population of 3,789. Herwa quarters with the population of 1004 and railway quarters with the population 800 respectively.

Table 3.2 Personal Demographic Data of the population under study.

S/N	OPTION	VARIABLES	FREQUENCY	PERCENTAGE
1.	AGE	18-23	30	7.53%
2.		24- 29	47	11.80%
3.		30- 35	100	25.12%
4.		36-41	200	50.25%
5.		42-65	21	5.27%
6.		TOTAL	398	100%

SOURES: Research survey Conducted, October,2020.

Interpretation: from the above table, higher percentage (50.25%) of the respondents were within the age range of 36-41 ages. Lower percentage (5.27%) were within the age of 42-65 years of age. 11.80% of the

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respondents were between the age range of 24-29%. Whereas 7.53% percentage of the respondents were at 18-23 years of age respectively.

1.	**Gender**	**Variables**	**Frequency**	**Percentage**
2.		MALE	198	49.74%
3.		FEMALE TOTAL	200 398	50.25% 100%

Source: research survey conducted October 2020.

Interpretation: from the survey conducted, the above table shows that most of the respondents were female with 50.25% while 49.74% were male.

female with 50.25% while 49.74% were male.

1	Education	Variables	Frequency	percentage
2.		GRADUATE	101	25.37%
3.		DIPLOMA	97	24.37%
4.		SECONDARY	50	12.56%
5.		PRIMARY	50	12.56%
6.		OTHERS	15	3.76%

Sources: Research Survey conducted October,2020.

Interpretation: from the survey conducted, the above table shows that the majority of the respondents were graduates with 25.37% and those with diploma certificates have 24.37%. 12.56% have attended only secondary school so also the same percentage (12.56%) attended elementary school. Others have attended vocational studies and their likes 3.76% respectively.

1.	Occupation	Variable	Frequency	percentage
2.		Farming	326	81.90%
3.		Fishing	22	5.52%
4.		Traditional craft men/women	14	3.51%
5.		Firewood	3	0.7%
6.		Livestock sellers	12	3.01%
7.		Others Total	21 398	5.27 100%

Sources: Research survey conducted October,2020.

Interpretation: the table above shows that majority of the respondents (81.90%) were farmers. 5.52% were fishing. 3.51% were traditional craftsmen and women. Some few minorities were firewood sellers (0.7%) and 5.27% were livestock sellers respectively.

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Table 3.3 examining the health and nutrition activities in Bolori 2.

S/N	OPTIONS	VARIABLES	FREQUENCY	PERECENTAGE
1.	**Are you benefiting from any form of health and nutrition services?**	**Yes**	**237**	**59.55**
		No	**161**	**40.45%**
		Total	**398**	**100%**
2.	**What kind of health and nutrition activities do you receive?**	**CMAM**	**139**	**34.92%**
		OPD	**200**	**50.25%**
		IPD	**61**	**15.32%**
		Total	**398**	**100%**

Source: Research Survey conducted October 2020.

Interpretation: from the table above, majority of the respondents have access to health and nutrition services while percentage of 40.45% did not have accesses to health and nutrition services. And 50.25% of the respondents have accesses to Outpatient Department, OPD services, 34.92% have accesses to Community management of severe Acute Malnutrition, CMAM services. 15.32% of the respondents' access inpatients department.

Table 3.4 Assessment of Components Household health and nutrition needs of the respondents in Bolori 2

S/N	OPTIONS	VARIABLES	FREQUENCY	PERCENTAGE
1	What is your initial steps in case of diseases/illness and its prevention at home?	(a) Home remedy	200	50.25%
		(b) Nearby health post	98	24.62%
		(c) Traditional healers	100	25.12%
		(d) Others	0	0
		Total	398	100%
2	Do you understand good hygiene?	(a) Yes	281	70.60%
		(b) No	117	29.39%
		(c) Total	398	100%
	What situation of hygiene do you have at home?	(a) Good	161	40.45%
		(b) bad	237	59.55%
		total		100%

Source: Research survey conducted October,2020.

Interpretation: from the survey conducted the above table shows that 50.25% being most of the respondents have considered home remedy as the initial step to be taken in case of disease/illness and their prevention at home. 24.62% of the respondents consider nearby health post. 25.12% consider traditional healers at the

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initial step.

DISCUSSIONS OF FINDINGS

Table 4.3 presents the examination of the health and nutrition activities in Bolori 2. These health and nutrition activities include community management of acute malnutrition (CMAM), outpatient department (OPD), and inpatient Department (IPD). 34.92% benefit from CMAM, 50.25% benefit from OPD. And 15.32% goes IPD respectively.

Table 4.4 shows the household health and nutrition components needs. These components are home remedy to diseases/ illness, health post, traditional healers respectively. 50.25% of the residents of Bolori 2 consider home remedy as vital component. 24.62% goes for a nearby health post. Whereas 25.12% considered traditional healers as components of household health and nutrition needs. 70.60% understood good hygiene. Whereas 29.39% do not understood good hygiene. 40.45% have good hygiene situation while 59.55% have bad hygiene condition as a component of health/nutrition needs of households in Bolori 2.

Table 4.5 emanated that book haram insurgency has triggered acute health/ nutrition crisis with resultant diminished access to health and nutrition services in Bolori 2. 59.54% of the respondents have no access to these services whereas only 40.45% have access. 61.55% have only one and only health/nutrition facility at their vicinity. While 38.45% of the respondents responded that there are only two facilities rendering health / nutrition services. 5.27% of the viewed that health/ nutrition services are standard. 13.31% said partially standard. While 81.40 considered the services not standard.

Majority of the respondents do not visit prenatal care 50.50%. 49.49% visits only four times. Majority of the respondents considered health/nutrition services did not appreciate (66.58%). Majority of the respondents 93.71% have no access to the health/nutrition services in case of emergency. 75.37% of the respondents consider Boko-haram insurgency as the hindering factor that prevents access to these facilities during emergency situations. 97.48% have not observed awareness or Champaign of health/nutrition related concerns.

Table 4.6 presented that 50.00% of the respondents only considered maize as their daily food requirement. 30.15% takes millet,12.56%. 5.02% circumspect beans whereas 2.26% consider rice as their daily food requirement. 98.99% skipped meal due lack of enough money to buy food while 1.00% do not. 34.24% of the respondents ever not eat for a whole day once in month. 30.40% ever not eat for a whole day. Whereas 35.17% never skipped a meal for the whole day. 97.48% lose weight because of not having enough food. 2.51% do not lose weight. 21.85% cut the size of their meal and their children due to not enough food available once a week. 47.23% once a month. 3.01% once in 6 months. 27.88% never cut the size of their meals nor their children meal due to food unavailability. 86.68% have their children on supplementary feeding program being majority. 13.31% do not have their children on supplementary feeding program. 50.00% never eat balance meal. 10.05% take a balance meal once a week. 13.81% once a month and 25.12% once 6 months respectively. 75.62% have no access to their means of livelihood. 24.37% have access to their livelihood. 25.37% considered sickness/health expenditure as a factor that negatively impacted on the ability to food needs. 5.02% bad climatic condition. 65.57% consider book haram insurgency as a factor. Whereas 4.02% considered high food price. 76.13% of the respondents contact illness once a month. 23.86% once a week. 97.23% responded that that they did not experience any outbreak in the last 6 months while only 2.76% have had diseases outbreak.

To identify the key findings of this study, majority of the respondents 59.55% benefits from the health and nutrition services. of which 50.25% benefit from OPD, 34.92% CMAM services. and 15.32% benefit from the IPD.

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In assessments of the components of household health and nutrition needs of the respondents in Bolori 2, the findings implied that the major components include home remedy as the initial step for disease/illness and its prevention at home (50.25%) being the majority. 24.62% goes to nearby health post. 25.12% goes to the traditional healers respectively. Most of the respondents (70.60%) understood good hygiene. And despites the majority understood hygiene, majority of the respondents (59.55%) have bad hygiene situations.

In identifying the effect of book haram insurgency on health and nutrition among the residents of bolori2. The findings revealed that most of the respondents (59.54%) have no wide range access coverage to health and nutrition services. majority of the respondents (61.55%) implied that there only one health/nutrition facility in their area. Majority of the respondents (81.40%) considered the overall health and nutrition services as not standard. Majority of the respondents (59.50%) and their wives did not go for prenatal care. Majority of the respondents (66.58%) answered that the health and nutrition services depreciated and not appreciated over time. Majority cannot access the health and nutrition facility for services at the events of emergency (93.71%). Majority of the respondents 75.37% considered Boko haram insurgency as the hindering factor to the access the facility in an event of emergency. Majority of the respondents did not observed any awareness or sensitization in the past 6 months (97.48%). Majority of the respondents (559.54%) implied that Boko-haram insurgency is the factor that did not favor such awareness.

In assessing the level of malnutrition and other physical diseases in Bolori 2, majority considered only maize as their daily food requirement (50.00%). 98.99% of the respondents being the have had skipped a meal once a week due to nit enough money to buy food. 34.42% of the respondents have skipped food for a whole day due to lack of money to buy food. Majority of the respondents 97.48% lose weight due to not eating enough food. 47.23% cut the size of their children meal once a month due to lack of available food to eat. 21.85% once a week and 3.01% once every 6 months respectively. Majority of the respondents (86.68%) have their children enrolled in the supplementary feeding program. Majority of the respondents 51.00% have never eaten balance meal. 10.05% eat balance meal once a week. 13.81% once a month and 25.12% once in 6 months. Majority of the respondents 75.62% cannot access their means of livelihood such as farming, fishing, and livestock. 65.57% of the respondents considered Boko-haram insurgency as a factor that impacted negatively on the family's ability to meet their food needs. 76.13% of the respondents being majority contacted diseases/illness such as diarrhea, measles, and other diseases while majority of the respondents 97.23% implied that there was no disease outbreak in the last 6 months respectively.

Health and nutrition activities or services in a settlement determines the health strength of the area provided they are operating. Despite the global health challenges. Health/ nutrition the way and manner this health erodes more and more effects and negative impact on the population. In a population where there is no facility strategy in place in converting Acute malnutrition, pediatrics medical emergencies, maternal and child health strategy, this will in turn lead to devastating return to the progress of health/nutrition (Babagana,2017).

Components of household health and nutrition needs comprises of measures and steps to be taken in an event of diseases or illness. Primary health care stressed on preventive aspect of health care. A household with no alternate medium in case of illness occurrence makes the stage of the level of health care critical (Shettima, 2017).

Insurgency of any nature triggers acute to severe effect on any nation's economy and this is directly proportional to health and nutrition diminishing returns. These give rise to the stunting in growth, delayed physical and mental developments. Maternal and child health acute illness and moderate to severe acute malnutrition. (jerry, 2019).

This study on the effects of Boko-haram insurgency on health and nutrition among the residents of Bolori 2

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of Maiduguri metropolitan council of Borno revealed that most of the respondents 59.55% benefited from health/ nutrition activities of only 15.32% benefits with IPD and only 34.92% benefits from CMAM.

Similar studies were conducted by Andrew and Ashimi 2011 on the health and nutrition activities in southern Somalia. The result of the study also implied that majority of respondents benefited from the health and nutrition activities with only few percentages of the respondents have from OTP and IPD.

This study is on the effects of Boko-haram insurgency on the health and nutrition among the residents of Bolori 2 of Maiduguri metropolitan council of Borno state. The result emanated that most of the respondents (50.25%) considered home remedy as the initial steps to be taken in case of diseases/illness and their prevention as a household component needs for health and nutrition. And most of the respondents 59.55% have bad situation of hygiene despite their understanding of hygiene.

On the study conducted by Alison conde 2012, when the respondents considered home remedy as standard alternative components of health and nutrition needs, the population suffers obsolete form of illness/ and diseases management with a lot of complications which will be fatal.

Insurgencies are very difficult to convert, especially when they become persistent in respect to time and durability. Boko haram insurgency has triggered and overwhelming health and nutrition crisis in the northeastern part of Nigeria more especially Maiduguri and more specifically Bolori 2 of Maiduguri metropolitan council where it was the epicenter of the crisis and point of its eruption. Its effects ignite diseases prevalence, diminished household components of health and nutrition needs, livelihood shattered, and malnutrition transgresses from mild to moderate, and from moderate to severe. From severe acute malnutrition to global acute malnutrition. Erupting maternal and child health emergencies with high morbidity and resulting in mortality. Therefore, there is a need for nurses and nursing profession to strengthen public health or community health to counteract the devastating effects of insurgency on health/ and nutrition.

CONCLUSION AND RECOMMENDATIONS

Upon the completion of this research work on the effects of Boko-haram insurgency on the health and nutrition among the residents of Bolori 2 of Maiduguri metropolitan council of Borno state. the study concluded as its exposes the effects of the Boko-haram insurgency on health and nutrition among the residents of Bolori 2 which include the inadequate access to facilities at event of emergencies, the ever escalating level of severe acute malnutrition, the depreciation of the standard of health and nutrition services, the diminishes components of household health and nutrition needs of the families, the evident result of maternal and child emergencies due to lack of access to prenatal and postnatal care before and after child delivery were all identified.

The researchers wish to recommend the following point.

The government especially the federal government should intensify actions and investigations using all the cadres of defense, law and order tackle the insurgency to do away with the ever decreasing in standardization of health and nutrition and elevate the level of health care at all level ranging from primary, secondary, and tertiary level of health care among the population. The Non-governmental organizations widen their aspect of health/nutrition care operation to convert the ever-devastating nature and status of health and nutrition for all the victims in various insurgency related disasters for the betterment of all. The nurses and doctors embrace the act of assiduousness toward intensifying their modus operandi to reduce the suffering related to illness/diseases and their preventions among the families, communities, and the society. The people in the community embarked on community dialogue and conversation to profound solution to the problem affecting them without deniability and over dependability on the governments.

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REFERENCES

1. Babagana V. and Prata, N., 2003. Civil war and child health: regional and ethnic dimensions of child immunization and malnutrition in Angola. Social Science and Medicine 56(12): 2515-2527.
2. Ashimi, Agofure, O., 2018. Prevalence of obesity among adults in Issele-Uku, Delta State Nigeria. Alexandria Journal of Medicine 54: 463-468. Amalu, N. S., 2015. Impact of boko haram insurgency on human security in Nigeria. Global Journal of Social Sciences 14, 2015: 35-42.
3. Coghlan, B., Brennan, R. J., Ngoy, P., Dofara, D., Otto, B., Clements, M. and Stewart T., 2006. Mortality in the Democratic Republic of Congo: a nationwide survey. Lancet 367(9504):44-51.
4. Dunn, G., 2018. The impact of the Boko Haram insurgency in Northeast Nigeria on childhood wasting: a double-difference study. Conflict and Health 12(6). https://doi.org /10.1186 /s 13031- 018-0136-2.
5. Famine Early Warning Systems Network (FEWSN) 2015. Nigeria. http://www.fews.net/.
6. Food and Agriculture Organization (FAO) 2015. The state of food security and nutrition in the world (PDF).
7. Gylych, J., Ramat, A., Selmen, T., Bilal C. and Natalia, O., 2018. Impact of terrorism on agricultural business in Borno State, Nigeria: Applied Studies in Agribusiness and Commerce 14: 3-4.
8. Joint Humanitarian Action Plan (JHAP) 2015. Humanitarian Needs Review.Nigeria.www.opec.org Journal of Business and Management Review Management and the Social Sciences 2(1): 149- 151.
9. Lacoella, F. and Tirivayi, N., 2020. Child nutrition during conflict and displacement: evidence from areas affected by the Boko Haram insurgency in Nigeria. Public Health 183:132-137. doi: 10.1016/j.puhe.2020.03.012. Epub 2020 Jun 1. PMID: 32497781.
10. Oxford English Dictionary second edition (OEDSE) 1989.”insurgent B. n. revolt against constituted authority; a rebel who is not recognized as a belligerent. Oxford University Press, Oxford New York.
11. International Committee of Red Cross, ICRC, Child nutrition during conflict and displacement: evidence from areas affected by the Boko Haram insurgency in Nigeria. Public Health,,129:2021
12. United nations office of the Humanitarian Coordinator, UNCHO, Insurgency impact on health care services and it lifelong implications for humanitarian Sector: 2022
13. Famine and Agricultural Organization, FAO, Assessment on the impact of insurgency on the food security and livelihoods of conflict affected areas:123\rp 2015.
14. Medicines Sans Frontiers, Doctors without borders – MSF, overview of the humanitarian response plans and initiative on developmental project for the reviving of health ad nutrition strategies: 172: 2020.
15. Vahyala, A. T., Minnessi, G. K. and Kabiru, U., 2016.The effects of Boko Haram insurgency on food security status of some selected Local Government Areas in Adamawa State, Nigeria. Sky Journal of Food Science 5(3):012-018.