

# Exploring Conflict, War and HIV/AIDS on Health of the Internally Displaced Persons living in North Central Nigeria

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## Research

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## Abstract

**Background:** Conflict and war poses severe threat to the health and psychosocial well-being of every nation. It increases population displacement and high risk-behaviours thereby making the Internally Displaced Persons vulnerable to HIV/AIDS. The IDPs, therefore, need a collaborative community-based approach and social support system by the government, healthcare providers and the international organizations to tackle the impact of conflict and the post-conflict activities on vulnerability of HIV/AIDS among people living in IDPs camps.

**Methods:** This qualitative study explores and analyses the psychosocial issues identified to increase the risk of HIV among IDPs. Twenty participants aged 18 to 57 years purposively selected from 6 camps in Benue and Nasarawa States participated in the face-to-face semi-structured interview from June to November 2020. Thematic analysis using ATLAS.ti8 software analyses the data collected by transcribing and coding the interview transcripts into themes and sub-themes. The findings calculated through thematic network analysis and presented in a graphical and word cloud analysis.

**Results:** The study findings reveals that conflict and post-conflict activities by the armed bandits, refugees/IDP camps, children and women, family relations, and the uniform personnel increase the risk of contracting HIV among people living in IDP camps.

**Conclusion:** Most victims who settle for IDP camps and family relations became victims of rape, sexual transaction, drug abuse, child abuse, prostitution, and banditry activities which possess major threat to the health and psychological well-being of the victims.

**Trial Registration:** The study emphasized a collaborative effort of the government and the healthcare providers through a community-based approach to organize social support programmes on vocational skills acquisition and HIV education for the internally displaced persons and family relations. Also, the study recommended that the military, especially the younger uniform personnel, receive training on HIV/AIDS prevention.

## Background

The sub-Saharan African countries have bedevilled with the plague afflicted by the aftermath of continuous war and conflict. It has become conventional to identify war and conflict as part of the history of Africa. They are staging from the guerilla war recorded in Somalia, Uganda, Zimbabwe, Congo, Rwanda, Angola, Liberia, Kenya, Libya, Guinea, Madagascar, Sudan, and now Nigeria (Besley & Reynal-Querol, 2014; Encyclopaedia Britannica, 2018; Roser, 2018). The guerilla war and the struggle for independence fueled the recruitment of child soldiers (McMullen, O'Callaghan, Shannon, Black, & Eakin, 2013) who perpetrate violence by destroying lives and properties and assaulting women sexually across villages in the quest for political power (Song & De Jong, 2015). War and armed conflicts became an instrument in the hands of bandits with increase human trafficking, sexual slavery, and rape, killings, and abduction (Kibret, 2015; Omisore & Abiodun, 2014). Women and children experience mental health problems and vulnerable to HIV/AIDS (Dunn, 2018; Murthy & Lakshminarayana, 2005).

Nigeria, a 170 million population having 3.2 million people infected with HIV/AIDS, is rated second worldwide with 3.4% HIV prevalence. Nigeria has six geopolitical zones comprising North West, North East, North-Central, South-West, South-East, and South-South. The most conflict-affected states predominantly located in the North-East, North-West, and North Central states (NACA, 2015) and South-South except South-West and South-East (Ibenegbu, 2017; Madunagu, 2018). As shown in Table 1, the state HIV statistics reveal a high prevalence of HIV/AIDS in northern conflict-affected states with Taraba (10%), Kaduna (9.2%), Nasarawa (8.1%), Federal Capital Territory (7.5%), Benue (5.6%), Yobe (5.3%), Gombe (3.4%), Borno (2.4%), Plateau (2.3%), Adamawa (1.9%), and Kogi (1.4%) (NACA, 2015).

Further, the rape pandemic recorded a high flow on the prevalence of Sexually Transmitted Diseases (STDs) like the Acquired Immune Deficiency Syndrome (AIDS) across the affected region (AVERT, 2018; Kharsany & Karim, 2016). The few available healthcare centres in the conflict and crisis-afflicted areas became dysfunctional due to the fear of another attack (Sekoni & Owoaje, 2013). The healthcare workers fled for safety, and the most affected persons, especially women and children, resort to refugees and IDP camps for refuge (Nwagboso, 2018; Olanrewaju, Olanrewaju, Omotoso et al., 2019). The armed bandits disguise themselves as military and Red Cross workers, making it difficult to be identified (Goniewicz, Goniewicz, & Pawlowski, 2016).

Nigeria became a society where people panic with the slightest sound of firelight even during the celebration. Attacking people's lives and property using bombs and grenades generates severe fear. It causes instability across every section of the economy. Olakunde, Adeyinka, Wakdok, Oladele, and Ozigbu (2018) revealed how war and armed conflict facilitated the widespread HIV epidemic in Nigeria. The conflict activities became multidimensional with communal, socio-economic, religious, and political undertones (Onah, Diara, & Uroko, 2018). The kidnapping and killings in the Niger Delta region reveal an economic struggle (Institute for Peace and Security Studies [IPSS], 2018). Moreover, attacks by the Fulani herdsmen seeking for colonies confirms a communal, socio-economic, and political dimension (Nwagboso, 2018). In all cases, women experience sexual violence and abduction, making them vulnerable to HIV infection (Ruth & Ijere, 2018). Also, the Global Commission on Drug Policy documented instances of drug abuse and rape during the civil conflict (GCDP, 2012).

Studies observe orphans with high-risk behaviours and social deviance in conflict-prone areas (Monasch & Boerma, 2004). Other studies reveal an association between armed conflict and the prevalence of HIV/AIDS (Altman, 2003; Mock et al., 2004; Spiegel, Bennedsen, Claass, et al., 2007).

Monasch & Boerma (2004) observes the vulnerability of conflict-produced orphans with a high risk of social deviance and prevalence of HIV/AIDS in crisis areas. Also, studies in sub-Saharan African countries establish an association between war and IDP (Spiegel, Bennedsen, Claass, et al., 2007). Many IPD Camps have contributed positively to bringing normalcy to the lives of victims of conflict and war (Iqbal & Zorn, 2010).

Previously, the heat of conflict and the ethnic militia was devastating to the people of Niger Delta before the declaration of amnesty to the armed bandits by the then administration of President Yar Addu'a (Ajodo-Adebanjoko, 2017). The group activities had clear objectives that necessitated the government's intervention to bring the conflict to a standstill. They viewed conflict and civil war as an ethnic struggle to liberate the community (Denny & Walter, 2014). The kidnapping of top government officers, oil business personnel, expatriates, and indigenes was the strategy used by the militia group to meet their demands (Chikwem & Duru, 2018). The crisis and conflict affected the mobility of HIV patients for healthcare services due to fear of abduction and sexual violence by the militia. Conflict frustrated the treatment and prevention of HIV/AIDS (Braveman & Gottlieb, 2014; Sen, Al-Faisal, & AISaleh, 2012).

Few available healthcare centres became dysfunctional in conflict-prone areas due to the fear of another attack. The healthcare workers fled for safety, and the most affected persons, especially women and children, resort to refugees and IDP camps for refuge. However, the IDP camps expose the refugees and IDPs to rape pandemic, prostitution, and injecting the substance. Additionally, there is a lack of respect for the protection of Red Cross health workers who came to provide First Aid Services to the victims of conflicts (Goniewicz, Goniewicz, & Pawlowski, 2016). The armed bandits usually disguise themselves in military, civilian, and professional appearance, which becomes difficult to identify medical personnel from military and civilian combatants. Also, Uniform Services Personnel and Peacekeepers, including Officers of the Nigerian Civil Defense and paramilitary forces posted to conflict-prone areas, are younger trained risk-taking vulnerable to HIV infection. They usually take advantage of women by initiating a sexual relationship in exchange for protection and money.

As shown in Table 1, the implication to this research centred on the proximity and vulnerability of Nasarawa (8.1%) in sharing boundaries with the most prevalence and conflict-prone states in North Central Nigeria, Taraba (10.5%) on the east, Kaduna (9.2%) on the north, FCT (7.5%) on the west, and Benue state (5.6%) on the south. It indicates that the proximity and shared boundaries with the conflict-prone states make Nasarawa and Benue State vulnerable to HIV prevalence. Also, the risk of experiences of the bandit, family relation, Uniform Service Personnel, refugees/IDPs, and children and women.

Table 1  
The North-Central Conflict-prone States sharing a border with Nasarawa State

Conflict-prone State	HIV Prevalence
Benue	5.6
FCT	7.5
Nasarawa	8.1
Kaduna	9.2
Taraba	10.5
Nas. with the Conflict-prone States	40.9
Rest of the States	59.1
<b>Source:</b> Extracted NACA 2015 States statistics on HIV Prevalence	

This study explores the qualitative analysis of conflict and war and its psychosocial implications on the vulnerable in North Central Nigeria. It highlights aspects of qualitative research from armed bandits, family relations, refugee/IDP, children and women, and uniform services personnel on the vulnerable. The following questions guide our objective of the study: Does armed bandit affect the health and psychological well-being of the weak? How do family relations influence the life and survival of the vulnerable? To what extent do conflict and war places children and women vulnerable? How can we enhance the life of refugees and IDPs? Does Uniform Services Personnel increase chances to the displaced IDPs?

## Methods

### Study Design

The study explores conflict and war and HIV/AIDS on health of the internally displaced persons living in Nigeria, emphasizing qualitative descriptive design (Amoo et al., 2017; Olanrewaju, Omotoso, & Alabi, 2018). As shown in Fig. 1, the qualitative research using thematic network analysis describes the activities of armed bandits, family relations, refugee/IDP camps, child and women, and uniform services personnel across conflict-affected states in Nigeria. The study adopts 'thematic analyses' (Amoo et al., 2018) as a qualitative research design to help researchers

employ practical and effective use of the exact words and phrases presented by the participants during the interview session (Glaser & Strauss, 1965).

### Figure 1: Network visualizing theme, sub-themes, and quotations

The figure represents the network analysis visualizing the theme, sub-themes, and the quotations during thematic analysis using ATLAS.ti.8 to establish codes (sub-themes), group code (themes), and quotations. The yellow colour boxes signify codes for the sub-theme, which influences the prevalence of HIV among IDPs (green colour box). The white boxes and arrows indicate how quotations linked each sub-theme.

## Population

The population centres on Nasarawa and Benue State in North Central Nigeria with 19,748 (6%) and 81,132 (26%) respectively total IDPs in North Central (Displacement Tracking Matrix [DTM], 2019). However, the study is limited to an estimated population of 3,692 from selected camps in Benue: Abaagena-Agan IDP camp, Daudu IDP camp, Guma IDP camp, and Nasarawa: Mararaban Akunza IDP camp, Daddere market IDP camp, Primary School Agwatashi IDP camp. As shown in Table 1, the choice of the location based on the 2015 report of the vulnerability and HIV prevalence state statistics (NACA, 2015) and conflict-inflicted states (LeVan, Hassan, Isumonah, et al. 2018).

## Sample and Sample Size

The participants were a sample of victims of conflict living in refugee/IDP camps, religious-help camps, and houses of family relations, both children and women who lost their parents, husbands and guardians and displaced their properties and homes. The study uses a purposive (Burns & Grove, 2013) and convenient sampling technique (Speak, Escobedo, Russo, & Zerbe, 2018) for the selection of sample for an in-depth interview in Benue: Abaagena-Agan IDP camp, Daudu IDP camp, Guma IDP camp; and Nasarawa: Mararaban Akunza IDP camp, Daddere market IDP camp, Primary School Agwatashi IDP camp. The characteristics considered for participants include gender, age, educational, socioeconomic, and HIV status. The camps sampled participants willing to participate from the available camps. The discussion of findings in this study focused on 20 samples interviewed from June to November 2020, having 13 females and seven males.

## Instrument and Data Collection

A designed, detailed self-administered questionnaire assesses some selected demographic characteristics such as gender, age, religion, ethnic group, local government, state, highest qualification, occupation, and healthcare centre. Also, the interview protocol designed to explore participants' experiences of the influence of armed bandits, family relations, refugee/IDP camps, child and women, and uniform services personnel on HIV prevalence among conflict-prone states. The audio recorder recorded the interview session and field notes collected.

## Procedure

Permission obtains from relevant authorities at the selected refugee/IDP camps. The volunteered participants thoroughly informed about the purpose and objectives of the interview study. They gave their consent to be interviewed by filling the Informed Consent Forms at every point of the interview session. Data were collected using demographic questionnaires and interview protocol designed for in-depth interviews. Participating was voluntary, and participants have assured confidentiality of the responses and the right to withdraw from the research session at any time and their information destroyed.

## Data Analysis

The qualitative research design utilizes descriptive statistics using a simple percentage method to analyze the demographic variables. The study adopted the thematic analysis and ATLAS.ti8 software for data analysis. Thematic analysis transcribes and analyses the audio recording into themes and sub-themes (Vaismoradi, Jones, Turunen, Snelgrove, 2016). As shown in Fig. 2, word cloud analysis presented the word frequency count using ATLAS.ti8 word cloud list. Also, ATLAS.ti8 provides systematic explorations into coding and analyzing interview transcripts. It provides a basis for developing a new context-specific theory grounded on the data and establish a basis for further discussion regarding the variables defined from the literature reviewed.

As shown in Fig. 2, the spiral word cloud frequency counts on conflict, war and HIV indicates word cloud thematic analysis of the participant's responses during interview. ATLAS.ti8 helps in the thematic analysis of the frequency of word counts presented in a group document on conflict, war and HIV. The essence is to establish the word frequency count from the available quotations coded out of the responses of the individual document on the sub-themes covering armed bandits, wicked family relations, children and women, refugees/IDPs, and uniform personnel.

## Results

### Participant's Descriptive Information

As shown in Table 2, the participant's ages ranged from 18 to 57 participated in the study, with seven males and 13 females. They comprised of purposively selected 20 IDPs who are HIV positive within various IDP camps in Benue: Abaagena-Agan IDP camp, Daudu IDP camp, Guma IDP

camp; and Nasarawa: Mararaban Akunza IDP camp, Daddere market IDP camp, Primary School Agwatashi IDP camp. The participants are of different ethnic groups and Local Government Areas, including Eggon from Nasasarawa Eggon and Lafia, Alago from Obi, Migili from Lafia, Jukun from Keana, and Hausa from Lafia. Others include Tiv from Makurdi and Keana, Agatu from Logo and Awe, and Idoma from Makurdi and Logo. Besides, the participants have a different educational background ranging from 2 NCE holders, 3 Diploma, one certificate, six secondary, four primary, and four without formal education. Also, they have different occupations like farming, fishing, herding, University, and NCE students, applicants, teaching, salesgirl, homemakers, petty trading, hair plaiting, and dependents with nothing doing. The participants receive ARV drugs from different hospitals, four from Federal Medical Center Makurdi (FMCM), three from General Hospital Makurdi (GHM), two from Federal Medical Center Keffi (FMCK), five from General Hospital Akwanga (GHA), and six from Dalhatu Araf Specialist Hospital (DASH).

Table 2  
The Summary Profile of the Participants from IDP Camps

Participant	Ethnic Group	Current Age	Religion	LGA	State	Camps	Gender	Highest Qualification	Occupation	Hospital
1	Tiv	22	Christian	Makurdi	Benue	Abagena	Female	Secondary	Housewife	FMCM
2	Alago	19	Muslim	Obi	Nasarawa	Deddere Market	Female	Primary	Petty Trade	DASH
3	Tiv	25	Christian	Makurdi	Benue	Daudu	Male	Diploma	Univ. student	FMCM
4	Alago	42	Muslim	Lafia	Nasarawa	Mararaban Akunza	Male	NIL	Driving	GHA
5	Migili	29	Christian	Lafia	Nasarawa	Mararaba Akunza	Female	Certificate	Housewife	DASH
6	Agatu	20	Christianity	Logo	Benue	Guma	Female	Secondary	Applicant	GHM
7	Eggon	26	Muslim	Obi	Nasarawa	Agwatashi	Female	NCE	Teaching	FMCK
8	Jukun	31	Muslim	Keana	Nasarawa	Mararaban Akunza	Male	NIL	Herding	DASH
9	Idoma	36	Christianity	Makurdi	Benue	Daudu	Female	Secondary	Salesgirl	GHM
10	Eggon	25	Christianity	Lafia	Nasarawa	Agwatashi	Female	Secondary	NCE student	GHA
11	Idoma	38	Christianity	Logo	Ugba	Guma	Male	Diploma	Fishing	GHM
12	Migili	41	Christianity	Awe	Nasarawa	Agwatashi	Female	NIL	Housewife	GHA
13	Eggon	18	Muslim	Doma	Nasarawa	Mararaban Akunza	Female	Primary	Dependent	DASH
14	Hausa	51	Muslim	Lafia	Nasarawa	Deddere Market	Male	NIL	Herding	FMCK
15	Agatu	47	Christianity	Awe	Nasarawa	Deddere Market	Female	Secondary	Farming	DASH
16	Alago	18	Muslim	Awe	Nasarawa	Agwatashi	Female	Primary	No work	GHA
17	Tiv	39	Christian	Keana	Nasarawa	Mararaban Akunza	Male	NCE	Teaching	FMCM
18	Eggon	36	Christian	Nas Eggon	Nasarawa	Agwatashi	Female	Diploma	Hair saloon	GHA
19	Ake	21	Muslim	Lafia	Nasarawa	Agwatashi	Female	Primary	No work	DASH
20	Fulani	57	Muslim	Makurdi	Benue	Daudu	Male	Secondary	Trading	FMCM

**Note:** LGA = Local Government Area, FMCK = Federal Medical Center Keffi, FMCM = Federal Medical Center Makurdi, DASH = Dalhatu Araf Specialist Hospital, GHA = General Hospital Akwanga, GHM = General Hospital Makurdi, NCE = Nigeria Certificate in Education,

## Armed Bandits

Armed bandits have caused severe mental torture and psychological distress to the participants. The abduction, sexual assaults, killing, and destruction of lives and properties traumatizes the participant with increased population displacement. Indeed, refugees/IDPs camps, religious

assisted camps, and family relations became the only alternative refuge. Also, the conflict destroyed the health, social, economic, and education facilities expected to cater for the victims. The following quotations were provided by the participants:

*The Fulani herdsmen came to our village and started shooting everybody, burning houses and any farm product they can see." "I woke up in the hospital to discover I was the only survivor in the family." "All my parents killed, and the family shop burned." "I am now alone and can no longer go back to school for the past four years in IDP camp.*

Other participants reported a deep concern about the level of malnutrition and poor health condition they find themselves in. Accessing excellent health care services and education is challenging. The only functional clinic in the next village, the health personnel, do not come to work due to fear of recurrent attacks. This situation affects access to HIV testing and regular antiretroviral treatment and therapy for nursing mothers. It increases vulnerability to HIV/AIDS.

## Family Relations

The people affected by conflict predominantly are rural dwellers relocated to the town and cities to find refuge from the family relation. The purported 'family relations' pose great danger to the affected orphans, women, and girls who need assistance. It reveals another systematic IDPs slavery where the disadvantaged persons experienced the threat of rejection and sexual assault daily by their alleged kind-hearted benefactors who were aware of their predicament. Further, some victims forcefully exchange sex for safety, shelter, food, clothes, and money to meet the need for survival. They do not negotiate for protection. Other victims lured by lovers for money rituals, human trafficking, and other evil practices. The participants reported:

*Most of the so-called good family relations are very wicked and dangerous." "They threaten us and our young girls every night into sleeping with them." "Those Uncles and Aunties who provided their personal houses as refuge to the victims of displacement turns out using young children to generate income for them through street begging and hawking." "We lost one of the innocent girls who was kidnapped while she was selling Orange to generate money to support her feeding." "These family relations that claim to be helping us behave as devil at night and saint in the daytime. We are begging our message to be taken to the government to come to our rescue before we all die.*

## Children and Women

The ongoing crisis and conflict in Nigeria have increased the rate of population displacement among children and women. They experience sexual assault and rape pandemic. Poor socio-economic and low educational status increases high-risk behaviour and prevalence of HIV/AIDS among children, young girls, and women. Also, the children indulge in drugs, begging, hawking, and deviant behaviours, all in the name of hustling. The women exchange sex for money, food, protection, and shelter. Women confirmed that:

*I married and was living happily with my husband before the attack that claimed his life and left me with three children with no source of income." "Hmmmm. I am dying every day. Having bad dreams thinking of the attack. I have to do everything possible for my children to survive and now I am HIV positive." "I don't have a choice but to send my daughter to sell Bread so that we can survive before we die of hunger." "I only discovered my HIV status three years ago when one organization (WHO) came to our camp. Thank God the organization have been helping some of us with the HIV drugs at least we... (crying) are still alive.*

Most participants expressed dissatisfaction with the government and the politicians who make multiple promises without fulfilling one. Others are afraid of how they are being raped and abducted by unknown persons. Also, they develop severe mental torture and psychological trauma, which lead to depression, anxiety disorder, and suicidal act. Their safety and general well-being are still far below average.

## Refugees/IDPs

The recurrent conflict in Nigeria increased the settlements of refugees and internally displaced persons (IDPs). These camps increase daily due to the attacks of Boko Haram and Fulani herdsmen in Benue and Nasarawa, other Northern States inclusive. The effects of war and conflict obstruct the healthcare service with sexual violence, and the displacement of people and properties was thereby making them vulnerable to the infection of HIV/AIDS. High levels of poverty, poor educational status, social, economic, and political inequality consider as determinant factors for the instability and conflict in Nigeria. Few participants reported:

*My greatest challenge is for me to leave this place to anywhere I can leave a normal life." "I do not know the father of my unborn baby. Not to talk of having money to train the child to become somebody in the future." "Most IDPs staff, security men, and other men make promises of love, always disappear after sleeping with you. This world have wicked people." "Sometimes you feel like killing yourself because you are sick (HIV) and you don't have people you can call your family.*

## Uniform Services Personnel

The Uniform Services Personnel and Peacekeepers, including Officers of the Nigerian Civil Defense and paramilitary forces, posted to conflict-prone areas are younger risk-taking officers representing the most vulnerable group to HIV infection. They coerce and urge the young girls and women affected by the conflict to engage in sexual relationships in exchange for protection and money. Indeed, they had multiple sex partners

without room to negotiate for security using a condom or HIV testing. It increases the chances of contracting HIV and frustrates the treatment and HIV prevention in Nigeria. A middle-aged man revealed:

*The military men posted to this village only succeeded in impregnated our sisters and collected our girlfriends and wives." "They threaten the life of any man or husband who try to challenge them and there is nothing anybody can do." "I have been beaten, humiliated, and my life threatened because of the woman I married six months before our village was attacked." "Sometimes you don't even know who the criminals are. The militants and the military behaving the same.*

## Discussion

War and conflict are major psychosocial issues affecting the physical, social, economic, educational, political, and psychological state of every nation. Conflict in Nigeria poses a threat to national and international security (Nwagboso, 2018). Indeed, malnutrition, poverty, chaotic environment obstructs access to good health care services within the conflict and post-conflict region, thereby increasing the vulnerability of HIV prevalence (Pharr et al., 2017). As shown in Fig. 1, the impacts of conflict and war increase population displacement, deviancy and risk-behaviours, child abuse and human trafficking, sexual violence, rape, sexual transaction, drug abuse and trafficking, armed robbery and banditry, street hawking. Also, as shown in Fig. 2, the frequency word count of the word cloud indicates the word "conflict" and "HIV/AIDS" with the most frequency count of 231(23%) and 198(19%) respectively. It suggests that conflict and war increase vulnerability to HIV/AIDS.

The discussion on the implications of war and conflict on the prevalence of HIV/AIDS among IDPs in Nigeria is two-fold between conflict and the post-conflict aftermath. First, the conflict period affects the physical, mental, moral, and psychological well-being of the populace (Bratti, Mendola, & Miranda, 2015). Individuals who experienced mental problems and psychological distress due to the deprivation of their valuables and loved ones sort for high-risk behaviour, making them vulnerable to HIV/AIDS (Becker, Theodosis, & Kulkarni, 2008; Pharr et al., 2017). Second, the post-conflict period associated with a chaotic, lawless environment of aggrieved victims of conflict becoming rebellious bandits against the constituted authorities (Freeman, 2015). Furthermore, most victims settle for refugees/IDP camps, family relations, and religious assisted organizations for refuge. Unfortunately, as shown in Fig. 1, the vulnerable suffer in the hands of family relations. The young girls and women used as an instrument for sexual gratification, and children turned beggar on the street, thereby increasing the risk of child abuse, rape, kidnapping, ritual, and HIV/AIDS. The danger of struggling with sexual violence and street hawking worsens the vulnerability of contracting HIV/AIDS (Bennett, Marshall, Gjelsvik, McGarvey, & Lurie, 2015). Indeed, as shown in Fig. 1, the outcome of the thematic analysis and the network visual analysis of the theme and sub-themes of this study indicates that the victims of war living in IDP camps and with family relations are prone to high-risk behaviour, which increases the chances of contracting HIV/AIDS. As shown in Fig. 2, word cloud analysis indicated high frequency in words like IDP, war, prevalence, and mental health. It established an association with the graphical data analysis, as shown in Fig. 1.

Further, the finding of this study reveals an association between the activities of the armed bandit and the destruction of lives and properties, including health, economic, and educational facilities, which increase the prevalence of HIV/AIDS. It establishes an association with the studies of El-Bushra (2012) and Kerridge, Saha, & Hasin (2016). The low financial state due to the destruction of industrial facilities affected the ability to access health care services, thereby negatively contribute to the spread of HIV infection, and HIV/AIDS affected the economic status of the patients (Khullar & Chokshi, 2018; Lazar & Davenport, 2018). Also, the abduction of young girls and women into forced marriage and sexual violence justifies the relationship between armed bandits and the contraction of sexually transmitted diseases like HIV (Ezard et al., 2011). As shown in Fig. 1, the current study confirms that banditry activities perpetrated by the Fulani herdsmen destroy lives and properties and creating a society of orphans and widows. Also, as shown in Fig. 2, the word cloud analysis reveals high frequency and percentages in words like vulnerable 89(67%), women 77(65%), children 62(59%), risk 55(53%), and sexual abuse 50(48%). As indicated by one of the participants, the destruction of the family shop affected the economic resources. Also, studies reveal cognitive-behavioural therapy as an effective psychosocial and mental health intervention for formerly recruited and traumatized child soldiers (McMullen, O'Callaghan, Shannon, Black, & Eakin, 2013; Roberts, Kitchiner, Kenardy, Lewis, & Bisson, 2019).

It became pertinent as a social support system for the victims of displacement to move to the town and cities to seek assistance from family relations. Ironically, as shown in Fig. 1, the findings of this study reveal that 'family relations' foster a systematic post-conflict severe mental trauma and psychological distress affecting the general well-being and rendering the victims vulnerable to contracting HIV/AIDS. Most presumed benefactor family relation accommodates and coerces the displaced persons to satisfy personal sexual gratification and economic constraint. The young girls and women were used as sex instruments and children for street begging and hawking, thereby placing them at risk of child abuse, kidnap, rape, drug abuse, ritual, and vulnerability to HIV infection. The current study established an association with the finding of Aborisade (2021) and Tripodi and Patel (2004), confirms that other victims are lured by lovers for money rituals, human trafficking, and other evil practices.

Additionally, discussing children and women in conflict in North Central Nigeria centred on two different perspectives. First, some of the arrested members of the armed bandit reveal their abduction and subsequent recruitment into the militia group as a forced child soldier while below the age of 18 years old (Lasley & Thyne, 2015). Also, most confess to being victims of violence and displacement with the loss of their parents and

guidance to the menace of conflict (Haer & Böhmelt, 2016). Second, the displaced children and women in conflict lost their loved ones, parents, husbands, caregivers, and valuables due to conflict resorts to violence and deviant behaviours. They join gangs and indulge in rape, armed robbery and banditry, killings and kidnapping, drug abuse and trafficking, prostitution, and other risk behaviours, making them vulnerable to HIV transmission. The current finding establishes a relationship with the study of McMullen et al. (2013) and Slaymaker et al. (2020), reveals that children, young girls, and women suffer mental trauma with recurrent psychological distress and prolonged grief disorder (Killikelly, Bauer, & Maercker, 2018) as a result of the killings, and sexual violence they experienced. Also, the finding of this study, therefore, recommends rehabilitation and behaviour modification programs like cognitive-behavioural therapy and psychosocial intervention. It facilitates positive mental health evaluation and psychological well-being (Jordans et al., 2009; Tol, Purgato, Bass, Galappatti, & Eaton, 2015).

The refugees and IDP camps became a home for the conflict-affected communities in Nigeria. These camps increase in population daily due to the attacks of Boko Haram and Fulani herdsmen in Benue and Nasarawa, other Northern States inclusive. The few available healthcare centres in the conflict and crisis-afflicted areas became dysfunctional, and the healthcare workers fled for safety and the most affected persons, especially children and women, HIV positive resorts to refugees and IDP camps for refuge (Sekoni & Owoaje, 2013). Unfortunately, survival as refugees and IDPs fuels by rape pandemic, prostitution, and injecting the substance. Also, the protection of the Red Cross health workers who came to provide First Aid Services to the victims of conflicts was not respected (Goniewicz et al., 2016). The armed bandits usually disguise themselves in the military, civilian, and other professional appearance. It makes it difficult to trust one's judgment on the identity and professionalism of the medical personnel with that of the military and civilian combatants. Coincidentally, the state statistics for HIV prevalence confirms Nasarawa (8.1%) and Benue (5.6%) (NACA, 2015), which reveals an association with the finding of this study as shown in Fig. 1. Also, it confirmed with the study of Sekoni & Owoaje (2013).

Literature provides limited evidence supporting the possible relationship between the uniform services personnel and the prevalence of HIV/AIDS in conflict-prone regions. As shown in Fig. 1, few participants in this study supported the assertion and maintained 'the military men posted to this village only came and impregnated our sisters and collected our girlfriends and wives...'. Technically, the young uniform services personnel posted for peacekeeping are young, energetic trained risk-taking officers within their early 20s and 30s, the most vulnerable group to HIV infection. Also, biologically younger officers in their early 20s and 30s experienced high secretion of sex hormones (testosterone and progesterone), making them sensitive to sexual desire (Agaba et al., 2016; AlAwlaqi, Amor, & Hammadeh, 2017). Coincidentally, this same age group posted outside their homes and immediate families for a very long period represents the most vulnerable age affected by HIV/AIDS (CDC, 2018a; CDC, 2018b; UNAIDS, 2015). It is challenging to observe self-control and social discipline when there is an interplay between the biological and social predisposition to sexual satisfaction.

Further, UNAIDS finalizes measures to reducing the risk-taking relationship between the younger recruit uniform personnel and vulnerable to HIV/AIDS (Toska et al., 2017; UNAIDS, 2002). The initiative is an intervention on younger uniform personnel to attain HIV/AIDS training and programs to support HIV/AIDS prevention among the conflict-affected region. It reduces the prevalence of HIV transmission among Uniform service personnel on the victims of the conflict.

## Limitation

The limitations of this study centred on the restriction to some selected camps of the Internally Displaced Persons. Participants mainly displaced by the Fulani attacks to the communities were the target of the study. The sample was collected from selected IDP camps in Nasarawa and Benue State. Also, convenient and purposive sample adopted with emphasis on traumatized victims of war and HIV. From obtaining permission in the Department of Peace and Conflict Resolution to visiting the participants at restricted camps, limit the opportunity of reaching other IDP camps. The findings of this study are only limited to 20 samples in IDP camps.

## Conclusion

War and conflict pose a severe threat to the health and psychosocial well-being of every nation. It increases population displacement and encourages deviancy and high risk-behaviours among the Internally Displaced Persons (IDPs). Most victims who settle for IDP camps and family relations became vulnerable to rape, sexual transaction, drug abuse, child abuse, prostitution, and banditry activities. The post-conflict activities of the bandit, family relations, IDP camps, children and women, and the uniform service personnel possess another major threat to the health and psychological well-being of the victims. Armed bandit destroys lives and property, including health, economic, and educational facilities, which increases HIV prevalence. Most presumed benefactor family relation accommodates and coerces the displaced persons to satisfy their sexual gratification. Also, the displaced children and women who lost their loved ones resort to violence and deviance, including drug abuse, prostitution, and other high-risk behaviours. Refugees and IDP camps ironically sustain rape, prostitution, and injection of the substance. Also, the young, energetic trained risk-taking uniform services personnel within their early 20s and 30s posted outside their homes and immediate families represents the most vulnerable age affected by HIV/AIDS. It is necessary to encourage the professional services of social workers and other health and social care workers in providing social support and organizing training and programs on HIV prevention. This study recommends the government should provide resources and collaborate with international humanitarian organizations for financial assistance. Also, enforce the

registration and monitoring of public and private IDP camps with emphasis to planning and budgeting funds for the IDPs. The government and the military to enforce the training of the younger uniform personnel on HIV/AIDS prevention programs. There should be a synergy between the civil societies, journalists, and the youth organization in advocating for good education and the vocational training for the IDPs. Further research should explore HIV stigma and psychological well-being of IDPs who experienced armed conflict in North Central Nigeria.

## Abbreviations

LGA  
Local Government Area,  
FMCK  
Federal Medical Center Keffi,  
FMCM  
Federal Medical Center Makurdi,  
DASH  
Dalhatu Araf Specialist Hospital,  
GHA  
General Hospital Akwanga,  
GHM  
General Hospital Makurdi,  
NCE  
Nigeria Certificate in Education,  
STDs  
Sexually Transmitted Diseases  
HIV  
Human Immunodeficiency Virus  
AIDS  
Acquired Immune Deficiency Syndrome  
IDPs  
Internally Displaced Persons  
IPSS  
Institute for Peace and Security Studies  
NHREC  
National Health Research Ethics Committee for the approval

## Declarations

### *Ethical Approval and Consent to participate*

Permission obtains from relevant authorities at the selected refugee/IDP camps and participants voluntarily gave consent to be interviewed by filling the Informed Consent Forms at every interview session.

### *Consent for publication*

The Ministry of Health Benue and Nasarawa State of Nigeria through the National Health Research Ethics Committee gave consent for the research and publication with REG. No: NHREC 18/12/2020. Also, the participants signed informed consent form.

### *Availability of data and materials*

The research data and materials collected through in-depth interview of participants from selected IDP camps in Benue state: Abaagena-Agan IDP camp, Daudu IDP camp, Guma IDP camp; and Nasarawa state: Mararaban Akunza IDP camp, Daddere market IDP camp, Primary School Agwatashi IDP camp. Data analyzed using ATLAS.ti8 software through thematic analysis and word cloud frequency count.

### *Competing interests*

There is no conflict of interest whatsoever.

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This research was the full responsibility of the authors, and no fund or grant was received whatsoever.

### *Authors' Contribution*

NAB prepared the interview protocol, collected data, analyses qualitative data using ATLAS.ti8 software pertaining conflict, war and HIV/AIDS among IDPs living in North Central Nigeria, and the submission of the manuscript for publication. AA guided the preparation of the interview protocol and the structural and content arrangement, and the general supervision and writing of the paper. PS contributed generally in writing, editing, and the checking of plagiarism. All authors approved the final manuscript before submission.

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## Figures

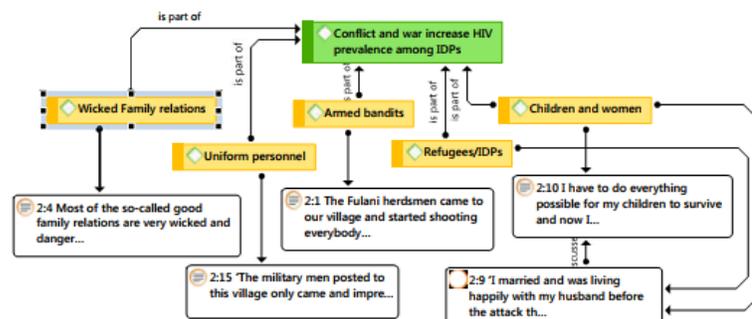


Figure 1

Network visualizing theme, sub-themes, and quotations

