Chapter 15

Media Advocacy: A Strategy for Addressing Health Concerns in Internally Displaced Persons (IDPs) Camps in Nigeria

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ABSTRACT

Across the world, media has been used to promote policies, including those associated with general public health and those targeting vulnerable groups such as internally displaced persons (IDPs). Since 2002, North-eastern Nigeria has suffered immensely from the Boko Haram insurgency causing thousands of deaths and the displacement of persons. Drawing on secondary data and employing descriptive analysis, the chapter discusses the common health crises IDPs in Nigeria face and addresses how media advocacy can be adopted in improving better health interventions for IDPs in Nigeria. The study found that the poor health care interventions in IDP camps are direct reflections of the poor health system of the Nigerian state. It recommends media advocacy both for the immediate intervention of relevant actors especially the government in providing better health care for IDPs as well as the long-term interventions in the initiation of better health care policies for IDPs.

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INTRODUCTION

The role of the media in shaping public opinion on social problems, protecting the interest of the public and strengthening the society cannot be underplayed nor over emphasized. As such, the use of the media for advocacy has been a long-time trend. One of the core assumptions of the use of the media for advocacy is that one of the root causes and sustenance of social problems such as health crisis and internal displacement amongst other human rights challenges is information gap. It is in the light of this that the media globally has paid salient attention to informing and empowering the public while mounting pressure on stakeholders on issues that affect the society through policy initiatives (Wallack, 1994).

Internal displacement is acknowledged as a global human right and humanitarian challenge. It is one of the social problems that have taken centre stage in both scholarly and political discourses globally. Akkoc (2016) lamented that the global displacement crisis is the worst it has ever been and currently remains more pressing than ever as a result of the ever-increasing re-occurrences of conflicts and insurgencies across the world. Every year, persons in their millions are forced to flee their homes in order to take refuge from persecution, natural disasters, human rights violations, conflicts and violence. An evaluation of the trends of the phenomenon reveals that global displacement figures have been on a steady rise in the past 20 years. The contribution of the Boko Haram insurgency in Nigeria to the global displacement figure cannot be overlooked (Olanrewaju, Olanrewaju, Loromeke, & Joshua, 2017; Duruji & Oviasogie, 2013). Over a decade of the insurgency has led to the highest numbers of IDPs in Nigeria after the Biafra civil war that took place between 1967 and 1970. This mass flight of people has attracted international attention and necessitated urgent humanitarian responses from concerned actors across the globe (Olanrewaju, Omotoso, & Alabi, 2018a). This is because, displaced persons are exposed to life-threatening risks and the violation of their human rights such as their rights to health (Olanrewaju, Omotoso, & Alabi, 2018b; Joshua & Olanrewaju, 2016).

Saliently, the right to health remains one of the fundamental human rights. Very specifically, the World Health Organisation’s (WHO’s) Constitution establishes that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition” (Ghebreyesus, 2017). Health rights have been enshrined into various regional treaties such as the European Social Charter in 1961, the African Charter on Human and Peoples’ Rights in 1981, and the additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (the Protocol of San Salvador) in 1988. International human rights treaties such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1979 and the Convention on the Rights of the Child (CRC) in 1989 amongst others have also made commendable efforts to promote the health of IDPs. Furthermore, national constitutions all over the world are not also left out in this protection adventure.

It is needful to mention that international documents such as the Guiding Principles on Internal Displacement, confer the primary responsibility of caring for displaced populations on the national governments. Essentially, the right to health like other human rights imposes three different obligations on state parties which are: to respect and not interfere with the enjoyment of the right to health; to safeguard humans from all interferences that could infringe on their right to health and to fulfil the rights by taking affirmative steps to achieve the right to health (WHO, 2007). In spite of international and humanitarian struggles and efforts to protect the health rights of all humans including displaced persons, existing literatures have shown that the realities on ground as it relates to the attainment of the
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