

Impact of Conflict on Accessibility and Effectiveness of Family Planning Services in Conflict-Affected Areas of Taraba State, Nigeria.

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Abstract

Previous and ongoing conflicts in Taraba State have presented significant challenges to the accessibility and effectiveness of family planning services, posing a critical problem for public health in the state. This study investigated how conflict impacted these services identifying key barriers to their delivery. The data were collected through 15 Key Informant Interviews (KII) and 10 Focus Group Discussions (FGD) were held across the selected LGAs, each involving 5-10 participants involving healthcare professionals, community leaders, and local residents. The study found that conflict severely impaired the accessibility and effectiveness of family planning services in the study area through conflict-induced damage to healthcare infrastructure, displacement of communities, and security concerns, which disrupted service continuity and outreach efforts. Economic hardships and psychological trauma were also found to hinder access to family planning services in the study area. Based on these findings, the study recommended the integration of mental health support into family planning programs, increased funding and resource allocation, and enhanced coordination to improve family planning service delivery in conflict-affected areas of Taraba State.

Keywords: Conflict, Family Planning Services, Accessibility, Effectiveness

INTRODUCTION

Persistent conflicts in different regions across the world considerably impacts numerous socio-economic aspects of the affected communities [1,2,3,4,5,6,7]. Areas plagued by conflict usually suffer disruptions

that extend beyond immediate violence, thereby influencing long-term socio-economic stability, health systems, and individual behaviors [3,8,9]. In Nigeria, ongoing conflicts and their diverse ramifications pose considerable challenges to public health and socio-economic development [10,11,12]. Conflict zones often experience disruptions in healthcare infrastructure, economic instability, and displacement of populations, all of which can hinder access to and utilization of family planning services [13,14,15]. The relationship between conflict and family planning uptake seems multilayered. According to Urdal and Che, conflict situations exacerbate existing barriers to family planning, including logistical challenges, increased health risks, and disrupted supply chains [16]. World Health Organization further confirmed that conflicts always lead to decreased availability of reproductive health services, compounding the difficulties faced by families in conflict-affected areas [17]. Taraba State, a state with a history of inter-communal violence and socio-economic challenges but the dynamics of family planning uptake amidst ongoing conflicts remain underexplored. Research shows that in conflict-prone areas, family planning services are often deprioritized, and there is a significant gap in understanding how conflict specifically affects family planning behaviors and outcomes [18,19,20]. The interruptions caused by conflict through the destruction of healthcare facilities, displacement of health workers, and disruption of health service delivery, have profound effects on reproductive health services [16,21,22,23]. Despite the increasing recognition of these issues, the specific relationship between conflict and family planning usage in Taraba State has not been sufficiently studied. Previous research has largely focused on broader global, regional or national trends [13,14,15,16], without going deeply into the localized impacts in Taraba State. Therefore, this study addresses this gap by exploring how conflict influences family planning uptake in Taraba State, analyzing the barriers faced by residents, and evaluating the effectiveness of existing interventions.

Research Gaps

While there is a growing body of research on the relationship between conflict and health outcomes, there are significant gaps in understanding on the impact of conflict on family planning uptake in Taraba State. First, most existing studies are generalized and do not specifically address the unique socio-cultural and conflict dynamics of Taraba State, which may affect family planning differently than other regions. Additionally, much of the research available is quantitative with lack of qualitative studies. Furthermore, there is limited investigation into the integration of fertility-managing services with other health and humanitarian interventions in conflict-affected areas. Research exploring how integrated service delivery models could improve access and utilization of family planning in these settings is scarce. Another critical gap is the insufficient focus on the impact of secondary conflicts, such as those resulting from displacement and economic instability, on family planning uptake.

LITERATURE REVIEW

Conflict and Accessibility/Utilization of Family Planning Services

Conflicts can significantly disrupt accessibility and utilization of family planning services by causing widespread damage to health infrastructure and disrupting supply chains. In conflict zones like South Sudan and Yemen, the destruction of health facilities and displacement of populations lead to a severe reduction in the availability of contraceptive services [24,25]. These findings are consistent with other broader research which corroborated that persistent conflicts have multidimensional impacts on socio-economic stability, including health systems [1,3,4,26]. In other developing countries like Nigeria, similar patterns have been observed by scholars, where ongoing conflicts disrupt healthcare delivery and affect access to family planning services [10,27]. It is important to add that the relationship between conflict and family planning uptake is complex and could affect different aspects of accessing health facilities during conflict situations. Conflicts could aggravate existing barriers to family planning, such as logistical challenges and disrupted supply chains [28]. The World Health Organization confirms that conflicts lead to decreased availability of reproductive health services, which compounds the difficulties faced by families in conflict-affected areas [17]. In Taraba State, disruptions in healthcare infrastructure and displacement of health workers further limit access to family planning services, mirroring the global trends observed in other conflict zones [21,22].

Conflict and Quality of Family Planning Services

The quality of family planning services in conflict settings have been said to be frequently compromised. Research from Afghanistan and the Central African Republic have demonstrated that health facilities in conflict zones often face staff shortages, lack of training, and inadequate supplies, leading to substandard care [27,28]. These align with broader studies which have established that conflict-induced destruction of healthcare facilities and displacement of health workers negatively affect service quality [17,23]. In other places like Taraba State, similar challenges are evident, where the quality of family planning services suffers due to ongoing conflicts and disruptions in health service delivery. In corroboration with other sources, the World Health Organization and subsequent reports confirmed that conflict always lead to the interruptions of reproductive health services, including fertility management [21]. These gaps in service delivery are often due to compromised healthcare infrastructure and the inability to maintain service quality in the face of persistent violence [22]. This deterioration in service quality further worsens the difficulties faced by individuals seeking family planning services in the conflict-affected areas.

Barriers and Facilitators of Family Planning Services

Several factors act as barriers or facilitators to family planning uptake in conflict zones. Existing literature has shown that cultural norms, gender dynamics, and safety concerns are significant barriers that deter individuals from seeking family planning services [29]. These barriers are particularly pronounced in conflict settings, where traditional beliefs and practices may be exacerbated by the instability and violence [3,9]. Conversely, community-based interventions and the engagement of local stakeholders can facilitate improved service uptake. Daniel argued that involving local leaders and organizations in the delivery of family planning services helps build trust and ensures that services are tailored to the community's needs [26]. This approach is crucial in conflict settings where trust in institutions is often

eroded. In Taraba State, enhancing community engagement and implementing targeted interventions could address some of the barriers to family planning services identified in the literature [19,29]. In summary, conflict has a profound impact on family planning services through disruptions in accessibility, compromises in service quality, and the presence of significant barriers. Addressing these issues requires an approach that includes rebuilding infrastructure, improving service quality, and engaging local communities to enhance the uptake of family planning services in conflict-affected areas. This study contributes to understanding these dynamics in Taraba State, filling a gap in the existing literature and providing insights into localized impacts and potential interventions.

Theoretical Framework

The theoretical framework guiding this study is based on the Social Ecological Model. This model provides an approach that explains the impact of conflict on family planning uptake in Taraba State, Nigeria. It posits that health behaviors and outcomes are influenced by interactions across multiple levels of influence, including individual, interpersonal, community, organizational, and policy levels. In conflict-affected areas like Taraba State, the Social Ecological Model is particularly relevant because it allows for an examination of how various layers of influence interact to affect family planning uptake. At the individual level, factors such as knowledge, attitudes, and perceptions towards family planning are shaped by the immediate environment, which in conflict zones is often characterized by fear, insecurity, and disrupted social networks. At the interpersonal level, family dynamics and the influence of peers and community leaders could play a significant role in either facilitating or hindering the uptake of fertility-managing services in the state. The community level involves the broader social norms and cultural practices that dictate acceptable behaviors, which in conflict settings can become more conservative and restrictive, especially concerning women's health and autonomy. On the organizational level, it includes the availability and quality of healthcare services, which are often compromised during conflicts due to damaged infrastructure, displacement of healthcare workers, and disruptions in the supply chain. Lastly, the policy level covers the larger political and economic environment that can either support or constrain access to family planning through legislation, resource allocation, and international aid. By applying the Social Ecological Model in the context of this research, it recognizes that the impact of conflict on family planning uptake is not merely a consequence of individual choices but is deeply embedded in the interaction of factors across different levels of influence. Therefore, the model allows for a holistic understanding of the barriers and facilitators to family planning uptake in conflict-affected areas of Taraba State, providing a framework for identifying potential interventions at multiple levels.

METHODOLOGY

Research Design

The study primarily employed a qualitative approach to examine the impact of conflict on family planning services. This approach was suitable for understanding convoluted social phenomena and gathering detailed insights into participants' experiences and perceptions.

Study Context

This study focused on Taraba State, located in the North-East geopolitical zone of Nigeria. This zone is known for its diverse ethnic composition and socio-political background. Taraba State shares borders with Bauchi and Gombe to the north, Adamawa to the east, Plateau to the northwest, Nasarawa and Benue to the west, and Cameroon to the south and southeast. With a population of approximately 3,609,800 distributed across its 16 Local Government Areas (LGAs) [30], the state exemplifies Nigeria's multi-cultural and socio-political environment. Its predominantly agrarian economy reflects its reliance on agriculture and related activities, which shows its vulnerability to both internal and external conflicts. Such economic dependence can appreciably influence various aspects of life, including family planning practices. The demographic diversity within Taraba State includes ethnic groups such as the Jukun, Kuteb, Mumuye, jenjo, Kaka, Bandawa, Fulani and Mambilla, each of which has distinct cultural norms and practices affecting reproductive health behaviors. Taraba State, along with the broader North-East region, has experienced various forms of conflict, including farmer-herder crises, banditry, ethno-religious clashes and the impacts of insurgencies. The ongoing instability, both within the state and in neighboring territories, creates a security situation that challenges public health initiatives, particularly family planning programmes. The state's varied conflict history makes it an ideal setting for examining the relationship between conflict and family planning uptake. Knowing how different types of conflict affect family planning behaviors can information on how conflict impacts access to and utilization of reproductive health services. The state's ethnic and cultural multiplicity allows for an analysis of how family planning practices and perceptions differ across various groups in the context of conflict. Furthermore, the economic volatility resulting from conflicts, particularly in agriculture and informal economic activities, adds another layer of difficulty to the accessibility of family planning services. The health system in Taraba State, like many conflict-affected areas, faces challenges such as inadequate infrastructure and limited resources. Analyzing how these factors intersect with conflict to influence family planning uptake can offer valuable insights for improving service delivery in similar contexts. Taraba State's historical fluctuations in conflict and stability provide a longitudinal perspective on how varying levels of conflict impact family planning practices over time. The unique combination of geographical, demographic, and socio-political factors in Taraba State renders it a pertinent location for investigating the relationship between conflict and family planning uptake.

Data Collection Methods

Data were collected through Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). A total of 15 KIIs were conducted with community leaders, health professionals, and local residents knowledgeable about the impact of conflict on family planning in their communities. The KIIs aimed to gather detailed insights into the specific challenges and barriers faced by individuals and families in accessing family planning services [31]. In addition to KIIs, 10 FGDs were held across the selected LGAs, each involving 5-10 participants. These discussions included both married and unmarried women, as well as women who were divorced or widowed, to capture a range of perspectives on family planning

utilization amidst conflict [32]. The FGDs aimed to provide a deeper understanding of the experiences and challenges faced by women in accessing family planning services during times of conflict.

Sampling Techniques

Purposive sampling was used to select study areas in Taraba State, focusing on regions with varying levels of conflict impact and differing access to family planning services in Taraba State. The selected Local Government Areas (LGAs) include Karim Lamido, Wukari, Takum, and Bali. These areas were chosen to represent a various range of conflict situations and their influence on family planning services. Convenience sampling was employed to select participants, ensuring that those who were available and willing to participate were included in the study. This sampling approach considered the accessibility and willingness of respondents to provide valuable data on the impact of conflict on birth control [33,34,35]. The data collected through the KIIs and FGDs were transcribed verbatim and analyzed using thematic analysis. This process involved coding the data to identify key themes, patterns, and categories relevant to the research objectives. Thematic analysis was chosen for its ability to capture the complexity of qualitative data and to provide a rich, detailed, and nuanced understanding of the impact of conflict on family planning uptake. The analysis process was iterative, involving repeated reading and re-reading of the transcripts to ensure that all relevant themes were identified and explored. The findings were then organized into thematic categories that reflected the main issues and concerns raised by the participants.

RESULTS AND DISCUSSIONS

This study explored the relationship between conflict and family planning uptake in Taraba State through a series of Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with health professionals, community leaders, and local residents from various Local Government Areas (LGAs) affected by conflict within the state.

Table 1: Demographic Profile of KII Respondents

Demographic Category	Frequency (N)	Percentage (%)
Gender		
Male	4	33.3%
Female	8	66.7%
Age Group		
25-34 years	5	41.7%
35-44 years	4	33.3%
45-54 years	2	16.7%
55 years and above	1	8.3%
Occupation		
Health Professional	6	50.0%
Community Leader	4	33.3%

Local Resident	2	16.7%
Educational Level		
Bachelor's Degree	5	41.7%
Master's Degree	4	33.3%
Doctorate Degree	2	16.7%
Other	1	8.3%
Duration of Residence		
Less than 5 years	3	25.0%
5-10 years	5	41.7%
More than 10 years	4	33.3%
Local Government Area		
Karim Lamido	4	33.3%
Wukari	3	25.0%
Takum	3	25.0%
Sardauna	2	16.7%
Ethnicity/Tribe		
Jukun	5	41.7%
Tiv	4	33.3%
Kuteb	2	16.7%
Other	1	8.3%
Years of Experience		
Less than 5 years	4	33.3%
5-10 years	5	41.7%
More than 10 years	3	25.0%

Source: Fieldwork by the authors, 2024.

The data in Table 1 shows the summary of the Key Informant Interview (KII) respondents' demographic characteristics which is imperative for understanding the perspectives and biases inherent in their responses as provided. The demographic attributes of the respondents are also essential in contextualizing the findings and ensuring that they are reflective of the broader population. From the table, a majority of the respondents were female (66.7%), with males constituting 33.3%. This gender distribution suggests a predominance of female perspectives in the study, which could influence the findings related to conflict and family planning uptake in Taraba State. The respondents were predominantly aged between 25-34 years (41.7%), with a substantial proportion also in the 35-44 years age group (33.3%). The representation of older age groups (45-54 years and 55 years and above) was limited, indicating a focus on relatively younger individuals who may have different perspectives on family planning compared to older generations. A majority of the participants were health professionals (50.0%), followed by community leaders (33.3%) and local residents (16.7%). This occupational distribution confirms the involvement of professionals directly engaged in health and community services, which is relevant for

understanding attitudes towards family planning within conflict settings. The respondents were well-educated, with 41.7% holding a Bachelor's Degree and 33.3% holding a Master's Degree. This high level of education among respondents suggests a well-informed perspective on family planning and conflict, potentially influencing the depth of the information provided. A significant portion of respondents had resided in their areas for 5-10 years (41.7%), with 33.3% living there for more than 10 years, which means that most of them have substantial local knowledge and experience, which is important for understanding the impact of conflict on family planning uptake.

Table 2: KII Responses on the Impacts of Conflict on Family Planning Uptake in Taraba State

Category	Frequency of Remarks (N)	Remarks	Source of Information	Geographic Variation
Conflict has caused significant damage to family planning service infrastructure, reducing access	11	Damaged healthcare facilities have severely limited access to family planning services.	Health Professionals	Varies by LGA
Displacement of communities due to conflict has disrupted family planning programs and follow-ups	9	Displacement has interrupted ongoing family planning programs and follow-ups.	Community Leaders, Local Residents	Varies by LGA
Security concerns in conflict zones have led to reduced outreach and education efforts for family planning	10	Security issues have hindered efforts to educate and reach individuals about family planning options.	Health Professionals, Community Leaders	Conflict zones more affected
Economic impacts of conflict have decreased households' ability to afford family planning services	12	Economic hardship resulting from conflict has diminished the affordability of family planning services.	Local Residents, Health Professionals	High impact in all LGAs
Increased prevalence of trauma and mental health issues due to conflict has affected individuals' family planning decisions	8	Trauma and mental health issues from conflict have influenced individuals' decisions regarding family planning.	Community Leaders, Health Professionals	Particularly in conflict-affected LGAs

Reduction in government and NGO funding for family planning services in conflict-affected areas	11	Funding cuts due to reallocation of resources for conflict response have affected family planning services.	Health Professionals, Community Leaders	Reduction across all LGAs
Breakdown of traditional support systems due to conflict has impacted community-based family planning initiatives	10	Disruption of community support systems has negatively affected local family planning initiatives.	Community Leaders, Local Residents	Disruption noted in all LGAs
Conflict has exacerbated existing barriers to family planning, such as cultural and traditional opposition	9	Conflicts have intensified traditional and cultural barriers to accessing family planning services.	Local Residents, Community Leaders	More intense in rural areas
Difficulty in coordinating family planning services across conflict-affected regions	12	Coordination challenges in conflict zones have made it difficult to deliver family planning services effectively.	Health Professionals, Community Leaders	Significant in all conflict zones

Source: Fieldwork by the authors, 2024.

Table 2 presents a summary of the findings on how conflict influences the accessibility and effectiveness of family planning services in conflict-affected areas of Taraba State, which are discussed in detail below. The data shows that during conflict situations, massive damages are always caused to healthcare facilities as reported by 11 of the respondents. This serves as a major barrier to accessing family planning services in such areas. Health professionals who were part of the key informants confirmed that the damaging of infrastructure has severely limited the availability of family planning services in the conflict-affected parts of Taraba State, with the extent of the impact varying by LGA. According to them, the areas experiencing more severe conflict-induced destruction face more pronounced disruptions in service delivery. Additionally, the displacement of communities due to conflict, was mentioned by 9 respondents to be a major factor disrupting family planning programmes and follow-ups in the affected areas of the state. Both the community leaders and local residents noted that conflict-induced displacement interrupts the continuity of family planning services, adversely affecting access and the overall efficiency of these programs. Ten (10) of the key informants cited security concerns in conflict zones as the factors that diminish outreach and educational efforts for family planning. This implies that conflict environments had impeded efforts to disseminate information and educate individuals about family planning options, significantly affecting uptake in these areas. Some of the respondents reported that the economic

suffering which results from intense conflict, as reported by 12 respondents, has diminished households' ability to afford some of the services for planned parenthood. This finding buttresses the broader socioeconomic effects of conflict, that could serve as financial barriers to accessing essential health services. The psychological impacts of conflict can also affect individuals' decisions regarding family planning. Some respondents (8) mentioned trauma and mental health issues to also influence family planning decisions in the study area. This underlines the need to integrate mental health support into family planning programs. The study also found that there is always reduction in government and NGO funding for family planning services, as noted by 11 respondents, often attributed to the reallocation of resources for conflict response. This reduction has adversely impacted the availability and quality of family planning services across all conflict-affected LGAs in the state. Furthermore, the disruption of traditional support systems, highlighted by 10 respondents, has negatively affected community-based family planning initiatives. Lastly, the difficulty in coordinating family planning services in conflict zones, reported by 12 respondents, has been a significant issue. The lack of effective coordination has hindered the delivery and reach of services, affecting their overall effectiveness in conflict-affected regions. Overall, the findings illustrate an interplay between conflict and family planning uptake, revealing multiple layers of impact, from infrastructure damage and economic hardship to psychological effects and funding reductions.

Table 3: Demographic Profile of FGD Participants Based on Classification and Occupational Category

LGA	Location	Number of FGD Participants	Classification of Participants by Marital Status	Category of Occupation and Representation
Karim Lamido	Jen	8	Married – 4, Single – 3, Divorced – 1	Health Worker – 2, Community Mobilizer – 2, Local Trader – 2, Artisan – 2
Wukari	Wukari	9	Married – 5, Single – 3, Divorced – 1	Health Worker – 3, NGO Worker – 2, Community Mobilizer – 1, Artisan – 3
Takum	Takum	10	Married – 4, Single – 4, Divorced – 2	Family Planning Counselor – 3, Health Worker – 2, NGO Worker – 1, Trader – 4
Bali	Bali	10	Married – 5, Single – 2, Divorced – 1	Health Worker – 3, Community Mobilizer – 3, Local Trader – 2, Artisan – 2
Jalingo	Magami	9	Married – 4, Single – 3, Divorced – 2	Family Planning Counselor – 2, Health Worker – 3, Community Leader – 1, Trader – 3

Lau	Kunini	8	Married – 5, Single – 2, Divorced – 1	Community Leader – 2, Local Trader – 3, Artisan – 2, Health Worker – 1
	Lau	7	Married – 4, Single – 1, Divorced – 2	Local brewer – 3, Food vendor – 2, Vegetable seller – 1, Petty trader – 1

Source: Fieldwork by the authors, 2024.

The demographic profile of Focus Group Discussion (FGD) participants, as detailed in Table 3, reveals a rich diversity of perspectives on the impact of conflict on family planning services in Taraba State. The participants were categorized by marital status and occupation across various LGAs, showcasing significant variations. In Karim Lamido, with 8 participants, there were 4 married, 3 single, and 1 divorced, including 2 health workers, 2 community mobilizers, 2 local traders, and 2 artisans. Wukari's 9 participants included 5 married, 3 single, and 1 divorced, with 3 health workers, 2 NGO workers, 1 community mobilizer, and 3 artisans, reflecting a broader socio-economic impact. Takum's 10 participants were 4 married, 4 single, and 2 divorced, featuring 3 family planning counselors, 2 health workers, 1 NGO worker, and 4 traders, highlighting the role of family planning professionals. Bali, with 10 participants, had 5 married, 2 single, and 1 divorced, including 3 health workers, 3 community mobilizers, 2 local traders, and 2 artisans. In Jalingo's Magami area, 9 participants were 4 married, 3 single, and 2 divorced, with 2 family planning counselors, 3 health workers, 1 community leader, and 3 traders. In Lau, the Kunini group of 8 participants had 5 married, 2 single, and 1 divorced, with 2 community leaders, 3 local traders, 2 artisans, and 1 health worker, while another group of 7 had 4 married, 1 single, and 2 divorced, with a mix of local brewers, food vendors, vegetable sellers, and petty traders.

Table 4: FGD Responses on the Impacts of Conflict on Family Planning Uptake in Taraba State

Category	Frequency of Remarks (N)	Remarks	Trends Over Time
Conflict has led to reduced access to family planning services due to destruction of healthcare facilities	52	Conflict has severely impacted the availability of healthcare services, making it difficult for individuals to access family planning.	Increased impact over the past year
Increased displacement of families due to conflict has disrupted continuity of family planning services	62	Displacement has caused interruptions in accessing consistent family planning services, affecting overall uptake.	Fluctuating impact, worsening in recent months

Limited government and NGO interventions in conflict-affected areas have reduced the availability of family planning resources	55	Reduced intervention in conflict zones has led to a shortage of family planning resources.	Decreased resources over the past year
Fear and insecurity in conflict zones have discouraged individuals from seeking family planning services	59	The prevailing insecurity has made individuals hesitant to seek family planning services.	Increased insecurity noted recently
Traditional and cultural barriers exacerbated by conflict have further hindered family planning uptake	55	Conflicts have intensified traditional barriers to family planning, complicating access.	More severe in remote areas
Conflicts have led to economic instability, affecting families' ability to afford family planning services	44	Economic disruption due to conflict has decreased families' ability to pay for family planning services.	Economic impact growing over time
Breakdown in community support structures due to conflict has reduced support for family planning programs	47	The erosion of community support systems has negatively impacted family planning initiatives.	Erosion of support structures noted
Government and donor priorities shifting away from family planning due to conflict response	63	Focus on conflict response has diverted attention and resources from family planning services.	Shift in priorities observed

Source: Fieldwork by the authors, 2024.

Table 4 summarizes the responses/findings from Focus Group Discussions (FGDs) aimed at understanding the impacts of conflict on the uptake of family planning services in Taraba State. These findings reveal key trends and impact over time, providing a view of how conflict has affected family planning in the state. From the data, the study found that conflict has significantly impacted access to family planning services in Taraba State due to the destruction of healthcare facilities. With 52 remarks on this issue, it is evident that the previous and ongoing conflicts in different parts of Taraba State has severely compromised the availability of essential healthcare services, making it increasingly difficult for individuals to access family planning resources within the conflict-affected areas of the state. This problem has grown more pronounced over the past year, accentuating the escalating severity of infrastructure damage. The displacement of families as a result of conflict was reported by 62 respondents to be a major factor disrupting the continuity of family planning services in the study area. This interruption of consistent access to family planning due to displacement has notably affected overall

service uptake. Whereas the disruption has shown a fluctuating impact, with a marked worsening observed in recent months, it reflects the increasing challenges faced by displaced populations in maintaining fertility management practices. The study also found a reduction in government and NGO interventions in conflict-affected areas, with 55 mentions of decreased availability of family planning resources. This decline in intervention has led to a significant shortage of resources over the past year, further exacerbating the difficulties in accessing family planning services. Fear and insecurity in conflict zones were identified by the research participants as significant deterrents to seeking family planning services, with 59 remarks pointing to increased hesitation among individuals. This implies that the prevailing insecurity has made individuals more reluctant to seek out fertility-managing options, and this reluctance has grown more pronounced recently as security conditions have deteriorated in some of the areas. As obtained from the responses of 55 of the Focus Group Discussants, traditional and cultural barriers to family planning which were already challenging in peaceful times, have been exacerbated by conflict. The conflict has intensified these traditional barriers, particularly in remote areas, complicating efforts to improve access to family planning services. The severity of these barriers has notably increased due to the ongoing conflict. Just as mentioned by the KII respondents, 44 participants of the Focus Group Discussion also stated that economic instability resulting from conflict has affected families' ability to afford family planning services. This confirms that the growing economic impact during conflict circumstances always diminish families' financial capacity to pay for essential health services, thereby impacting family planning uptake over time. The study also found that there is always breakdown of community support structures due to conflict which eventually reduces the support for family planning programs, as noted by 47 respondents. The disappearance of these support systems negatively affects local family planning initiatives, stressing the importance of community engagement in the effectiveness of family planning services. Finally, the shifting priorities of government and donors away from family planning due to the focus on conflict response, reported by 63 respondents, have further compounded the issue. This implies that there is the diversion of government attention and resources from fertility management to managing conflicts during conflict situations, thereby impacting the availability and effectiveness of these services amidst the ongoing conflict.

DISCUSSION OF FINDINGS

This study was carried out in order to ascertain the impact of conflict on the accessibility and effectiveness of family planning services in conflict-affected areas of Taraba State, Nigeria. The findings, which were derived from both Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs), reveal a profound disruption of family planning services, driven by a combination of conflict-caused infrastructural damage, displacement of communities, security concerns, economic destitution, emotional effects, reduced funding, and the loss of traditional support systems. One of the major findings of this study is how the widespread destruction of healthcare facilities affect access to fertility management services, as reported by the KII respondents and corroborated by the FGD participants. This destruction serves as a major barrier to utilizing the services, a challenge that is not unique to Taraba State. Existing literature have established that healthcare infrastructure is often a primary target in conflict zones, resulting in reduced access to essential services [17,28]. This damage worsens the already fragile health

systems in conflict regions, making it increasingly difficult for people to obtain family planning resources. The varying impact across different Local Government Areas (LGAs), as noted by health professionals in the KIIs, further underlines the uneven distribution of conflict-related damage and its implications for service delivery in Taraba State. The dislodgment of communities due to conflict was found as another major factor disrupting family planning programs and follow-up in conflict-affected areas of Taraba State. Nine KII respondents and 62 FGD participants mentioned displacement as a critical issue, with the disruption of service continuity leading to a significant drop in family planning uptake. This finding aligns with [23] and World Health Organization who established that displacement often results in the fragmentation of communities and the breakdown of established healthcare routines, including family planning services [21,23]. The recent worsening of displacement effects, as observed in the FGDs, reflects the ongoing instability in the region and the increasing challenges faced by displaced populations in maintaining consistent access to family planning services. Security concerns were cited by 10 KII respondents and 59 FGD participants as major deterrents to seeking family planning services. The fear and insecurity in conflict zones diminish outreach efforts and reduce individuals' willingness to engage with healthcare providers. This finding is consistent with reports from other conflict-affected regions, where uncertainty has been shown to impede the delivery of healthcare services and reduce health-seeking behavior [15]. The increased reluctance observed in this study mirrors the heightened security risks in certain parts of Taraba State, where ongoing conflicts have created environments that are hostile to both healthcare providers and recipients. Economic difficulty resulting from conflict was another recurring theme, with KII respondents and FGD participants corroborating that financial constraints have hindered families' ability to afford family planning services. This economic impact is reflective of the broader socioeconomic effects of conflict, where the destruction of livelihoods and increased poverty levels create significant barriers to accessing healthcare [13,14,15]. The financial strain observed in this study is further exacerbated by the lack of affordable family planning options, a challenge that is compounded by the disruption of traditional economic support systems in conflict-affected communities. The psychological effect of conflict, including trauma and mental health issues, was captured by 8 KII respondents as an influential factor in family planning decisions. This finding reflects the connection between mental health and reproductive health, a relationship that is increasingly recognized in conflict settings (Reed et al., 2012). By this finding, the integration of mental health support into family planning programs, as suggested by some of the respondents, is critical for addressing the psychological barriers to family planning uptake in conflict zones. The study also found a major reduction in government and NGO funding for family planning services, with 11 KII respondents and 55 FGD participants noting decreased availability of resources. This reduction in funding is often attributed to the reallocation of resources towards conflict response, a phenomenon observed in other conflict-affected regions as well). The diversion of government attention and resources from family planning to managing conflicts further worsens the challenges faced by these communities, which also leads to a decline in the quality and availability of family planning services. The attrition of traditional support systems due to conflict, as stressed by 10 KII respondents and 47 FGD participants, has negatively impacted community-based family planning initiatives. This finding aligns with the work of other scholars who have documented the breakdown of social networks and community support structures in conflict settings,

leading to weakened healthcare delivery systems [17,22]. The disruption of these support systems is particularly detrimental to family planning services, which often rely on community engagement and local leadership for their effectiveness. Finally, the difficulty in coordinating family planning services in conflict zones, reported by 12 KII respondents, reflects the broader challenges of healthcare delivery in unstable environments. The lack of effective coordination not only hinders the reach of services but also affects their overall effectiveness. This finding is consistent with other studies that have documented the logistical and administrative challenges of providing healthcare in conflict settings [23,25]. In comparing the findings from KIIs and FGDs, it is evident that both data sources identified the severe impact of conflict on family planning services in Taraba State. While KIIs provided detailed insights into the operational challenges and disruptions caused by conflict, FGDs captured the lived experiences of affected communities, offering a more nuanced understanding of the socio-cultural and psychological barriers to family planning uptake. Together, these findings paint an all-inclusive picture of the relationship between conflict and family planning accessibility, revealing the urgent need for solutions that will address both the immediate and long-term impacts of conflict on reproductive health services.

CONCLUSION

This study has critically examined the impact of conflict on the accessibility and efficiency of family planning services in conflict-affected areas of Taraba State, Nigeria. Through detailed analysis of Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs), the findings reveal that conflict disrupts family planning services considerably through various interrelated mechanisms. The key hurdles against the accessibility of family planning services in conflict-affected areas as found by this study include the annihilation of healthcare infrastructure, displacement of communities, increased safety concerns, and economic destitutions. Aside the fact that damage to healthcare facilities and displacement of populations during conflicts compromise the continuity and obtainability of family planning services, fear and insecurity always exacerbate the reluctance to seek services, even as economic challenges limit affordability. Additionally, the psychological toll of conflict, such as shock and emotional health problems, adds complexity to decision-making regarding family planning. The study also found that reduced funding and support for family planning initiatives due to the diversion of resources to immediate conflict-related needs diminish service quality and availability, weakening traditional and community-based support systems. The challenges in coordinating services in conflict zones further hinder effectiveness, leading to significant gaps in service delivery. The study captured the multidimensional nature of conflict's impact on family planning, revealing an interplay of factors that are beyond mere service disruption, stressing that the consequences of conflict are immediate and long-lasting, affecting the overall health and well-being of affected communities.

Limitations and Future Research

This study has Some limitations that need to be acknowledged. The reliance on qualitative data from Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) may have introduced bias due to the subjective nature of participants' responses. Although diverse respondents were included, the findings

may not fully capture all affected individuals' experiences. The geographical limitation to specific conflict-affected areas in Taraba State may constrain the generalizability of the findings to other regions with different conflict dynamics. The cross-sectional design of the study captures a specific time point, missing the longitudinal effects of conflict on family planning services. Additionally, the study lacks quantitative measures of the impact's extent, which could have provided a more all-rounded understanding of the challenges faced by conflict-affected populations of Taraba State. Therefore, future research should incorporate longitudinal studies to track the evolving impact of conflict on family planning over time. Expanding the geographical scope to include more conflict-affected constituencies would enhance the generalizability of the findings. Integrating quantitative methods alongside qualitative approaches could offer a more robust analysis of the barriers to family planning services in conflict settings.

RECOMMENDATIONS

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

1. The Taraba State Ministry of Health should prioritize the rebuilding and rehabilitation of healthcare infrastructure, including facilities for family planning services. The Taraba State Emergency Management Agency (SEMA) should coordinate with health authorities to provide immediate relief and temporary healthcare solutions for displaced populations.
2. Local Government Health Departments need to work on enhancing security for health workers and facilities, ensuring that family planning services are accessible even in volatile areas. Local Government Areas (LGAs) should collaborate with health authorities to support community-based initiatives and facilitate outreach programs.
3. Local and International NGOs should provide financial support and resources for family planning services, integrate mental health support, and help in the rebuilding of healthcare infrastructure. NGOs like the International Federation of Red Cross and Red Crescent Societies or Médecins Sans Frontières could play a crucial role. The Health-focused NGOs should advocate for the prioritization of family planning services and ensure that they remain available amidst broader humanitarian efforts.
4. Community Leaders should support and advocate for family planning services within their communities, help in overcoming cultural barriers, and facilitate local engagement in health initiatives. They can play a key role in promoting family planning through culturally sensitive education and support.
5. Healthcare Providers: Should continue to offer family planning services and support despite the challenges, advocating for the needs of their patients and collaborating with other stakeholders to improve service delivery.

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Authors contribution: Author-1 studied the literature and envisaged the study, involved in the development of the research procedure, gaining ethical approval, collection of data, performed the data analysis and wrote the first draft of the manuscript. Author-2 reviewed and edited the manuscript. All authors reviewed and approved the final version of the manuscript.

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