

# Assessment of Camp Conditions and Medical Complaints by New Bakassi Resettles Attending Approved Hospital in Cross River State, Nigeria.

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## ABSTRACT

The study was carried out to ascertain the most common medical complaints made by the New Bakassi resettles attending approved hospitals. Field trips were undertaken and records from resettles approved hospital were analyzed. Seventeen common medical complaints were recorded among the resettles. These were fever, cough, catarrh, headache, general body pain, waist pain, chest pain, abdominal pain, regular stooling, blood in stool, rashes on the body, measles, boils on the body, boils on the groin, dizziness, boils around the groin, and mumps. The resettles experienced poor water supply, overcrowding, and poor feeding, and paucity of social amenities such as schools. There is need for awareness campaign among the New Bakassi resettles to embrace attitudinal change from self-medication options to the appropriate option of seeking for health solutions in the approved hospitals.

(Keywords: resettlement, medical complaints, hospitals, fever, public health, population displacement, conflict, refugees, relocation)

## INTRODUCTION

Estimate of those displaced by conflicts worldwide are put at 25 million persons. This figure could be lower than the estimated number of those removed from their ancestral homes and resettled elsewhere as a result of development projects (Rajapogal, 2000). Exclusively, the number of refugees globally is estimated to be 9.2 million (Yike, 2008).

All these massive but forced movements of populations do precursor health hazards

(Prothero, 1994), outbreak of relocation-related diseases (Cernea, 2004), and increased exposure of population to arthropod vectors of parasitic and microbiological infections, enhancing vulnerability of the population to illness. Enhanced exposure to vectors of infections is occasioned by changes in the physical environment, as a result of construction works being carried out to provide accommodation for displaced persons, which create habitats supportive of vector breeding (Manderson *et al.*, 2009). Population mobility hence, affects disease statistics and similarly, diseases also do influence population mobility.

Among displaced persons, many reported health hazards are those associated with overcrowding, poor accommodation, inadequate and unsafe water supply, sanitation and waste disposal challenges including poor sewerage systems, under-nutrition, paucity of water, poverty, and poor food quality (WHO, 1988).

High concentrations of people in camps of displaced refugees can be particularly disastrous (Reiter, 2008). According to the World Health Organization, inadequate shelter and overcrowding are major factors in the transmission of diseases with epidemic potential such as acute respiratory infections, meningitis, typhus, cholera, scabies, etc. Outbreaks of disease are more frequent and more severe when the population density is high ([www.who.int/entity/water\\_sanitation\\_health/emergencies/index.html](http://www.who.int/entity/water_sanitation_health/emergencies/index.html)). On the other hand, poor levels of water availability, has implications for transmission of parasitic infections (Feacham *et al.*, 1977), while under-nutrition, is a major cause of death and reduces the capacity to withstand diseases (Cernea, 2004). All these unpleasant scenarios

precursor health conditions that provoke a spectrum of medical complaints by inmates of displaced persons camps around the world. Medical complaints are reportedly commonest among infants, children, and the elderly who are regarded as the weakest segments of the demographic spectrum. Among this group, mortality rates are also highest.

The Cross River State of Nigeria is hosting a population of Nigerians who were displaced from areas of the Bakassi peninsula that were ceded to Cameroon following the World Court ruling of 2002. These displaced persons are hosted at the New Bakassi Resettlement Camp in Ekpiri-Ikang. This study was aimed at assessing the resettlement camp conditions and medical complaints made by New Bakassi resettles attending the two approved hospitals in Ekpiri-Ikang and Calabar, Cross River State.

## **MATERIALS AND METHODS**

### **Description of Study Population**

The New Bakassi Resettlement Camp is located in Ekpri- Ikang in Cross River State. It was a camp comprising about 500 modern houses constructed with zinc roofing sheets and modern window louvers. Most of these houses were with no mosquito screens. The resettles have access to inconsistent water supply through a water pump provided by the Cross River State Government. The camp was surrounded by bushes and was yet to be provided with electricity. The number of houses and facilities available in the camp were grossly inadequate. For example, a number of large families were accommodated in one house. In all there were about 2,500 families and just 300 out of the 500 houses available, were allocated to the New Bakassi resettles.

The resettles are Nigerians and are from five (5) states of the federation (Table 1). They were all professional fishermen in the Bakassi Peninsula before their relocation to the resettlement camp at Ekpri-Ikang.

### **Field Trip**

A field trip to the New Bakassi Resettlement Camp, Ekpri –Ikang, Cross Rivers State was carried out between December 2009 and

February 2010. Inventory of the available sanitary facilities, recreational facilities, house types and settlement patterns was taken.

**Table 1:** Number of Families of New Bakassi Resettles in Relation to their States of Origin.

<b>State of Origin</b>	<b>Number of Families (%)</b>
Cross River	1492 (51.41)
Akwa Ibom	522 (18.87)
Bayelsa	342 (12.36)
Rivers	243 (8.79)
Delta	167 (6.04)
Total	2766 (100.0)

### **Interactive Sessions**

Interactive session was held with some of the returnees. The session was held in the local Efik dialect with an interpreter. Questions bothered on the daily routines of the resettles, feeding and the general welfare.

### **Collection and Analysis of Medical and Laboratory Records**

Medical records of the resettles were collected from the two approved medical facilities approved by the Government to oversee the health concerns of the resettles. These are the Dispensary in the Camp and the General hospital, Calabar. Information collected included all the medical complaints by the resettles and recorded by the physicians since inception, in relation to their ages.

## **RESULTS AND DISCUSSION**

### **Epidemiological and Demographic Findings on the New Bakassi Resettlement Camp**

**Assessment of House Quality:** The houses were of modern standard; all were coated with paint, and covered with proper aluminum roofing sheets. The houses had asbestos ceiling which closed the eaves. The windows were covered with glass louvers but lacked mosquito screens.

**Settlement Pattern and Distribution of Houses:** The houses were mostly clustered together in some parts of the camp. There was no definite pattern in terms of distribution of houses. Some houses were built to be two-in-one in their designs.

**Social Amenities in the Camp:** There was paucity of social amenities, including absence of primary or secondary schools in the camp. Consequently, children among the resettles did not go to school as of the time of this study. There used to be a Dispensary in the camp, but this was closed in December, 2009. All medical cases as at the time of this study were referred to the General Hospital, Calabar which was about two hours drive away.

There was a non-functioning overhead tank. The World-bank type hand-pump was the only functioning source of water supply serving the camp. There were water closet toilets but water could not flow into them due to scarcity of water. The inhabitants rather used water from the hand-pump to manually dispose of their human wastes.

**Population Density per House:** The population density per house was difficult to determine, but from the interactive sessions, the size of an average family was given as 4 persons. Officially, it was believed that each family was allocated to a room, and sometimes, this could translate to having 7 persons per room.

**Daily Routine and Occupation of the Resettles:** The resettles were all fishermen and women when they were living their normal lives in the pre-crisis Bakassi Peninsula. Since their relocation to Ekpri-Ikang they had not carried out fishing activities. Their daily routine became characterized by idleness, practically doing nothing.

**Relationship with the host and nearby communities:** At the time of the study, resettles did not socialize with the host communities. The nearby communities regarded the resettles as unwelcome "militants" who might turn on them with criminal intent. Consequently, contact between host/nearby communities and the resettles was very minimal.

**Feeding:** During the interactive session, the resettles acknowledged that feeding was provided free of charge by the Government of Cross River State of Nigeria. However, they described the feeding as inadequate, infrequent, and poor in quality and quantity.

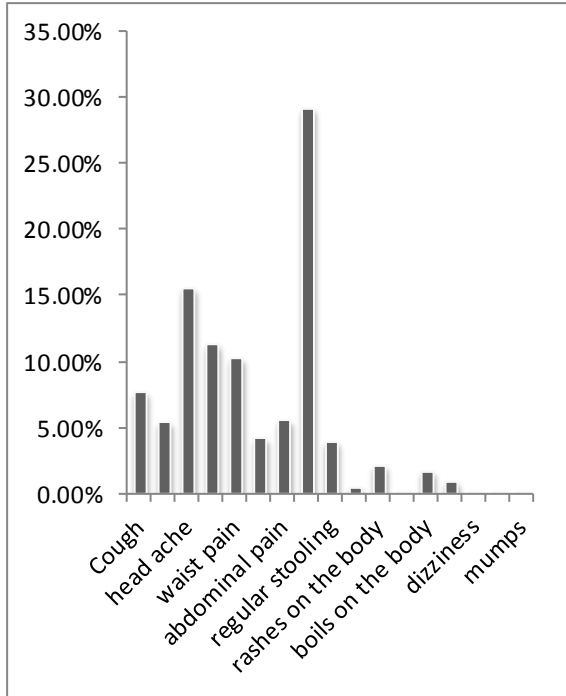
### **The Common Medical Complaints among the Health-Seeking New Bakassi Resettles**

There were a total of 804 visits to the approved medical facility for medical complaints by the resettles. There was no significant difference in the number of visits between the sexes (t-test;  $p < 0.05$ ).

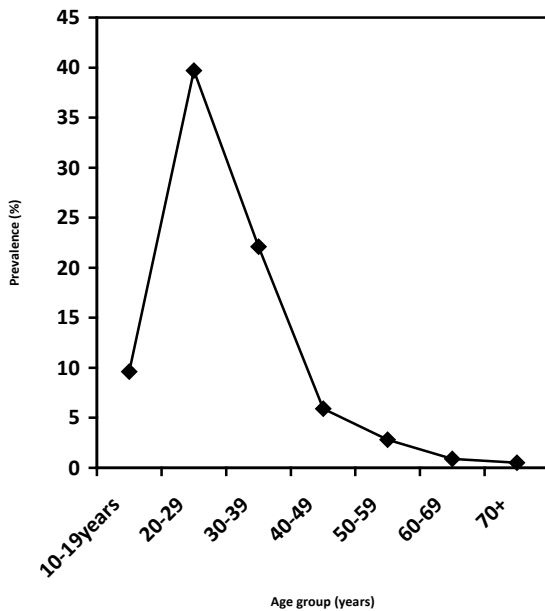
There were 17 common medical complaints among the health-seeking New Bakassi resettles. These were cough, catarrh, headache, general body pain, waist pain, chest pain, abdominal pain, fever, regular stooling, blood in stool, rashes on the body, measles, boils on the body, boils on the groin, dizziness, boils around the groin, and mumps. The relative proportions of these medical complaints are presented in Figure 1. The commonest medical complaints were fever (29.3%), headache (15.6%), and general body pain (11.3%) while the least were dizziness, measles, boils around groin, and mumps which respectively accounted for 0.23% of all medical complaints.

Proportions of all the medical complaints of health-seeking New Bakassi resettles (pooled together) in relation to age is presented in Figure 2. Most of the complaints were from the 20-29 years, 30-39 years and the 0-9 years age groups.

The commonest complaints from the 0-9 years age group was fever (39.0%), followed by irregular stooling (11.7%), cough (11.7%) and catarrh (11.7%). The commonest complaints from the 10-19 years age group was headache (29.3%), followed by fever (22.0%), and cough (14.7%). The commonest single complaint from the 20-29 years age group was fever (30.4%). However this age group and the following age group (30-39) were prominent in the pain cluster (headache, general body, waist, chest and abdominal pains) which together amounted to a prevalence of 51.8% and 61.7%, respectively.



**Figure 1:** The Relative Proportions of the Various Medical Complaints Common among New Bakassi Resettles.



**Figure 2:** Prevalence of all the Medical Complaints made by the New Bakassi Resettles (pooled together) in Relation to Age.

In the 40-49 years age group, the commonest medical complaints were fever (24.0%), headache (24.0%), and general body pain (24.0%). For the penultimate age group (50-59 years), the commonest medical complaint was fever (41.7%), followed by waist pain (16.7%), and cough (16.7%). For the oldest age group (60-69 years), only three categories of medical complaints were reported; these are cough, general body, and waist pains, each with 33.3% prevalence.

Of the 17 medical complaints recorded, five were the commonest and included fever, headache, body pain, waist pain, and cough. Fever was the highest prevalent complaint among the resettles attending the approved hospitals. It is regarded as a common medical sign, and serves as one of the body's natural defenses against bacteria and viruses which cannot live at a higher temperature.

Many viral infections such as influenza and measles present fever as part of the early clinical signs (Rooth and Bjorkman, 1992). In addition, many parasitic infections such as malaria, filariasis, paragonimiasis, schistosomiasis, among many others, are endemic in the study area, and fever is always one their earlier clinical presentations observed in infected persons. Fever is the main symptom in malaria episodes (Rooth and Bjorkman, 1992). In *Plasmodium falciparum* episodes, fever is frequently erratic or continuous at onset of the illness, becoming paroxysmal in the second or third recurrence. Secondly, children within the Sub-Saharan region have the highest average number of malaria fever per year, ranging between 1.6 and 5.4 events depending of the region (WHO, 2007). This, perhaps, explains the high preponderance of fever complaints among children of the 0-9 years age group in this study.

Headache was the second prevalent medical complaint among health-seeking resettles. Headache is defined as a pain in the head or upper neck. It is one of the most common kinds of pain in the body. Headache is common among displaced persons (Bauer and Priebe, 1994). This is exacerbated by relocation-engendered social and psychological trauma. This may explain why the prevalence of headache complaints is reported to be lesser as displaced persons stayed longer in camp (Bauer and Priebe, 1994). Body and waist pains were common complaint among the older age groups and this could be due to the laborious nature of the occupation of majority of

the resettles. Many of them were professional fishermen who engaged in long hours of fishing daily and most times canoeing far into the sea to fish.

Cough is a common reason for seeking medical care (Okkes et al., 2002; Ekici et al., 2008). Not only is it a prevalent problem, but is also of significant impact on quality of life (Marchant et al., 2008; Petsios et al., 2009; Kuzniar et al., 2007; Polley et al., 2008). In this study, cough was commonly reported among children, and was considerable among the adult age groups. This agrees with findings elsewhere that cough is one of the most frequent symptoms in children and is one of the most common reasons for which parents seek medical attention for their children (Blasio et al., 2011). The high prevalence of cough in the study population is explained by the fact that in the tropics many factors could trigger cough. Cough could be as a result of parasitic infections such as paragonimiasis, which is endemic in the area. Other causes include viral infections, cancer, foreign body aspiration, cystic fibrosis, alveolitis, asthma, chronic obstructive pulmonary disease, medication with angiotensin-converting enzyme (ACE) inhibitor, or gastro-oesophageal reflux disease (GERD). Preschool and school children might suffer from acute respiratory infections 6 to 8 times a school year and can cough 140 coughs daily with a URTI (Kuzniar et al., 2007).

The preponderance of medical complaints among the younger age groups compared to the older age groups does not indicate higher prevalence of morbidity but it rather depicts just the health-seeking behavior of the resettles. Many of the older resettles preferred self-medication options than reporting to the approved dispensary/hospital for medical attention, and therefore were not captured in the study. Secondly, parents in the locality tended more to send their children to the dispensary/hospital when the complaint involved "serious symptoms" such as fever and cough. And this may explain why these were preponderant among the younger age groups.

## CONCLUSION

The analysis of the records of medical complaints by the resettles attending approved dispensary/hospital gave insight into their health-seeking behaviour, which was influenced by age

but not gender. It also depicted the prevailing endemic diseases in the locality, and relocation-engendered social and psychological trauma. There is need for awareness campaign among the New Bakassi resettles to embrace attitudinal change from self-medication options to the appropriate option of seeking for health solutions in the approved hospitals.

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