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Research Article

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Reproductive Health Challenges and Resilience among Internally Displaced Women and Girls in Yaounde, Cameroon: A Qualitative Study

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Abstract

Background

In many countries around the world, as in Cameroon which is the focus of this study, there exists several challenges in line with sexual and reproductive health. This is partly due to the ongoing socio-economic crisis in the region which has disrupted provision of health care services, but also due to other issues that IDP women and girls must contend with to access sexual and reproductive healthcare.

Methods

To explore this topic, we conducted a qualitative study. twelve focus group discussions and six indept-interviews were done in Yaounde. It was necessary for us to analyze available services such as family planning services, prenatal services, HIV counseling and many other services. Although these services are available, the field survey documented financial difficulties, access to basic services, discrimination and social integration difficulties. A team approach was used to analyze these data.

Results

One hundred and twelve participated in the focus group discussions In this study, we found that several sexual and reproductive health services are available. However, their ability to fully access these services is compromised by certain fundamental challenges like financial difficulties, discrimination/stigma, communiction, and family separation.

Conclusion

There are many challenges to sexual and reproductive services amongst Internally displaced women and girls in the Biyem-Assi Health District. Visiting english speacking hospital can significantly bridge the gap to improve access to sexual and reproductive health.

Keywords: Internally Displaced Women and Girls, Reproductive Health, Challenges, Resilience

List of Abbreviations

- DH : District Hospital
- HF : Health Facility
- FP : Family Planning
- SRH : Sexual and Reproductive Health
- HIV: Human Immunodeficiency Virus
- IDWG : Internally Displaced Women and Girls
- CBO : Community Based Associations
- BAHD : Biyem-Assi Health District

1. Introduction

Globally, it is known from UNHCR that by the end of 2021, more than 89.3 million people worldwide have been forced to flee their homes due to persecution, conflict, violence, human rights violations or events seriously disturbing public order [1]. With respect to the internally displaced populations of specific interest to us, the UNHCR publishes that there are 53.2 million internally displaced people in 2021, as a result of conflict and violence and 5.9 million as a result of disasters [2]. Research from around the world generally reveals that women are more affected than men [3,4]. In terms of displaced women in Cameroon, the

Boko Haram crisis that has affected the populations of the Far North of Cameroon since 2014 has caused populations to flee by the hundreds of thousands. Since late 2016, populations in the Northwest and Southwest regions have also been victims of armed attacks, and many have had to move due to violence and insecurity. Settled on both sides of the country, these populations are settled in the Centre-Cameroon region, particularly in Yaounde, with the resulting destruction of the social and cultural fabric. Thus, communities and families are divided and dispersed.

People who have been forcibly displaced or who are stateless have been among the hardest-hit groups of society, facing increased food and economic insecurity as well as challenges to access health and protection services [1]. Among these displaced people, approximately 80% are women and children and are vulnerable to abuses and negative health outcomes during the crisis. Women often become heads of households because they are widowed or deserted during displacement and become sole providers and caretakers of their families. Women and girls of reproductive age (15-49 years) face disproportionate threats to their health, wellbeing and including gender-based violence (GBV), the risk of contracting HIV or other sexually transmitted infections as well as complications during pregnancies and childbirth. These displaced women and girls also tend to be at a greater risk of deprivation, insecurity, abuse, neglect, and a general deterioration of their well-being [1].

Whilst displacement often aggravates gendered harmful social norms that discriminate and devalue girls, education together with gender-based violence at school, home or in the community, as well as early marriage and pregnancy also create major obstacles to learning [5]. Complications of pregnancy and childbirth, such as severe bleeding, obstructed labor, and unsafe abortion, maybe more serious for displaced women, and may lead to infertility and death [6]. The challenges these displaced persons face are often food insecurity, marginalization and loss of home, which can lead to a deterioration of living conditions, either temporary or long term. The consequences of this are the loss of jobs and total or partial unemployment, which undoubtedly have painful economic and psychological effects.

Beyond the diversity of specific cases relating to displaced populations, beyond these fragilities, the psycho-socio-economic contexts in which the displaced live hinder their access to care and basic services. In addition to these already alarming difficulties, displaced women and girls in Yaounde, are subject to additional difficulties and risks that we will document in this work. Faced with these difficulties, they develop skills and create solutions for their resilience and empowerment.

Taking these situations into account, this research also finds it important to explore the availability of SRH services, how accessible these services are, the challenges existing to their uptake and the SRH resilience mechanisms of internally displaced women and girls in Yaounde.

2. Materials and Methods

2.1 Design of the Study

A qualitative design was used for this study. Participants were internally displaced women and girls (IDWG) of reproductive age (15-49 years old) residing in Biyem-Assi Health District (BAHD), Yaounde, and also Community Base Organization Leaders and Sexual and Reproductive Health Care Workers. Focus Group Discussions with IDWG and In-dept Interviews with CBOL and SRHCW approaches were used. We conducted 12 FGD and 24 IDI using the snowball sampling technique.

2.2 Sampling and Data Collection

A total of 112 participants were interviewed in twele separate focus group discussions. In the women's group, there were 64 participants meanwhile in the girls' group, there were 48 participants. Women and girls were recruited by a local CBO in Yaounde. The snowball sampling technique was used to select CBO who work with internally displaced women and girls. Purposive sampling was done as we specifically sought to interview Health care workers in Biyem-Assi health facilities. These leaders had a good understanding and experience working with IDPs in the region. The research was explained to prospective participants, and they were required to provide a written informed consent/assent to fully participate in the research. Those who consented to the study were placed either in the group of women or girls. Both focus group discussions and in-dept interviews were in separate halls. Each discussion was facilitated by trained interviewers specialised in Public Health and Sociology. The interview focused on questions regarding access to SRH services like family planning, pregnancy, sexually transmitted diseases, HIV, and gender-based violence, also chalenges and SRH resilience mechanism. Each interview lasted between 45 minutes and 1 hour. The data was collected from February to March 2022. All data was recorded in English, Pidgin and French where necessary depending on the participants' preference, and were transcribed and translated into English.

2.3 Data Analysis

All the recordings were transcribed verbatim from audio recordings into Microsoft word documents. All transcripts in Pidgin/French were translated into English. A coding scheme was generated. Analyses of transcripts were done using a computer-based analysis called Atlas-ti version 7 software. A team approach was used to analyze these data. Data was developed based on the study objectives in order to identify key themes.

2.4 Ethical Considerations

The ethical clearance for the study was obtained from the Centre Regional Delegation of Public Health, Cameroon (Reference number CE N°E-182/CRERSHC/2022 du 25 Jan 2022). In addition, administrative authorization was obtained from the Faculty of Health Sciences of the University of Buea, the Biyem-Assi District Health Services and the Yaoundé 6 Council. Participants were informed of the various aspects of the study and were included in the survey after they had signed the informed consent form. Participants were free to stop responding if they felt

like doing so. Their anonymity was respected as individual voices could not be identified from the recordings.

3. Results

Since 2016, a conflict related to the specific socio-political crisis in the Northwest and Southwest regions has been the cause of several displacement movements. Faced with this situation, the inhabitants have fled by the hundreds of thousands to the interior of the country. On the field, we have observed that a considerable number of this population is in Yaounde facing some SRH difficulties.

3.1 Available SRH Services

In the various health facilities in Yaounde where the survey was conducted, family planning services were observed within a general women's health service facility. These include STI care and treatment, prenatal care, delivery and postnatal care. At the practical and operational level, there is no distinction in the services provided. Field observations show that there is a focus on displaced populations through a number of services:

3.2 Family Planning Service

It is important to note that this service has been hampered by COVID-19. Regarding family planning, this informant stated that:

« What they benefit from our service is often free services in terms of consultation, counselling in relation to our services; and sometimes when they come when we have products, because sometimes the ministry from time to time gives us some items ... that is all we use for family planning, that we will have to use for the girls, that is for those between 14 and 24 years old; this age group when they come to our service, generally everything is free. So, when these IDWG reach here and that they are lucky to meet products available, we gave them for free" (IDI, family planning DEPT- Biyem-Assi DH)

For many other interviewees, young people benefit from responsible sexuality education, contraceptive methods, awareness of sexually transmitted diseases (including how not to get infected), and a wealth of information that helps them avoid early pregnancy and sexually transmitted infections.

It also appears from the interviews that women and girls benefit from the services without any notable distinction. However, we can note that they benefit from FP methods, as this informant stated:

« Yes, there are FP methods that are put at the disposal of the hospital by the fund and they have a really moderate cost. Even when a woman does not have means for it as she comes, we can take it from the pharmacy; kits are gotten out of the pharmacy; now payment depends on the emergency situation as I told you" (IDI, maternity- Biyem-Assi DH)

"Well, the only kit I have is the delivery kit, so the other kits I don't have them. And those kits are not destined for IDPs, they are for all patients, who do antenatal care that leads to delivery" (IDI-Professionnel Sans Frontière HF)

As far as the beneficiaries are concerned, we found that the majority of the women interviewed knew about family planning and the related processes.

3.3 Prenatal and HIV Counseling Services

During the data collection from our targets, it appeared in several exchanges that prenatal care services are provided by health care providers. Prenatal care services and other services related to maternal and child health are mainly provided by doctors, nurses and paramedical staff.

"Well, concerning reproductive health, there are antenatal care, that eventually leads to delivery (...) So there are these services that we offer, the antenatal care that leads to delivery, and also the treatment against severe malaria, so we are obliged to see how to support them. Still concerning free offers, there is also the free distribution of mosquito nets that we also receive freely; there is also the free screening for HIV; the family planning service that we offer regularly to those women so as to protect them against unwanted pregnancies; there is also the screening for sexually transmitted that we offer to that target. So that is the summary of the services we offer to this target. Thank you" (IDI - Professionnel Sans Frontières HF)

Indeed, beyond prenatal services, most of the public health facilities we consulted at the district level offer comprehensive prenatal care by qualified providers. With regard to HIV, one of the nursing's head of Mendong CMA states:

"If those who are displaced from war there, if they are HIV positive, they enter the corridor of HIV positive women, where we will receive them free of charge,...The tests that are done for free of charge like the testing and creatinine, the blood sugar that we control and albumin. We receive them like all women and then. " (IDI, midwife, CMA Mendong)

On the whole, most of the health and technical services personnel we interviewed said that all services were available and provided without distinction. For example, this staff member of the management staff said:

"To my knowledge I don't know what they have done, particularly, they continue to offer services without distinction, it means that if you leave at the level of the region or a district, even the health facility, they are received like that like everyone else, you can't differentiate ... they take everyone who comes as a patient" (IDI, PMTCT Staff of DFH, MoH).

3.4 Services Provided by NGOs

"They intervene there, in areas where there are a lot of IDPs. They know, they provide dignity kits, I say because sometimes women are often pregnant, their periods are flowing, they don't have anything for it, so we make a little thing like that, a pad, soap,

something like that, so that she can be comfortable, we also offer that there, in the homes of the people there, (uh huh) ... We know that when there are activities, we often take this population into account" (IDI, FP Staff of the DFH, MoH)

3.5 SRH Challenges/Difficulties of Internally Displaced Women and Girls

In the Centre-Cameroon region, where we find many displaced persons, follow-up with conflict-displaced women and girls has been a concern due to difficulties in locating them. In addition, frequently reported difficulties in providing SRH services relate to adolescents' knowledge of services, community attitudes, and use of services by women and adolescents. In these difficulties, public health facilities did not always have the facilities and sufficient medical staff to send to the mobile units and the availability of supplies.

The difficulties posed by the dynamics of forced displacement, its prolonged duration, and the fragmentation of protection standards contributed to the development of reluctance among displaced persons. Indeed, the health workers we met regularly stated that displaced people do not like to be identified. For most health workers, displaced women do not always make known the difficulties in which they find themselves in the community.

3.6 Financial Hardship

Furthermore, the greatest financial burden associated with this displacement crisis is due to its nutritional and health consequences on the displaced. Among the interviews analyzed, this informant's interview is very expressive on this subject.

« Most often, it is the problem of financial constraints; and for me it is understood because, when they reach here in Yaoundé, they have left their comfort, sometimes living in a host family; and sometimes in such a family, she has difficulties, she does not have means to get everything she needs. Sometimes when they come, they tell you that since they have been here, they have stopped school, because there is no money to pay; so, where she is all we can offer her is a roof, but out of that she cannot. So even to take care of their medical treatment, it very difficult. So, when they reach here, we know that we have much to do for them; be it concerning education and much encouragement » (IDI, FP- Biyem-Assi DH).

This is compounded by the inability of IDPs to pay for medical care, as this informant lamented in a one-on-one interview when asked about the difficulties IDP women and girls face:

« Pay their fees, pay their care ; those are the difficulties that they often have » (IDI, Maternity- Biyem-Assi DH).

Furthermore, although antenatal care services are provided in public facilities, the financial difficulties of displaced women are an obstacle. Another response comes from a focus group discussion, which notes that :

« I always go to the hospital, like now like this, am back from the hospital. It's almost three days I've been sick. I went there for two days and the bill was too heavy. Seventy-six thousand two hundred francs. I am not able to pay. Even the house rent » (FDG 2 Single Parent Association).

Overall, IDPs face a difficult livelihood situation due to the lack of livelihood impacts of internal displacement, regular income, and competition for jobs in host communities. Indeed, difficulty accessing work is the hub of financial hardship. For most of those who reported accessing work, it is most often in the informal economy.

3.7 Difficulty in Accessing Basic Services

In the previous subsection, it appears that financial difficulties are very significant among the displaced, which also makes it difficult to access basic health services. Let us listen carefully to what this respondent says about access to delivery kits:

« sometimes they deliver and there is no means to pay the fee, even just the delivery fee, since there is a delivery kit, normally every woman close to the 24th month that comes should have started paying for the kit fee; but sometimes we are surprise that some women reach here at the active phase, not even having a franc to pay for the kit; so we are obliged to carry kit and use it till the end, and sometimes they say that the husband is coming, that he is behind coming, they give a number and when we call it is not even the husband, the man begins to even deny the paternity, you see! So sometimes with the patient we can go even up to one-week hein, since sometimes you look at the baby and the mother, we are obliged to put our hand in our pocket to help them, because seeing a woman that just put to birth and having nutritional needs to satisfy, there is need to see into how to free them » (IDI Maternity-Biyem-Assi -DH)

It also appears that IDPs in the Central region have experienced a deterioration in their living conditions and lack access to essential services, including basic social services particularly health and education, which has implications for the morbidity of displaced communities.

3.8 Discrimination and Difficulty of Social Integration

The precarious situation of these populations exposes them to discrimination, which does not always favor social and professional integration. This is the question that this informant answered in these words:

"Yes, there is also the difficulty for them to be integrated in the society, because of the language... We are in a Francophone zone and they are people who have been in the English-speaking zones for too long, and not having the opportunity to be in touch with the French language. So, we also have a lot of difficulties in relation to communication with them. It is true they adapt very fast ... So, there is that problem of language and the problem of social integration." (IDI, Maternity- Biyem-Assi HD).

"At times you go to the hospital, they health personnels don't even take care of you because you are anglophone and they don't understand what you are saying." (FDG 1, Woman, Give a Smile).

Indeed, these discriminatory practices have led to the exploitation and denial of the principles of access to work for all and have resulted in situations of forced labor and servitude.

3.9 Difficulty of Access to Housing and the Consequences

Analysis of the data reveals that most newly displaced households do not have adequate shelter. The first field observation is the overpricing of housing, as this informant said in a focus group discussion:

« Here you know everything is very expensive and if you're not having money; even if you are having money to an extent the the prices of things are very: they have really increase in a way that at first of you have money you can try to manage but now like this one thousand france you cannot even do anything with it, not to talk of two thousand frances, because the prices are really alarming. its not really easy; yeah then ehmm coupled with the house rent issue, house rent issue is really a taboo because due to the crises many landlords have increase their prices in their various houses. a house that maybe you can rent for maybe ten thousands now is almost twenty five thousands and they don't beg. They don't beg because they know that we are stranded, we don't have any choice, all those things like that… It is really too much. I'm telling you » (FDG 2, Woman, Single Parent Association).

The cost of housing also has a significant impact. The lack of access to housing means that the displaced are forced to live in very precarious conditions of promiscuity:

« The difficulties that they present; sometimes that reach here and live with an uncle, who is not able himself to feed his family, increasing the size of this family, you see what it does. So that is a real problem; so sometimes they find themselves here without having anybody. For some people it is just a friend; sometimes it is just some girls that find themselves in a friend house and later found themselves pregnant and that friend is responsible of that pregnancy. Sometimes there is promiscuity since living in the same house with only one toilet, it is not easy to be free from those sexually transmitted infections. It is a real problem. Other come here because they have lost their both parents in the crisis and they don't have any support » (IDI, - Professionnel Sans Frontiere, Biyem-Assi HD).

Many of the people affected by the crisis live in places that are often unsanitary. This is what these informants said in a focus group discussion.

"For me it's not? hmm I had problems with... uhhh the water. The water from the well, it is itching. It itches untill you go to the hospital, when ever you use well water, it still gives itches" (FDG 1, girl Single Parent Association).

"Another thing can be the toilet. Where we are living. Especially when you have a pit toilet that is general for everybody. In the quarter or maybe the neighbors, they are not keeping it clean. And sometimes when someone goes inside, they don't care to go with a bucket of water maybe to flush it so that at least it will not be infected. They just go like that. So as a result of that now we will be having itches » " (FDG 2, woman, Single Parent Association).

They lack access to essential services, including safe drinking water and basic sanitation, use unsanitary and unsafe latrines, and lack sanitary products for women and girls.

3.10 Difficulty of Communication

Most women and girls from the Northwest and Southwest are Anglophone. However, the population of Yaounde where they moved to is predominantly French-speaking. As a result, they are unable to communicate with health care personnel in situations requiring health care, for example. This is what this interlocutor deplored:

"When you want to talk, they will say "les Bamenda". When they say "Bamenda", I will be very angry because it seems it is what they used to insult people with. I will also be angry because I know what made me to live my home town". (FGD 1, girl, AIPSS).

3.11 Cases of Sexual Violence

Based on the data observed, the risk of being a victim of rape and sexual violence is high for women and minors living in the Yaoundé community. This practice is part of the daily life of many displaced women. Young girls are sexually abused in host communities:

"Yes; when we talk about violence, there is rape, there are children that they beat on, or that they threaten them because they are in a precarious situation and they are obliged to suffer some abuses in order to have a roof to live under; so we have had cases in our consultations, they were young girls, there was one who was being raped by 2 of her cousins and she had a pregnancy that ended at 20 weeks, unfortunately, the baby died" (IDI, Maternity DEPT - Biyem-Assi, DH).

• Another Family Planning Staff Will Say That:

"Concerning this, you know when she is in an environment that is not her milieu, and that instead of receiving help from the host milieu, she finds herself being abused, making life more difficult for them. So, they find themselves being abused sexually because they are in a weak position. Cases of rape are also frequent, because as a stranger they find themselves helpless and find themselves obliged to accept some things that if she were in a better situation, she would never do them. Sincerely it is painful to talk about that but rape cases are frequent, that is the reality" (IDI, FP DEPT-Biyem-Assi, DH).

In general, most victims explained that they did not report these cases of assault to law enforcement because of the fear of exposure. Many other informants described that they were afraid of being

singled out and felt that there was no need to file a complaint with the authorities.

3.12 Family Separation: The Case of Spouses

One factor that increases the vulnerability of displaced women is family separation. Many displaced families were separated from their spouses who were forced to remain in the Northwest or Southwest. In other contexts, these families have been split up because of difficulties in providing for their families.

In most of the cases described, displaced women are left without spouses because their husbands have been killed, kidnapped, or have decided to abandon them. As a result, they are left alone with responsibilities that force them to have other unions to survive. A leader of the ZION Foundation had time to describe such a situation to us:

"The first difficulty is because, all those women that come from Bamenda or south west that they get married to army, gendarme. Some of them was here in Yaounde. Their husband had to abandon them with kids. That's one thing that happened. It is not for one person alone (…) When they come here, their husbands decided to abandon them. Even when they come here, they leave everything and allow the wife with everything, the kids, and they go." (IDI, woman, ZION FOUNDATION).\

In many other cases, women are left alone to take care of the family in cases of the physical loss of their spouses, but also when their husbands decide to abandon them once in their new places of displacement.

3.13 Resilience of Internally Displaced Women and Girls in SRH

To circumvent social situations that are detrimental to accessing SRH services, displaced women used a variety of means to cope with the stress and anxiety they felt to face challenges and support their family members, or simply to survive.

With regard to financial difficulties and the lack of rapid health care, displaced women are forced to visit several health facilities in order to hope for a lower cost and more satisfactory results. Let's listen to this informant for example:

"I had to go to Etoug Ebe. At Etoug ebe, I thought it's an anglophone place, it will be free. But despite the pains when you go there, they tell you to take this and sit… I say but I am feeling pains. They say to me that they don't have time for that. You want to go here they say pay this. You want to turn here they say pay this. So finally, they gave me medicine for 150 thousand francs. I told them that I cannot. I don't even have the one to eat" ((FDG 1, Girl Single Parent Association).

• Still in Regard to Financial Difficulties, this Informant's Suggestion is Interesting:

"I was begging that if a group can be created where we can borrow money to make business. As we are here, we need to do business, we don't have anything doing. nothing to sell. We are on the road nothing to sell. At times you collect vegetables to sell and it gets rotten and you have to pay. And you have to find money elsewhere from different places before you pay the njama-njama. meanwhile if you have your money, you can do another business where you can have a bit of interest". (FGD 1, girl GAS)

Access to food is the top priority for IDPs. They have had to resort to coping strategies to be able to eat, including limiting meals to one per day and reducing adult consumption to ensure adequate nutrition for children.

To cope with the problems of itching from using well water, for example, displaced women "…adopt the system of putting salt in the water. When you put salt in the water, the itching disappears" (FDG 2, Woman-Single Parent Association).

• For Cases of Unsanitary Toilets, The Solutions That Displaced Women Apply to Avoid Infections Were Described by This Informant :

« Okay, concerning houses too, sister spoke about toilets and all those things, we are girls. Toilet issue is really a problem for us. That one also is a pertinent point. Because in my case, where I stay, the toilet is full. And I also have but girl children. we are using bowls and I am always making sure that we use bleach (Javel) and water. When they poo so, when the first person finishes, I wash it very well and put some Javel and water, the next person follows. So, I am always in the washing mood, as the building is just exposed, without a ceiling (roof), I have to really take care of the children to avoid infections» (FDG 2, woman, Single Parent Association)

As for language difficulties, they prefer and choose to go to the clinic where they are speaking English

To circumvent social situations that are detrimental to accessing SRH services, displaced women used a variety of means to cope with the stress and anxiety they felt to face challenges and support their family members, or simply to survive.

4. Discussion

There has been an ongoing crisis in the Northwest and Southwest regions since 2017 [7,8]. In our study, it was observed that financial hardship is a barrier for displaced women and girls to sustain their livelihoods. In the literature this situation varies greatly across communities. A report by UNOCHA presents the results of a study on the conflict in the Republic of Congo and its economic impacts [9]. The results of this research corroborate that IDPs face financial hardship, with the loss of livelihoods accounting for nearly 20 percent of the total economic impact. Most women IDPs no longer had access to their usual sources of income, including agriculture, fishing, hunting, and gathering. Still regarding finances, it is important to first point out that some services related to the sexual and reproductive health of IDWG is free of charge in health facilities as it is all over Cameroon. In the case of HIV-

related services, for example all services are free, from health education through testing to dispensation of medications. Also, regarding contraceptives, it is not uncommon to see distribution of condoms within hospital settings and out of hospital settings in Bamenda. Health education is mostly free of charge. Although there is some access to these services, not all SRH services can be afforded by displaced persons in Yaounde.

Given that out-of-pocket payments is the basic source of financing health services in Cameroon, we can argue that the crisis has limited access to sexual and reproductive health in the centre region. In Cameroon, since April 2023, the Ministry of Public Health launched the first phase of the Universal Health Coverage [10]. This program intends to significantly ameliorate access to healthcare amongst the most vulnerable by providing health services free of charge. In the future, during subsequent phases of the project, it would be important to consider women and girls from conflict affected settings in need of access to basic SRH products.

In terms of difficulty accessing basic services, our research found that internally displaced women have difficulty accessing basic services such as health and education. This trend is confirmed by the literature we reviewed [11]. Burkina Faso is going through an unprecedented security and humanitarian crisis caused by repeated armed violence, particularly against civilians, which has resulted in massive displacement of populations who are experiencing difficulties in accessing these basic social services. In some communes such as Bahn, Sollé, Kain (Northern Region), Bartiebougou, Foutouri, Botou and Madjoari (Eastern Region), no basic social services are functional and the populations are forced to move to neighboring communes to have access to basic social services such as education and health, as we have observed in the Centre-Cameroon region. In addition to this, the research results show that the majority of the population is not aware of the problem.

In terms of discrimination, the work conducted by Tessya Brault and Lenouvel corroborates well with our results, in terms of the difficulties that displaced people face [12,13]. Indeed, their articles highlight the difficulties of social integration of IDPs in general and those from the Democratic Republic of Congo in particular. In the literature, stigma has been described as a major barrier for IDPs to access SRH services [14,15]. During these focus group discussions, this factor seemed to be a huge concern to the IDWG in Yadounde. It was mentioned more than once as a hinderance to getting SRH services. The stigma felt by this group of people usually comes from providers of care and vendors of SRH products of family planning.

The results of our research on housing have shown that IDPs are forced to live together to overcome this difficulty. Our study found two similar findings, one in Ituri, and in the province of North Kivu in eastern DRC, which shows the lack of housing for displaced populations [12]. The second appears in the article by Rodier, which presents access to housing as a difficulty encountered by displaced persons in Kosovo in general, or it is appropriate to apply a multiplier factor to account for the situation of Roma [16].

Deprived of these rights, because they did not have IDP cards, the Rroms often did not have access to collective centers and had to make do with makeshift camps lacking basic infrastructure and generally very poorly served.

With regard to cases of sexual violence among IDPs, our results are comparable to those of Baiocchi and Adam Mahamat [17,18]. They found that in the departments of Logone et Chari, Mayo-Sava and Mayo-Tsanaga, displaced women are victims of violence because of their vulnerability.

The main limitation of our study is that it was carried only in one health district of the town. In addition, the male gender was not represented. Further studies can include a more equitable and a wider audience. Despite these limitations, this research significantly points out the opportunities that can be exploited during conflict and improve access to sexual and reproductive health.

5. Conclusion

All in all, this research whose objective was to analyze the "Challenges and Resilience of Internally Displaced Women and Girls in SRH in the SD of Biyem-Assi". The overall objective was to describe the situation of women from the North-West and South-West through the methods and techniques of qualitative data collection and analysis.

In terms of results, the data collection provided a deeper understanding of the crises that displace the largest numbers of people over the longest periods of time. In terms of available SRH services, we noted family planning services, antenatal services, HIV counseling, and many other services provided by NGOs. In terms of the challenges/difficulties of internally displaced women and girls in terms of SRH, displaced women in Yaoundé encounter financial difficulties, difficulties in accessing basic services, discrimination and difficulties in social integration. The survey also noted communication difficulties, cases of sexual violence, and family separations.

Regarding resilience skills, small income-generating activities allow them to overcome financial difficulties.

Declarations

Ethics Approval and Consent to Participate

The study was conducted in accordance with the ethical standards of the Faculty of Health Sciences of the University of Buea. Written informed consent to participate in this study was provided by the participants and participant's legal guardian/next of kin.

Consent for Publication

Not applicable.

Availability of Data and Materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing Interests

The authors declare that they have no competing interests.

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Authors' Contributions

CTM conceived and designed the study. CTM performed interviews and did the transcription, CTM and ACZKB contributed in writing the original manuscript. ACZKB, NT and VV contributed in the intellectual content of the manuscript. All the authors read and approved the final manuscript.

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