

The Challenges and Adaptation Strategies of IDPs in Kumba Town, Cameroon

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Abstract

The main objective of this study was to investigate the challenges of IDPs specifically the food security challenges, habitation challenges, health challenges and the adaptation strategies employed by IDPs to cope. The study found that households use severe strategies like reducing the number of meals eaten in a day, some rely on less expensive foods, reducing the quantity of food consumed, some limit consumption by adults for small children to eat well, some consuming seed held for the next season and rely on help from friends and relatives to mitigate the incidence of food shortages. Most of the IDPs put clothes and mattresses on the floor and use double beds to remedy sleeping space. All of them live in the outskirts where houses are relatively cheap. They prefer local pharmacies to hospitals since they need to spend little or nothing to consult and must not do a laboratory test. They boil water before drinking to help remedy diseases like typhoid, and malaria among others.

Keywords: challenges, adaptation strategies, IDPs

1. Introduction

Cameroon is one of the countries that is currently facing a high level of fragility and migration due to conflict with mass displacement of persons due to the “Boko Haram” insurgency in the North and due to the crisis in the northwest and southwest regions, which is the main focus of this study (Eweka & Olusegun, 2016). Even though a great number of people have migrated internally and internationally, it can be seen that many people have not been able to migrate despite the increasing tension of the crises. The Anglophone crisis which is the focus of this study is a historical base crisis (Wanie & Oben, 2021; Ezemenaka & Ekumaoko, 2022).

The Anglophone crisis which started in 2016 is a historical base crisis (Ngoh, 1979; Musah, 2021; Fon, 2019; Awasom, 2000; Ezemenaka & Ekumaoko, 2022) which led to the armed conflict that is rocking the country to date (Agwanda *et al.*, 2020). Even though some people remain in their places of origin, many do migrate to diversify the risk of losing their lives (DeLancey *et al.*, 2019). Many people who do migrate especially due to push factors face challenges at their destination areas. Many don't have a habitation and therefore face challenges of not having even where to sleep. Some people don't have the means to gate food for themselves and their families (Ketzmerick, 2023).

Since the year 2016, a revolution evolved in the North West and south-west region of Cameroon which later led to conflict in 2018. Many Cameroonians have lost their lives due to this conflict. This conflict has therefore led to the displacement of people from these two regions internationally to other countries as refugees and in other towns as IDPs. While some people have migrated internationally, many have been unable to migrate even nationally from their place of origin while others have migrated to other places within the country (Samah & Tata, 2021).

Despite the efforts from international organisations like the United Nations World Food Program, and the World

Health Organisation among others who have tried to rescue the situation of the IDPs most of them remain impoverished. It is therefore important to study the adaptation strategies of these internally displaced persons (IDPs).

Many people have migrated to other places to seek security measures especially administrative headquarters which are more peaceful than the local areas or villages due to the presence of the forces of law and others. Among this administrative headquarter, Kumba appears to be one of the densely populated towns with IDPs. Many of these IDPs are impoverished in many aspects of life and their situation demands special attention. The concern of this research work is therefore to understand the adaptation and coping strategies of IDPs to survive their impoverished situation (Akuri, 2020).

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2. Extant Literature

According to Lazarus (1966), coping is a process by which adaptation outcomes are determined by how individuals evaluate stressful experiences, the coping styles that are used by the individual, and how dispositional and situational factors help as mediators. Based on Maslow's hierarchy of needs humans are motivated to fulfil their needs in a hierarchical order. This order begins with the most basic needs before moving on to advanced needs. The ultimate goal, according to this theory, is to reach the fifth level which is self-actualisation (Lazarus & Folkman, 1984; Lazarus, 1999).

Malau-Adul (2011) studied the coping strategies, skill perceptions and knowledge of assessment expectations of international students as they progress through the third and fourth years of their medical degree at the School of Medicine, University of Tasmania, Australia. Using survey data, the discussions and individual interviews revealed that language barriers, financial burdens, heavy workloads, communication skills, cultural differences, and discriminatory bottlenecks were key factors that hindered their adaptation to the Australian culture. Based on quantitative analysis, the results showed that there were highly significant ($p < 0.001$) variations between student performances in short answer questions, multiple choice questions and objective structured clinical examinations (49.7%, 70.3% and 61.7% respectively), indicating the existence of communication problems. Despite the challenges faced by these students, they adopted admirable coping strategies and progressed through the course largely due to their focus on the goal of graduating as medical doctors, their high sense of responsibility towards their family as well as their support networks. It was concluded that faculty needs to provide both moral and academic support to their international medical students at three major intervention points; point of entry into the school, mid-way through the course and at the end of the course to enhance their coping skills and academic progression.

Israr et al. (2000) studied how health workers in one region of Cameroon coped with the economic crises and the perceived effects of the crises on service quality. The focus group for the interviews for the studies was government and mission (church) health workers. The findings showed that Government health workers had experienced higher cuts in salaries than their mission counterparts; they no longer received allowances as well as incentives which were still available to mission workers who therefore appeared more demotivated. Most government and mission workers reported legal after-hours income-raising activities. Government workers frequently reported additional survival strategies such as the parallel selling of drugs, asking for extra charges for services as well as running private practices during normal working hours. There was a high level of self-criticism among government workers indicating a disagreement between their attitude and practices which they considered harmful to the service users. They recommended that the remedial actions included the reinstatement of reinstating allowances for good performance and ensuring that there should be regular supervision of activities without blaming individual health workers for problems caused by the state of the health system.

Astvika *et al.* (2014) studied the kind of coping strategies social workers employ to handle the unevenness between demands and resources in work and to investigate how different strategies affect outcomes regarding health, service quality and professional development. Sixteen individual interviews and four group interviews with other 16 social workers were conducted. Their analysis identified five different main types of strategies: Voice, Compensatory, Disengagement, Demand-reducing and Exit. An extensive use of compensatory strategies was associated with negative outcomes in health. These compensatory strategies were replaced or combined with different means of reducing the work demands, which in turn influence performance and service quality in a negative way. The results highlight dilemmas the social workers are facing when the responsibility to deal with this imbalance is 'decentralised' to the individual social worker. When resources do not match the organisational goals or quality standards, the social workers are forced into strategies that either endanger their health or threaten the quality of service.

Oldewage-Theron *et al.* (2006) observed similar strategies for coping with food security in the study conducted in the Vaal Triangle. The objective of this study was to determine household food security and coping strategies of an informal settlement in the Vaal Triangle. The households employed food consumption coping strategies to cope with food insecurity. The coping strategies used were: limiting the variety of foods served (practised by 75 per cent of households); limiting portion sizes (80 per cent of households); skipping meals (60 per cent of households) and maternal buffering (76 per cent of households). The study concluded that the area is a poverty-stricken community with household food insecurity where the caregivers changed their food consumption patterns to cope, resulting in compromised nutrition.

The study conducted by Maliwichi *et al.* (2002) in Khayelitsha also showed that households employed consumption coping strategies to alleviate food insecurity. This study aimed to investigate the coping strategies of households in Khayelitsha, Cape Town to ensure household food security. The findings showed that 70 per cent of the households in the informal settlement used short-term coping strategies including borrowing money (from friends or relatives) to buy food; borrowing food from neighbours or friends; purchasing food on credit; relying on help from friends/neighbours and maternal buffering (i.e., mothers limiting their food intake to ensure children get enough food to eat).

Ziervogel *et al.* (2006) conducted a study in Sekhukhune where many households have developed a wide range of coping and adaptation strategies in response to changing conditions that affect their livelihoods and well-being. The objective was to identify and assess integrated and cross-sectoral adaptive management opportunities. A total of 597 individuals were interviewed across five municipalities. The study showed that households employed short-term coping strategies that included the following: relying on piecework; eating less preferred food; reducing the number of meals a day; limiting portion size of meals; borrowing food; eating elsewhere and purchasing food on credit.

Many empirical studies have therefore been done on issues related to adaptation. Nevertheless, the adaptation strategies of IDPs have not been well exploited especially in the context of the Anglophone crises in Cameroon.

3. Methodology

A descriptive research design was employed as this was seen to best achieve the aims of the study. The population of the study was composed of all IDPs in Kumba town. To attain the objectives of the study, 25 IDPs interviewed on the problems they face as well as their adaptation strategies. A purposive sampling technique was adopted for the study, which is a cautious process of selecting respondents based on their ability to provide the needed information (Padgett, 2008). This study would exclusively focus on all the IDPs but on the other hand, the researcher decided to focus mainly on the working population. This is because the main problems are felt by those working since the dependent class is part of the problem faced by the active IDPs.

The data used for this study were collected primarily through interviews with IDPs regarding their impoverished situation as well as the adaptation strategies they put in place to survive. Content analysis was adopted for this study since this research technique makes replicable and valid inferences to the contexts of their use and focuses on the logical communication aspects (Vourvachis & Woodward, 2015). To investigate the above-mentioned objectives, deductive analysis was therefore used. According to Elo and Kyngas (2008), deductive analysis methods are embodied by three main phases: preparation, organising and reporting. Preparation, deals with the design, identifying units of analysis as well as representative sampling (Crowe *et al.*, 2015). Out of the 25 IDPs interviewed only 7 out of the 25 respondents were men while 18 of the respondents were women.

4. Research Findings

Every household employs coping strategies when confronted by food shortages and in response to any shocks. The first research objective was to study the challenges and coping strategies employed by IDPs in Kumba. Based on the indebt interview with the IDPs, three critical challenges were identified food security, habitation and health challenges. This study, therefore, focuses on these challenges.

4.1 Food Security Coping Strategies Employed by IDPs in Kumba Town

Regarding the adaptation and coping strategies of IDPs in Kumba Table 1 below summarises the coping strategies employed by the IDPs in Kumba

Table 1. Frequency application of coping strategies of IDPs in Kumba

Coping strategies	frequency	Percentage
Relied on less expensive foods	23	92
Reduce the quantity of food consumed	78	92

Reduced number of meals eaten in a day	25	100
Rely on help from a friend or relative	13	52
Sent household members to eat elsewhere	7	28
Consume seed held for next season	13	52
Restrict consumption by adults for small children to eat	21	84
Send households members to beg	3	12
Stay for the whole day without eating	9	36

Source: Computed by the author from field data (2023).

The most prevalent coping strategies were identified through an interview with 25 IDPs. The IDPs in Kumba identified 9 consumption (food security) coping strategies they use to moderate the effect of food shortages as shown in Table 1.

Based on the interview, it was found that 92 percent of the respondents (23 of the 25 respondents) sometimes applied the strategy of purchasing less expensive foods. More so, 92 percent of the respondents use the strategy of reducing the quantity of food consumed per meal. All the respondents used the strategy of reducing the number of meals eaten in a day. It was also found that 13 of the respondents (52%) rely on help from a friend and relative. More so, only 7 of the respondents sent household members to eat elsewhere apart from home. In addition, 13 of them consumed food held for the next season. This is because many of them could not gate access to their place of origin. Furthermore, 21 (84%) of the respondents restricted adults' consumption for small children to eat. Only 3 of the respondent send household members to beg to sustain the family. Finally, only 9 of them went out the entire day without eating. They said this was only occasionally.

4.2 Habitation Coping Strategies Employed by IDPs in Kumba Town

Every household employs coping strategies when confronted with a new environment. The first punctuation is usually "Where am I going to sleep". The IDPs in Kumba identified only four habitation coping strategies. The responses of the IDPs to questions on their habitation copings strategies are shown in Table 2.

Table 2. Frequency application of habitation coping strategies of IDPs in Kumba

Coping strategies	Frequency	Percentage
Put the mattress on the floor	23	92
Use double beds	23	92
Live in the outskirt	25	100
Beg for houses	13	52

Source: Computed by the author from field data (2023).

From Table 2 above, it was found that 92 percent of the respondent said they usually put the mattress on the floor to cope with their highly dependent population. More so, 92 percent of the respondent use double beds so as a remedy for sleeping space. All of them live in the outskirt where houses are relatively cheaper. 13 of the respondent said they begged for houses since they could not afford them.

4.3 Health Coping Strategies Employed by IDPs in Kumba Town

Coinciding with the habitation and food challenges, the IDPs in Kumba also face health challenges. The IDPs in Kumba identified 4 health coping strategies they use to moderate the effect of food shortage as shown in table 3 below.

Table 3. Frequency application of health coping strategies of IDPs in Kumba

Coping strategies	frequency	Percentage
Prepare herbs	23	92

Buy drugs from local pharmacies	23	92
Boil water before drinking	25	100
Resist illnesses	13	52

Source: Computed by the author from field data (2023).

From Table 3 above, 23 (92%) of the respondent usually prepare herbs and drink to regain their health status. More so, 23 of these respondents also buy drugs from local pharmacies whenever they fall sick. They explained that they prefer local pharmacies to hospitals since they need to spend little or nothing to consult and since they must not do any laboratory tests. All the respondents boil water before drinking. The boiling water before drinking can help remedy diseases like typhoid, and malaria among others as an IDP proclaimed that “*prevention is better than cure... I prefer to boil my water than to become ill of typhoid and malaria.*”

5. Conclusion and Recommendation

This study provides an in-depth understanding of the challenges as well as the adaptation and coping strategies of IDPs in Kumba town. The following conclusions were drawn from the study. The severe strategies used by households to mitigate the incidence of food shortages were; reducing the number of meals eaten in a day, some relying on less expensive foods, reducing the quantity of food consumed, restricting adults' consumption for small children to eat, consuming seed held for next season and rely on help from a friend or relative. Most of the IDPs usually put mantras on the floor to cope with their highly dependent population and use double beds to remedy sleeping space. All of them live in the outskirts where houses are relatively cheaper. They explained that they prefer local pharmacies to hospitals since they need to spend little or nothing to consult and must not do a laboratory test. All the respondents boil water before drinking. To them, boiling water before drinking can help remedy diseases like typhoid, and malaria among others.

The government of Cameroon, NGOs and UNO agencies among other organisations working with displaced persons should adopt the following measures to improve the living conditions of IDPs. The IDPs should be trained on income-generating activities to increase their skills and productivity as a measure to eradicate poverty among them. The government should recognise IDPs as a source of valuable human resources and therefore their skills should be upgraded through education and enhanced by providing good medical facilities and good training programs.

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