

The influence of demographic factors on adolescents' knowledge and attitudes towards mental illness in Makurdi metropolis.

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ABSTRACT

The study examined the influence of demographic factors on adolescents' knowledge and attitudes towards mental illness in Makurdi. A total of 378 respondents were sampled from five secondary schools in Makurdi, out of which 216 (51.7%) were males and 162 (42.9%) were females. The respondents were in the age range of 12-24 years with a mean age of 12.3 years. Mental Health Knowledge Schedule (MAKS) and Attitudes towards Mental Illness Scale (AMIS) were used for data collection. Five hypotheses were tested using Multivariate Analysis (MANOVA). There was no significant sex difference in adolescents' knowledge and attitudes towards mental illness in Makurdi. There was no significant age difference in adolescents' knowledge and attitudes towards mental illness in Makurdi. There was a significant ethnic difference in adolescents' knowledge and attitudes towards mental illness in Makurdi. There was a significant religious difference in adolescents' knowledge and attitudes towards mental illness in Makurdi. Lastly, there was no significant joint influence of sex, age, ethnicity and religion on adolescents' knowledge and attitudes towards mental illness in Makurdi. Based on

these findings, it was recommended among other things that governments at federal, state and local government levels through ministries and departments of health, should employ more Community Health and Extension Workers (CHEWs) to educate adolescents on mental illness in the communities.

Keywords: Demographic Factors, Adolescents, Knowledge, Attitudes, Mental Illness.

INTRODUCTION

Mental illness is an age-old problem of mankind as recorded in the literature of the oldest civilizations of the world. It is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. In other words, it is a psychological problem or behavioural pattern that is generally associated with subjective distress or disability that occurs in an individual, and which is not a part of normal development or culture. Mental illnesses include schizophrenia, depression, anxiety, dementia, attention deficit hyperactivity disorder, epilepsy, substance/drug abuse, and suicide, among others.

Many people in society hold negative beliefs about mental illnesses and people with

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mental health problems. These individuals believe that the problem is untreatable, and the persons suffering from mental illness are dangerous and are unlikely to be productive members of the society. Pescosolido (2010) observed that these negative perceptions about mental illness have been remarkably constant despite advances in scientific understanding of the problem and extensive efforts to improve public understanding about the conditions.

These negative perceptions about mental health conditions lead to negative attitudes towards people with mental illnesses; perhaps, due to lack of adequate knowledge about the conditions and its treatability. Hence, they are treated without respect and dignity that they deserved. They are denied the opportunities to receive good mental health-care and other opportunities that are indicators for good quality of life such as good jobs, safe housing, satisfactory health-care services, and affiliation with diverse social groups among others.

Furthermore, poor knowledge of mental health conditions usually leads to negative attitudes such as stigmatisation and discrimination towards people with mental health problems. Stigma and discrimination have direct implications for the prevention, early detection, treatment outcome, rehabilitation, and quality of life of people with mental illness. Byrne (1997) observed that stigma acts as an obstacle to the presentation and treatment of mental illness at all stages and brings about social exclusion.

Adewuya and Oguntade (2007) stated that poor knowledge regarding causation, widespread negative views towards mental illness and an overwhelming majority of

people within West African Sub-region believe that those with mental illness are dangerous and unsuitable for normal social contact. This misconception about mental illness is held widely by many individuals irrespective of their sex, age, ethnicity, and religious orientations because of widely held beliefs about the etiology of the conditions. For example, Adewuya, Owoeye, and Erinfolami (2010) observed that in Nigeria, many individuals across cultures believe that mental illnesses are caused by supernatural factors.

In a study to examine sex differences in the identification of mental illnesses, and attitudes towards various aspects of mental illnesses among the Australian population, Gibbons, Thorsteinsson, and Loi (2015) found that males exhibited poorer mental health knowledge compared to females. They further stated that males were less likely to correctly identify the type of mental illness, more likely to rate symptoms as less serious, to perceive the individuals as having greater personal control over such symptoms, and less likely to endorse the need for treatment for anxiety or psychosis. It was concluded that males displayed poorer mental health literacy skills than females.

Similarly, in a study to examine knowledge and attitudes of secondary school teachers towards mental illness and probable gender differences by Parikh, Parikh, Vankar, Solanki, Banwari, and Sharma (2016), it was found that females had comparatively more knowledge than males about symptoms and management of mental illness, although there was no significant gender difference in the attitudes towards mental illnesses.

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Ronzoni, and Adesokan (2012) in their study also found that Nigerian secondary school students have little knowledge of mental illness, as well as displayed negative attitudes towards mental illness and tried to distance themselves socially from those who are mentally ill. The results further showed that urban children, especially boys appeared less knowledgeable than rural children and girls. While, Ndetei, Khasakhala, Mutiso, and Mbwayo (2011) observed that the older people become (age 40 years and older), the more they become aware of and positive towards mental illness and people with mental illness.

In a study to examine the influence of ethnicity on knowledge of and attitudes towards mental illness by Ihaji, Awopetu, and Aku (2013), the results showed that there was a significant difference between youth and the elderly on attitudes of Tiv people towards mental illness. Also, there was a significant difference between male and female Tiv people on attitudes towards mental illness. Furthermore, there was a significant difference between the attitudes of Tiv people in rural areas and urban areas of Benue State.

In a related study by Bener and Ghuloum (2011), it was observed that more than non-Qatari Arabs, a significant proportion of Qataris thought that mental illness can be a punishment from God and that people with mental illness are mentally retarded. It was concluded that Qatari nationals had poor knowledge about causes of mental illness compared to non-Qatari Arabs such as a belief that mental illness is due to possession of evil spirits and psychiatric medication will cause addiction.

Igbinomwanhia, James, and Omoaregba (2013), examined the attitudes of clergy in

Benin City, Nigeria towards persons with mental illness. It was found that stigmatizing attitudes were evident among members of the clergy surveyed. Most (71.1%) believed that mentally ill people were different from other persons, while 68.2% were of the opinion that the mentally ill should be controlled like children. Over 80% of respondents were not comfortable with the idea of the mentally ill living in their vicinity and wanted mental health hospitals situated out of residential areas. Almost half of respondents (45.8%) were uncomfortable with women who were once mentally ill babysitting and 63.2% agreed that our mental hospitals seem more like prisons than where the mentally ill can be cared for.

Iheanacho et al., (2016) examined the beliefs and attitudes about mental illness among church-based health advisors. Most (84%) endorsed possession by evil spirits, traumatic events (81%) and witchcraft (60%) as causes of mental illness. A majority (69%) believed that people with mental illness were a nuisance, and less than half (46%) believed that mental disorders were illnesses like any other illness. It was concluded that stigmatizing attitudes and beliefs about mental illness are common among the church-based health advisors.

Kabir, Iliyasu, Abubakar, and Aliyu (2004), examined perception and belief about mental illness among adults. The result shows that the most common symptoms proffered by respondents as the manifestation of mental illness include aggression / destructiveness, loquaciousness, eccentric behaviour, and wandering. Drug misuse including alcohol, cannabis, and other street drugs was identified as major causes of mental illness,

followed by divine wrath/ God's will and magic/spirit possession. About 46% of respondents preferred orthodox medical care for the mentally sick while 34% were more inclined to spiritual healing. Almost half of the respondent harboured negative feelings towards the mentally ill. Literate respondents were seven times more likely to exhibit positive feelings towards the mentally ill as compared to non-literate subjects.

In recent times in the Makurdi metropolis, it has been observed that mental illness has become an issue of public concern with a steady growth in the number of mentally ill persons roaming the streets. These individuals who are mentally sick are oftentimes stigmatized, discriminated, treated without dignity, socially isolated, denied job opportunities, and their rights are often violated. These among others are ways in which the general public displays negative behaviours towards people with mental health conditions. Sometimes, the relatives/family members of these people with mental illnesses are not spared from these negative attitudes by the general public.

Usually, these negative attitudes towards the mentally ill people and their family members by the general public are informed by inadequate knowledge/awareness about mental illness including the causes and treatability of mental health conditions. This inadequate knowledge/awareness leads to abandonment and lack of quality health-care services for the mentally ill individuals, resulting in wandering, picking things from garbage, and roaming the streets.

Available literature reviewed shows that negative attitudes towards mental illness

were based on poor knowledge of its nature across sex, religion, age, and ethnicity. However, there are dearth in existing literature about adolescents' knowledge of, and attitudes towards mental illness in Makurdi metropolis, hence, the researcher examined the influence of demographic factors on adolescents' knowledge of, and attitudes towards mental illness in order to make recommendations that will help in addressing this phenomenon especially among the young adolescents and improve the health and quality of lives of those with mental illness in Makurdi metropolis.

Aim and Objectives of the Study

This study aimed at assessing the influence of demographic factors on adolescents' knowledge and attitudes towards mental illness in Makurdi.

The objectives of the study include:

- i. To examine sex differences in adolescents' knowledge of and attitudes towards mental illness in Makurdi metropolis.
- ii. To ascertain age differences in adolescents' knowledge of and attitudes towards mental illness in Makurdi metropolis.
- iii. To determine ethnic differences in adolescents' knowledge of and attitudes towards mental illness in Makurdi metropolis.
- iv. To assess religious differences in adolescents' knowledge of and attitudes towards mental illness in Makurdi metropolis.
- v. To examine the joint influence of sex, age, ethnicity and religion on adolescents' knowledge of, and attitudes towards mental illness in Makurdi.

Hypotheses

i. There will be significant sex differences in adolescents' knowledge of and attitudes towards mental illness in the Makurdi metropolis.

ii. There will be significant age differences in adolescents' knowledge of and attitudes towards mental illness in the Makurdi metropolis.

iii. There will be significant ethnic differences in adolescents' knowledge of and attitudes towards mental illness in the Makurdi metropolis.

iv. There will be significant religious differences in adolescents' knowledge of and attitudes towards mental illness in the Makurdi metropolis.

v. Sex, age, ethnicity, and religion will jointly influence adolescents' knowledge of and attitudes towards mental illness in Makurdi metropolis.

METHOD

Research Design

This study adopted a cross-sectional survey design using the between-group technique to study the influence of demographic factors on adolescents' knowledge and attitudes towards mental illness among secondary school students in Makurdi. The study is built on the between-group design which warrants the verification of mean difference of groups of respondents' knowledge and attitudes towards mental illness.

The study variables such as sex, age, ethnicity, and religion are independent variables while knowledge and attitude towards mental illness were measured as the dependent variables.

Participants

A total of 378 adolescents within the ages of 12 – 24 years participated in the study. The

participants were secondary school students randomly selected from five (5) secondary schools in Makurdi using the simple random sampling technique which provided an equal opportunity for all the students of the schools to be selected and used for the study using balloting. Only those who were between the ages of 12 – 24 years were randomly sampled for the study while those below the age of 12 years and above 24 years were excluded. Analysis of the demographic variables of the adolescents who participated in the study showed that there were 216 male (57.1%) and 162 (42.9%) female adolescents; 74 (19.6%) falls between the ages of 12-17 years, 166 (43.9%) falls between the ages of 18-21 years, while 138 (36.5%) falls between the ages of 22-24 years; 180 (47.6%) were in JSS classes while 198 (52.4%) were in Secondary School classes; there were 248 (65.6%) Christians, 127 (33.6%) Muslims, and 3 (.8%) Traditional worshippers; 122 (32.3%) Tivs, 101 (26.7%) Idomas, 82 (21.7%) Igedes, and 73 (19.3%) are from other ethnic background; 100 (26.5%) are from Government Model Secondary School Makurdi, 59 (15.6%) are from Government Girls Secondary School Makurdi, 75 (19.8%) are from Government College Makurdi, 67 (17.7%) are from Aveco Model College Makurdi, while 77 (20.4%) are from Makurdi International Secondary School Makurdi.

Setting

The setting for the study includes Government Model Secondary School Makurdi, Government Girls Secondary School Makurdi, Government College Makurdi, Aveco Model College Makurdi, and Makurdi International Secondary School.

Instruments

Data were collected using Attitudes towards Mental Illness scale and the Mental Health Knowledge Schedule (MAKS) scale. However, the demographic factors were measured using information from the demographic information of the participants on the instruments.

Attitudes towards Mental Illness Scale (AMIS)

The Attitudes towards Mental Illness Scale was developed by the Department of Health in the U.K in 2012 to measure attitudes towards mental illness. It was modified and adapted for use by Ihaji, Awopetu, and Aku (2013) to examine the attitudes of Tiv people of Benue State towards mental illness. The instrument is a self-administered questionnaire which is made up of two sections. Section A contains the demographic information of the respondents while section B contains a 21-item questionnaire measuring attitudes towards mental illness. AMIS has a Cronbach's alpha reliability coefficient of .732.

Mental Health Knowledge Schedule (MAKS)

The Mental Health Knowledge Schedule (MAKS) was developed by Evans, Little,

Meltzer, Rose, Rhydderch and Henderson (2010) to measure mental health knowledge. The instrument is a 12-item scale with two sections; Part A comprises six items covering stigma-related mental health knowledge area (help-seeking, recognition, support, treatment, and recovery) and part B consists of six items that enquired about classification of various conditions as mental illness. In order to ascertain its suitability for use in this study, the instrument was validated through a pilot study and the results of the pilot study revealed that the instrument has a Cronbach alpha reliability coefficient of .742 which means that the instrument can be used for this study and in Nigeria.

Procedure for Administration of the Instruments

Before the instruments were administered, the ethical principles for psychological research with human participants were strictly considered and adhered to. Permission was sought from the relevant authorities of the schools and the consent of the participants was sought and granted. Detailed explanations about the purpose of the study were given and the confidentiality

RESULTS

Multivariate Analysis Showing the Independent and Joint Influence of Sex, Age, Ethnicity and Religion on Knowledge and Attitudes towards Mental Illness among Adolescents

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Intercept	Pillai's Trace	.900	1480.809 ^b	2.000	329.000	.000	.900
	Wilks' Lambda	.100	1480.809 ^b	2.000	329.000	.000	.900
	Hotelling's Trace	9.002	1480.809 ^b	2.000	329.000	.000	.900
	Roy's Largest Root	9.002	1480.809 ^b	2.000	329.000	.000	.900
Sex	Pillai's Trace	.007	1.221 ^b	2.000	329.000	.296	.007
	Wilks' Lambda	.993	1.221 ^b	2.000	329.000	.296	.007
	Hotelling's Trace	.007	1.221 ^b	2.000	329.000	.296	.007
	Roy's Largest Root	.007	1.221 ^b	2.000	329.000	.296	.007
Age	Pillai's Trace	.014	1.159	4.000	660.000	.328	.007
	Wilks' Lambda	.986	1.158 ^b	4.000	658.000	.328	.007
	Hotelling's Trace	.014	1.156	4.000	656.000	.329	.007
	Roy's Largest Root	.012	1.931 ^c	2.000	330.000	.147	.012
Ethnicity	Pillai's Trace	.059	3.324	6.000	660.000	.003	.029
	Wilks' Lambda	.942	3.350 ^b	6.000	658.000	.003	.030
	Hotelling's Trace	.062	3.376	6.000	656.000	.003	.030
	Roy's Largest Root	.057	6.272 ^c	3.000	330.000	.000	.054
Religion	Pillai's Trace	.046	3.854	4.000	660.000	.004	.023
	Wilks' Lambda	.954	3.879 ^b	4.000	658.000	.004	.023
	Hotelling's Trace	.048	3.904	4.000	656.000	.004	.023
	Roy's Largest Root	.045	7.450 ^c	2.000	330.000	.001	.043
Sex * Age	Pillai's Trace	.030	2.534	4.000	660.000	.039	.015
	Wilks' Lambda	.970	2.543 ^b	4.000	658.000	.039	.015
	Hotelling's Trace	.031	2.553	4.000	656.000	.038	.015
	Roy's Largest Root	.030	4.985 ^c	2.000	330.000	.007	.029
Sex * Ethnicity	Pillai's Trace	.002	.135	6.000	660.000	.992	.001
	Wilks' Lambda	.998	.135 ^b	6.000	658.000	.992	.001
	Hotelling's Trace	.002	.134	6.000	656.000	.992	.001
	Roy's Largest Root	.002	.261 ^c	3.000	330.000	.853	.002
Sex * Religion	Pillai's Trace	.012	1.958 ^b	2.000	329.000	.143	.012
	Wilks' Lambda	.988	1.958 ^b	2.000	329.000	.143	.012
	Hotelling's Trace	.012	1.958 ^b	2.000	329.000	.143	.012
	Roy's Largest Root	.012	1.958 ^b	2.000	329.000	.143	.012
Age * Ethnicity	Pillai's Trace	.120	3.504	12.000	660.000	.000	.060
	Wilks' Lambda	.884	3.502 ^b	12.000	658.000	.000	.060
	Hotelling's Trace	.128	3.500	12.000	656.000	.000	.060
	Roy's Largest Root	.083	4.542 ^c	6.000	330.000	.000	.076
Age * Religion	Pillai's Trace	.004	.341	4.000	660.000	.850	.002
	Wilks' Lambda	.996	.341 ^b	4.000	658.000	.851	.002
	Hotelling's Trace	.004	.340	4.000	656.000	.851	.002
	Roy's Largest Root	.004	.617 ^c	2.000	330.000	.540	.004
Ethnicity * Religion	Pillai's Trace	.032	1.785	6.000	660.000	.100	.016
	Wilks' Lambda	.968	1.787 ^b	6.000	658.000	.099	.016
	Hotelling's Trace	.033	1.788	6.000	656.000	.099	.016
	Roy's Largest Root	.028	3.059 ^c	3.000	330.000	.028	.027
Sex * Age * Ethnicity	Pillai's Trace	.032	.908	12.000	660.000	.539	.016
	Wilks' Lambda	.968	.906 ^b	12.000	658.000	.541	.016
	Hotelling's Trace	.033	.904	12.000	656.000	.543	.016
	Roy's Largest Root	.022	1.215 ^c	6.000	330.000	.298	.022
Sex * Age * Religion	Pillai's Trace	.001	.055	4.000	660.000	.994	.000
	Wilks' Lambda	.999	.054 ^b	4.000	658.000	.994	.000
	Hotelling's Trace	.001	.054	4.000	656.000	.995	.000
	Roy's Largest Root	.001	.109 ^c	2.000	330.000	.897	.001
Sex * Ethnicity * Religion	Pillai's Trace	.006	.307	6.000	660.000	.934	.003
	Wilks' Lambda	.994	.306 ^b	6.000	658.000	.934	.003
	Hotelling's Trace	.006	.305	6.000	656.000	.934	.003
	Roy's Largest Root	.004	.417 ^c	3.000	330.000	.741	.004
Age * Ethnicity * Religion	Pillai's Trace	.031	.853	12.000	660.000	.596	.015
	Wilks' Lambda	.970	.850 ^b	12.000	658.000	.598	.015
	Hotelling's Trace	.031	.848	12.000	656.000	.600	.015
	Roy's Largest Root	.020	1.079 ^c	6.000	330.000	.375	.019
Sex * Age * Ethnicity * Religion	Pillai's Trace	.037	1.256	10.000	660.000	.252	.019
	Wilks' Lambda	.963	1.255 ^b	10.000	658.000	.252	.019
	Hotelling's Trace	.038	1.255	10.000	656.000	.252	.019
	Roy's Largest Root	.030	1.963 ^c	5.000	330.000	.084	.029

Hypothesis one which states that there will be significant sex differences on adolescents' knowledge and attitudes towards mental illness in Makurdi was tested and the results indicated that there was no significant difference between male and female adolescents' on knowledge and attitudes towards mental illness ($F(2, 329) = 1.221$; Wilks' Lambda = .993; partial eta squared = .007, $p > .05$). It, therefore, means that sex difference is less likely to determine knowledge and attitude towards mental illness in Makurdi. Thus, this research hypothesis has been rejected and the null hypothesis upheld.

The second hypothesis which states that there will be significant age differences on adolescents' knowledge and attitudes towards mental illness in Makurdi was tested and the results showed that there was no significant age difference in adolescents' knowledge and attitudes towards mental illness ($F(4, 658) = 1.158$; Wilks' Lambda = .986; partial eta squared = .007, $p > .05$). It, therefore, means that age difference is less likely to determine knowledge and attitudes towards mental illness in Makurdi. Thus, this research hypothesis has been rejected and the null hypothesis upheld. However, there was a joint influence of sex and age on adolescents' knowledge and attitude towards mental illness ($F(4, 658) = 2.543$, Wilks' Lambda = .970; partial eta squared = .015, $p < .05$). Also, there was a significant joint influence of age and ethnicity on adolescents' knowledge and attitude towards mental illness ($F(12, 658) = 3.502$, Wilks' Lambda = .884; partial eta squared = .060, $p < .05$).

The third hypothesis which states that there will be significant ethnic differences on adolescents' knowledge and attitudes

towards mental illness in Makurdi was tested and the results indicated that there was a significant ethnic difference in adolescents' knowledge and attitudes towards mental illness ($F(6, 658) = 3.350$; Wilks' Lambda = .942; partial eta squared = .030, $p < .05$). It, therefore, means that ethnic difference is likely to determine adolescents' knowledge and attitude towards mental illness in Makurdi. Thus, this research hypothesis has been accepted and the null hypothesis rejected.

The fourth hypothesis which states that there will be significant religious differences on adolescents' knowledge and attitudes towards mental illness in Makurdi was tested and the results showed that there was a significant religious difference in adolescents' knowledge and attitudes towards mental illness ($F(4, 658) = 3.879$; Wilks' Lambda = .954; partial eta squared = .023, $p < .05$). It, therefore, means that Christians, Muslims, and traditionalists differ in knowledge and attitude towards mental illness in Makurdi. Thus, this research hypothesis has been accepted and the null hypothesis rejected.

Lastly, the fifth hypothesis which states that sex, age, ethnicity, and religion will jointly influence adolescents' knowledge and attitudes towards mental illness in Makurdi was also tested and the results showed that there was no significant joint influence of sex, age, ethnicity and religion on adolescents' knowledge and attitudes towards mental illness ($F(10, 658) = 1.255$; Wilks' Lambda = .963; partial eta squared = .019, $p > .05$). It, therefore, means that sex, age, ethnicity, and religion are not co-determinants of adolescents' knowledge and attitude towards mental illness in Makurdi. Thus, this research hypothesis has

been rejected and the null hypothesis upheld.

Discussion

Hypothesis one was tested and there was no significant sex difference in adolescents' knowledge and attitudes towards mental illness in Makurdi. This means that both male and female adolescents' exhibited a similar degree of literacy concerning mental illness. This finding contradicts findings by other researchers such as Gibbons, Thorsteinsson, and Loi (2015) who found that males exhibited poorer mental health literacy skills compared to females. Males were less likely to correctly identify the type of mental illness, more likely to rate symptoms as less serious, to perceive the individual as having greater personal control over such symptoms, and less likely to endorse the need for treatment for anxiety or psychosis.

The second hypothesis was tested and it was found that there was no significant age difference in adolescents' knowledge and attitudes towards mental illness. This implies that age difference is less likely to determine knowledge and attitudes towards mental illness.

However, there was a joint influence of sex and age on adolescents' knowledge and attitude towards mental illness. This means that when sex interact with adolescents' age, there is likely to be a considerable influence on both knowledge and attitude towards mental illness. Also, there was a significant joint influence of age and ethnicity on adolescents' knowledge and attitudes towards mental illness. This means that even though age is less likely to have considerable influence independently when considered across ethnic divides it has a significant influence on adolescents'

knowledge and attitudes towards mental illness. This finding contradicts research findings by Ndetei, et al. (2011) which showed that most thought mental illness could be managed in general hospital facilities; the older the doctors were (age 40 years and older) the more they were aware of and positive towards mental illness.

Furthermore, hypothesis three was tested and the results showed that there was a significant ethnic difference in adolescents' knowledge and attitudes towards mental illness. It, therefore, means that ethnic difference is likely to determine adolescents' knowledge and attitudes towards mental illness.

This implies that adolescents' knowledge and attitudes towards mental illness are based on the ethnic extraction of the individuals. This finding supports Bener and Ghuloum's (2011) finding which showed that a significant proportion of Qataris thought that mental illness can be a punishment from God and that people with mental illness are mentally retarded. Qatari nationals had poor knowledge about the causes of mental illness compared to non-Qatari Arabs such as a belief that mental illness is due to possession of evil spirits and psychiatric medication will cause addiction. Also, the fourth hypothesis was tested and results showed that there was a significant religious difference in adolescents' knowledge and attitudes towards mental illness.

This implies that Christians, Muslims, and traditionalists differ in knowledge and attitude towards mental illness. This finding is similar to research outcome by Iheanacho et al., (2016) finding which revealed that most respondents endorsed possession by evil spirits (84%), traumatic

events (81%) and witchcraft (60%) as causes of mental illness. A majority (69%) believed that people with mental illness were a nuisance, and less than half (46%) believed that mental disorders were illnesses like any other illness. These scholars concluded that stigmatizing attitudes and beliefs about mental illness are common among the church-based health advisors and therefore suggested that training for lay health workers in Nigeria should include education on the known bio-psycho-social basis of mental disorders and the role of social inclusion in recovery.

Lastly, the results presented in the table further showed that there was no significant joint influence of sex, age, ethnicity and religion on adolescents' knowledge and attitudes towards mental illness. This implies that sex, age, ethnicity, and religion are not co-determinants of adolescents' knowledge and attitudes towards mental illness. It means that other demographic factors such as education and level of exposure to mental illness may combine to these factors to make a difference. Just like Kabir, Iliyasu, Abubakar, and Aliyu (2004) examined perception and belief about mental illness among adults and found that almost half of the respondent harboured negative feelings towards the mentally ill. Literate respondents were seven times more likely to exhibit positive feelings towards the mentally ill as compared to non-literate respondents. Therefore, the literate levels of the students might be a strong determinant factor on knowledge and attitudes towards mental illness.

Conclusion

In a bid to determine the influence of demographic factors on adolescents'

knowledge and attitudes towards mental illness, related theories and empirical literature were reviewed, data were collected and tested. Based on the results, it was concluded that sex and age differences have no significant influence on adolescents' knowledge and attitudes towards mental illness. However, there existed ethnic and religious differences in adolescents' knowledge and attitudes towards mental illness in Makurdi. Finally, it was found that there was no significant joint influence of sex, age, ethnicity and religion on adolescents' knowledge and attitudes towards mental illness in Makurdi.

Recommendations

Based on the findings, it is recommended that:

- I. Governments at federal, state and local government levels through ministries and departments of health should employ more Community Health and Extension Workers (CHEW) to educate adolescents' on mental illness in the communities.
- ii. Policymakers in the educational sector should include literacy on mental illness in the secondary school curriculum.
- iii. School management should organize mental health clubs for secondary school students to encourage positive attitudes towards mental illness, most especially among female adolescents.
- iv. Religious and socio-cultural group leaders should educate adolescents' on the need to cultivate positive attitudes towards people who are mentally ill.

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The Ibibios in Minna: Assessing their Contributions in the Economic Growth and Development of Minna, North Central Nigeria 1970-2013

Vivian Patrick Inyang

ABSTRACT

The History of Ibibios in Minna is a significant study in understanding the Ibibios living in Minna, their emergence and role in the economic development of Minna town in Niger State. The Ibibios constitute quite a number of the population in Minna and their population is increasing daily unlike their early migration into the region. This article exposes the activities of the Ibibios in Minna alongside their trading activities. The work discusses the contributions of Ibibios to the economy of Minna from 1970 to 2013. Also this work shows how the Ibibio people have at different times in Minna, contributed to the development of Minna. The article made use of primary and secondary data. However, oral interview formed a substantial part of this study due to scanty literature relevant on the subject matter. The study found out that the Ibibios have not only contributed substantially to the economic growth of their host community (Minna) but have lived and interacted peacefully with them all through these decades and recommended such symbiotic relationship among other ethnic nationalities in Nigeria.

Keywords: Assessing, Contributions, Economic Growth and Development

Introduction

A BRIEF HISTORY OF THE IBIBIOS

The name Ibibio identifies the largest subdivision of people living in south-southern Nigeria in Akwalbom state. Akwa Ibom state is one of the six states that make up the South-South geo-political zone of Nigeria. It has interstate boundaries with Cross River State to the East, Abia State to the north and northwest, and River State to the Southwest. To its south is the Gulf of Guinea. ¹ The state capital is Uyo.

Akwabom State was originally part of the eastern region in the three region structure of 1954. In 1967, with the creation of twelve federal states by General Yakubu Gowon's military government, it became part of the South Eastern state (renamed Cross River in 1976 by the military government of General Murtala Muhammed). In September 23, 1987, Ibrahim Babangida Military government carved Akwalbom State out of Cross River State. ²

Akwa Ibom State is one of Nigeria's 36 states which is divided into 31 local government areas with a population of over 5 million

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people. According to the 1991 population census, the state was estimated to have a total population of 2,409,613 while that of 2006 population census was 3,902,051.³ It covers an area of 6,772.1 square kilometers, and lies on latitude 40321 and 50331 North and longitude 70251 and 80251 East. It has a population density of 568 people per square kilometre. The state accounts for 2.8% of Nigeria's total population.⁴ Akwa Ibom is triangular in shape and encompasses the Qua Iboe river basin and the eastern part of Imo river basin with an ocean front which spans a distance of 129 kilometres from Ikot Abasi in the west to Oron in the East, Akwa Ibom is home to beautiful sandy beach resorts as well as salt water mangrove swamps and tropical rainforest and is currently the highest oil and gas producing state in the country.⁵

The early settlers of Akwalbom state were the Ibibio people. The area was a centre for early missionary activity and contact. It was a prominent trade route providing the city state of old Calabar with slaves and palm produce. Language is an important tool in the human society. Apart from the fact that it makes communication and integration possible, it is an important aspect of the socio cultural life of a people. To this extent, language is closely knit with culture as it embodies the society's value system and patterned way of life. The main ethnic groups in the state are the Ibibio, Annang, Oron, Eket and Mbo. There are twenty languages spoken in the state. The Ibibio people form the largest ethnic group and it is the most widespread. Other significant languages spoken in the state are Annang, Oron, Ibeno and Eket.⁶

THE EMERGENCE OF THE IBIBIOS IN

MINNA

Among the first Ibibio settlers in Minna town is Mr. Henry ApkanInokon, aged 86. He said he had left Akwalbom state in search of greener pastures. He arrived at Lagos in 1965 where he worked at Leventis stores at Marina; and then proceeded to Kano in 1975 and from Kano to Niger State where he first settled at Kontangora working with Solidarity Nigerian Enterprise at Kontangora. He said Alhaji Bakko Kontangora was the Chairman/Managing director of the company while he worked under him as the administrative manager; they worked directly with construction companies and together they built the Federal College of Education Kontangora, Federal Low-cost Housing Estate, Prisons, Technical College, Teachers College, Women Teachers College (WTC) all in Kontangora. He said their company was in charge of building the Federal mortgage bank at Minna that was when he decided to settle in Minna and raise a family. Mr. Henry Inokon said during his stay at Kontangora he had met some Ibibio men whom he said arrived at Kontangora years before his arrival and had started a small association of about 10 people. Most of these people he mentioned included Mr. EtimUmoh, Mr. Uwemand family to mention but a few; but he went further to say most of them are no longer in existence.⁷

Mr Henry Inokon said during his stay at Kontangora he had joined an association of South-Eastern states as at 1977, so he decided to establish such an association in Minna. It started with Calabar community welfare association of which the president then was a railway train driver and the name latter was changed to Cross River welfare

association and as at 1987 when Akwa Ibom state was created, the name was changed to Akwa Ibom welfare association leaving their mother state which was Cross River and Mr. Henry Inokon was made the pioneer president of Akwa Ibom welfare association in Minna. He went further to say that the association which started with about 266 members increased because of the population of Akwa-Ibom people in Minna; soon some started inviting their brothers, sisters, relations to join them in Minna and through that the population began to increase. Most of these people, like he said, ventured into all walks of life such as prison workers, railway workers, bank officers, petty traders, amongst others.⁸

Mr. Uwanna Abasi Udo who happened to be the vice president of the association said the Akwa Ibom welfare association is not only in Minna but in all 21 local Governments of the State.⁹ Today, the Ibibios have a population of over 2000 people of which only 878¹⁰ are registered members of the association comprising 670 men and 208 women.

ECONOMIC ACTIVITIES OF IBIBIOS IN MINNA

Economy as a concept has been defined as the effective management of resources of a community or system.¹¹ According to Lipsey (1983), an economy can be seen as any specified collection of interrelated set of marketed and non-marketed productive activities.¹² Ibibio people based on their resources and its utilization were engaged in different economic activities.

Economic activities of the Ibibios are centered on agriculture. Oil palm which is in the state is of great commercial importance. Major cash crops grown include rubber, cocoa, rice and oil palm. While yam, rice,

maize, cassava, cocoyam and plantain are cultivated for local market. Fishing is of importance to the Ibibios as the Qua-Iboe, Calabar and Imo Rivers as well as Cross-River provide the State with sufficient fresh water fishing opportunities. There is also extensive deep sea fishing and shrimping along the coast of the State.

AGRICULTURE

The economy mainstay of the Ibibio people of Akwa Ibom State is based on agriculture. Everybody in the community was involved in farming where local implement for tilling the soil and local cutlasses produced by blacksmiths at the time of the farming were used. They practiced shifting cultivation, and the main crops grown were Ikong, Nmoimu-Ikong, Maize, Atama, Afang, Aditan, among others. Anywhere inhabited by the Ibibios, they still practiced subsistence farming, though the Minna soil is not favourable for the cultivation of most of the Ibibio's vital food crops like the ones earlier mentioned and so the Ibibio farmers decided to engage in the production of that which is profitable to them within the environment.

According to Mrs. Grace Okon Dasha who out of her experience in farming back in the village owned a farmland at her residence in the Tunga area, she cultivates several crops such as pumpkin, water-leaf, Adusa-leaf, Ndrong for commercial purposes and also practices snail farming. She started this trade few years after she arrived Minna late 1999 and with the income from the business she has been able to put up a building of her own. She is married to a Gbagyi man and has three children.¹³ She complained about the weather not being favourable to the cultivation of other types of crops she would

have loved to.

According to Oto, a young man of 35 years of age who has lived most his life in the village and migrated to Minna, hunting formed a major part of his life back at the village and so he couldn't seem to engage in any other activity aside hunting. He had to join the hunting group around his area in Chanchaga popularly called Yan-parow-ta meaning hunters. He added that they are several men from Akwa Ibom like him whom he introduced into this group to make a living. He buttressed that with the income he makes from hunting he could say he is doing well.¹⁴

Ms. Mary Bassej who is from the Oron-speaking tribe of Akwalbom State, prior to her migration to Minna, was a fish farmer back at home; she buys fishes at the water-side and then sells them out. On her arrival in Minna, she decided to continue the trade by traveling down to bring varieties of dried fish to sell in Minna but as time went by the business was no longer lucrative because of the cost of transportation and the risks in travelling every now and then. Since then she decided to make use of her qualification to gain employment in the state. According to Ms. Bassej, she has done several jobs before now working with the Independent National Electoral Commission.¹⁵

TRADE AND COMMERCE

In any community, people carry out trading and commercial activities to enhance their standard of living in which the Ibibio people are not an exception. Trading activities is an important economic activity common to the Ibibios in Minna. Most of the women engaged in farming take their farm produce to the market to sell in order to earn a living.

Eka Ekpe, a popular Ibibio business woman at shop number 39 Ultra-Modern market Minna, said she is not only a farmer but a full time business woman and in addition to that she travels once a month to the village to bring that which could not be cultivated in Minna, such as Afang, Atama, Aditan, and many more, that are in high demand by not only the Ibibios but the indigenes and other inhabitants as well.¹⁶

Mrs. Ekong who is also a business woman, sells fufu popularly called Akpu; she prepares it with cassava usually peeled, washed and stored in a container of water and left to ferment for three days. After that is done, she washes it again and stores it in a sack to drain out the water. This process takes about 2-3 days for the water to dry out completely of which the paste is now ready for final process which is the making of the fufu. It is done by mixing the cassava paste with little water to enable it to be stirred properly; when it is on fire, you stir continuously until it becomes strong and then the fufu is ready for the market. According to Mrs. Ekong, she makes up to N5,000:00 (five thousand naira) daily from the sales of fufu. She started the business since got married and her brought her to Minna. The business has sustain her family.¹⁷ Mr. Uyime Etuks is a business man that deals in palm oil; he travels to the village to process the palm fruits into palm oil and transports them back to Minna for sale. According to him, he travels down home to process this palm oil because of the scarcity of palm fruits in Minna and even if found, it cannot be compared with the ones from the village. The palm oil is processed and stored in drums and transported to Minna. He said he makes supplies to restaurants and

market women.¹⁸

According to AkpanObong who is a palm wine tapper, the business is lucrative and he learnt the trade from his father way back in Akwa Ibom state. Local liquor called Ukond-Usung though costly is however sweet and used for entertainment during traditional marriage and burial ceremonies. It could also be processed into gin commonly called Ogogoro. He said that he is not only a palm wine tapper but also works with the Niger State transport authority (N.S.T.A) as a mechanic.¹⁹

The Ibibio people also engage in other activities such as tailoring, welding, woodcarving, and a whole lot of others. There are even some who are civil-servants working with either the State or Federal Government. Some others are lecturers, nurses, midwives, to mention but a few.

THE IMPACT OF IBIBIO PEOPLE TO THE DEVELOPMENT OF MINNA

SOCIAL IMPACTS

This part exposes us to the activities of the Ibibio people in Minna, which have in one way or the other contributed to the development of not only Minna but Niger State as a whole. This group of people who left their state of origin either because they were on transfer from their places of work or in search of greener pastures or for a change of environment have adopted Minna as their place of residence and have not only increased the population but also contributed to the development of the town. Different festivals organized in the town have brought to the public the rich culture of the Ibibio people. It is of importance to note

that during this festivals, the indigenes and other ethnic groups are invited to join in the celebrations, especially the Ekpe festival which is done to promote love and peace in the land. There is also the Nka Uforo Ndico cultural troupe, made up of young men and women including those married. The motive of this group is to promote oneness and love among the Ibibio people in Minna. According to Mrs. Hope Essien, the chairlady of the dance group and a business woman who owns Hope restaurant located at Tunga area, the dance group was established to bring the youths of Ibibio together especially those who are not members of the Akwa Ibom welfare association. She said people who love to be entertained with the rich culture of the Ibibio people do engage them during occasions. She cited an instance when the group performed in a youth forum at the U.K Bello Art theatre in the presence of the Governor of Niger state and other dignitaries. She said guests were so pleased to see a different cultural performance adding intercultural flavor to the occasion. She added that they also attend traditional marriage ceremonies of any member or member's child and also other Ibibio people who invite them. The income generated from their outings is ploughed into use to develop the association.²⁰

A popular Ibibio comedian by name Fabian Amos (AKA) Padijo said his career as a comedian started when he arrived Minna in the early 1990s to join his brother in his business. He said as soon as he arrived, he started having problems with his brother and decided to start up something on his own; that was when he was introduced to 91.2 Fm station in Minna, where he cracked jokes and he was known as

chokolimaiyankanbaki (spoon that cuts the mouth) few years later he decided to take his career to the next level and to be a full time comedian which he is today. He said that today he is performs as Master of Ceremonies (MC) during birthdays, weddings, parties, birthdays, church programmes, to mention but a few. He added that being a comedian, he has been able to provide for his family.²¹

Mr Patrick Adahada a NECO staff owns a place called 'Event' that accommodates at least 1,000 people. He rents it out on occasions such as wedding receptions, birthday, seminars, conferences and many other functions. He said in a way, he has contributed to the development of Minna town by establishing such a beautiful place for events, thereby giving the public the ability to make choices when it comes to venues for events.²²

The Akwa Ibom welfare Association do visit the motherless babies homes yearly to donate to the less privileged items such as clothes, food stuffs, toiletries among many others as a sign of their contribution to the society and the less privileged.²³

ECONOMIC IMPACT

The economic impact of the Ibibios in Minna has registered a tremendous effect in the town as the above mentioned economic activities as the farming, hunting and others have helped boost in one way or the other the economy of the town.

Those who own shops in the market pays tax which is collected monthly by the local and state government authorities. According to Eka Ekpe, a business woman at the Kure Ultra-Modern market Minna, she pays tax just like everyone else in the market; she

pays for security and sanitation in the market alongside her shop rent...²⁴ She buttressed that the major economic challenge faced by the Ibibios is the cost of transporting food items from Akwalbom to Minna. According to her, most times she barely breaks even in her business due to high cost of transporting these goods to Minna. This is because the weather condition in Minna is not conducive when it comes to cultivating most of the plants she sells and it has affected other women who engage in such trade. And this has in one way or the other forced some people to veer into other means of earning a living.

Mr. Patrick Inyang, a civil servant working with the Federal Government, said that they are not in exempted from paying tax since money is deducted from their salaries as payment of taxes (pay as you earn PAYE) which runs into thousands of naira depending on your level as a staff. He added that those who own private homes are also taxed when they obtain the certificates of occupancy (C of O). Most of the Ibibio people are also land owners and he said they have helped develop some areas in Minna by putting up nice buildings for rent.²⁵ The Ibibios who operate commercial transport system operating from Chanchaga to Bosso, have also helped to ease transportation system in Minna. Some who are artisans and are skilled in one way or the other, have helped train youths to acquire similar skills to earn a living.

Mrs. Esther Jumbo, an Ibibio woman who owns a popular restaurant called Esther restaurants along Bosso road, said running a restaurant business is not an easy job because she has to make it of a high standard, meeting up with customers'

demands. She said she is not the only Ibibio woman who owns a restaurant; she has to make sure she is without flaws. She said the restaurant has provided people with alternatives of what to eat. She said she supplies food at the Zenith bank canteen, Central bank canteen, Diamond bank canteen, and sometimes she is also called to prepare food on special occasions. She added that she has a spot at the Federal University of Technology Minna (FUT) where she sells food, adding that she helped in the development of Minna town through the job opportunities she has created presently for both the state indigenes as she has at least 30 people on my payroll.²⁶

CONCLUSION

This Chapter has examined in brief the history of Ibibios in Minna from 1970-2013 and how they have contributed in the development of Minna through their economic and other activities. The chapter also shows how the Ibibios' economic activities in Minna are diverse in nature and despite the challenges which they face, they have made ends meet. The study discovered that the issue of inter group relations have always been a major factor militating against the peaceful co-existence of the various ethnic nationalities in Nigeria. This work brings to fore the contributions of ethnic groups habiting a place other than theirs, and whether they are given certain privileges in their area of abode, not minding the ethnic and religious differences. The case of the Ibibio people in Minna have proven different because despite such differences they have been given political and economic rights by the host communities they are said to be developing.

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