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Review

A Critical Review of the Evolution of Kingship System Among the Igbo of Nigeria

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This paper studies the evolution of the kingship system among the Igbo people of Nigeria. From a republican form of administration where the Council of Elders played pivotal roles in determining the political governance of the people, the Igbo are made to adopt a kingship system that confers political authority on a single individual. Aside of the initial hiccups that arose while introducing the system, there is a further problem of how to institutionalize the kingship system in a largely republican character of Igbo society. Here, we take a cursory look at the evolution of the kingship system in Igboland and the criteria set out by successive administrations for selecting and recognizing the Igbo king. A comparison was made between the Igbo king with his counterparts in other parts of Nigeria, in particular, the Hausa/Fulani and the Yoruba kings. It is concluded that even in trying to meet with the ideal, the Igbo king still mirrors the republican character of traditional Igbo society.

Key words: Republicanism, Warrant Chief, Kingship, Chieftaincy, Traditional Ruler.

INTRODUCTION

The way and means people can live together in peace to pursue a better life for themselves has remained a problem since man found himself in society. When the British came to Nigeria as colonial overlords, they sought for an easy way to rule the country without committing much resource into the system. Seeing the kingship system obtainable in both the northern and western parts of the country as being in consonance with their desire, the British authorities decided to select some individuals, who they called *'Warrant Chiefs',* and charged them with the responsibility to oversee the affairs of the people at the grassroots. This was part of their Indirect Rule policy. In the Igbo areas, in particular, with the republican nature of their administration, the *Warrant Chief* system did not quite work. Instead, it brought social dislocation, which led to its abolition by the colonial government.

Notwithstanding the abolition by the colonial government of the *Warrant Chief* system nationwide, successive Nigerian administrations in Igboland still looked with nostalgia at the kingship system and sought to reintroduce the system, though under different guises. This study is aimed at reviewing the evolution of the kingship system in Igboland, and examining the course it has travelled over the years, the hiccups it encountered and still encounter in its journey.

METHODOLOGY

The methods adopted in this work are historical,

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analytical, expository and critical. In the collection of materials for the paper, we depended mainly on relevant literatures. Books, journals and other literary sources were consulted. We further sourced information via the internet in order to attend comprehensively to our research problem.

OVERVIEW OF TRADITIONAL IGBO SOCIETY

A major distinguishing factor in the pre-colonial political organization between the Igbo people of Nigeria and their other ethnic neighbours was the republican nature of their administration. Whereas the Hausa/Fulani and the Yoruba, for example, operated a centralized system of political administration with the Emir and the Oba respectively, wielding executive, judicial and legislative powers, the Igbo traditional political organization prior to the arrival of the European colonial government, was a system that operated through the collective participation of all the elders in society.

Generally to be found east and west of the great River Niger, stretching from north of the Niger Delta region through the thick belt of tropical rain forest, and moving gradually to the quasi-grassland vegetation belt, the Igbo, at present, live mostly in the five constituent Nigerian states of Abia, Anambra, Ebonyi, Enugu and Imo States, with a reasonable number in Delta and Rivers States. Known to be mobile, enterprising and industrious, the Igbo which constitute over twenty-five per cent of the about 170 million multi-ethnic population of Nigeria, have almost one-third of their people living in different parts of the Nigerian federation, and thus constitute the second largest population of their host communities.

The traditional Igbo society consisted of clusters of individual family units that constitute kindred, with several of these kindred making up an Igbo village or town. Every member of an Igbo village is related to each other one way or the other, and thus constitutes a network of beings, such that what affects one equally affects the other.

The political administration of the Igbo village before the coming of the Europeans was a collective responsibility of all heads of individual family units who pass on their decisions to the youths for implementation. This made the traditional Igbo political society republican, with no institutionalized kingship system. The only exception, however, were the trading cities along the River Niger, such as Onitsha, Oguta, Arochukwu and Ossamari, Uzoigwe (2004), as well as the 'holy city' of Nri, Onwuejeogwu (1980), which operated a kingship system long before the coming of the European colonial administration.

Before discussing in detail, the evolution of kingship system in Igboland, we shall briefly examine two kingship systems that existed in the area before the coming of the Europeans. These were the Nri and the Onitsha kingship systems. The Nri people who traced their history to the biblical times, through Zilpah, maid-servant of Jacob's wife, Leah, who begat Gad and who in turn begat Eri, the founder of Nri clan, claimed to have established their kingdom in 948 Common Era (c.e.), and thus became "the oldest kingdom in Nigeria". The first *Eze Nri*, (Nri king), Ìfikuánim, a priestly king, who wielded no military power over his subjects, was famous for upholding a humanistic system that was uncommon at the time (Ikime, 1980).

The Nri Kingdom provided a safe haven for all those who had been rejected in their communities and thus became a place where "slaves were set free from their bondage". It was for this reason that the Nri devised the *Ozo* title, which other communities in Igboland later embraced, to shield initiates from being taken to slavery, which was very rampart at the time.

Everything was to however change upon the arrival of the British colonialists, who saw in the advanced welfarist system of the Nri Kingdom and the widespread loyalty it enjoyed, a serious impediment to their parasitic and inhumane pursuits. After failing to capture the kingdom and the king, the colonial forces threatened to slaughter all the people of the kingdom, unless the king appeared before a colonial court in another town. It was then a taboo for the Nri King to travel outside Nri town, his seat of power, but in order to save the lives of his people, *Eze Nri,*Obalike, who was the king at the time, agreed to travel to Awka to appear before the court. Not content with this humiliation which *Eze Nri* and his people were subjected to, the British colonialists in order to completely dismantle the Nri kingdom, forced *Eze Nri* to annul all codes of taboo and abomination still binding other towns to Nri. To finally nail the kingdom, the colonialists introduced the so-called *Warrant Chief* system whereby many artificial kingdoms were created in various parts of Igboland, which thus, rendered the Nri Kingdom almost insignificant.

Next, is the Onitsha kingship system, which stemmed from an earlier contact Onitsha people had with the Bini Kingdom following their migration to some interior parts of western Nigeria. As attested by Umeh (1999), Onitsha people were original Igbo who migrated from the Igbo hinterland, crossed to the western bank of the River Niger, and moved into the deeper interior of the west. However, following "a quarrel with the Binis and their leaders", Onitsha people, which then had Eze Chima as their leader, migrated back from Benin where they had previously led migratory lives as warriors, traders, philosophers, priests, professional artisans, carvers, blacksmiths, bronze-makers or famers.

Elizabeth Isichie (1976) reports that the social, cultural and religious practices of the Onitsha-Ado (as the Onitsha people were known), are consistent with those of the Aros, Afikpo, Bende, Okigwe (the indigenous Igbo), with other elements borrowed from the Benin. In other words, the Onitsha kingship was a borrowed system from

the Bini Kingdom. These were just few instances to prove that any trace of kingship system in Igboland, prior to the arrival of European colonialism, was a mere accident of history rather than a natural phenomenon, and thus was due mainly to human movement. For most communities in Igboland therefore, their primordial political organization was republicanism, where every family was represented in the village assembly by its head or the oldest man. It was this village assembly, also known as the Council of Elders, which determined what happened in every Igbo community. The Council performed all legislative and judicial functions that kept the society moving. There were, however, some notable individuals, who on account of their personal worth, status or merit, like celebrated warlords, holders of the prestigious *Ozo* title, powerful medicine men, members of secret societies, etc, who equally belonged to this Council.

Young men of fairly the same age, who organized themselves in groups, known as "age grades", were responsible for the executive arm of government. The "Age Grade" system was a potent force in Igbolandand provided a viable platform for every adult male to showcase himself and enable him to participate in running the community administration. It was the age grades that ensured that all laws enacted by the Council of Elders were faithfully implemented. These included the carrying out of communal works such as road construction and rehabilitation, market development, provision of security services, sanctioning offering members of the community and rewarding those who excelled in their various trades or vocations, as well as rendering assistance to people in difficulties, etc.

It was this "village republicanism", the democratic nature of Igbo society, or the fact that in Igboland, power did not reside in one single person, but in a collectivity of elders, that led to the common aphorism of *Igbo Enwe Eze,* (that the Igbo have no king). But the Igbo have kings, since the concept of kingship was not alien to the primordial Igbo as evidence by the fact that in most communities in Igboland, people bear the name or title of "*Eze"* or King. In Igbo every society, for instance, whoever is the holder of *ofor* – a symbol of truth and justice – is regarded as the king – *Eze-ji-ofor.*Some people also bear names like *Eze-na-gum* (I desire to be king); *Eze-ewu-zie* (The king has arrived); *Eze-ekwu-nam* (May kingship never elude me); *Eze-ako-n'obi* (Kingship never lacks in a homestead); etc.

However, the Igbo "king" does not hold his position by mere accident of birth. He grows up to earn it. The Igbo king equally knows that he does not possess absolute knowledge. He rules by consultation through the village assembly.

Cyril Onwumechili (2000) equates "Igbo kingship" to "scientific culture" which, according to him, recognizes "no kings and chiefs with divine knowledge." In Igbo, as in science, he says, "promotion is by achievement." And since everybody has the right to attend and express his

views in a scientific seminar, in Igbo village assembly, everybody has the freedom to express his views and decisions arrived at by consensus.

Specifically, in Igbo village assembly, there were no government or opposition parties. Every free member of the community belonged to the assembly through his accredited representative, that is, the head of his family unit. There, all members were free to air their views and decisions arrived at by consensus.

In spite of this republicanism, however, traditional Igbo society was far from egalitarianism since some caste groups also existed. These included the *ohu* (slaves) and *osu* (cult slaves) systems. Some people also belonged to secret societies, like the masquerade system, where only the initiates were admitted. This conferred on them undue advantages over other people in the community.

Traditional Igbo society equally hardly allowed women to have the same say with their male counterparts. Women were never allowed membership of the village assembly and they were equally not admitted to the masquerade system. Thus, in traditional Igbo society generally, women usually took a back seat, which was a serious setback.

INTRODUCTION OF WARRANT CHIEF SYSTEM

In their quest to exert political influence and control over the colonized people, the British colonial administration in Nigeria, instituted Native Courts over large parts of the country and appointed local agents to superintend over their affairs. Since the British did not have enough resources, human and material, to run the territory, or did not want to spend in a colonial territory, they decided to select some local individuals whom they installed as *Warrant Chiefs*, and gave them power to run the government at the local level, while European colonial administrators sitting at the remote centres of the administration kept a watchful eye (Afigbo, 1972). Known as the "Indirect Rule" system, this was imported to Nigeria by Lord Frederick Lugard, who as Governor General, had experimented with it in East Africa where he once served as administrator. In both the Northern and Western parts of Nigeria, which already had a centralized kingship system, the Indirect Rule System worked perfectly well (Adegbulu, 2011).

However, in trying to apply the system to Igboland, the British colonial administrators without a proper understanding of the custom and tradition of the people, arbitrarily chose their preferred candidates, and gave them warrants as members of the Native Courts. Moreover, in appointing the *Warrant Chiefs,* the colonialists looked for their lackeys, those who could be referred to as stooges or errand boys, people whose main qualification was their readiness to unquestionably obey the orders of the colonial masters (Harneit-Sievers, 1999).

Sometimes, people of little standing in their communities, slaves or slave merchants, were equally fished out and installed as *Warrant Chiefs.* In some other cases, persons of external origin were also installed and imposed on the people. Generally, majority of these *Warrant Chiefs* had little or no legitimacy beyond the fact of their being installed as king, by the colonial government. Not surprisingly, for many of these chiefs who were not used to exercise of governmental authority, but who now had been called upon to exercise it without precedent or training, the situation was simply confusing. No wonder therefore that many of these chiefs actually abused the system, which accounted for the many lapses and criticisms leveled against the *Warrant Chiefs,* and by extension, the Indirect Rule System (Onyeama,1982).

In point of fact, majority of these *Warrant Chiefs* had depended heavily on forced labour, coercion and extortion to legitimize their authority. As Walter Ofonagoro (1982) had explained, the main source of power for the *Warrant Chiefs* was the "control of Native Courts and of Labour", while Femi Adegbulu (2011) lamented that "the *Warrant Chief* institution had, in many places, become synonymous with greed, avarice and corruption".

Even though many of the *Warrant Chiefs* were said to be corrupt, dictatorial and ruled atrociously, nevertheless, some others had provided courageous and progressive leadership, judging by the climate of the time. As was generally known, majority of the *Warrant Chiefs* did not receive formal education nor were they taken through the rudiments of political administration before being appointed to the exalted office.

Following the "Aba Women's Riot" of 1929 over sundry local issues, and not excluding the alleged high-handedness by the *Warrant Chiefs,* when thousands of women besieged the Native Courts and attacked *Warrant Chiefs,* it became necessary for the British to abolish the Indirect Rule and *Warrant Chief* systems and order for the reform of the local administration in order to create a 'proper' indirect rule government.

Based on intelligence reports from its field officers, which revealed the existence of a considerable variety of pre-colonial local political institutions and jurisdiction, the Colonial Government in the 1930s created new local Native Authority Councils and Courts composed mainly of elders and other members of the local elite (*Ishi-ani*). These councils were believed to resemble the traditional structures of local administration, but hardly became so, since they were based on large-scale 'clans' or 'federations' and other units which were much larger than the communal units in pre-colonial Igbo society.

The Native Authorities, NAs, as they were then called, were criticized not only because of what was seen as their "non-traditional character", but also because many of them were seen to be corrupt. Equally, there was no female representation in these councils, while the newly emerging educated elite exerted pressures to be represented in local politics.

By the 1940s, the British colonial administration introduced the "Best Man Policy" *Okacha Nma* (Axel Harneit-Sievers, 1999), by not insisting on having only the elders as representatives in the councils, but encouraging communities to choose younger and educated elite representatives.

ESTABLISHMENT OF 'HOUSES OF CHIEFS'

With the achievement of 'internal self government' by each of the three regional governments in the country– the East, the West, and the North – in the mid 1950s, both the Northern and the Western Regional governments, besides having elected parliamentarians, also established second legislative chambers, known as "Houses of Chiefs", which were modeled on the Westminster type. This time, it was no longer the colonialists imposing their will on the people, but Nigerians deciding what they thought would be good for them (Pearce, 1982).

For the Igbo dominated Eastern Region in particular, this was an opportunity not to be allowed to slip off so it could stand on equal footing with the other two regions, that is, the West and the North, which already had established kingship systems. Thus, due to its peculiar political nature, the government of Eastern Region commissioned a former district officer and Cambridge anthropologist, Mr. G.I. Jones, to advise it on the necessity or otherwise of establishing a "House of Chiefs" in the region.

In a report which he submitted to government, Mr. Jones saw the proposal for the establishment of a "House of Chiefs" in the East as a political decision that should be taken by the regional government, at least, to gain the sympathy of some minority ethnic groups in the region who already had established chieftaincy traditions (Sklar, 1963). He however recommended a limited inclusion of chiefs as *ex officio*-members in the local councils, a procedure for their official recognition by government and payment of salaries for those of them serving at county and district levels.

Based on Jones' recommendation, the government established the "Eastern House of Chiefs", while a number of chiefs were accorded government recognition, without any known criteria, and graded as "first class" and "second class", with some of them appointed to serve as members of the House of Chiefs. This arrangement remained in force till the outbreak of the Nigerian civil war in July 1967. Harneit-Sievers (1999).

At the end of the civil war in 1970, Mr. UkpabiAsika, who was appointed Administrator of the East Central State, where majority of the Igbo belonged, was more concerned with rebuilding the war-ravaged areas of the state than sparing any thought for the institution of traditional chieftaincy. Even when the East Central State was split into about fifty-four divisional administrative units

and a Divisional Administration Department (DAD) put in place to superintend over their affairs, Mr. Asika did not still think that chiefs could play much role in his administration. Instead, he encouraged the formation of strong town unions to drive development down the grassroots, while relegating the chiefs to the background. Eze (2009)

Ukpabi Asika's non-challant attitude towards the chieftaincy institution was not surprising, and stemmed from his perception of the role played by the chiefs in the creation of the Biafran Republic, since most of these chiefs constituted the bulk of membership of the "Eastern Nigeria Consultative Council" that advised Odumegwu Ojukwu to pull the Eastern Region out of the Nigerian federation and declare it the Sovereign State of Biafra.

EMERGENCE OF AUTONOMOUS COMMUNITIES AND CHIEFTAINCY INSTITUTION

In 1976, the federal government of Nigeria set up a local government reform committee headed by Alhaji Ibrahim Dasuki, charged with the responsibility to establish a uniform standard for local government administration nationwide. The committee, in its report, laid down criteria for creating local government council, which it defined as the "third tier of government", and whose aim was to "bring government closer to the people". Accepting the committee's report as well as its recommendation, the Nigerian Federal Government charged state governments to apply the same system to their constituents in creating local government councils. In the Igbo-speaking areas of the East Central State (later split into Anambra and Imo States), the government set up a committee headed by Professor Adiele Afigbo, to advise it on the best way of implementing the committee's recommendation. In its report, the Afigbo Committee recommended the creation of a fourth tier form of government, called "Autonomous Communities", with an officially recognized Traditional Ruler for each community. Based on that recommendation, the Anambra State Government enacted the Chieftaincy Edict No. 8 of September 2, 1976, published in the Official Gazette No. 31, Volume 1, of 25th November, 1976.

According to the edict, a traditional ruler is defined as "a traditional head of an autonomous community, identified and selected by his people according to their tradition and usages". It stated that the government would have no hand in the selection of the Traditional Ruler, though it reserved the right to depose any of them who misbehaved.

According to "tradition and usages" as criteria for identification and selection of a traditional ruler, seems to be nebulous since the people never had any traditional chief or something akin to it before the coming of the Europeans. Membership of the "Council of Elders" that ruled Igbo society was not hereditary, but by achievement.

Were that criterion to be applied, the selection of a traditional ruler would not have posed any problem. But this was left vague, leading to rancor and acrimony.

Again, in order to obtain government recognition, the Traditional Ruler, according to the edict, is required to prove "popular support", and then be publicly presented to the governor for recognition. This has made the traditional institution political since aspirants to the chieftaincy stool would, of necessity, move round the villages to canvass for support, thus putting them in the same shoe with the politicians. And yet, traditional rulers are supposed to be insulated from politics!

In societies with an entrenched kingship system, the searchlight for an occupant to a vacant stool is usually beamed towards the "ruling families", while in Igboland, it takes a democratic process, in which every member of the community is free to contest for the seat. This puts to question the "naturalness" of Igbo chieftaincy institution, where aspirants to the traditional stool were made to stand election with other contenders to determine the popular choice of the people. In very many cases, this naturally went to the highest bidder, to the one with a very fat pocket.

Before the coming of the Europeans, membership of the Igbo ruling class, the Council of Elders, took a natural order by virtue of one attaining a certain age, holding a particular position, or achieving a particular feat. Nobody crashed into the system by, flaunting some ill-gotten wealth.

The Chieftaincy Edict further required an autonomous community to provide a written "constitution" and a "code of conduct" for the Traditional Ruler. This is necessary since this would make for orderly selection of occupants to chieftaincy stools since in most communities there were no laid down criteria for such selection. Except in some few communities, which claimed that the institution was hereditary, many other communities after a long tussle, produced their constitutions, which provided for the rotation of the Chieftaincy Stool among the constituent units of the area.

With criteria for the selection and recognition of traditional rulers clearly defined, a floodgate of requests for recognition of traditional rulers by government opened in various parts of Anambra State. Individuals of different callings and persuasions, businessmen, contractors and moneybags began to jostle to be recognized and crowned as traditional rulers. In almost every community in Igboland, the Chieftaincy Edict sparked off disputes and litigations, pitching brothers against brothers, and which very often resulted to conflicts and confrontations. To deal with these problems, the Anambra State government set up the Justice Agbakoba Commission which visited various parts of the state to sort out contentious issues in the affected communities.

On December 14, 1976, the first set of 124 Traditional Rulers was accorded government recognition and were presented with certificates and staff of office by the then

Military Governor of Anambra State, Colonel John Atom Kpera at an impressive ceremony in Enugu. This was followed by another set of 84 Traditional Rulers who were equally accorded recognition in February and March, 1977. By October 1979, when the military government handed over to the incoming civilian administration, a total of 405 Traditional Rulers were accorded government recognition in Anambra State (Okeke, 1994).

Interestingly, most of the people who later emerged as "traditional rulers" and accorded government recognition, turned out to be mainly businessmen and contractors. This was not surprising since these were people who had the required cash, necessary to "purchase" the position. Even at that, as businessmen and contractors, most of these Traditional Rulers spend most of their time in the big cities where they have their businesses interests, while sparing some few weekends in their palaces to interact with their subjects. Not only that, some of the Traditional Rulers who were "urban brought up" were not even grounded with the custom and tradition of their people, and so remain alien to the people.

Following the return of democratic governance in the country in 1979, the "Anambra State Chieftaincy Edict" was modified in 1981 by the State House of Assembly, which passed the "Anambra State of Nigeria Traditional Rulers' Law 1981". In the new law, only government recognized Traditional Rulers were entitled to bear the title of "*Igwe*"or"*Obi*". In Imo State, the Traditional Rulers were recognized as "*Eze*".

The law however forbade Traditional Rulers as "impartial fathers" of their communities, from engaging in partisan politics. But if they would want to enter politics, they had to renounce their recognition. Traditional Rulers were however free to confer honorary chieftaincy titles on deserving individuals to be known as "Chiefs".

WHAT ROLE FOR TRADITIONAL RULERS

The State Chieftaincy Edict did not provide any role for the Traditional Ruler beyond his community. This is contrary to what obtained in the First Republic, when some first class traditional rulers were appointed members of the "House of Chiefs", and thus legislated for the entire region.

Traditional rulers are the custodians of the people's culture and tradition. They are however to be "consulted" in all land matters. This means that the Igbo Traditional Ruler, unlike his counterpart in the northern and western parts of the country, have no power to alienate any community land without the consent of his subjects.

As "impartial fathers" of their people, Traditional Rulers are to engage in peace-making within their community as well as in conflict with their neighbours. They are to promote community development, and in consultation with members of their cabinet, organize local consensus. The Anambra State Traditional Rulers' Law of 1981 further encouraged Traditional Rulers to "cooperate with the local government council" and assist them "in the collection of taxes". All these functions are no easy task, which means that any genuine Traditional Ruler must be fully committed to his role and responsibility. Unfortunately, many of these Traditional Rulers, as businessmen and contractors, are hardly in their palaces, thereby leaving many of their functions largely unattended to. In point of fact, Traditional Rulers as people at the grassroots of the administration, have the responsibility to attend to the endless streams of visitors that daily throng their palaces with one problem or the other. They are to arbitrate in both local and external disputes, such as land matters and other sundry issues. They are to help mobilize their subjects for community development in consonance with the Town Union. These functions require patience, perseverance, and a good knowledge and application of human psychology. However, many Traditional Rulers complain that they are not usually supported by government. According to them, government does not give Traditional Ruler any "security votes" with which to deal with security issues that daily confront them. This means that many of these Traditional Rulers have been carrying on these responsibilities with their meagre resources. It is only recently that the Enugu State government, for example, has started paying stipends to its Traditional Rulers, otherwise those of them with no visible means of livelihood, have been living from hand to mount, which is very demeaning and embarrassing.

Many of today's Traditional Rulers, not just in Igboland, but in Nigeria as a whole, are no longer the "antiquated, archaic and uneducated yesterday men", who were only good in breaking the kola nuts and pouring libations to the ancestors. Among these Traditional Rulers are retired technocrats and administrators, educationists, diplomats and international businessmen. In that wise, government could tap on their wealth of experience by giving them positions of responsibility such as membership of boards and parastatals, setting up a National Council of Traditional Rulers where some Traditional Rulers could meaningfully contribute to national development.

Since in times of problems government would always rush to the Traditional Rulers to help stabilize the system, during peace time, government should as well set up a standing committee made up of experienced Traditional Rulers that would constantly advise it on sensitive national issues. That is where a constitutional role for Traditional Rulers in the country comes in.

CONCLUSION

After years of experimentation, the kingship system has come to stay in Igboland. Most Igbo communities now have their own kings (Traditional Rulers), who preside over their traditional and cultural affairs. But the Igbo king is the products of mere mortals, ordinary human beings. He was not made by the gods or by spirits, and hence,

does not wield absolute powers.

The Igbo king reflects the republican character of traditional society, where the Council of Elders took charge of political governance of the community. As such, the Igbo king rules in concert with members of his cabinet, made up of some selected prominent members of the community. Unlike the Hausa/Fulani Emir, or the Yoruba Oba, the Igbo king does not possess communal land, and he is not even paid any royalty for usage of the land.

The Igbo king may be respected, revered and paid obeisance as father of the community, but he does not possess extraordinary wisdom or intelligence. He is just like every other person, and therefore, cannot swing the pendulum one way or the other. The Igbo king reigns but does not rule. It is the President General of the Town Union and members of his Executive Committee that actually rules the Community. They drive all the developmental projects in the community. But they must seek the blessing and approval of the Traditional Ruler for the success of the enterprise.

In a normal situation, the Igbo kingship stool is for life. However, on the passage of the occupant, the stool could be an object of tussle and litigation, even when there may be an existing constitution that clearly spelt out the mode of occupying a vacant stool.

Conflict of Interests

The author have not declared any conflict of interests.

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Community-initiated human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) prevention programmes and mitigating measures among the Idoma-speaking people of Benue State, North-Central Nigeria: A qualitative study

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Deliberate efforts to halt human immunodeficiency virus infection (HIV) propagation and mitigate human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) impact in resource-poor communities are critical elements of HIV/AIDS control and care. This study investigated the HIV/AIDS prevention programmes and mitigating measures (HIV/AIDS PPMM) among the Idoma-speaking people in Benue State, North Central Nigeria. From a purposive sample of 25 relatives of people living with HIV/AIDS (PLWHA), nine health workers and six community leaders selected from two HIV treatment centres and six nine communities in three Local Government Areas (LGAs) (that is, district level), data were collected through Integrated Disbursement and Information System (IDIS) and focus group discussions (FGDs), and analysed thematically to meet study objectives. Findings on community-initiated measures on HIV/AIDS control in Idoma land were presented under the following heading: sanctions on prostitution, training/credit facilities for affected persons (OVC), government and non-governmental (NGO) programmes such as free anti-retroviral drugs, counselling services and AIDS awareness campaigns. Some of the government and NGO sponsored initiatives to curtail HIV/AIDS situation had drawbacks – some campaign messages were themselves perceived to be stigmatising, while supply of drugs was erratic. It was concluded that inconsistencies of some of the HIV/AIDS interventions may worsen the HIV/AIDS situation in this socially and economically disadvantaged community. There is need for consistent treatment programmes, appropriate HIV/AIDS mass education and other social strategies using healing and destigmatising messages, drama and effective community sanctions. These should be appropriately designed and disseminated to reduce HIV/AIDS-related stigma and discrimination, while curbing HIV spread, and mitigating the consequences of the HIV/AIDS epidemic.

Key words: HIV/AIDS mitigating measures, HIV/AIDS prevention strategies, Idoma people, Benue state, Nigeria.

INTRODUCTION

The Society for Women against acquired immune deficiency syndrome (AIDS) in Nigeria (SWAAN, 1999) emphasized that people living with human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) need love, support and care by all, and that legislative processes can be used to formalize such initiatives. According to UNAIDS/WHO (2004), successful national responses require a strong political will and leadership, societal openness and determination to fight against stigma, and strategic responses (such as the Behaviour Change Communication [BCC 2004 to 2008 strategy in Nigeria]) (SWAAN, 1999; Factsheet, 2011). Other responses suggested include a multi-sectoral and multilevel action against AIDS, community-based responses and social policy reform to address the factors that make the population more vulnerable to the infection (NACA, 2005; FMWA/UNICEF, 2007). Sustained responses with adequate resources are necessary (Gilk et al., 1998; Ehiri et al., 2005). Counselling centres and churches have provided the needed individual or group counselling to help people with HIV infection or AIDS share their feelings, problems, and coping mechanisms with others (SWAAN, 1999). Family counselling addressing the emotions of other family members disturbed by the diagnosis of HIV infection in another family member and grief counselling also helps people who have lost friends or family members to AIDS are also reported (UNAIDS, 2004).

In the United States, grassroots organizations sprang up to meet the various needs of people living with HIV/AIDS (PLWHA). The role of Los Angeles Shanti Group established in 1983 to provide emotional support and medical guidance to people with AIDS and other life-threatening illnesses is documented (ENCARTA, 2007). Other activist organizations such as the AIDS Coalition to Unleash Power (ACT UP), founded in 1986, focused on effecting changes in public policies and accelerating the course of AIDS clinical research. The American Foundation for AIDS Research (AMFAR), created in 1985, has a pivoted contribution in supporting AIDS research in addition to the advocacy for fair and compassionate AIDS-related public policies. In Canada, similar groups were formed for the civil rights of people infected with HIV.

Similarly, in Africa, communities have responded variously to the increasing and staggering HIV prevalence in the region. For example, Uganda brought its estimated prevalence rate down to around 8% from a peak of close to 14% in the early 1990s using strong prevention campaigns (UNAIDS, 2004). Other active steps to fight HIV spread through action by the Government and other groups in society included religious leaders and community development organizations (Barnett and Whiteside, 2002). These contributed to a reduction in HIV infections among young pregnant women (UNAIDS, 1998). A large increase in condom use probably contributed to these lower rates of infection. This was accompanied by significant declines in teenage pregnancies. In Zambia, for instance, the government involved the health, educational, agricultural and industrial sectors as well as religious leaders and church groups in HIV prevention, resulting in an appreciable drop in HIV prevalence by almost half in six years. Studies of sexual behaviour in Zambia conducted in 1990, 1992, 1996 and 1998 suggested that falling HIV rates were due in part to a decrease in the prevalence of some types of risky sexual behaviour in urban areas (UNAIDS/WHO, 2011). An increasing number of young people had access to free condoms. This was in addition to sex-related behaviour changes due to educational sessions.

In Nigeria, documented functional support groups as HIV control programme were not common, until recently where voluntary community services are now being encouraged in affected communities to assist in giving care and support to those infected (Hilhorst et al., 2004). Even government-sponsored programmes reported to lacking or at best chaotically present. There have been reports and allegations in the media and in the political circles that governments at various levels and communities are reluctant in formulating and implementing policies on AIDS control programmes, what Oke (1999) calls "inactions" of relevant authorities.

Hilhorst et al. (2004) in their impact on HIV/AIDS in Benue State had identified some attempts by rural communities to tackle the effects of the epidemic. However, that study focused on proxy indicators of HIV/AIDS. In the effects of community-based care for PLWHA on their well-being in Benue State, Nigeria, Ilebani and Fabusoro (2011) had indicated the need for HIV/AIDS intervention programmes to be tailored towards appropriate information to provide a conducive environment to support the formation of support groups for PLWHA and to encourage PLWHA to seek knowledge on how to overcome stigmatization and discrimination. They opined that such programmes should be developed by the government, NGOs and other concerned

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HIV/AIDS PPMM,   HIV/AIDS prevention programmes and mitigating measures.

agencies. In 2012, the World Health Organization in its document "HIV/AIDS Programme - Prevention and Treatment of HIV and other Sexually Transmitted Infections for Sex Workers in Low- and Middle-Income Countries: emphasized the need for community role in HIV/AIDS interventions using qualitative research "to better characterize and understand community empowerment" to ensure appropriate measurement instruments for community-level and individual-level empowerment-related outcomes. It added that such qualitative and descriptive studies should be conducted in diverse geographical locations, but that these are scanty in Asia and Africa.

This qualitative study is an attempt to fulfil such calling. The study focuses on PLWHA, their relatives (PABA), HIV/AIDS health workers, and community members in an attempt to evaluate their views on the HIV/AIDS control and mitigating measures (HIV/AIDS PPMM) among the Idoma-speaking communities of Benue State, Nigeria. Information about the community and government involvements is required from these sample population to examine the level of involvement of various community and government organizations in the prevention and management of HIV/AIDS in Idoma land.

METHODS AND MATERIALS

Study design

The qualitative study assessed community-based HIV/AIDS prevention programmes and mitigating measures (HIV/AIDS PPMM) among the Idoma-speaking people of Benue State. It is a part of larger study conducted in the area to determine the socio-economic consequences of the epidemic in the land.

Sample and sampling procedure

Site and community selection

This was conducted in Idoma land, a resource-scarce ethnic group reported to be one of the worst hit areas by the HIV/AIDS epidemic in Nigeria (FMOH, 2007). The area is predominantly rural and agrarian and consists of nine Local Government Areas. Three local Government Areas were selected using quota sampling, one from each of three dialectical clusters of Idoma (namely, Idoma West or *Idoma*Enone made up of Okpokwu and Ogbadibo LGAs, Idoma North or *Idoma*Icho consisting of Otukpo, Ohimini, and Agatu and the *Agila-Igede cluster* which include Ado, Obi , Oju, and Apa LGAs) (ICD, 2009). The three selected local governments areas were then stratified into rural and urban settlements (the urban being the local government headquarters while one of the other districts from each local government area represented the rural areas). The urban areas (that is, the local government headquarters) were included purposively based on the presence of HIV/AIDS care support groups, and treatment centres and activities at the headquarters. Most general hospitals, usually situated at the local government headquarters, have HIV/AIDS care and treatment facilities and HIV/AIDS support groups.

Sample selection

A purposive sample of 25 relatives of PLWHA (that is, people affected by AIDS (PABA)), nine health workers, six community/ group leaders identified as key informants, and 18 willing PLWHA from two HIV/AIDs treatment centres and six communities were also selected and interviewed. The PLWHA consisted of two groups: those who were in support groups (the 'organised' group) and those who were not members of any support group (the 'unorganised' group) but could be accessed. The researcher (the principal investigator) came across the 122 PLWHA in the clinics and community during the period of the study. From these, 18 of them were purposively selected.

Data collection

Qualitative data were also gathered from 11 PLWHA through FGDs and seven PLWHA through IDIs. The PABA at the centres were interviewed individually over a 2 week period. Two focus group discussions (FDGs), using a guide, were also conducted with the eleven HIV/AIDS Patients: one group with five males and the other with six females (at one of the treatment centres). In addition, in-depth interviews (IDIs) were conducted on the health workers and community/group leaders for between half an hour and 45 min each. All the in-depth interviews and focus group discussions were conducted by the principal investigator, in the native language (Idoma) except that of the health workers which was conducted in English. Records of support groups at the two treatment centres were scrutinised for 122 PLWHA that the researcher came across in the clinics during the period of the study.

Due permission had earlier been obtained from the Hospital Managements and the Local Government Chairmen through their Supervisory Councillors. The PLWHA were accessed with the assistance of the Chairmen and Secretaries of Care Support Groups. The PLWHA individually gave informed consent to participate in the study. Community leaders had also given permission to access the group leaders, who themselves agreed to be interviewed, following an explanation of the purpose of the study.

Data analysis

Data from the IDIs and FGDs were transcribed. All the qualitative data were thematically presented to meet the study objectives. Verbatim presentations were used to drive home points made by informants/discussants.

RESULTS AND DISCUSSION

All the data analysed show that both the government and community have programmes towards preventing and mitigating the social and economic impact of HIV/AIDS in Idoma land. These measures are categorised into the following:

Awareness campaigns, public awareness and community behaviours

All the community/group leaders and health workers who gave information agreed that awareness campaigns are carried out in the media, groups and community members adequately. These campaigns have been sponsored by the government in some cases. All the community leaders interviewed believed that there is high

level of HIV awareness in their communities/groups, and that people discuss HIV/AIDS freely, because of the awareness exercises. Governments are also involved in the campaign efforts through radio messages, health education programmes like workshops for barbers and posters. In particular, the local government is involved in the awareness campaigns. One AIDS Control officer at a local government office summarized their role in awareness thus:

We do health talk, we go to the open places, we bring people together to give health talks on HIV: how it is transmitted, how it can be prevented. We do such talks. Sometimes we show to people films especially the young people. They gather and show them films, and after the films we also talk to them, sometimes we do it inform of group discussion for us to know what they know and then tell them what they don't know as well.

However, some of such campaign strategies have been counter-productive. For instance, a HIV/AIDS patient interviewed expressed disappointment with those responsible for HIV/AIDS enlightenment campaigns. She showed the researcher one of such messages: "AIDS has no cure" in a pamphlet she had been given in town. She also said "certain AIDS role plays" (drama or play let on AIDS) in the community, on radio and television; tend to impact negatively on the patients psychologically. This is because these messages depict HIV/AIDS as incurable and a consequence of moral decadence.

Therefore, they (that is, the messages) do not support the clients' hopes of improved health that they build after counselling sessions. Another informant, an FGD participant, also said those AIDS role plays (drama or play lets on AIDS) convey stigma and moral judgement. This was corroborated by two other PLWHA (FGD participants) who said they no longer bother themselves as these cause them fears. One of them complained, saying:

I don't disturb myself listening to those people again, If I hear them I even fear to do any meaningful trade because of the fears generated in such drama and pamphlets as if I will die tomorrow...

Thus, two PLWHA said they were no longer doing much anymore to educate themselves through such means; neither do they engage in any meaningful trade because of the fears of impending short life span generated in such campaign messages.

Some PLWHA also lamented that the awareness of HIV/AIDS has "reduced (their) desire to enjoy life," implying that respondents feel they have been limited in giving vent to their desires. Some stated the effect of this awareness on their general lifestyle "as many people have become faithful to their partners, by abstaining from casual or extra marital sexual intercourse" while others

have "become more religious."

The high level of awareness seen in the public is attested to by almost all informants from the various interviews conducted. For instance, the village/clan heads reported being actively involved in the campaigns within their localities while members of associations did similarly at social club levels. Typically, a community leader stated that:

Yes, we talk about it; very well, we talk about it a lot. We know there is HIV in the community. There have some enlightenment many years ago, almost 13 years now, and before the widespread of this disease we actually talk to them, that if anyone gets this disease, that is the end for that person. And that it is a very dangerous disease, and indeed our community is trying it avoid it.

This general idea that community leaders were all engaged in the HIV awareness creation was somewhat disputed by the matron in charge of an outlet centre of one of the Treatment Centres. She narrated how she organized an awareness campaign at Ogobia on the World AIDS in 2010 (1st December) where secondary school students and health workers carried placards with AIDS prevention and destigmatisation messages, from one street to another; and how her efforts were thwarted by some community leaders. But she decried:

My brother (maintaining eye contact with the principal investigator, shaking her head vigorously in disagreement)*, you see, we have a major problem in your fatherland here. Our elders are only interested in* (some) *one gathering them together, buy them drinks and they enjoy themselves. Since we could not do that* (that is, during the HIV/AIDS rally), *our message did not go down well with them, we created anger in most of them instead.*

She was obviously saying that some community leaders were not as committed to the HIV awareness programme as generally portrayed by them. The informant however said that in some communities, "the leaders are really working" because before the AIDS rally, she claimed they (the health workers) used to go to the leaders in the villages and they used to cooperate. And she added:

I think it is when they think one has been given money, they believe the money should be shared or at least they should benefit from it… by calling them together and buy them drinks.

However, reports from some of the PLWHA revealed that some of the campaign messages are counter-productive. They faulted such giggles on radio and television as "breaking the confidence built" after counselling and educational sessions at HIV treatment centres and care support groups. By this they mean that each time certain giggles and messages are presented they become

Table 1. Name of support group.

Care support group*	N (%)
Ojonye	12 (29.3)
Apple	8 (19.5)
Tabitha	6 (14.6)
Otabo	5 (12.2)
Onyangede	1 (2.4)
Owoichoechi	2 (4.9)
Hado	5 (12.2)
Hope	1 (2.4)
Young Alhaji foundation	1 (2.4)
Total	41(100.0)

*PLWHA without support group = 81.

moralized because many of the awareness messages and activities tend to portray HIV/AIDS as death sentence, ('AIDS has no cure'), and presented strictly as a disease of people with moral decadence. Such methods have left many PLWHA confused and unwilling to adhere to some of them instructions given or the care they receive.

Care support groups

Care support groups are currently available in Idoma land. They provide physical and emotional support for members, although many PLWHA do not subscribe to any care support group. The PLWHA membership of Care Support groups is indicated in Table 1. There are many support groups; nine functional groups Centre A and six registered one in Centre B. An interaction at the two treatment centres/communities from where some of PLWHA were selected to participate in the study showed that most of the PLWHA (66.4%, n=81) with whom the researcher came in the contact within the two weeks of data collection did not either indicate or belong to any care support group. The rest (33.6%, n=41) belong to nine different groups, majority (29.5%, n=8) belonging to the Ojonye care support group (Table 1). Out of the 18 PLWHA who participated in the study (IDIs and FGDs), 12 belonged to Care/Support groups while 6 did not. Although not mentioned by any of the PLWHA, a key informant said a support group called the IdomaImeli Care and Support Association, with 96 PLWHA as members, exists to assist them cope with social alienation. As he put:

People that are infected, we also care for them. We have support groups to take care of those that are infected. These are some of the things we do…
We coordinate the support group of PLWHA in the local government. There are other support groups that are here, we also have group located within the primary

health care department called the IdomaImeli Care Support to the people that care for them, that is the people affected. They also provide some level of care for them.

All the nine functional care support groups have PLWHA as the leaders with support from some organisations. Some of the PLWHA who did not belong to any group said that they did not see any need for membership of such groups (Support Groups). But others stated that they were "planning to join one". One newly diagnosed HIV positive person stated that she needed "to inform my (her) people first before contemplating joining any group."

Care/Support groups have been advocated by many authors as a source of strength of PLWHA. For example, Gilks et al. (1998) had posited that Care and Support Groups reduce the impact of HIV/AIDS by improving quality of life of PLWHA and their care givers, decreasing stigma of having HIV/AIDS, strengthening HIV prevention activities as target audiences have contact with PLWHA and keeping PLWHA healthy and able to work for as long as possible. Many other studies subsequently presented similar positions.

In one of the groups at Centre A, the secretary to the Care Support Group informed the principal researcher that his own wife (whom he also introduced to the researcher), was also HIV positive but their 18 month old baby boy (whom the woman was carrying at her back) was HIV negative. Both had been HIV positive for over ten years. Although he was a vice principal of one of the special schools in the State (Benue), he spent more time at Care Support Office as a volunteer worker at treatment centre.

Many other PLWHA also work at the centre as volunteer cleaners, attendants and record assistants (personal observation on field). This was confirmed by the Secretary of the Care Support Group. He told the principal researcher (first author) that some of the PLWHA have been employed by the IHVN-ICAP as full time, tenure employees at the centre. These PLWHA participate in counselling and educating both old and newly enrolled HIV positive persons. This indicates that some of the PLWHA in Idoma land are already 'carrier patients', meaning that PLWHA also have job opportunities in this community related to their disease status.

Supply of government's HIV/AIDS drugs

The supply of ARV drugs is an effort of government and NGOs to mitigate the impact of HIV/AIDS. All health workers, community leaders interviewed and PLWHA respondents agreed that the government is providing ARV drugs to patients at either subsidized rate in the 1990s to early 2000s or completely free. However, some informants reported that the supply of AIDS drugs by the government had been sometimes irregular, causing HIV

patients to miss medication regimens. The implication of this pattern of supply is that patients could develop resistance to these drugs, making the AIDS treatment more difficult and expensive to procure. As at time of this study (April 2011), the treatment centres feared they were running out of the ARV drugs because the new handlers, ICAP, had not supplied drugs for months. The drugs were being triaged. Almost all the PLWHA FGD participants said if the situation persisted, they engage in a street protest!

Counselling services and health education

Counselling services, nutritional care and education are other attempts to curb the spread and consequences of HIV/AIDS in Idoma land. The two treatment centres used for this study provide both in and outpatient's pre-and post-test voluntary counselling services for those who wish to have a HIV test or donate blood, as a matter of policy. All the health workers and PLWHA interviewed acknowledged this. These services are free to clients. Three IDI informants (PLWHA) diagnosed in the hospital confirmed that their sexual contacts (spouses, partners) were invited, educated and advised to do the HIV screening, after which they too tested positive. This is however voluntary. On other related services, the health workers interviewed said the hospitals provide other in- and out-patient care for PLWHA. These services consist of treatment of opportunistic diseases free, and nutritional care, including nursing care usually carried out with patient relations. All health workers interviewed also said patients are expected to come for follow-up and for their drugs or monthly or as scheduled, except if they were sick before the appointment date. The hospitals were also said to provide enlightenment campaigns for hospital workers and the general public.

Community sanctions and position on pre-marital HIV screening

The community/group leaders interviewed said that the traditional/community leadership has place sanctions on certain practices that are believed to propagate HIV. Strategy, in form of community response, takes the form of sanctions on commercial sex work hence micro-credit facilities and other strategies are being put in place. Two informants emphasized other rules in their communities such as that all new marriages must be preceded by HIV testing by the individuals wishing to marry. Otherwise, community leaders and members will not participate in such in such marriages.

Credit facilities and training

Credit facilities and training have also been organised by

Idoma communities to help curb the HIV/AIDS impact. One community leader, who gave key information on government support and control activities on AIDS, said that the Benue State Government has provided some micro-credit facilities, and has established garri-processing industries for young people through cooperative societies to increase the economic capacity of the youth. This is thought to discourage risky behaviours of the youth especially the young women.

Similarly, they also said that children orphaned by AIDS who have been separated from immediate families, and cannot continue their school, are also being enrolled into apprenticeship trainings such as tailoring and mechanic services. The community is responsible for their training. Community-sponsored credit facilities are one of the community approaches to the control the impact of disease. The government of Benue State was said to have provided the micro-credit facilities through the State Agency for Control of AIDS (BENSACA). Similarly, most of the campaigns were also said to have been supported by the State government. This finding contrasts with the widely speculated government inactions in AIDS activities (Oke, 1999).

CONCLUSION

Findings have highlighted some HIV/AIDS prevention and mitigating measures in a traditional African community; the Idoma land. These are in the areas of AIDS awareness campaigns, supply of anti–retroviral drugs, counselling services, as well as other community-initiated sanctions on prostitution, training/credit facilities for affected people, among others. Some of the identified measures such as the awareness campaign messages and supply of ART drug have setbacks, which have the potential of complicating the HIV/AIDS prevention and mitigation initiatives. The study has thus identified certain weak-nesses in some of the initiated measures in HIV/AIDS awareness campaign messages.

RECOMMENDATIONS

HIV/AIDS mass education strategies using healing and destigmatising messages, drama, and consistent treatment programmes should be appropriately designed and disseminated to curb HIV spread and mitigate the consequences of the HIV/AIDS epidemic, including stigma and discrimination. Authorities managing HIV/AIDS programmes should curb drug shortages at treatment centres to prevent treatment failures, and resistance. Similarly, health workers, the mass media and communication managers, and relating persons of PLWHA need to use appropriate languages to present messages on HIV/AIDS prevention. Community-initiated sanctions need to be strengthened to effectively achieve

their aims.

HIV/AIDS workers such as health workers (for example, nurses), social workers, and the information/media managers especially in resource-poor communities, should take cognisance of culture-initiated measures and communication content of HIV/AIDS campaign messages and build such into AIDS care. AIDS care in Primary Settings is particularly implicated. There is also the need for those involved in HIV/AIDS control and care to brainstorm on culture- and situation-appropriate modalities of communication HIV/AIDS control measures resource-poor settings like the traditional African community. Further studies are required to determine the effectiveness of community-initiated programmes on HIV/AIDS prevention and control especially in traditional African community.

Conflicts of interest

The authors have not declared any conflict of interests.

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