

# **The effect of crisis on the mental health of a community (Onitsha)**

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**T**HE Federal Republic of Nigeria was granted political independence on 1 October 1960 by a constitution federating three regions—Northern, Western and Eastern Regions. The Western Region was later split to create the Mid-western Region.

The Regions were peopled mainly by one ethnic group thus, Northern Region by the Hausas, Western Region by the Yoruba, Eastern Region by the Ibos and the Mid-western Region by the Edos. There were however several smaller ethnic groups in each region.

Though each region appeared autonomous politically, people of all ethnic groups moved, lived and worked freely in every part of the Federation.

In January 1966, after a series of political crises, a military coup took place in which the prime minister of the Federation, some army personnel and a few politicians lost their lives.

Those killed were mainly of Northern origin. Military rule was declared and a military governor appointed to each region.

July 1966 saw another coup in which the head of the Federal Military Government, the military governor of Western Region and many army officers, mainly of Ibo origin, were killed. In the following months there occurred mass killings of Ibos resident in the Northern Region and sporadic killings of Ibos in other parts of the Federation. It was estimated that 30,000 men, women and children lost their lives.

As a result of these massacres, there was a mass migration of Ibos from all parts of the Federation to the Eastern Region. It was conservatively estimated that about two million Ibos returned home.

On 29 May 1967 the Eastern Region seceded from the Federal Republic of Nigeria and declared the Republic of Biafra, and on 6 July 1967 the country was plunged into civil war when the Federal Military Government opposed the creation of Biafra.

There was therefore a lot of refugee problems, eased slightly by the fact that the families of the refugees were willing to absorb and give them shelter and, to some extent, food. Not all those who returned home could be given employment despite the good intentions of the government. There was a sharp rise in population and unemployment figures. In addition there was a lot of resentment and bewilderment among the people.

### **Choice of location**

Onitsha is the main town of Biafra, situated on the eastern bank of the river Niger and has been aptly described as the western gateway to Biafra. It has the largest market

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in West Africa, a teeming population of 250,000 before the crisis and her share in the influx of refugees. Here a £5½ million bridge spans the Niger linking Onitsha and Asaba on the western bank.

Onitsha is a booming commercial centre and the seat of administration for Onitsha Province. The town itself is divided roughly into two sections—the commercial and industrial waterside which is therefore cosmopolitan in composition, and the inland town which is essentially residential and indigenous in character.

Onitsha was chosen for this study for the following reasons:

1. Onitsha had her share of returning refugees from the other parts of the Federation of Nigeria with consequent rise in unemployment and population. It was full of displaced persons and federal government pensioners who had not received their salaries for months.

2. Onitsha had two river-borne invasions preceded by heavy shelling and air-raids on 10 October and 24 November 1967 respectively. The market, the pride of Onitsha, was gutted by fire as a result of enemy action. Though these invasions were not successful, they caused a large proportion of the population to seek shelter in the hinterland. At the time this study was undertaken, February 1968, some of the fleeing population were returning to the town, although there were still intermittent shellings and air raids.

3. Disorganization of the economy due to:

- (a) Destruction of the Onitsha Main Market.
- (b) Loss of trade with Asaba due to the Federal Government blockade.
- (c) Desertion of the Onitsha waterside by the non-indigenes most of whom were traders and tenants.
- (d) Removal of the administrative offices to Ogidi, five miles away, and of the commercial banks to Nnewi, 15 miles from Onitsha. All the foreign firms had ceased to operate.

4. Over-crowding was made worse by families moving to the inland town from the waterside.

5. Enemy action in the vicinity helped to maintain tension. At the time of this survey, February 1968, there was heavy fighting at Awka, a town 22 miles from Onitsha on the Onitsha-Enugu road, Enugu being the administrative headquarters of the young republic. It was the fighting in this area that caused the return home of refugees back to Onitsha.

6. Rumourmongering was rampant; Onitsha had her share of rumourmongering which has been found to be a potent factor in maintaining tension. Most of this was due to persons in positions of authority reporting what they had heard without checking its validity. Others merely delighted in spreading false information in an attempt to boost up their personal popularity.

#### **Aim of the study**

The aim of the study is to ascertain to what extent, if any, the war has affected the emotional equilibrium of the people of a community (Onitsha) in Biafra. In other words to what extent the war has upset the emotional functional capabilities of the populace.

#### **Method**

The ideal technique would have been that used by the Cornell-Aro Research Team (Leighton, Lambo *et al.* 1963) which was adapted from the Stirling County Study (New York). Essentially, it consisted of the clinical appraisal of the respondents' answers to a structured interview containing questions designed to assess the presence or absence of psychiatric symptoms, to which was added a report on the person by an outside informant in a position to know him, such as the village headman. Each respondent

was then classified in several dimensions as to the probable presence of psychiatric symptoms of various types, their currency and the degree of impairment caused. Independent and then joint evaluations of the data by two or more psychiatrists served to maintain consistency of criteria.

However, in the circumstances under which the present study was undertaken, it was only possible to make use of the questionnaire method with all its short-comings.

It is, however, important to emphasize that the definition of 'psychiatric disorder' as here employed, includes the neuroses and other types of psychophysiological symptoms. It will also be understood that there were various degrees of impairment represented by the symptoms and that most of the population rated as 'cases' were only mildly impaired.

A two-point rating was adopted, at one end of which was a high probability that the evidence indicated that the respondent was, in fact, a 'case' with or without impairment; at the other end there was nothing in the record to make one think the respondent was a 'case'. These are referred to as 'normal' or non-psychiatric.

Helped by four assistants, a random sample of the inland town—the waterside had been deserted by that time—was attempted by two teams working from the opposite ends of the town and meeting in the centre, making sure that too many people were not interviewed in any one area. Because of the constant shifting of the population, a census was not possible, and in any event would have been out of date by the time the exercise was over.

A very important aspect of the study was the correct translation of the questions into Onitsha Ibo. Much time was therefore spent in adopting only unanimously accepted renderings. This was essential so that illiterates were not excluded and the lower educational groups not allowed to misunderstand the questions.

### Discussion

In all 384 adults, 199 males and 185 females, were interviewed. Of this number 64 (32.1 per cent) males and 63 (34.1 per cent) females were judged 'normal' or non-psychiatric, i.e. 32.03 per cent of the total respondents; whereas 135 (67.84 per cent) males and 122 (65.9 per cent) females were classified as 'cases', i.e. 67.2 per cent of the total. While not claiming the same degree of sophistication, these figures compare favourably with those of D. Leighton from the Cornell-Aro Study which gave 77, 81 and 44 per cent males and 64, 69 and 64 per cent females for villages, Abeokuta and Stirling County respectively, for psychoneurotics.

The psychiatric cases were further classified as in table I:

TABLE I

	Male		Female	
	Number	per cent	Number	per cent
Anxiety .. ..	7	5.19	6	4.92
Depression .. ..	72	53.33	48	39.34
Depression with anxiety .. ..	52	38.5	65	53.28
Involuntional depression .. ..	3	2.22	2	1.64
Psychotic depression .. ..	—	—	1	0.82
Schizophrenia .. ..	1	0.74	—	—
Normal .. ..	64	32.1	63	34.05

Depressions of various types constitute 243 (94.5 per cent) of the total number of 'cases', 127 males (94.08 per cent) and 116 females 95.08 per cent). This confirms the conception that depression is the commonest psychiatric illness in the community.

TABLE II  
MARITAL STATUS

	Male		Female	
	Number	per cent	Number	per cent
Married .. ..	101	50.08	97	52.43
Single .. ..	89	44.72	34	21.08
Widowed .. ..	4	2.01	44	23.78
Divorced .. ..	1	0.5	2	1.08
Separated .. ..	4	2.01	8	4.32

Of the 101 married men, 34 (33.66 per cent) were mild depressives, 27 (26.73 per cent) suffered from depression with anxiety, while 36 (35.64 per cent) were 'normal'.

Of the 97 married women, 24 (24.74 per cent) were mild depressives, 33 (34.02 per cent) suffered from depression with anxiety, while 36 (37.11 per cent) were 'normal'.

Of the single males 36 (40.45 per cent) had mild depression, 22 (24.49 per cent) had depression with anxiety, while 26 (29.10 per cent) were 'normal'.

Of the 34 single females, 14 (41.17 per cent) suffered from mild depression, 11 (32.35 per cent) had depression with anxiety, while 7 (20.6 per cent) were non-psychiatric. See table III.

TABLE III  
DISTRIBUTION OF PSYCHIATRIC DISTURBANCE BY SEX AND MARITAL STATUS

	Married		Single		Widowed		Divorced		Separated	
	M	F	M	F	M	F	M	F	M	F
'Normal' .. ..	36	36	26	7	1	14	—	—	1	6
Anxiety .. ..	2	3	4	1	1	2	—	—	—	—
Depression .. ..	34	24	36	14	1	8	1	1	—	1
Depression/anxiety .. ..	27	33	22	11	—	19	—	1	3	1
Psychotic depression .. ..	—	—	—	1	—	—	—	—	—	—
Involuntional depression .. ..	2	1	—	—	1	1	—	—	—	—
Schizophrenia .. ..	—	—	1	—	—	—	—	—	—	—

*Happy marriage:* Table IV gives the replies to the question: Do you consider yourself to be happily married?

TABLE IV  
ARE YOU HAPPILY MARRIED?

	YES		NO		NO REPLY	
	M	F	M	F	M	F
'Normal' .. ..	36	37	—	4	9	22 (19)
Anxiety .. ..	2	3	—	—	2	3 (3)
Depression .. ..	32	21	2	2	15	25 (23)
Depression/anxiety .. ..	26	35	1	1	20	29 (5)
Involuntional depression .. ..	2	1	—	—	1	1 (1)

(The numbers in brackets represent the widowed, divorced, separated and the unmarried)

The table shows that 45.92 per cent of male and 49.18 per cent of female 'cases' were happily married, while 56.25 per cent males and 58.73 per cent females who were 'normal' were happily married. It does seem that happiness in marriage had some beneficial effect.

*Polygamy:* See table V.

TABLE V  
POLYGAMY

	<i>One wife</i>	<i>More than one</i>	<i>No Reply</i>
'Normal' .. ..	29	7	—
Anxiety .. ..	2	—	—
Depression .. ..	28	6	—
Depression/anxiety ..	23	3	1
Involuntional depression .. ..	1	1	—
Total .. ..	83	17	1

Out of a total of 101 men who were married 17 (16.83 per cent) were polygamous, out of which 58.8 per cent had psychiatric rating and 41.2 per cent were classified as 'normal'. Eighty-three (82.2 per cent) were monogamous of which 65.1 per cent were judged to be 'cases' and 34.94 per cent were 'normal', the reverse of what one might have expected. The result for women was most inconclusive as most of them were reluctant to say how many wives their husbands had. The most common replies were 'not my concern', 'I don't care to know', 'that is his business'. Whether this signified 'I couldn't care' attitude or guilt feelings about their husbands having extra wives is difficult to decide.

Religion did not appear to influence the number of wives. Almost all the polygamists were Roman Catholics and Anglicans who professed to be good in the practice of their religions. This will be dealt with later under Religion.

*Occupation:* See table VI.

TABLE VI  
OCCUPATION

	<i>Employed</i>		<i>Unemployed</i>		<i>Happy at work</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
'Normal' .. ..	44	38	20	25	38	32
Anxiety .. ..	3	2	4	4	3	2
Depression .. ..	40	28	32	20	35	19
Depression/anxiety ..	35	33	17	32	27	25
Involuntional depression .. ..	—	—	3	2	—	—
Schizophrenia .. ..	—	—	1	—	—	—
Psychotic depression ..	—	—	—	1	—	—

Forty-four men, i.e. 68.75 per cent who were 'normal' were employed while 20, i.e. 31.25 per cent were unemployed. Of the women, 38 i.e. 60.32 per cent were employed and 25, i.e. 39.68 per cent were unemployed. Of the 'psychiatric' respondents, 78 (57.78 per cent) were employed and 57 (42.2 per cent) were unemployed. Sixty-three (51.8 per cent) of the 'psychiatric' women were employed while 59 (48.36 per cent) were unemployed.

As to happiness at work, 86.4 per cent males and 84.2 per cent females of 'normal' claimed to be happy at their work, whereas 83.3 per cent males and 74.6 per cent females of the 'psychiatric cases' claimed to be happy at their work. Housewives, though busy in the running of the home, were not classified as being gainfully employed unless they traded or were otherwise gainfully employed. They constituted 51.2 per cent of the total unemployed women.

It was significantly observed that most women, irrespective of their jobs and occupations also went in for some trading, so that merely stating their occupational jobs did not reflect these side activities. The unemployed men, on the other hand, tended to take things for granted. If they could give their wives some money for trading, they felt they had done their duty, and left it to their wives to feed the families; otherwise they relied on the generosity of relations.

Some respondents had a misconception as to what employment meant. They felt it meant working as an employee. They would classify themselves as 'unemployed', but to the question: How do you maintain yourself and/or family? interesting replies like trading, farming, sewing emerged.

Some of the men also had mistaken ideas about the rehabilitation moves by the government. They felt, rightly or wrongly, that rehabilitation was to be on an individual basis and would probably take the form of cash awards. They probably felt their claims would be better justified if they remained unemployed.

#### *Educational standards*

Very broad classification was used so as to have comparative groups. This was essential because of the shift in population as a result of which most of the graduates and professional men and women were residing out of town. Of the respondents there were only a few graduates—an insignificant number. There was also the problem of strictly comparing teacher's certificates, nurses and midwives qualifications, domestic science and commercial certificates with secondary, grammar and university qualifications. There were also other qualifications like the City and Guilds Diploma of London

The following broad classifications were therefore used:

1. Illiterates.
2. Literates who were further classified into:
  - (a) Those up to first school leaving certificate, i.e. primary VI certificate.
  - (b) Those above first school leaving certificate.

The latter included all those with teachers, commercial and other certificates and diplomas. Table VII shows the analysis according to the above classification.

TABLE VII  
EDUCATIONAL STANDARDS

	'Normal'		<i>Dep/anxiety</i>		<i>Anxiety</i>		<i>Depress.</i>		<i>Schizo.</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
Illiterates .. .. .	1	21	4	33	—	3	1	20	—	—
Up to first school certificate ..	24	18	14	21	—	2	27	14	1	—
Above first school certificate ..	33	18	31	7	7	1	45	15	—	—

From the above it will be seen that 77 (92.77 per cent) of the illiterates were females while only six (7.23 per cent) were males. Of the literates up to first school leaving certificate 66 (54.54 per cent) were males as opposed to 55 (45.45 per cent, females). The disparity was more marked in the above first school leaving certificate group where 116 (73.89 per cent) were males and 41 (26.11 per cent) were females. Of these totals, 73.5 per cent illiterates, 65.3 per cent of up to first school leaving certificates, and 67.5 per cent of those above the first school leaving certificate were classified as 'cases'. The corresponding

figures for the 'normals' were 26.5, 34.7 and 32.5 per cent respectively.

### Religion

Tables VIII, IX and X deal with the religious classifications and the possible effects of religion on the mental health of individuals.

TABLE VIII

Religion	Total	'Cases'
Roman Catholic ..	269	185 (68.76)
Anglican ..	66	38 (57.57)
Baptist ..	1	1
Pagans ..	15	9 (60)
Apostolic Faith ..	10	6 (60)
Cherubim & Seraphim ..	4	2 (50)
Presbyterian ..	2	1
Methodist ..	1	1
None ..	11	11 (100)
No reply ..	5	3

It is significant that while 100 per cent of those who have no belief in a superior being were 'cases' only about 60 per cent of those who subscribe to a religion were found to be 'cases'.

TABLE IX  
HOW GOOD ARE YOU IN THE PRACTISE OF YOUR RELIGION?

	'Normal'				'Cases'			
	M		F		M		F	
	Number	per cent	Number	per cent	Number	per cent	Number	per cent
Good .. ..	32	50	34	53.97	51	38.4	56	45.9
Fair .. ..	26	40.6	19	30.2	46	34.50	45	36.88
Poor .. ..	2	3.12	4	6.35	16	12.03	11	9.02
No reply .. ..	4	—	6	—	20	—	12	—

It is significant that good religion plays an important rôle in the prevention of emotional illness (table IX). The percentage who claim to be good in the practice of their chosen religions is definitely higher in the 'normal' respondents, while in the 'poor' religion group the ratio was 1 to 4 males and 1 to 1½ females in favour of the 'cases'.

TABLE X  
INFLUENCE OF RELIGIOUS DENOMINATION

	Normal		Dep/anxiety		Anxiety		Depress.		Inv. dep.	
	M	F	M	F	M	F	M	F	M	F
Roman Catholic .. ..	45	39	37	45	5	4	53	38	2	—
Anglican .. ..	15	13	7	7	2	1	12	6	1	1
Baptist .. ..	—	—	—	—	—	—	—	1	—	—
Methodist .. ..	—	—	—	1	—	—	—	—	—	—
Apostolic .. ..	4	—	—	5	—	1	—	—	—	—
Cherubim & Seraphim .. ..	2	—	—	—	—	2	—	—	—	—
Paganism .. ..	1	5	4	4	—	—	1	—	—	—
Presbyterian .. ..	1	—	—	—	—	—	1	—	—	—
None .. ..	—	—	3	3	—	—	1	3	—	1
No reply .. ..	—	2	1	—	—	—	2	—	—	—

It is pertinent to state here that the fact that a respondent claims that he belongs to one religious group does not mean that he does not participate in other forms of religious worship. This is particularly so with pagan worship. It is not unusual to find a Roman Catholic or an Anglican resorting to pagan worship and consulting oracles, especially in times of crises. Also there are many people who might have been baptised into one of the religious denominations when young but gave up subscribing to their chosen religion when they grew up, but when asked of their religion will claim the religious sect into which they were baptised, either because they are ashamed of their current religious practice or merely to suit the occasion. This agrees with the findings of Asuni (1961) among the Yorubas.

### *Functional efficiency*

“Mental ill-health is experienced subjectively as a substantial impairment of comfort and happiness, and is shown objectively as a substantial impairment of efficiency or of the capacity for satisfactory social relationship.” (Curran and Partridge 1963). To determine their functional efficiency, questions regarding symptoms which were considered to give clues as to their efficiency in their day-to-day activities, such as tiredness, headaches, easy distractibility, feeling confused and muddled, work capability, memory, mood, postponement of decisions, weakness, concentration, forgetfulness, appetite for food and sex, sleep, ability to cope with life, etc., were selected and the respondents’ replies were analysed. Replies were scored 0, 1, 2, 3, 4 etc. depending on the severity of the symptom as judged by the respondent himself. For example, replies to the question, “How do you feel about life in general?” was scored thus; Good 0, Fair 1, Poor 2, Don’t know 3, Hopeless 4. The top possible score was 32.

The following arbitrary grading for impairment of efficiency was chosen: 1–10, mild; 11–20, moderate; 21–32, severe.

The results are shown in table XI.

TABLE XI  
IMPAIRMENT OF EFFICIENCY

	1—10	11—20	21—32
‘Normal’ Male	64 100	Nil	Nil
Female	63 100	Nil	Nil
‘Cases’ Male	56 41.5	72 53.3	7 5.2
Female	17 13.9	87 71.3	18 14.75

Since all the ‘normal’ respondents scored within the range of 1–10, this was taken as the normal baseline. Scores above this range were regarded as indicating the degree or severity of dysfunction. It will be seen that 28.4 per cent of those judged as ‘cases’ were so mild they functioned within the ‘normal’ range. However, 71.6 per cent certainly functioned abnormally—61.9 per cent moderately and 9.7 per cent severely.

The greater disability among the females may be due to the extra strain to which they were subjected namely:

1. Husband’s unemployment; this imposed increased strain of running the family on a shoe-string budget.
2. Loss or separation from loved ones in the armed forces.
3. Efforts to increase the family earning by petty trading to meet increased costs.
4. Women bear the brunt of over-crowding problems, e.g. friction with the other women when the men are out of the house. Also the problem of frictions and fights among the many children in the compound.
5. Denial of emotional catharsis at funeral of loved ones. Burials were done quietly, often at night, and crying, wailing and other manifestations to demon-



strate the gravity of loss sustained were tacitly discontinued for the duration of the war.

### Conclusions

Taking into consideration the reservations stated above, the following conclusions are offered.

1. The percentage of the population judged as 'cases' was higher than the figures for London (Shephard *et al.* 1964). But the ratio of male to female 'psychiatric cases' of 1.1 to 1 agrees with the findings of Hughes (1961) in respect of disintegrated villages in Abeokuta-Onitsha in the condition described above could be designated as 'disintegrated'.
2. The higher incidence among the illiterate class was difficult to explain, but it might be that they were much more susceptible to rumours and emotional upheavals. The ratio of males to females among the illiterates was 1 to 11 (5 males to 56 females); while among the literates the ratio was 2 to 1 (127 males to 60 females).
3. Depression is the commonest mental illness in the community and the commonest emotional reaction to stress and crisis.
4. Group solidarity, such as happy marriages, would seem to help sustain emotional difficulties effectively.
5. In the community studied, unemployment *per se* did not appear to influence development of emotional illness, but it seemed probable that the extra burden undertaken by the women was a strong contributing factor.
6. Belief in a supreme being does appear to have inhibiting effect on the development of emotional illness: but the part played by the quality of the religion was difficult to ascertain, taking into consideration the ability of the African to worship many gods and to owe multiple allegiances to many religions.
7. There appears to be no doubt that the war did significantly upset the functional efficiency of approximately 48 per cent of the respondents.

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