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The Political Economy of Traditional Healing in Tiv Land: Africa's New Challenge in the Era of Globalization

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Abstract

In today's modernized and globalizing world, new technologies have increased and improved orthodox medicine and care. While the rest of the world is improving and developing modern strategies for modern health care, the Tiv people and by extension majority of African societies are reverting back to traditional healing practices and methods. This paper examines this phenomenon through the use of primary data of interviews complementing it with secondary data. It uses the political economy paradigm to analyze the issues. This paper discovers that increased poverty, culture and illiteracy in African societies in a fast globalizing world has increased both the number of traditional healers and those who patronize them. It also reveals that the failure of African leaders to provide quality health system for the poor majority has aggravated this phenomenon. To resolve this crisis that has caused death and spread of diseases among Tiv people and by extension other African societies, this paper calls on African governments to mobilize and utilize resources for the development of the health system in Africa as well as provide infrastructures and facilities that will reduce poverty and illiteracy in the society. This will enable traditional medicine men to integrate modern strategies in the development and utility of their medicine for comprehensive healing that will be affordable by all citizens. And since health is wealth, they will be able to develop a sound economic system

Key words: *Traditional healing, Globalization, Poverty, Illiteracy.*

Introduction

The globalization process has opened up the space for fast and massive development in technology and has also linked many economies together especially in the area of sharing information and acquiring advance technology for development. Africa has also been linked to the globalization process and as such many African societies have witnessed massive development within the last decade. Worryingly however, the Tiv people of Benue State Nigeria have not enjoyed the benefit of linking to the globalization process especially in the area of medicine. Instead of acquiring new technology to improve on their hitherto traditional healing practices which were mostly acquired through inheritance or gift to the healer by the community, the Tiv society has witnessed increase in the number of the practitioners of traditional medicine who now acquire their healing powers not through the normal traditional methods but through the purchase of such powers from foreign cultures or are into the practice dubiously without real healing powers.

This phenomenon has led to increase in the incidences of serious health challenges in Tiv society. This is because, the population of the Tiv society has not witness any improvement in the health sector particularly in terms of new technology. Tsuwa (2014) argues that, the issues of increased poverty and general underdevelopment in Tiv society has prevented many Tiv people

from seeking and obtaining good and medical attention from other societies hence their continuous dependence on local healers for their medical attention. This has come with devastating consequences on the health condition on majority of the Tiv people and has remind the greatest challenge of the Tiv people and other African communities in the 21st Century.

This paper examines this phenomenon by assessing the practices of some selected traditional healers in Tiv land to see how their practice has contributed to Africa's health challenge in the globalization process. The paper will also suggest ways of resolving this problematic and creating a strong health system for the Tiv people and other African societies.

Conceptualizing Globalization

Advocates of globalization such as Lechner (2001) argued that, globalization leads to cultural homogeneity; interaction and integration which diminishes differences; it is a situation where global norm overtake local norms. They insist that globalization liberates the business environment and creates more investments opportunities and empowers people as the whole world interacts to solve their challenges together. Tsuwa (2013) observes that advocates of globalization have painted a picture that, globalization brings about economic prosperity through rapid industrialization as it creates opportunities to every economy

to develop and acquire technology which in turn stimulated growth and development. To them, weak economies are encouraged by the globalization process to interact with the strong economies so as to help them open up their markets for financial and technological support which will help them drop off the vestiges of traditionalism and local rigidity which is anti developmental.

Critics of globalization such as Khaled (2007) on the other hand argue that, globalization is exploitative and has changed to the negative the positive results that human societies have recorded before its full manifestation especially those of the third world economies. To this argument, we can deduce that, the incorporation of the third world countries into the globalization process is an exploitative act designed to perpetually keep the third world countries poor and underdeveloped by eroding their indigenous capacity to participate on comparative advantage in the global economic dynamics.

According to Gelinis (2003:20) globalization is a system, a process, an ideology, a mythology and an alibi. As a system, it is the total control of the world by powerful supranational economic interests through a deregulated market. As a process, it is a series of actions carried out in order to achieve a particular result irrespective of how totalitarian the process is. As an ideology, globalization is a discourse, a semantic system aimed at rationalizing and

explaining the world according to the world-view of those who hold power. As a mythology, it proves the titans of triumphant capitalism at the zenith of its power. And as an alibi, globalization is presented as a natural, inevitable and irresistible phenomenon.

Taking a critical look within the arguments of these two opposing sides, and considering the activities of both state and non state actors in the globalization process and the impact of their actions and inaction that is shared between the developed nations of the North and the developing nations of the South, Tsuwa (2013:23) observes that, globalization is a deliberate policy of a group of industrialized states presided over by capitalist actors such as the International Monetary Fund (IMF), the World Bank (WB) and World Trade Organization (WTO) to introduce market base economy in all developing economies of Third World societies. Globalization is therefore geared towards bringing together economies of the North which are made up of industrialized countries and the south which consists of poor and underdeveloped countries within the matrix of unequal exchange. This process of integration is made possible because of the collapse of the Berlin wall which opened up the whole world to the dynamics of borderless interaction amongst states and non-state actors. This process therefore has serious implication and poses challenges to the economic development of developing countries

with weak economic and political institutional structures and capacity to mobilize and utilize its resources for the good of its citizenry.

Deducing from the above, we can argue that core globalization changes a people's way of life not only economically but psychologically, socio-culturally and structurally. This is achieved by introducing new actors with strange exploitative appetite in their governance process, their thinking, their consumption and their way of organizing their livelihood. In developing societies such as Nigeria and that which is in study here, globalization opens up their weak economic structures to the superior exploitative powers of the core capitalist societies that have power and control economic transactions beyond a single boarder. With this, weak societies lack the capacity of comparative advantage as their weak productive capacity does not afford them the opportunity to participate at the same level with the core actors and agents of globalization.

Conceptualizing Traditional Healing

Traditional African medicine has at its core the belief that illness is not derived from chance occurrences, but through spiritual or social imbalance, and as such, it can only be healed through the same process. Traditional African medicine is a holistic discipline that involves core indigenous *herbalism* and African spirituality, involving the actions of *diviners*, midwives, and *herbalists*. For

Mokaila (2001) and supported by Abdullahi (2011), practitioners of traditional African medicine claim to be able to cure various and diverse conditions such as cancers, psychiatric disorders, high blood pressure, *cholera*, most venereal diseases, epilepsy, asthma, eczema, fever, anxiety, depression, *benign prostatic hyperplasia*, urinary tract infections, gout, and healing of wounds and burns amongst others.

Ibrahim, *et al* (2014), argued that, before the establishment of science-based medicine, *traditional medicine* was the dominant medical system for millions of people in Africa but the arrival of the Europeans was a noticeable turning point in the history of this ancient tradition and culture. Many traditional medicine practitioners are people without education, who have rather received knowledge of their trade from their forebears. They have a deep and personal involvement in the healing process and protect the therapeutic knowledge by keeping it a secret.

Theorizing the Problematic

Political economy was the original term used for studying production and trade, and their relations with law, custom, and government, as well as with the distribution of national income and wealth. Political economy originated in moral philosophy. It was developed in the 18th century as the study of the economies of states, or polities.

The core arguments of political economy is that the conditions under which production or consumption within limited parameters was organized in nation-states should be studied as the economic is the base which all other aspect of society rest on. Within the Marxian perspective, all capitalist societies are compartmentalized into two broad groups of theoretical orientations base on class configuration. The first and principal class is the bourgeois class who own and control the economic, political, social and legal power. The second is the working class which is largely powerless and relies on the bourgeois class for wages. Since the economy is the base and other aspect of the society are the super structures in a capitalist society, the bourgeois class automatically becomes the base that determine the actions and the life style of the working class in the production process.

Fundamental to capitalist society, is the issue of class struggle and class domination where those who own the means of production have hegemony over those that don't have. This group of people enjoys all the benefits of the society. They have more access to health care, education, appointments, infrastructure and other good things of life. In capitalist societies, the dynamics of power both economic and political is skewed in favour of the ruling class that determines the actions of the other groups.

This theory is relevant here because the Tiv society exists within

capitalist Nigeria. As Nigeria exist at the periphery of the core capitalist world, the Tiv society within the Nigerian peripheral status exists within the periphery of the peripheral Nigerian society. As Nigeria is weak within the capitalist international system, the Tiv society is also weak and lacking all the basic amenities of life within the Nigerian periphery state. The Tiv society and its inhabitants are economically weak and that the capacity of enjoying modern facilities that the capitalist world provide via the activities of globalization.

The Tiv Society: A Brief Description

The Tiv according to traditional practice regard themselves as one indivisible family with a single or common progenitor. The term Tiv therefore carries multiple meanings; it is used to refer to an ethnic group (*Ityo I Tiv*), the language spoken by the people (*dzwa Tiv*) and the man (*Tiv*) who is regarded as the progenitor.

Despite this homogeneity, defining what constitutes Tivland is problematic. This problem is situated within the context of the ever expanding Tivland and the ever reclaiming of Tiv land by other ethnic groups. The difficulty is also rooted in the fact that Tiv settlements are in most cases especially in Nasarawa, Taraba and Plateau states sandwiched in between other ethnic groups. Due to this, describing Tivland in line with Varvar (2008) as stretching from 6'30'N to 8'E to 10'E may not well

capture the actual Tivland. But we can agree with Varvar (2008), that, Tiv land in the 20th Century was situated almost wholly within the Savannah vegetation belt of Nigeria where the characteristic prevalence of coarse grasses and numerous species of trees admitted an interesting degree of unity in terms of flora. A unity that was also reflected in the large degree of uniformity in the economic and socio-political practices and institutions of the people. Hembe (2005) corroborated this fact that, there are two main vegetation belts in the area occupied by the Tiv. The rain forest and the savannah region which is characterized by tall grasses, dotted with a variety of trees.

Hembe (2005) further contended that, due to constant bush burning and intense cultivation, most of the natural vegetation in Tivland has been altered. As agrarians, it is therefore not surprising that, most of the land in Tiv area is fertile and suit for the cultivation of different kinds of crops but their increasing decline in fertility has reduced its productivity.

Iyo (1990) therefore argued that, the Tiv form part of the Bantu continuum and their last habitat before their "decent" into the Benue Valley was at *Swem* which is at the border between Nigeria and Cameroon. Iyo (2002) again argued that, the emigration of the Tiv people to the Benue Valley was in phases. The first phase was occasioned by the "collapse" of the *Swem* cradle land which occurred in the period C.1475-

1535 A.D. The second phase covered the period C.1535-1595 A.D. The third phase occurred between C.1595-1775 A.D and the fourth was during C.1975-1900 AD. To him, these migrations were not dogmatic and never followed lineage antiquity in settlement hence the incidences of "Sha-ya" and "Shintiev". For instance, there is Ishangev Ya in Kwande Local Government and Ishangev Tiev in Konshisha Local Government and incidence of having Mbayongo in Vandeikya local government and in Katsina-Ala and Donga Local Government of Taraba.

Tiv Land is poverty stricken given the poor industrial base of the area as earlier discussed in this work. The development situation of the Tiv society or Tiv people has remained a worrisome issue. A graphic presentation of the Tiv society shows that the generality of Tiv land is dotted with mud huts, bush footpaths that stretch from these huts to the farms, the semi-circle markets that only farm produce are sold and minor household items are purchased. Unongo (1969), noted that the underdevelopment of the Tiv nation is so pathetic that majority of Tiv babies are given birth to on green leaves in dark corners under unimaginable conditions. To him, 99.9% of Tiv villages have no pipe-borne water, health facilities, electricity and motorable roads. He painted the picture of the Tiv nation as a tortuous society that spells misery, injustice, intolerable abuse, and backwardness.

Although Unongo's description of the development in Tiv land was done many years ago, the story has not changed drastically. Majority of the Tiv people still live in the same conditions he described. Apart from the level of education that has improved in Tiv land as a result of the establishment of tertiary institutions, Tiv traditional values have remained same. However, of all the factors that have held the Tiv nation hostage in terms of development, the issue of lack of basic amenities such as health care facilities, schools, shelter and infrastructure has remained prominent.

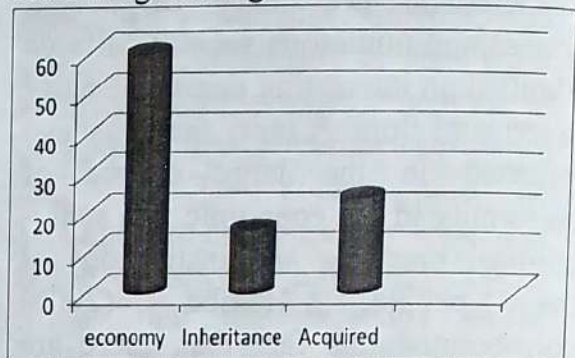
Methodology

For the purpose of establishing the reasons for why people practice and patronize traditional medicine in Tiv land as well as assessing the potency of the traditional practice and the contribution of traditional healing practices to economic consequence and the health sector in Tiv area, the author used purposive sampling to select traditional healer and those who patronize them and interviewed them in four local governments areas in Tivland. These are Gwer West, Kwande, Makurdi and Vandeikya Local Governments areas. From these groups, the researcher generated data from three (3) traditional healers in each of the selected local governments. In all, a total of twelve (12) traditional healers were interviewed. The researcher also interviewed three (3) persons who had patronized these traditional healers. The data so

generated was presented in figures and analyzed under thematic issues.

Discussion of Findings

From the interviews conducted, the following findings were arrived at:

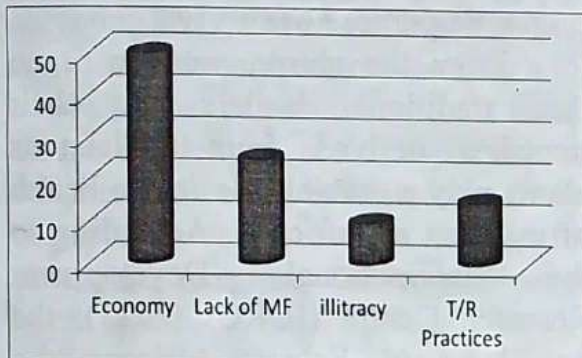


Source: Field Work 2015

Figure 1: Reasons why people engage in the practice of traditional medicine

The above figure shows that, with the present economic situation in Tiv society, 10% of those who practice traditional medicine inherited it from their parents or were given the powers to practice it by their communities. In this case, the practitioners were a product of community authority against sickness. They commanded the respect of the people and were fully recognized by the community and given the full rights to heal using traditional sanctions. It also shows that 30% of practitioners acquired their practicing authority after they had been treated by other traditional healers. For this percent, the reason for becoming a traditional healer was the illnesses which they suffered. After being successfully treated by a traditional healer, they acquire the authority of the act basically to prevent the reoccurrence of the illness on them

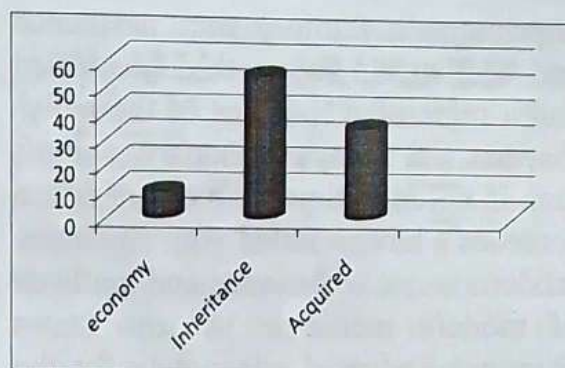
and to help other members of their community. 60% of the people however stated that they found themselves into traditional medicine practice as a result of the hard economic situation as they were unemployed and needed to pick their bills.



Source: Filed Work 2015

Figure 2: Reasons why people patronize traditional medicine

The figure above shows that, 45% of those who patronize traditional medicine do it because of economic challenges. This is lack of economic power to patronize orthodox medicine. 30% do it due to the lack of modern medical facilities within their locality. 20% of the people do it because of their traditional or religious practices that prevent them from orthodox medicine. 5% of the people patronize traditional medicine as a result of illiteracy. This is their lack of knowledge of orthodox medicine in respect of their illness.



Source: Field Work 2015

Figure 3: Level of Efficacy of Traditional Medicine

In the figure above, it is clear that the efficacy of traditional medicine of those who acquired their practice through inheritance is higher up to 55%. This means that those who patronize traditional healers that inherited their practice and its authority from their parents or through community rights are likely to receive healing. 35% of those who patronize those that acquire their practice and its authority by acquiring it after been healed by other practitioners are also likely to receive healing while only 10% of those who patronize those that engage into the practice as a result of the need for economic gains.

From the above figures and presentations, it is clear that Tiv society just as many African societies seemed to have remained in its traditional place of backwardness with poor and weak facilities that have made it difficult for the society to connect to the rest of the world even in the current globalization process. As Padayachee and Hart (2010) argued, instead of African states to benefit from the globalization process, the prevailing mood in Africa is that of

hopelessness, famine, war, pestilence and deaths rampaging through Africa and a regressive 'politics of the belly' that has left many Africans worse off than in colonial times. To this, African societies have failed to embrace modern ways, techniques and methods of modern medicine. African states have not budgeted adequately for the health sector. This account to why the capitalist class in African societies usually travels to the west in search of medical attention leaving the majority of the population to grapple with their local content which is weak and inadequate.

We can argue here that, been left alone with little economic power, the Tiv people and by extension majority of Africans have developed self help mechanisms that are locally derived to cater for their health needs. In Tiv society just as in many other African societies, the medications and treatments that Western pharmaceutical companies manufacture are far too costly and not available widely enough for most Africans. As Abdullahi (2011) argues, many rural African communities are not able to afford the high price of pharmaceuticals and can not readily obtain them even if they were affordable; therefore, healers are their only means of medical help.

The consequence of this is the hijacking of this scenario by hungry, illiterate and dubious people who use fake and unapproved facilities and drugs for their practice. Consequently, instead of the people enjoying the open

market which globalization has brought to obtain health services, they have been compelled by the lack of economic power to stay away from the few and expensive modern hospitals and instead have depended on the local traditional healers who are not usually trained but are in the practice for economic purpose of survival.

From the above, we can argue that, traditional healers and their remedies derived from indigenous plants play a crucial role in the health of millions of Africans. According to the International Development Research Centre (IDRC) (2013), the number of sub-Saharan Africans who routinely patronize the services of traditional healers for primary health care is as high as 85%. The greater consequence of this can be seen in the arguments of Lawrence (2010). He argues that, despite the advance in medical sciences elsewhere in the world as a result of globalization, in sub-Saharan Africa in 2007, 1.6 million people die from AIDS, 75% of the world population, and 61% of them women. Malaria kills almost 1 million people a year, while TB, often a side effect of the AIDS, kills 200,000 people every year. This is largely because, herbal medicines in Africa are generally not adequately researched, and are weakly regulated. There is a lack of the detailed documentation of the traditional knowledge, which is generally transferred orally. Serious adverse effects can result from

misidentification or misuse of healing plants.

The challenges of the Traditional Healer in Tiv Society

As the Tiv society face the challenges of integrating and benefiting from the globalization process especially in attracting the gains in the health sector, so the traditional healers also face a lot of challenges in practicing their trade. These challenges are irrespective of whether the healer inherited his trade, acquired it or go into it strictly for economic reasons. These challenges have made it very difficult for the traditional healers to improve their trade to take advantage of the gains of the globalization process; many issues have come to hinder their activities.

The most critical of these challenges is corruption. Because of the corrupt activities of government officials, government support to traditional medicine has been undermined by the endemic systemic corruption in Nigeria. Money or funds allocated to traditional medicine practitioners for the purpose of improving on aspects of the industry are siphoned. As a result, it becomes difficult for traditional healers to buy certain herbs and other materials that are not available in their local community to improve their trade. It also becomes difficult for them to acquire technologies that will assist them in improving the standard of their drugs as it is done in other societies such as China and India.

The second challenge the traditional healers face is that of non payment of medical fees by their clients. From the persons interviewed, it shows that some patients fail to pay their bills after treatment as a result of their poor economic situation. The consequence of this is that it leaves the practitioners with lean resources to invest into the practice thereby reducing their productivity level.

Thirdly, the negative perception of traditional healing practice by people due to the spread, acceptance and internalisation of Christian value system has also become a major challenge for the healers. In most cases, they are considered as people practicing witchcraft. Since the Tiv society has also embraced Christianity, it becomes difficult for traditional medicine to be valued as people prefer to go to the church for prayers of deliverance.

Fourthly, it is clear that herbal or traditional medicines in Africa are generally not adequately researched, and are weakly regulated. There is also inadequate and detailed documentation of the traditional knowledge system. In some cases, traditional medicine does not have dosages and clear prescription methods. With the high level of illiteracy in the society, this has also become a major challenge to the practice of the trade in the society.

Conclusion and way Forward

From the above arguments, it is clear that the Tiv nation and by extension African societies can not participate

favourably in the globalisation process. The society needs to develop some strategies that will help it to benefit from these gains. To this effect, this paper recommends the following as strategies;

One, there is great need for the government to improve its investment in the educational sector so as to improve the manpower in the health sector. Relatedly, the government also should provide medical equipment that can help in measuring the chemical composition and quantity of herbs to be administered to patients. This will help traditional medical practitioners to develop their trade in line with international best practice as it is done in countries such as China, India and other nations that have developed their traditional medical systems in line with orthodox medicine for high efficiency.

It is also clear from the discussions here that the economy, especially unemployment, poor retirement packages, lack of basic infrastructure and increased financial responsibilities of the people owing to their practice of economy of affection has been responsible for people to become traditional medicine practitioners or to patronize them. To resolve this problematic, the government need to introduce financial prudenc in the governance process so as to provide employment for people, improve retirement conditions and provide infrastructure to create environment for investment in the health sector.

There is also need for cultural re-orientation. This will change the attitude of the people. On the part of the practitioners, it will change their attitude to consider the health of the people more than the financial benefits their practice afford them. It will also encourage the youths to embrace their traditional cultural beliefs and practices to redefine their existence. This will take out quacks and fake practitioners in the practice of traditional healing.

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