

A Pilot Study Exploring the Experiences of Mental Health Among Internal Migrants in Nigeria

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Abstract

Purpose: This article identified and explored factors that impact on the mental health of internal migrants in Nigeria.

Design: A pilot qualitative phenomenological study with four participants from the Federal Capital Territory and Lagos states in Nigeria. Semi-structured interviews were undertaken using the application known as Zoom© from August to September 2019. Interviews were analysed using the six steps of thematic analyse described by Braun and Clarke (2006).

Findings: Five themes emerged from this study; 'purpose of migration', 'experience of migration', 'coping strategies', 'knowledge of mental health', and 'impact of internal migration on mental health'. In summary, the participants described the reasons for migrating as work, marriage, and wanting a better life. They described having accommodation issues, difficulties finding a job after migration and also experienced challenges of building new friendships. Participants also explained that religion and perseverance helped them cope after relocating. **Practical implications:** The pilot study concludes that the stress of internal migration combined with socio-economic challenges and lack of social support can result in a lack of ability to settle in a new culture (ethnic group) which may likely result in poor mental health. **Originality:** This article contributes to existing knowledge of mental health in Nigeria, a sensitive topic that is rarely discussed in the country, by studying an under-researched group (internal migrants).

Keywords: Internal migrants; Nigerians; Mental health; Migration.

1. Introduction

Nigeria has an estimated population of approximately 201,047,203 [1]. Forty-four percent of the population are aged 0-14 years, fifty-four percent are aged 15-64 years, and three percent are aged 65 years and above. The life expectancy in Nigeria is 52 years (51 years for men and 53 years for women). There are 36 states in the country divided into six geopolitical zones namely North-West, South-West, South-South, North-Central, North-East, and South-East. There are

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approximately 250 ethnic groups with over 500 indigenous languages. The most populous ethnic groups are Hausa and Fulani (29 percent), Yoruba (21 percent), Igbo (18 percent), Ibibio (3.5 percent), Ijaw (6.5 percent), Kanuri (4.1 percent) and Tiv (2.5 percent). The major religious groups are Christianity (40 percent), Islam (50 percent) and ancestral (traditional) religion (10 percent) [2].

Mental health is a public health challenge with significant institutional neglect and widespread stigma in Nigeria. Studies conducted in the country on knowledge and attitudes towards mental disorders identified that participants believed supernatural causes and drug misuse were significant factors. Based on these beliefs' participants stated that they would avoid people living with mental health problems [3-6].

It has been reported that one in seven people in Nigeria will experience a serious mental disorder and one in four a common mental health disorder [7]. A mental health plan was created in 1991 by the Federal Ministry of Health Abuja and revised in 2013 [8] with its major components involving a shift of mental health services and resources from hospital-based settings to community settings as well as an integration of mental health services into primary health care, but this policy has not been fully implemented.

Internal migration is defined as the movement of people from one geographical location to another of the same country to obtain a new residence either temporarily or permanently [9,10]. According to the Food and Agricultural Organization of the United Nations (2017), more than 48 percent of households have an internal migrant. In Nigeria, the total number of people moving from rural to urban areas is approximately 40 percent, with 65 percent of this population aged 15-34 years. To qualify as an internal migrant in Nigeria, movements must have occurred within the last six months and moved from one local government area to another [10]. The pattern of internal migration in Nigeria is categorized as rural-urban, urban-rural, urban-urban and rural-rural. The most common pattern of internal migration in Nigeria is rural to urban [9,11].

1.1 Existing literature on the impact of internal migration on mental health

Studies of internal migration on the African continent found differences in the mental health status of migrants and non-migrants. Low mental health status was prevalent among migrants and factors associated with this include marital status, income, and place of residence, poverty and harsh climatic conditions. Studies also observed that internal migration leads to a decrease in subjective well-being and could be associated with negative expectations of migration outcomes and the emotional challenge of being away from family and community [12-14]. Studies conducted in other developing countries like Pakistan and Bangladesh described that internal migrants were less likely to report being happy or in excellent health with feelings of stress due to poor socioeconomic conditions [15,16].

Similar studies exploring experiences of internal migrants about mental health issues in Asia found an association with being male, married, poor physical health status, middle or low range of income and low education attainment. These were more common among temporary and labour migrants than those who relocated permanently. However, an improvement in socioeconomic status resulted in improved mental health. Increased risk of mental disorders among

temporary migrants were attributed to reduced social support due to family disruption. Therefore, generally, migrants were physically and mentally healthier than non-migrants [17-25].

Studies in Latin America and Brazil also showed that there was a significant association between internal migration and poor mental health. However, as opposed to other studies, factors such as age, marital status, education, sex, and economic position did not have a significant association including migration status [26-28].

Studies conducted in United Kingdom and Europe showed that mental health needs were associated with internal migration. Non-internal migrants had improved mental and physical health and factors such as aspirations, marriage, lack of income and being a minority made people migrate [29-31]. Similar studies conducted in North America found that young non- internal migrant adults had a lower risk of being diagnosed with stress and depression than young people who migrated out of their rural communities [32].

A few studies explored the disparity in mental health between first and second generations of internal migrants. These studies found that second-generation migrants had higher rates of mental disorders, higher risk of psychosis and higher perceived stress compared to the first generation [26, 33].

In Nigeria, research has identified that the reasons for internal migration include economic, educational, infrastructural challenges, family (marriage) and social purposes [10-11], [34]. Concerning mental health, a thorough and systematic search of the literature could not identify any research exploring the experiences, knowledge, attitudes or impact of internal migration in Nigeria relating to their mental health. In relation to internal migration generally in Nigeria, a few studies explored the impact on internal migration on families left behind especially children. A significant aspect of these studies was the impact on families and communities due to migration, low socioeconomic status and the challenges of adapting to the new environment increases morbidity for these children [36-37].

A positive outcome arising from internal migration in Nigeria was that migrants sent money to their families in the local or rural communities, therefore increasing opportunities for children who had been left behind to be better nourished and have improved health outcomes [38]. Research also identified that migrants in Nigeria contribute significantly to the development of their rural hometowns. This means that economically independent migrants who are educated and older contribute and empower the rural community through remittances to their families [39-40], [10].

Further research exploring the complex relationship between internal migration and mental well-being among Nigerians is required as this has received little attention since the country's return to democracy in 1999 [41-43]. Therefore, this pilot qualitative study aimed to identify and explore the knowledge and lived experiences of mental health among an under-researched group of internal migrants in the Federal Capital Territory of the country (Abuja) and a state in the Southern region (Lagos State).

2. Method

This pilot study was conducted with four internal migrants in Federal Capital Territory and Lagos State Nigeria, as preparation for a larger project exploring the experiences of mental health among internal migrants in Kaduna, Federal Capital Territory and Lagos State in Nigeria. These include criteria for selecting participants and adjusting the interview guide especially the interview questions. This pilot study represents the first phase of an ongoing qualitative study to explore the experiences of mental health among 30 internal migrants in three state locations in Nigeria.

The phenomenological approach is appropriate in this research because it seeks to understand several individuals' common or shaped experiences of a phenomenon [44]. Face to face interviews using minimally structured interviews were conducted using an application called Zoom in August and September 2019. This application has both visual and audio recognition functions, allowing the researcher to record their responses with face to face contact. Existing research has shown that using Zoom as a digital technology for data collection has benefits due to its convenience and cost-effectiveness especially over large geographical areas with limited resources [45-48]. This is the case of this research as the research explores experiences of internal migrants over three geographical locations in Nigeria with limited resources as the study is not funded. Zoom videoconferencing has successfully been used in qualitative research, and during an interview, the participants described the tool as satisfactory and recommended it for sensitive research as they felt they would be embarrassed if the interview were face to face [45], [49-50].

2.1 Recruitment and data collection

Out of the four participants, one participant was contacted through a National Institute of Medical Research (NIMR), via emails, three months before data collection with recruitment letters. On acceptance to take part in study, an information sheet and consent form was sent, and a reply and response slip were sent back by the participant. The other three participants were contacted by a phone call through a referral by the first participant. Information sheet and consent forms were sent and returned back via emails. Table 1 shows the eligibility criteria.

Table 1: The Eligibility Criteria.

Table1: The eligibility criteria are as follows:
A Nigerian adult aged 25 years and above. This is to ensure the individual has experienced social, economic and cultural experiences with internal migration
The individual must be an adult at the time of relocation
The individual must be an internal migrant who has moved from the state of origin to reside in another state and must be resident at the new state for at least one year
Must be able to speak and write in the English Language. The English language is the official language and means of communication in Nigeria.

A total of four internal migrants agreed to take part in the pilot study after informed consent was obtained. Two of the participants were female and two were male. Three of the participants were residents in Federal Capital Territory and one in Lagos state. Three out of four participants were employed, and one was unemployed. Table 2 shows the participants demographics.

Table 2: Participants Demographics.

Pseudonym	Age	State of Origin	State of Residence	Year of Relocation	Gender	Employment Status	Educational Level
Andrew	36	Edo state	FCT Abuja	2007	Male	Employed	Masters
Fred	31	Kwara state	FCT Abuja	2009	Male	Employed	Masters
Kemi	33	Kogi state	FCT Abuja	2013	Female	Employed	Undergraduate
Susan	35	Kogi state	Lagos state	2011	Female	Unemployed	Undergraduate

2.2 Ethical approval

Ethical approval was obtained by the Sheffield Hallam University Review Board with number ER7565232. Participant's names were anonymized to protect their identities.

2.2 Data Analysis

Data generated from the semi-structured interviews were transcribed and entered into NVivo 11. The data were analyzed thematically using the six steps proposed by Braun and Clarke [51]:

- Familiarize yourself with your data;
- Preliminary codes were assigned to the data to describe the content;
- The codes were then searched for patterns and organized into themes;
- Themes were then reviewed which resulted in some reorganization and reduction of the original number of themes; (5) The themes were given final names and described to ensure distinctions; and
- Five themes were identified and reported as below.

3. Results

3.1 Purpose of migration

Participants explained that the purpose of migration was to find work, achieve new experiences, and wanting a better life; 'It was work really! I just decided to go, cos I like exploring new places' (Fred).

Two of the participants, who were females and married, described that their reason for migrating was marriage to join their spouses. The married female participants described issues around gender. They explained that if you are not married you are treated negatively and therefore to gain acceptance in society; you have to be married. They also reported that culturally there was an expectation that once married they were required to spend the rest of their life with that person irrespective of the outcome or consequences; '[..] every woman tends to like work on how to get

married because if you don't [...] you get this kind of treatment you would not want to. So, everyone tends to get married and all. So, we like to face the challenges both mentally, physically' (Kemi).

3.2 Experience of migration

People described their experiences as not easy. Male participants described the lack of funds and the inability to rent a flat on arrival as challenging. They reported having to squat with friends and had difficulties paying bills due to the high cost of rent for example Abuja is a very high expense area; 'getting a house or accommodation in the urban area is really, really a difficult task. [...]I was squatting with a friend; we were seven in a room' (Andrew).

Participants also experienced challenges in finding a job after migration. In agreement, a major experience of the married female participants was the fact that they had to leave their jobs due to migration; 'I found myself losing my job and since then, picking up a new job has been very difficult' (Susan). Language barriers were also identified due to the inability to speak the local language; 'it was a bit difficult with communication cos I had to try to understand how to speak the language' (Hausa Language) (Fred).

Transportation challenges were also identified by participants. A participant explained that he had to cut down costs by using the bus service instead of buying a car; 'I had to use transportation (bus), [...] to be able to survive at the initial time I got to Abuja' (Fred). Participants also described losing property in the course of relocating; 'some of my things, I couldn't move along with me and I had no option but to let go at that moment' (Susan).

They also explained that they had problems of leaving friends, social gatherings, and family and peer groups to join new people, family, and friends as well as difficulties in establishing new friendships. Kemi described experiencing conflict as she sought to form new relationships with her new family through marriage. Leaving her family behind affected her greatly and she experienced challenges in forming relationships in her new residence; 'to leave my friends, [...] leaving my social gathering, peer groups. Moving affected me mentally' (Kemi). Susan explained that she found it difficult to interact with her new family because the way they socialized was different from hers, which impacted negatively on her. Her new family were more party goers while she saw herself as an introvert; 'I think it affected me socially because the people I belong to are more of the socialite' (Susan).

3.3 Coping strategies

Participants described that religion was a way they coped with migration. 'I am a religious person. I am a Christian and so I always have this motto or belief that it's going to be better' (Andrew). 'I pray and I mean I think God helped me' (Fred). Other, coping strategies identified were hope, determination, hard work, perseverance, and inner strength. 'When I migrated [...] I was also [...] determined to succeed. So, I persevere' (Andrew). 'Hope kept me going even through the toughest times [...]And determination as well' (Andrew).

To overcome communication and social challenges, participants decided to learn the new language and communicate more with people; 'With time I started learning. I started telling people to teach me [...]talking to people and them giving me advice' (Fred).

Participants described how they were able to obtain social and family support and make new friends after relocation; 'I like met people and that put me at ease'. [...] (Fred). However, Susan (one of the married female participants) described a lack of support following relocation as a factor impacting negatively on her wellbeing; 'Having to care for two children [...] without any support from anywhere [...] had a toll on my mental and physical wellbeing' (Susan).

All participants described how they had to cut down costs and use savings accumulated before migration until they could find a new job; 'I had to [...] save a lot of money that would keep me going until I was able to get a job' (Andrew). Susan had to accept jobs below her qualification to care for her children; 'I had [...] pick up some menial jobs that are really not up to my qualification to cater for my children'.

3.4 Knowledge of mental health

Participants defined mental health as a state of mind or mental state; as a degree of emotion; happiness or sadness. They also described mental health as the way you think; a thought process especially when having stress or having issues. They also defined mental health as a state of wellbeing, or an emotion. Finally, mental health was defined as the process where an individual's psychological, mental and social attitude is affected positively or negatively; 'a state of mind, a degree of your emotions being happiness or sadness' (Andrew). This is a slight change from existing literature that described mental health in Nigeria to supernatural and spiritual factors [52,53,7].

Participants attributed the causes of mental health issues in an individual to social issues (such as unemployment, inadequate social amenities and poverty) and emotional issues (such as depression, family or relationship issues like divorce or a bad breakup; 'On a social scale, we can talk about unemployment, inadequate [...] Facilities. On emotional level, it could be maybe depression, [...] family issues, divorce or very horrible breakup (Andrew). Susan also explained that moving to a different land to adopt a new lifestyle, culture and attitude with people with a different thought, mentality or belief could cause mental health challenges; 'Moving to a different land entirely where you now have to adopt new style, new culture, new attitude, [...] really affects'.

Participants also attributed the perceptions of mental health to spiritual issues like voodoo, resulting in mental instability like madness. 'We kind of relate it to like someone going 'mad [...] Sometimes we relate it to like spiritual issues [...]. English people call it 'voodoo' (Fred). They also explained that these perceptions results in stigma towards persons with mental disorders in Nigeria; 'we kind of relate it to like someone going 'mad' and when I say 'we' I mean like the people that I've around and myself, like what we understand by mental health'. (Fred)

3.5 Impact of internal migration on mental health

Participants described the experience of migration as emotionally draining with thoughts of failure and disappointment and feelings of giving up due to lack of basic amenities such as accommodation, electricity, unemployment etc; 'To be honest it was emotionally draining[...] sometimes you feel like giving up. Thoughts of failure, you can't succeed, disappointments [...] puts a toll on my mental health, my total wellbeing'(Andrew).

Participants also described that they were psychologically distressed due to uncertainty of the outcome of migration; 'I was a bit depressed because it was not how I planned it to be'(Andrew). Susan described that upon marriage she discovered that her husband had a different view and mentality, he was not family oriented. 'I believe family is key but [...] my husband is [...] not so committed'. She also described that she had experienced psychological and emotional problems due to leaving her family; 'Yes, psychological problems yeah! Even at a point emotional problem because at a point because you find out that leaving your people behind and then coming down to another state entirely affected me.' Susan also described having thoughts of returning back, but changed her mind because the belief is that once you are married you are required to stay because marriage is a decision to remain in new family irrespective of outcome or consequences; 'I said, I should move again from where I am now back to my people. It is like migrating back again you know! Because to me I have signed my life to belong to this new people'.

Fred reported being attacked by armed robbers during this migration journey, this resulted in negative thoughts about moving including psychological distress; 'I had to use public transport and then on the road we were attacked by armed robbers, [...] whole stress and panic started. [...]Think that if you want to do something and bad things start to happen in the beginning. We tend to say, 'that's like a bad omen'. Kemi also described that the cost of moving was expensive and expressed fear due to the risk of accidents on the road while moving; 'our roads basically are not so secured, because there were a lot of accidents. There were some accident scenes I saw while moving [...] 'I was like oh God just protect me'. What is the risk? Accidents are one of the risks involved as well'.

Fred explained that the high cost of rent in a new location (Abuja) had impacted negatively on his wellbeing; 'trouble of finding a place to stay and the prices of houses for rent [...] put me in depression at the initial point and I was sad'.

Finally, Susan explained that migrating to a new place, leaving her place of comfort and not having the desired expectation she thought of upon arrival to the new location after marriage, led to a lot of thoughts running across her mind and mumbling to herself; 'to relocate [...] from my place of comfort to another place affected my mental[...] Thinking. So psychologically, it got me very imbalanced'.

4. Discussion

This article described the lived experiences of migration and its impact on the mental health of four internal migrants in Nigeria. The major reasons identified for migration were; to find a job and make a better life. Three out of four participants described that they had high expectations of relocating to Abuja, Federal Capital territory. This finding agreed with previous research that migrants in Nigeria move to find jobs, obtain new opportunities or establish a career [10, 11, 34, 54]. Participants experienced challenges in finding a job after migration. Unemployment is a major challenge facing Nigerian youths, with an unemployment rate of 6.03 percent and the number of unemployed was 20.9 million in the year 2018. The majority of the unemployed during this period were young people aged 15-24 years. Majority of the unemployed have only post-primary education and unfortunately, even tertiary graduates are affected by unemployment consisting of 20 percent of youth unemployment and have been unemployed for at least five years after graduation [55-57].

All participants experienced psychological distress, due to uncertainty of outcome on relocation. They had to engage in elements of religion and perseverance to cope before settlement and adjustment. Nigeria is a religious country and tends to attribute whatever circumstances or situations that come their way to 'God' or supernatural forces [2]. A similar study found that when migrants held high or unrealistic expectations about their conditions and goals that might likely result in unhappiness when these are not met [58].

A significant finding in this article was that the loss of social support and the disruption of their families impacted negatively on the migration experience and psychological wellbeing. This agreed with previous research that irrespective of geographical location, the loss of social support results in higher levels of psychological distress. It is also worth noting that this loss not only affect the migrants but also the families they left behind in their rural communities, especially children [12,13,14,37].

This article also found that culture has a strong impact on migration experiences as it impacts negatively on the ability of the migrants to settle and adjust to their new culture. For example, there were issues associated with the inability of the migrant to communicate in the local language of the new location. Nigeria has 250 ethnic groups with over 500 indigenous languages. A study around the impact of internal migration and socio-cultural dislocations variable found a significant relationship between the two. Internal migrants lose aspects of their culture and background on arrival at a new location and in an attempt to adjust, they try to learn and adapt [41]. Another significant aspect of culture is the impact of marriage, especially among women. Young Nigerian women are usually not accepted in society until they get married and sometimes pressurized to get married to seek acceptance [54].

For participants resident in Abuja, accommodation challenges were also identified immediately after relocation. This is because the cost of living and accommodation is extremely high. Abuja the Federal Capital Territory became the capital city of Nigeria on 12th December 1991. The capital city experiences acute shortage due to the continuous relocation of federal employees and the continuous flow of migrants since 1991 [59]. The challenges facing the development of housing estates in the city are that these estates are located in the city centres which are expensive and are not readily available to the low-income earner [60-62].

All participants identified transportation challenges while moving their luggage to their destinations. Road transport in Nigeria is one of the emaciating infrastructures in Nigeria needing serious attention. Nigeria has the largest road networks. Some of the problems are poor road infrastructure, the poor state of roads with most of the roads being damaged and poorly maintained, making most vehicles prone to accidents resulting in fear to travel by roads [63,64]. Some of the ways to eliminate these problems are to encourage more private sector participation and encourage extensive rail modernization projects to reduce congestion of the road networks [65]. Unfortunately, after long neglect of the railways, a recent effort by the government to upgrade the railway system has yielded unfavorable results. Even after rehabilitation of the Lagos- Kano damaged rail tracks, the trains still experience a breakdown. Research shows that the few trains available are used only for short- trip excursions, and transit by peasant farmers and rural traders. The federal government of Nigeria is constantly making efforts by creating more rail projects across the country. However, more work needs to be done [66].

Participants explained that with time, they were able to adjust and cope with elements of hope, determination, and perseverance. Yesufu asserts that elements of hope and perseverance were attributes of religion which promotes behavioral attitudes of interaction thereby improving self-esteem of Nigerians. Religion also played a significant role in coping after relocation [67]. Nigeria is a religious country with 50 percent being Muslims, 40 percent Christians and 10 per cent traditionalists [2].

There is a slight change in knowledge and views about mental health among the study participants, when they defined mental health as a state of wellbeing, or emotion. However, the perceptions remain the same as existing research, with the view that supernatural and spiritual factors result in 'madness' known as mental instability [53,7]. The study also identified that supernatural perceptions of mental health results in stigma towards persons with mental disorders. This finding agrees with existing literature that supernatural belief about causes of mental disorders results in stigma towards persons with mental disorders in Nigeria [68].

It is however, worth noting that internal migration has brought some positive development to the country, especially to the rural communities through remittance to their families [69,10]. A study about youth internal migrants and street trading described that these trading activities were exit strategies from poverty and a survival strategy with some reported improvement in their welfare [70]. Therefore, lack of jobs or non-expectation of the outcome of migration affects not just the individuals but their families and their rural communities in the long run. Therefore, the stress of internal migration, lack of social support, and socio-economic and infrastructural challenges can result in the inability to adapt or settle in the new location which ultimately leads to poor mental health.

5. Limitations

This is a pilot qualitative study of a sample of four internal migrants and may not be transferred to all Nigerians as each individual has specific experiences. Using Zoom application as a data collection tool had some challenges, like participants experiencing difficulties joining the meeting due to low internet connection or outdated hardware and/or poor video or audio quality. This was overcome by familiarizing with the tool and having a video conversation prior to the interview to make the participant conversant with the tool, collect demographic data and informed consent. A checklist was also created to identify and resolve common technical problems.

6. Conclusion

To our knowledge, this article is one of the few papers in Africa and the only article in Nigeria that explores the impact of internal migration on mental health. The findings of this pilot study have identified some important issues relating to mental health and internal migration; however, these should be treated with a degree of caution until further data can be added to establish their credibility and transferability. However, as no research exists in Nigeria on the topic, we argue that this article makes a, albeit small, contribution to an under-researched group of individuals of internal migrants. This article will assist in the creation of further research to assist relevant stakeholders to provide more access and delivery of mental health services in Nigeria.

7. Declaration of Interest

No potential conflict of interest was reported by the authors.

REFERENCES

1. World Population Prospects. 2019.[Online]. Available: <http://worldpopulationreview.com/countries/nigeria-population/>
2. National Bureau of Statistics, Social Statistics in Nigeria. NBS Social Statistics, 2016. Accessed: Sep. 2019. [Online]. Available: <http://www.econis.eu/PPNSET?PPN=819364665>
3. Akinsulore A, Esimai OA, Mapayi BM, et al. Public awareness and attitude towards depression: A community based study among an adult population in Ile-Ife South-Western Nigeria. *Community Ment Health J.* 2018;54(6):866-874.
4. Adewuya AO, Adewumi T, Ola B, et al. Primary health care workers' knowledge and attitudes towards depression and its management in the MeHPric-P project, Lagos, Nigeria. *General Hospital Psychiatry.* 2017;47:1-6.
5. Ikwuka U, Galbraith N, and Nyatanga L, et al. Causal attribution of mental illness in south-eastern Nigeria. *Int J Soc Psychiatry.* 2014;60(3):274-279.
6. Sheikh TL, Adekeye O, Olisah VO, et al. Stigmatisation of mental illness among employees of a Northern Nigerian University. *Nigerian Med J: J Nigeria Med Association.* 2015;56(4):244.
7. Gureje O, Olley BO, Olusola EO, et al. Do beliefs about causation influence attitudes to mental illness? *World Psychiatry.* 2006;5(2):104.
8. Federal Ministry of Health Abuja, Nigeria. National Policy for Mental Health Services Delivery. 2013. Assessed: Feb 2019.
9. International Organization for Migration (IOM). Glossary on Migration, 2nd ed, IML Nr. 25, Geneva, IOM, 2011.
10. Oyeniyi BA. Internal migration in Nigeria: A positive contribution to human development. ACP Observatory on Migration International Organization for Migration. 2013. doi: 10.13140/RG.2.2.36178.66243
11. Food and Agricultural Organisation of the United Nations. Evidence of internal and international migration patterns in selected African countries. A joint product of FA's statistics division and institutional division. 2017. Assessed: Feb 2020. [Online]. Available: <http://www.fao.org/3/a-i7468e.pdf>.
12. Ajaero CK, Odimegwu CO, Chisumpa V, et al. The influence of internal migration on mental health status in South Africa. *Int J Ment Health Promot.* 2017;19(4):189-201.
13. de Brauw A, Mueller V, and Woldehanna T. Does internal migration improve overall well-being in Ethiopia?. *Ethiopia Strategy Support Program II.* 2013.
14. Mulcahy K and Kollamparambil U. The impact of rural-urban migration on subjective well-being in South Africa. *J Develop Stud.* 2016;52(9):1357-1371.
15. Chen J, Kosec K, and Mueller V, Moving to despair? Migration and well-being in Pakistan. *World Develop.* 2019;113:186-203.
16. Chowdhury IA, Haque N, Kamal MM, et al. Internal migration and socio-economic status of migrants: A study in Sylhet City, Bangladesh. *Amer J Hum Ecol.* 2012;1(4):123-133.

17. Dai J, Zhong BL, Xiang YT, et al. Internal migration, mental health, and suicidal behaviors in young rural Chinese. *Soc Psychiatry Psychiatr Epidemiol*. 2015;50(4):621-631.
18. Lin D, Li X, Wang B, et al. Discrimination perceived social inequity, and mental health among rural-to-urban migrants in China. *Community Ment Health J*. 2011;47(2):171-180.
19. Lu Y, Hu P, and Treiman DJ. Migration and depressive symptoms in migrant-sending areas: findings from the survey of internal migration and health in China. *Int J Public Health*. 2012;57(4):691-698.
20. Ma C, Qu Z, and Xu Z. Internal migration and mental health: An Examination of the Healthy Migration Phenomenon in China. *Popul Res Policy Rev*. 2020;39(3):493-517.
21. Mou J, Cheng J, Griffiths SM, et al. Internal migration and depressive symptoms among migrant factory workers in Shenzhen, China. *J Commun Psychol*. 2011;39(2):212-230.
22. Nauman E, VanLandingham M, Anglewicz P, et al. Rural-to-urban migration and changes in health among young adults in Thailand. *Demography*. 2015;52(1):233-257.
23. Tong Y and Piotrowski M. Migration and health selectivity in the context of internal migration in China, 1997–2009. *Popul Res Policy Rev*. 2012;31(4):497-543.
24. Yang M, Dijkstra M, and Helbich M. Migration trajectories and their relationship to mental health among internal migrants in urban China: A sequence alignment approach. *Popul Space Place*. 2020;26(5):e2304.
25. Zhang L, Liu S, Zhang G, et al. Internal migration and the health of the returned population: a nationally representative study of China. *BMC Public Health*. 2015;15(1):719.
26. Cardano M, Scarinzi C, Costa G, et al. Internal migration and mental health of the second generation. The case of Turin in the age of the Italian economic miracle. *Soc Sci Med*. 2018;208:142-149.
27. Coutinho E, de Almeida F, de Jesus Mari N, et al. Minor psychiatric morbidity and internal migration in Brazil. *Soc Psychiatry Psychiatr Epidemiol*. 1996;31(3-4):173-179.
28. Tarricone I, Boydell J, Kokona A, et al. Risk of psychosis and internal migration: Results from the Bologna First Episode Psychosis study. *Schizophr Res*. 2016;173(1-2):90-93.
29. Atella V and Deb P. Gender differences in long term health outcomes of internal migrants in Italy. CEIS, 2013.
30. Wilding S. Healthy migrants: Unpacking the relationship between health and migration within Great Britain, Doctoral dissertation, Depart Social, Human, and Mathematical Sciences. Geography and Environment, University of Southampton, 2018.
31. Wilding S, Martin D, and Moon G. Place and preference effects on the association between mental health and internal migration within Great Britain. *Health Place*. 2018;52:180-187.
32. Arenas E, Conroy H, and Nobles J. Recent trends in internal and international Mexican migration: Evidence from the Mexican family life survey. UCLA CCPR Population Working Papers, 2008.
33. Chen W, Zhang Q, Renzaho A, et al. The disparity in mental health between two generations of internal migrants (IMs) in China: Evidence from a nationwide cross-sectional study. *Int J Environ Res Public Health*. 2019;16(14):2608.
34. Mberu BU. Who moves and who stays? Rural out-migration in Nigeria. *J Popul Res*. 2005;22(2):141-161.
35. Ogunmakinde OE, Oladokun SD, and Oke OE. Rural-urban migration in south western Nigeria: A menace to national development. *Civil Environ Res*. 2015;7(5):

36. Alabi A. Internal Female Migration and Childhood morbidity in Nigeria. Doctoral dissertation, Department of Epidemiology, University of Ibadan, Ibadan, Nigeria, 2014.
37. Antai D. Migration and child immunization in Nigeria: individual-and community-level contexts. *BMC Public Health*. 2012;10(1):116.
38. Muktar B, Jali MRBM, and Abdulrazak NA. Does the Physical Health Status of the Left-behind Children Affects their Mental Health? An Empirical Investigation on Children Left-behind by Rural-urban Migrants in Niger State, Nigeria. 2017;8(18):10-17.
39. Akinyemi AI, Olaopa O, and Oloruntimehi O. Migration dynamics and changing rural-urban linkages in Nigeria. 2005. [Online]. Available: iussp2005princeton.edu
40. Olowa OW and Awoyemi TT. Determinants of migration and remittances in rural Nigeria. *J Dev Agric Econo*. 2012;4(7):191-198.
41. Sibiri AE, Ayinmoro AD, and Jackson JTB. The socio-cultural effects of internal migration among the people of Akutupa Kiri in the North-Central Zone, Nigeria. *Mediterr J Soc Sci*. 2014;5(15):494.
42. Mohammed FK. The causes and consequences of internal displacement in Nigeria and related governance challenges. German Institute for International and Security Affairs, Berlin. 2017.
43. Owoaje ET, Uchendu OC, Ajayi TO, et al. A review of the health problems of the internally displaced persons in Africa. *Niger Postgrad Med J*. 2016;23(4):161.
44. Creswell W and Clark VP. *Designing and conducting mixed methods research*. 3rd Ed, Sage Publications, 2007, 1-5p.
45. Archibald MM, Ambagtsheer RC, Casey MG, et al. Using zoom videoconferencing for qualitative data collection: Perceptions and experiences of researchers and participants. *Int J Qual Methods*. 2019;18:1609406919874596.
46. Braun V, Clarke V, and Gray D. *Collecting qualitative data: A practical guide to textual, media, and virtual techniques*. Cambridge Univ Press, 2017.
47. Cater JK. Skype a cost-effective method for qualitative research. *Rehab Counselors Educators J*. 2011;4(2):3.
48. Deakin H and Wakefield K. Skype interviewing: Reflections of two PhD researchers. *Qual Res*. 2014;14(5):603-616.
49. Bolle SR, Larsen F, Hagen O, et al. Video conferencing versus telephone calls for teamwork across hospitals: a qualitative study on simulated emergencies. *BMC Emer Med*. 2009;9(1):22.
50. Mabragana M, Carballo-Diéguez A, and Giguere R. Young women's experience with using videoconferencing for the assessment of sexual behavior and microbicide use. *Telemed e-health*. 2013;19(11):866-871.
51. Braun V and Clarke V. Using thematic analysis in psychology. *Qual Res Psychology*. 2016;3(2):77-101.
52. Adayonfo EO. Psychological distress among Nigerian undergraduate students. *IFE Psycholov: An Int J*. 2015;23(2):97-104.
53. Audu I, Idris SH, Olisah VO, et al. Stigmatization of people with mental illness among inhabitants of a rural community in northern Nigeria. *Int J Soc Psychiatry*. 2013;59(1):55-60.
54. Ejiogu A. Gender analysis of rural-urban migration in Imo state Nigeria. *Oxford Bus Econom Conf*. 2009.
55. Ajufo BI. Challenges of youth unemployment in Nigeria: Effective career guidance as a panacea. *African Res Rev*. 2013;7(1):307-321.

56. Akande T. Youth unemployment in Nigeria: A situational analysis. *Africa Focus*. 2014;1-2p. [Online]. Available: <https://brookings.edu/blog/africa-in-focus/2014/09/23/youth-unemployment-in-nigeria-a-situation-analysis/>
57. National Bureau of Statistics. Labour force statistics- Volume 1: Unemployment & Underemployment Report Q4 2017- Q3, 2018. Assessed: 10 Mar 2020. [Online]. Available: <https://www.nigerianstat.gov.ng/elibrary?page=2&offset=10>
58. Knight J and Gunatilaka R. Great expectations? The subjective well-being of rural-urban migrants in China. *World Develop*. 2010;38(1):113-124.
59. Ismaila Rimi A. Abuja city profile. *Cities*. 2014;41:81-91.
60. Kanu KU. Appraisal of the Implementation of Mass Housing Programme in the FCT, Abuja. Doctoral dissertation. 2013. Assessed: 17 Mar, 2020.[Online]. Available:<http://kubanni.abu.edu.ng/jspui/bitstream/123456789/2172/1/APPRaisal%20of%20the%20Implementation%20of%20Mass%20Housing%20Programme%20in%20the%20FCT%2C%20Abuja.pdf>
61. Jibril U. Resettlement issues, squatter settlements and problems of land administration in Nigeria's Federal Capital, Abuja. In Proc 5th FIG Regional Conf., Accra, Ghana, 2016.
62. Muhammad Z, Johar F, Sabri S, et al. A review of housing provision and the challenges of sustainable housing delivery in the federal capital territory Abuja, Nigeria. *Jurnal Teknologi*. 2015;77(14):23-21.
63. Nwafor ME, and Onya OV. Road transportation service in Nigeria; Problems and prospects. *Adv J Econ Marketing Rese*. 2019;4(3):104-117.
64. Olawale J. Problems of road transportation in Nigeria. 2018. [Online]. Available: <https://www.legit.ng/1132835-problems-road-transportation-nigeria.html>.
65. Federal Ministry of Transport. A brief on the national transport sector report of the federal republic of Nigeria. Transport planning and Coordination department Abuja. 2011. Assessed: Feb 2020. [Online]. Available: <http://www.comcec.org/wp-content/uploads/2015/02/Nigeria.pdf>.
66. Bisiriyu RJ. Nigerian railway: A tale of failed contracts, dashed hope. *Punch Newspapers*. 4th Feb. 2016,1-24p. [Online]. Available: <https://punchng.com/nigerian-railway-a-tale-of-failed-contracts-dashed-hope/>
67. Yesufu ML. The impact of religion on a secular state: the Nigerian experience. *Studia Historiae Ecclesiasticae*. 2016;42(1):1-11.
68. Labinjo T, Ashmore R, Serrant L, et al. Perceptions, attitudes and cultural understandings of mental health in Nigeria: A scoping review of published literature. *Men Health, Religion Culture*. 2020;23(7):606-624.
69. Olurinola IO, Fadayomi TO, Amoo EO, et al. Internal migration and welfare of street traders in the urban informal economy of Nigeria. *J S Afr Bus Res*. 2014:21-145.
70. Amoo EO, Wuraola A, and Adebanke OI. Internal migration of young persons and street trading activities in urban areas of Nigeria. *IFE Psychologia: An Int J*. 2013;21(2):113-122.

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