

**October 3rd, 2015. 3<sup>rd</sup> Edition**

# MIND Newsletter

## CONTENTS

✓ President corner	1
✓ Domestic Violence	2 - 7
✓ Graduation Shout out	8
✓ Picnic	9 -10
✓ New born	10
✓ Youth Volunteers	10
✓ Weddings	11
✓ Birthday Mile Stones	12
✓ United we Stand	13
✓ Life is a journey	14
✓ Folk tales	15
✓ MIND's Meeting	16

## PRESIDENT'S CORNER

This is the third edition of the MIND Newsletter and by all account it is richer in content than the previous editions. This could not have been possible without the resourcefulness of the editorial board. I hereby register my gratitude and indeed that of the entire community for the commendable effort of the members.

In this edition we have publications from Nigeria professionals in the field of health, education and social services. Achievements of our graduates from high schools and colleges are documented as well as other events of interest in the Nigeria community.

Nigeria tales and quotes in the edition are as refreshing as insight into our culture. They are a must read for all.

I will like to remind all Nigerians to be part of the activities of Minnesota Institute for Nigerian

Development (MIND) which is the umbrella organization for all Nigerians in Minnesota. It will also be a thing of joy if everyone can proclaim the gospel of MIND to friends and acquaintances.

MIND's Mission is to: Act as the umbrella organization for Nigerians in Minnesota to foster unity through social, educational and economic development and the Vision is to provide a platform that allows Nigerians and other groups to become productive citizens culturally and economically.

All of our activities are channeled towards the achievement of our mission and vision. We conduct education on healthy living and wellness. Many have benefited from the sessions held on hypertension, diabetes, mental health and domestic violence. We also facilitate the provision of Consular services through the Nigeria Consulate in New York right here in Minnesota without you having to travel to New York for Nigeria E-passport.

We can do much for each other if we join hands together. We can make Nigeria the envy of others if only we pull resources together. Membership of MIND is open to all Nigerians and their spouses.

Please get your copy of this edition or go online to read those tales, stories and other topics. You are welcome to exhibit your talent by being part of the editorial board.

Happy reading!

*Kola Adediran - President*

## CONSEQUENCES OF DOMESTIC VIOLENCE ON SPOUSES AND CHILDREN

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### Introduction:

Domestic violence also known as intimate partner violence IPV is a community health problem and describes the perpetration of violence against another by a spouse dates, and those living together at least some of the time as a couple (McKenzie et.al, 2005). Domestic violence is defined by the Family Violence Prevention Fund as a pattern of assaultive behaviors which results in physical injury, psychological abuse, sexual assault, social isolation, stalking, deprivation, intimidation and threats. It affects people regardless of race, ethnicity, class, sexual and gender identity, religious affiliation, age, immigration status and ability. The consequences of violence transcend the physical trauma to an individual. It has long term implications for extended family and has been linked to diverse behavioral and chronic health problems in adults such as heart disease, chronic pain, asthma, and arthritis (Neporent, FM2013). According to Campbell et al., (2002), abused women have a 50% to 70% increase in gynecological, central nervous system, and stress-related problems.

Men can also be victims of this violence, however, evidence indicates that majority of victims are women, and it is women who are more likely to suffer health consequences (Power, 2004). Estimates of men affected by IPV may be conflicting; nevertheless IPV affects women and men (including boys) alike. The difference is many men as compared to women do not report the abuse against them. IPV is hardly in the public eye and to the extent it does it is mostly when a man had done it against a woman. That men get abused as much as the women are not only unknown and misunderstood by the public, but it is also controversial. The controversy is one that stemmed from the National Family survey conducted in 1975 that found a nearly equal number of men as women were abused. The study revealed 12% rate of abuse by men against women and 11.6% of women abused men (Straus, 2010). To seek explanation for gender symmetry in IPV Dr. Straus Murray of the University of New Hampshire, Durham did a longitudinal review of all studies that showed similar rates of assaulting a partner by women and men. The study revealed that by 1986, 23 studies including two national surveys had shown equal rates of intimate partner violence by men and women (Straus, 2010). Similarly, a Canadian study of 11,607 men aged 15

years and older found 7% experienced IPV compared to 8% of their female counterparts (Lupri & NC, 2004). Approximately 54% of those men surveyed said they had experienced violence by their spouse more than once.

Spousal deaths from domestic violence can be viewed as the ultimate consequence. In a recent development, a Nigerian nurse residing in Texas was added to this sad statistics on April 10, 2015 by his estranged fiancée complementing the 12,000 American women who were murdered by their current or estranged lovers (Molokwu, 2015). Domestic violence has left many families without parents and has unleashed devastating hardships on children, siblings and aged parents. While an offender sits in jail with possible death penalty, the effect of the violence rubs off on dependent offspring and relatives.

The importance of examining the physical, emotional and psychological effect of these deadly incidences on family members including extended relations of victims becomes imperative. Action to prevent domestic violence is essential! This paper covers the consequences of domestic violence on victims, their children, and extended families. The terms domestic abuse, domestic violence and intimate partner violence will be used interchangeably.

### Effects of Domestic and Intimate Partner Violence on Women

Domestic violence still blossoms in the Nigerian society because of the patriarchal structure. The social context of DV is related to the country's patriarchal structure defining gender roles (Oyediran & Isiugo-Abanihe, 2005). Traditional attitudes regarding the role of women in the household and society and gender power relations contribute to DV as well as other forms of abuse and violence against women and girls. According to the 2013 Nigeria Demographic and Health Survey (NDHS), about three in ten women have experienced physical violence by age 15 while one in ten experienced physical violence within 12 months. Among the survey respondents, DV was among the top four most common types of crime they have experienced (NDHS, 2014; Immigration and Refugee Board of Canada, 2014). Additionally, NDHS reports that

35% of women and 25% of men agree that a husband is justified in beating his wife (NDHS, 2014).

The American Community Survey Briefs of 2008 -2012 shows that 1.6 million African immigrants reside in the United States, and of that population, 36% are from West Africa, with the majority being from Nigeria (14%) and Ghana (7.6%) (Gambino, Trevelyn, & Fitzwater, 2014). African immigration steadily has been growing since 1996 (Akinsulure-Smith, Chu, Keatley, & Rasmussen, 2013). The challenge among newly immigrated African population is adjustment to the new socio cultural environment. They face conflict between keeping traditional attitudes or negotiating new gender role within the new environment (Akinsulure-Smith et al., 2013). Nigerian traditional attitudes towards women and their role, male-female relationship and family dynamics, domestic and intimate partner violence also can migrate and manifest itself when gender power relations start to change and be challenged. For individuals who subscribe to these traditional attitudes strongly, this especially is true and DV and IPV would be the outcome of the conflict they experience, as it is their habit and comfort.

Both men and women in the Nigerian community opt for similar resolutions to conflicts such as IPV (Akinsulure-Smith, et al., 2013) either as a couple or individually. This is regardless of whether they reside in Nigeria or the U.S. According to Nigerian and African customs, a couple or person experiencing IPV is likely to opt for the following resolutions as the problem of DV persists:

1. Family members: out of respect, initially, people consult with their family members or in-laws, particularly their elders to discuss any issues, like DV and IPV, which is considered an internal family affair. In Nigeria, more than 70% of women who sought help while experiencing DV did so from their own family members (NDHS, 2014), in which case, the family members would either intervene or advise the best solutions they believe to be appropriate for the couple and the family as a whole.
2. Community elders or religious leaders: when going to family members does not bring a solution or if it is not possible, a couple or individual would go to the elders or religious leaders within their community for advice or intervention. Like with choosing to consult family, this option is taken also out of respect for the community leaders' advice; and, since one's community can be considered an extension of family,

going to the elders or religious leaders still is seen as keeping the issue internal.

3. Resources outside of the community: when both the first and second steps do not result in satisfactory solutions, resources outside the community would be utilized. This includes, amongst other options, calling the police, obtaining an order of protection, seeking DV shelters, or seeking legal representation. Intermediary steps such as couples counseling or therapy typically is not taken. Resources outside the community to address DV and IPV are used out of desperation and as a last resort. This option is the least desirable partly because the issue ceases to be a private matter and using outside resources often is not supported and encouraged by family members and the community.

(Akinsulure-Smith, et al., 2013)

The Nigerian culture is community orientated sometimes at the expense of the individual, which is part of the conflict experienced by the community when a Nigerian migrates to the U.S. In many cases, the above options 1 and 2 favor the perpetrator of DV and IPV than they do the victim. Women, as DV victims, reported dissatisfaction and the type of advice offered was not helpful or encouraging. When women go to either family members or community leaders, they do not feel supported and are made to feel ashamed, blamed and responsible for the abuse and pressured to stay in the abusive situation and household. They are made to feel alone. As a result, option 3 is not chosen until one is desperate. Outside resources are thus underutilized because, along with the partner, family members and community leaders discourage the victim by threatening separation from her children, isolation and deportation, which is especially threatening to an undocumented immigrant. Out of fear, nothing is done (Akinsulure-Smith, et al., 2013), so the continuous psychological effect of DV and IPV not only negatively affects the individual but also, ironically, the community.

Women experiencing DV and IPV suffer not only physically, but also emotionally and psychologically. They can experience post-traumatic stress disorder, anxiety, depression, and a sense of isolation. According to the World Health Organization (WHO) global report on the prevalence and health effects of intimate partner violence and non-partner sexual violence, sexual and reproductive health effects also have been linked to DV and IPV, including unintended pregnancies, miscarriage,

stillbirth and nutritional deficiency (WHO, London School of Hygiene and Tropical Medicine, & South African Medical Research Council, 2013).

Additional WHO guidelines launched with the 2013 global report reported these key findings on the health impacts of violence by an intimate partner:

- Fatal injury (caused by intimate partner): the most direct effect of IPV is fatal injury. Globally, 38% of all women who were murdered were murdered by their intimate partners. The median prevalence of intimate partner homicide among all murdered women in the African region is approximately 40%.
- Non-fatal injury (caused by intimate partner): like fatal injury, non-fatal injury is a direct effect of IPV. Head, neck and facial injuries are the most common, followed by musculoskeletal and genital injuries. The study found that among women experiencing IPV 42% were non-fatally injured by their partners. Hospital and clinic-based data were not included in this study, because many women, regardless of the health system, do not seek medical attention for injuries caused by their partners. When they do seek health care, perpetrator information at many hospitals is not collected; or, when asked, women do not disclose the true source of their injuries.
- Depression and suicide: women who have experienced partner violence are almost twice as likely to experience depression compared to women who have not experienced any violence. Exposure to traumatic events can lead to stress, fear and isolation, which, in turn, may lead to depression and suicidal behavior. This relationship also may be bidirectional since women with mental health issues can be more vulnerable to violent relationships.
- Alcohol abuse: alcohol is a major facilitator of men's violence upon women. Additionally, women experiencing IPV and DV are almost twice as likely to abuse alcohol. Women may drink and abuse alcohol to cope with the violence or, as an underlying issue, because there may be mental health problems either caused or exacerbated by the violence, women may drink and abuse alcohol. Women who



binge drink or abuse alcohol also are more vulnerable to experiencing violence by a partner.

- Sexually transmitted infections (STIs) and HIV: IPV is an important contributor to becoming infected with STIs and HIV for women. Women's vulnerability to becoming infected is a direct consequence of sexual violence by their partner and an inability and fear of negotiating for the use of condoms. Women experiencing IPV are 1.5 times more likely to acquire syphilis infection, chlamydia, or gonorrhea. In some regions (including sub-Saharan Africa), they are 1.5 times more likely to acquire HIV. Additionally, there is behavioral evidence that men who are perpetrators of IPV are more likely to engage in HIV-risk behaviors such as having multiple sex partners, visiting sex workers with consequent STI and frequent alcohol use.
- Unwanted pregnancy and abortion: violent relationships are marked by fear and controlling behaviors. Adverse sexual and reproductive health outcomes are a direct result of sexual violence, coercion and affected pathways to contraceptive usage – the sabotage or disapproval of birth control; prevention of contraception use; or inability and fear of negotiating condom use. As a result, women experiencing physical and/or sexual violence by their partner are twice as likely to have an abortion compared to women who are not experiencing this violence; and women in abusive relationships have more unintended pregnancies.
- Low birth weight and prematurity: women who experience IPV have a 16% greater chance of having a low birth-weight baby. Low birth weight can be the result of either premature birth or growth restriction in utero, both of which is linked to stress. Living with domestic violence is marked with chronic stress and can, therefore, be an important risk factor for maternal and infant health. (WHO, et al., 2013)

Violence against women and girls is one of the most obvious illustrations of their lower position and status in their communities. When violence against women and girls are generally acceptable in a society, it negatively affects their self-esteem and



self-worth; and it threatens their social and political status in society such as political representation, access to education, health services and overall safety. This ultimately would affect the well-being of the family and society as a whole. It is evidenced that domestic and intimate partner violence are extremely common, pervasive and that the effects of such violence – depression, malnutrition, suicide – towards women are a detriment to the family's well-being. Awareness and preventative measures are needed in various sectors of society, such as municipal, legal and communal, in order to decrease and ultimately eliminate this global family health crisis.

### **Consequences on children**

Children need a safe and secure home, free of violence, and parents that love and protect them. They need to have a sense of routine and stability, so that when things go wrong in the outside world, home is there for them to receive comfort, assistance and care. According to Sudbury-Wayland-Lincoln Domestic Violence Roundtable Organization (2014), 3-4 million children between the ages of 3-17 are at risk of exposure to domestic violence each year. U.S. government statistics say that 95% of domestic violence cases involve women victims of male partners. The children of these women often witness the domestic violence. Because children mature faster than normal they tend to quickly pick up what they see constantly and may not be able to distinguish between what is right from what is wrong. Persistent exposures to such violence lead to aggressive and anger behaviors and grow up not having trust on anybody.

Children who are exposed to battering become fearful and anxious. They are always on guard, watching and waiting for the next event to occur. They never know what will trigger the abuse, and therefore, they never feel safe. They are always worried for themselves, their mother, and their siblings. They may feel worthless and powerless. According to the United States Department of Health and Human Services, Child Welfare Information Gateway (2015), other problems that children face growing up with domestic violence parents include: Symptoms of post-traumatic stress disorder (PTSD) like nightmares, insomnias, anxiety, increased alertness to the environment, having problems concentrating and emotional symptoms like shame, low self-esteem and grief.

Behaviors such as bed wetting, isolation, substance abuse, aggression, becoming an abuser have also been traced to DV.

### **Consequences on Men**

The estimate of the number of men that are abused by their spouse may be debatable the consequences on both the man and the woman is not. Straus (2010) discovered the adverse effects of being a victim of IPV to be much greater for women than for men. Women sustain more injury, fear and death from IPV than men, and will, therefore, need more help and services also than men. In effect, men suffer the following consequences as women:

***Injury:*** Whereas the numbers are greater on the women's side, men get injured from IPV. McKenzie & et.al, (2005) described the term injury as a Latin word with the meaning "not right." Injury can be either unintentional or intentional. Nothing about injury from IPV can be assumed as accidental. An injury from IPV is intentional in which case another purposely inflicted the injury. Literature review points to the fact also that men suffer emotional abuse as they do physically from IPV as the women from their self-esteem taking a dip.

***Alcohol/Drug Use:*** The use of alcohol and/or other drugs by a victim of IPV (man or woman) is one to debate whether it is a cause or an effect. IPV can make and do make some men dependent on alcohol and other drugs and contributes to both intentional and unintentional injuries. Alcohol and almost all the street and some prescription drugs alter people's mental state putting some in the position to inflict pain and mayhem on another or use it as a way of escape..

***Isolation:*** Some women are as controlling as some men. They want to know where the spouse does, who he sees and talks to and where he goes. The lack of or limited social contact with the rest of the world can lead to depression and is a potential for suicide.

***Medical Problem:*** IPV can cause medical problems such as hypertension especially in those with risk factors. With high blood pressure, the heart works harder than normal to pump blood through the body. The incidence of hypertension is higher in men than it is in women. Stress from IPV can lead to a hypertensive crisis in those with hypertension.

***Death:*** People sometimes die from IPV including men. The highly acclaimed and widely read bestseller "It Could Happen to Anyone: Why Battered Women Stay" described the practical clinical experience of battered women and their batterers. The authors interviewed several women

initially across America, who killed their husband and sitting in jail for it. Inarguably, men kill their spouse more than women in IPV. Men still get killed in IPV.

### Summary

The argument on domestic violence or intimate partner violence (IPV) cannot be on who suffers more or less. IPV either by a man or woman is a violation of another's human rights, which is unacceptable and should not be tolerated in any community. As nurses, our work should focus on its prevention which can be achieved through early identification and education. Straus (2010) noted that current prevention and treatment efforts are based on the assumption that IPV is perpetrated almost entirely by men and suggests that education should be directed at boys, girls, men and women using gender neutral terms. As first line care givers, nurses should proactively ask patients in their care if they are at risk or experiencing domestic violence using assessment tools and reporting protocols. Whereas this is a standard of practice in the US and many developed Western countries, this practice is not the norm in Nigeria. Assessment has been proven to have helped in identifying at risk women (and men) and linking them to proper supportive care. At the urging of the National Association of Nigerian Nurses in North America (NANNNA), the Nigerian Federal Minister of Health convened a stakeholder meeting to deliberate on a national action plan on domestic violence in 2014. Piloting such conversation about domestic violence within the Nigerian health sector may address the devastating impact violence.

Adequate research into IPV will guide practice. In a 2010 national survey funded by CDC and Department of Justice it was found that in 12 months more men than women were victims of intimate partner physical violence and over 40% of severe physical violence was directed at men (Hoff, 2012) which contrasts the earlier National Violence Against Women Survey which estimated that 1.2 million women and 835,000 men were victims of intimate partner physical violence (Tjaden & Thoennes, 2000). Studies that will be neutral and targeted at both men and women to identify causes and prevention may yield desired information.

Laws and legislations to prevent domestic violence and provide avenues for intervention is an expectation from community, state, national and international stake holders and policy makers if DV and IPV is to be prevented and eradicated. According to the United States Justice Department (2014), a National Advisory Committee on Violence against Women (NAC) was re-chartered on March 3, 2010 to

among other things recommend interventions for children and teens who witness and/or are victims of domestic violence, dating violence, and sexual assault. This legislation is commendable and should be replicated world-wide especially in under-developed countries. Strong legislations will give the health providers a voice and reason for adequate assessments, interventions and practices.

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Congratulations to all Nigerian boys and girls that graduated from high school and college in 2015. “*The function of education is to teach one to think intensively and to think critically. Intelligence plus character - that is the goal of true education.*” (Martin Luther King, Jr). “*Education is the key to unlock the golden door of freedom.*”(George Washington Carver)

## ***2015 High School Grads:***

Eustacia Chiamaka Ikeri, Class of 2015 Tartan Senior high School

Johnny Obasi, Class of 2015 Crystol Ray Senior High School

Omotayo Andrew Famodu, Class of 2015 Woodbury Senior High School



## ***2015 College Grads:***

Adesebhoughe Iyobhebhe, Class of 2015 Winona State University

Ashley Iyabo Oni, Class of Loyola University Chicago

Olowoyo Sunday Oluremi, Class of 2015 Winona State University

Damilola Abimbola Oshin, Class of 2015 Hamline University

Oluyinka Taiwo Alowooja, Class of 2015 Hamline University

Bolaji Olabode Santos, Class of 2015 Hamline University

Olawunmi Adebimpe Mafe, Class of 2015 Hamline University

Adeyinka "The Prince" Ayinde, Class of 2015 U of M Twin Cities

Olufemi Adams, Class of 2015, U of M Twin Cities

Grace Oribamise, Class of 2015, Rice University

Adedamola Ayodele Adeyeye, Master of Arts in public Admin, Class of 2015 Hamline University



***Congratulations to all of these graduates and those that we are not aware of, we wish you all the best of luck in all your future endeavors.***



## MIND's

annual family picnic was Saturday August 15th 2015. It was a fun event. Unfortunately, we were not able to play our ping-pong tournament due to the unfavorable weather. The



draft/checker tournament was at a head lock within Mr. Sunny Aikoreighe, Mr. Jonathan Oyinloye and Mr. Festus Ejiofor, we were not able to determine first, second and third place players before dark. This mean they all have to continue to sharpen their skills for the trophies and prizes next year.



*Hope to see you at the next picnic on Saturday August 2nd 2016. Watch out for the details.*



## New Born

A baby is the best gift to all parents. With the arrival of a newborn, parents are overcome with happiness and seem to have the greatest gift they could ever have.



Congratulation to Dr. Fatima Lawson, Sibi and Erick on their new born girl

## YOUTH VOLUNTEERS

MIND commends the effort of these young Nigerians for singing the Nigeria and USA national anthem at the 54<sup>th</sup> independence.



From the left Qadre Ayinde, Prince Chineyenwa Okolie and Ignatus Ejiofor.



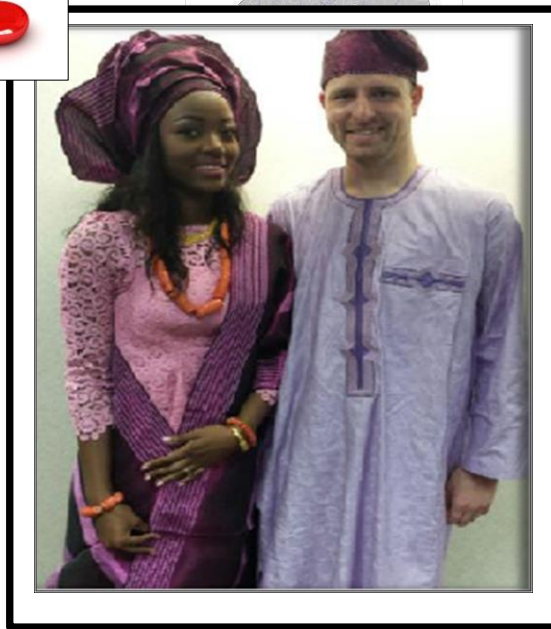
**“What God has joined together let  
no man put asunder” (Mark 10:9)**



Family and friends  
witnessed Sika  
Lawson and Adeyele  
Akanji tied the knot on  
Friday, May 29th.  
2015.



Dr. Richard Oni's niece  
Maria Agunsoye and  
Scott Campbell tied  
the knot on 9/18/15



Best wishes to you both and all other recently married Nigerian couples. May you all enjoy all the blessings life and always know that a cord of three strands is not quickly torn apart.

## Milestone Birthdays

Below are few pictures of celebrants and their families. MIND wishes all that celebrated milestone birthday a many happy return.

A birthday is just another day where you go to work and people give you love. Age is just a state of mind, and you are as old as you think you are. You have to count your blessings and be happy. - Abhishek Bachchan.

Mr. Onarinde  
celebrated  
**60<sup>th</sup>** in January



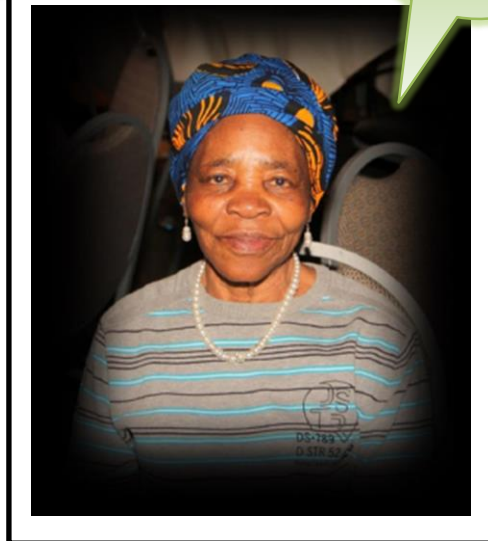
Grandma  
Theodora Ato  
celebrated **90<sup>th</sup>**  
in January



Mrs. Alabi  
celebrated her **80<sup>th</sup>**  
birthday in June



Mrs. Ejiofor  
celebrated  
**80<sup>th</sup>** in  
September



Mrs. Okolie  
celebrated  
**87<sup>th</sup>** birthday  
in August



*Happy birthday to all and many others we are not aware of.*



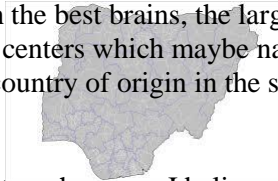
## Wither Goes “United we Stand” Among Nigerians in Minnesota

It is with keen interest that I observe the many divisions among Nigerian communities and the desire of each group to outdo the other and for each event I ask myself where the slogan “united we stand” is applicable.

Some Nigerian adages state that a single broom can be broken with ease, but same cannot be applicable to a bunch of broom sticks; urine foams when pooled in one spot rather than when sprayed. These adages point to the strength in unity/number and if our aged know this, what don’t our current crop of Nigerian leaders understand about the strength in number. What are we teaching our youths who will be taking over from us in no distant future?

For individuals whose home of origin is thousands of miles away, I was expecting that we will be our brother’s keeper in a foreign land but we seem to have dragged the disunity that have dogged the tribes from back home to our foreign abode. We have decided to encode tribal roots in Minnesota instead of forming a unified Nigeria and fight for our rights. We have decided to confuse our youths and instill in them the divisive attitude of old rather than broad mindedness that is known to promote togetherness. It may be interesting to note that countries like Cameroon, Somali was able to put tribal differences apart, form indivisible coalitions, and got centers named after their country where they can display their culture and teach their youth. Nigerians might end up having many tribal places with none named after their country of origin – whither goes united we stand??

From the look of things, the country with the best brains, the largest population and land mass in Africa may be represented by several miniature centers which maybe named after the 36 states of the country, and possibly with none named after the country of origin in the state of Minnesota - whither goes united we stand??



I have tried to avoid naming tribes or sectors; however I believe that every Nigerian who owns an American passport can see that the information page identifies us not by our tribes but our country of origin. This means that no matter how divided we act, our identities remain same – Nigerians! If our diaspora host identifies us as such, why don’t we come together, pool resources together and create a befitting edifice we can call our own and be proud of.

Our elders say a word is enough for the wise and I echo that as I call on all leaders of the different tribes in Nigeria to re-think and use their leadership to make Nigeria great. Posterity will judge us if after spending donkey years in America we will leave nothing for our young ones to remember us by.

My two cents!!

Dr. (Mrs) Ngozi Mbibi

## LIFE IS A JOURNEY



*Life is like a journey on a train... with its stations... with changes of routes...and with accidents! We board this train when we are born and our parents are the ones who get our ticket. We believe they will always travel on this train with us. However, at some station our parents will get off the train, leaving us alone on this journey.*

*As time goes by, other passengers will board the train, many of whom will be significant - our siblings, friends, children, and even the love of our life. Many will get off during the journey and leave a permanent vacuum in our lives. Many will go so unnoticed that we won't even know when they vacated their seats and got off the train!*



*This train ride will be full of joy, sorrow, fantasy, expectations, hellos, good-byes, and farewells. A good journey is helping, loving, having a good relationship with all co passengers... and making sure that we give our best to make their journey comfortable. The mystery of this fabulous journey is: We do not know at which station we ourselves are going to get off. So, we must live in the best way - adjust, forget, forgive and offer the best of what we have.*

*It is important to do this because when the time comes for us to leave our seat... we should leave behind beautiful memories for those who will continue to travel on the train of life."*

*Thank you for being one of the important passengers on our train... we don't know when our station will come... we don't want to miss saying: **"Thank you"***



## Folktale

In the  
beginning  
of the  
world

when the Creator had made men and women and the animals, they all lived together in the creation land. The Creator was a big chief, past all men, and being very kindhearted, was very sorry whenever any one died. So one day he sent for the dog, who was his head messenger, and told him to go out into the world and give his word to all people that for the future whenever any one died the body was to be placed in the compound, and wood ashes were to be thrown over it; that the dead body was to be left on the ground, and in twenty-four hours it would become alive again.

When the dog had traveled for half a day he began to get tired; so as he was near an old woman's house he looked in, and seeing a bone with some meat on it he made a meal off it, and then went to sleep, entirely forgetting the message which had been given him to deliver.

After a time, when the dog did not return, the Creator called for a sheep, and sent him out with the same

message. But the sheep was a very foolish one, and being hungry, began eating the sweet grasses by the wayside. After a time, however, he remembered that he had a message to deliver, but forgot what it was exactly; so as he went about among the people he told them that the message the Creator had given him to tell the people, was that whenever anyone died they should be buried underneath the ground.

A little time afterwards the dog remembered his message, so he ran into the town and told the people that they were to place wood ashes on the dead bodies and leave them in the compound, and that they would come to life again after twenty-four hours.

But the people would not believe him, and said, "We have already received the word from the Creator by the sheep, that all dead bodies should be buried."

In consequence of this, the dead bodies are now always buried, and the dog is much disliked and not trusted as a messenger, as if he had not found the bone in the old woman's house and forgotten his message, the dead people might still be alive.

*Source: Elphinstone Dayrell, Folk Stories from Southern Nigeria, West Africa (London: Longmans, Green, and Company, 1910), no. 23, pp. 81-82.*

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