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COLONIAL LEGACIES IN DISEASE CONTROL: HEALTH INSTITUTIONS AND THE BATTLE AGAINST LEPROSY AND TUBERCULOSIS IN TARABA, NIGERIA (1900–2025)

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ABSTRACT

Diseases, epidemics, and healthcare provisioning are intrinsic attributes of human society since prehistoric times. Human beings and societies have had to deal with various diseases (including infectious ailments) that adversely affect human socialization and development by devising ways to forestall, treat, or prevent the relapse or escalation of such diseases. In post-colonial Nigeria, infectious diseases such as leprosy and tuberculosis posed serious health threats to national development. The Federal Ministry of Health posits that by 2017, there were 418,000 tuberculosis cases in Nigeria. The figure rose to 429,000 in 2018. By 2020, Nigeria had the 6th highest TB burden globally. Although there have been efforts to curtail its endemic prevalence, particularly in Taraba State, which is the focus of this study, the challenge persists. There has been a dearth of historical scholarship on this subject aimed at understanding the historical dynamics of the treatment and management of infectious diseases such as leprosy and tuberculosis in Taraba State. This study examines the manifestation of colonial legacies in the post-colonial dynamics for the prevention and control of leprosy and tuberculosis and the development of public health institutions in Taraba State, Nigeria, from 1900 to 2025. The study primarily adopts the historical methodology, employing primary sources such as oral interviews, official documents, and archival data, as well as secondary sources such as published books and scholarly journals. The study reveals that Christian missionary efforts, government healthcare initiatives, and local adaptations intersected to shape healthcare access, infectious disease control, and the

training of indigenous health personnel during the colonial period. Further, the study reveals that the colonial legacy and semblances of the colonial era significantly influence the management and control of infectious diseases such as leprosy and tuberculosis in the contemporary period in Taraba State, although contemporary challenges such as infrastructure, corruption, and funding have worsened the conditions of the health facilities responsible for controlling such diseases. The study recommends that the positive legacies of the colonial infectious disease control, such as the establishment of health centres, should be prioritised, and the negative legacies should be jettisoned.

KEYWORDS: Tuberculosis, Leprosy, Health, Disease Control, and Infectious.

INTRODUCTION

Diseases, epidemics, and methods of healthcare provisioning are intrinsic attributes of human society since prehistoric times. Human beings and societies have had to deal with various diseases (including infectious ailments) that adversely affect human socialization and development by devising ways to forestall, treat, or prevent the relapse or escalation of such diseases (Laura, 2016). In other words, epidemics are not contemporary phenomena, and there have been ways of preventing, treating, and managing their impact for centuries, although the type and nature of the epidemics and methods of controlling and managing their impact differed from one geographical area to another and from one historical epoch to another.

Even before the advent of colonialism, Africans had encountered various ailments and epidemics, some of which include sleeping sickness, human trypanosomiasis, and malaria caused by *plasmodium falciparum,* among many other ailments. To be sure Africans had methods of controlling and managing these ailments. Doyle (2025) argued that these methods, mastered by herbalists, *juju* men, witchdoctors, or '*Babalawo'* as they were called, combined herbs, surgical methods, and spirit invocation in preventing sicknesses, treating the sick, and curtailing escalation. The slave trade and legitimate trade eras introduced ailments such as cholera, dysentery, influenza, measles, and influenza to the continent as there were interactions with people from outside the continent.

The interaction between Africans and the outside world increased in the colonial period. The early colonialists could not withstand the diseases in Africa, so the continent was referred to as the "white man's grave". It was reported that half of

the missionaries who arrived the Gold Coast in 1850 died within a year, although medical discoveries and the establishment of hospitals improved the mortality in the 1850s and 1890s. These improvements in medicine and the establishment of health centres were done by the colonial governments and the missionaries. To buttress the point, by 1925, there were over 116 missionary hospitals and 366 dispensaries in sub-Saharan Africa (Wright, 2018). Healthcare provisioning was a strategy for the evangelisation of the people. in the Congo area, the burden of healthcare provisioning, disease management, and prevention was handed over to the missionaries, while the Francophone countries depended on military doctors (Houegot, 2019).

In the area which later became Nigeria and Taraba State in particular, medical interventions during the colonial period were initially designed to serve European administrators and missionaries. According to Edgar (1972), with the expansion of missionary work and Native Authority governance, health services gradually extended to the indigenous population. It has been posited that colonial public health policies were shaped not only by scientific progress but also by imperial economic interests to guarantee the supply of a healthy manpower for colonial exploitation. This development was marked by the establishment of more healthcare centres and dispensaries (for treatment) and the setting up of research centres for the training of health personnel by missionaries and the colonial government. Infectious epidemics such as leprosy and tuberculosis, which had inspired religious and social interpretations among African communities since the pre-colonial period, received scientific intervention during colonial times (IOM, 2018). The scientific interventions generally improved the management and control of these infectious diseases. This paper argues that although there have been changes, there are observable similarities between the colonial and post-colonial methods of controlling infectious diseases such as tuberculosis and leprosy in Nigeria and Taraba in particular. Further, the paper submits that adequately construing the colonial legacies in tuberculosis and leprosy management is essential in managing the epidemics in the contemporary period. This study is relevant considering the exponential increase in incidences of leprosy and tuberculosis in Nigeria and Taraba State in particular.

AIM AND OBJECTIVES OF THE STUDY

The primary aim of this paper is to account for the colonial legacies in the contemporary methods for the control and management of infectious diseases such

as tuberculosis and leprosy in Taraba State, northeastern Nigeria. The objectives of the paper include the following:

1. To historicize the dynamics in the control and management of infectious diseases such as tuberculosis and leprosy in Taraba State.
2. To comparatively analyse the colonial legacies in the contemporary dynamics of tuberculosis and leprosy prevention, management, and control in Taraba State.
3. To interrogate the achievements and limitations in the tuberculosis and leprosy control methods in Taraba State and suggest the way forward.

LITERATURE ON COLONIAL LEGACIES IN DISEASE CONTROL

There is a significant body of extant literature on the history of colonial healthcare delivery and its nature in the post-colonial period in Africa. The extant literature provides insight into this current study on the legacy or transformation of the dynamics of tuberculosis and leprosy management in Nigeria and Taraba State in particular. Some of the extant literature is reviewed hereunder for the purpose of this research. Cochrane (2022), for example, construed the influence of colonialism on contemporary healthcare management in Africa in his study, *Colonial Entanglements in African Health Worlds*. He argued that due to the far-reaching impact of colonialism on Africa, its legacy remained visible in the post-independence period in almost all areas; hence, understanding the colonial period is essential for understanding the contemporary period. In the healthcare sector, Thandeka remarked that the colonial era system whereby the missionaries and government were heavily involved in the disease control and training of personnel persists in the contemporary period with little variation. Thandeka's work is relevant to this research as it articulates the transformation in the process of healthcare provisioning. Thandeka premised his argument on the point that the major hospitals in contemporary Malawi were missionary creations during the colonial period and still serve important purposes. Thandeka's work, focusing on Malawi, contextually differs from the current research, which considers Taraba State; however, the arguments will be valuable to the current study.

Boateng-Ade (2022) considers a subject relevant to this current study. She lamented the disastrous state of contemporary healthcare in Africa, characterized by inequity in access to healthcare, high cost of healthcare, poor state of public hospitals, and high mortality rates. Boateng-Ade asserted that while several factors,

including corruption, may be responsible for the deplorable state of healthcare, the root cause of the poor state of healthcare stems from colonialism, as the approach adopted by the colonialists and the missionaries to healthcare provision benefited some social groups (elites) and did not benefit the masses in general. She further argued that the systems introduced class stratification in the provision of healthcare, a development alien to Africans and their system of health. Like Thandeka (2022), Boateng-Ade's (2022) work is valuable to this current research, but the contextual scopes differ. Also, this current study specifically focuses on the colonial legacies in the management of infectious diseases such as tuberculosis and leprosy in Taraba State of Nigeria.

Hokkanen (2017) suggested that one of the major legacies of colonialism on healthcare in Africa was the transformation from traditional African medicines to conventional Western medicine. He reiterated the critical role played by missionary societies such as the Church Missionary Society (CMS), the Roman Catholic Missions (RCM), and the Baptist Missions, among others, in introducing conventional medicine and healthcare in Africa (Hokkanen, 2017). The introduction of the new medical systems replaced the African traditional medical systems and relegated the African healthcare systems. Further, the missionaries were selective in delivering healthcare to the people as they only provided quality care for the Europeans and Africans who were willing to convert to Christianity, while the natives only got limited medical attention. The new healthcare system introduced classism in the African society, a new development. This system persisted in the post-colonial period, affecting the healthcare system in Africa. His arguments are valid and may be applied in the context of this current study in understanding the colonial legacies in tuberculosis and leprosy control in Nigeria.

COLONIAL HEALTH INSTITUTIONS AND INFECTIOUS DISEASE CONTROL IN NORTHERN TARABA

In Northern Taraba, the colonial government and missionary organizations collaborated in healthcare provision, primarily to support colonial administration. Falola (2025) has argued that the colonial government's support for health institutions was not strictly aimed at developing colonial Nigeria; the colonial government supported the health institutions to ensure the convenience and safety of the colonial administrators and to ensure their treatment. The missionaries were also very active in the establishment of health facilities in the Nigerian area during the

colonial period, as such facilities were useful in the training of missionaries who took ill during the missionary journeys. Raymond (1990) established that in present-day northern Taraba State, health institutions were operated by Catholic Missionary congregations as clinics with specific units for treating infectious diseases, and which played a key role in controlling such communicable diseases.

Between 1953 and 1959, Native Authorities in northern Taraba established several health dispensaries following the directives of the colonial government. Although intended to serve broader populations, these facilities were primarily aimed at controlling outbreaks that could affect colonial officers, as Falola (2025) argued. These hospitals—including Bambur, Lankaviri, Zinna, and Karim-Lamido—were poorly equipped and lacked sufficient medical personnel (Min. of Health Annual Reports, 1961).

Despite limited resources, these institutions laid the foundation for medical infrastructure in the region. By the post-colonial era, these health outlets evolved from basic dispensaries into more comprehensive health centres, providing not only curative services but also preventive measures such as immunization and health education. For emphasis, St. Monica Health Centre in Yakoko was established in 1965 by the Franciscan Missionary Sisters. The centre was supported by international donors with specialized units for tuberculosis and leprosy care and became a hub for training indigenous healthcare workers. According to Houéto (2019), the health centres established during this period had specialized units for the care and treatment of leprosy and tuberculosis, as was the case in the health centres in Taraba North.

Central Taraba: The Kuturu Health Centre and Its Missionary Legacy

Central Taraba's Kuturu Health Centre was founded in 1948 by Christian missionaries, becoming a cornerstone in leprosy care. The hospital gained prominence through the work of Dr. Roy Pfaltzgraff, a medical missionary who introduced multidrug therapy (MDT) during his tenure from 1954 to 1982 (Barminus, 2003). The Kuturu Centre provided clinical treatment, surgical rehabilitation, and prosthetic services, positioning it as a regional hub for leprosy and dermatology. Its operations were primarily supported by international missionary organizations, but the Centre also fostered local engagement through basic medical training of indigenous staff (Barminus, Oral Interview, February 2nd, 23).

However, with the transfer of control to the defunct Gongola State in 1976 and the creation of Taraba State in 1991, institutional support declined. Geographic

isolation and funding gaps contributed to its eventual dilapidation. Despite its decline, the Kuturu Health Centre remains an important historical site. It demonstrates the impact of missionary medicine and the necessity of sustained investment in public health infrastructure beyond philanthropic and religious motivations.

Southern Taraba: The Dual Mission of Tamia Health Centre

The Tamia Health Centre, established in 1950 by the Sudan United Mission, served dual functions as a medical facility and evangelical base. Named after a philanthropist, the centre addressed diseases like leprosy, tuberculosis, and malaria while simultaneously spreading Christian teachings (Musa, Oral Interview, July 24th, 2022).

The Tamia Health Centre stood out for its early integration of health and religious outreach, which helped reduce stigma surrounding disease. The missionaries at the Tamia Health Centre provided medical treatment, community education, and support for communities within its area of operation. Its campaigns were aimed at correcting the wrong societal belief that diseases like leprosy were punishments from the gods and that lepers were damned people who did not deserve any help. The belief that these sets of people were paying for the sins of their forefathers made access to healthcare very difficult for them (Interview with Sale, August 2025).

The Sudan United Missions operated the health facility from its creation in the 1950s up to the postcolonial period. The health centre was later handed over to the local churches and the Takum Native Authority. Following this handing over, the operations of the health centre deteriorated. This was reflected in the poor staffing, inadequate facilities, and low morale among personnel caused by the poor remuneration, which reduced the effectiveness of the health centre. The situation was such that by the early 1990s, the health centre had become largely non-functional (Samuel, Oral Interview, July 26th, 2022).

The Urban Model: Jalingo Township Health Centre

Founded in 1938 by the Jalingo Native Authority, the Jalingo Township Health Centre became the oldest and most influential health institution in the Jalingo area. Initially established as a Native Dispensary in the mid-colonial period, the Jalingo Township Health Centre evolved into a primary healthcare centre that addressed diseases such as tuberculosis, leprosy, and smallpox (Tafida, Oral

Interview, July 1st, 2022). The health centre remained a government health centre during the colonial period providing healthcare to the natives during the colonial period.

The Jalingo Township Health Centre benefited under Nigeria's post-independence health policies, especially during the 1970s and 1980s. The National Development Plans, such as the Basic Health Services Scheme, was beneficial to the health centre in terms of grants and other forms of support. The recognition of the Jalingo Township Health Centre under the Nigeria State Health Investment Project (NSHIP) marked a turning point in the local health service delivery of the health centre. The facility became a model for integrating national and global health initiatives at the grassroots level (Haruna, Oral Interview, July 3rd, 2022).

Training and Capacity Building

The training of indigenous health personnel was pivotal to sustaining healthcare delivery across Taraba during the period under study. Missionary institutions like St. Monica, Tamia, and Kuturu pioneered basic training programs for nurses, health attendants, and laboratory staff. These programs, although rudimentary, laid the groundwork for more formal training opportunities introduced by the government in the 1970s (Sale, Oral Interview, August 19th, 2025).

Institutions in Kano and Zaria began producing certified healthcare professionals, while internal mentoring continued in other local health centres. For instance, the Jalingo Township Health Centre became known for producing skilled auxiliary staff, some of whom later transitioned into official state health services (Sale, Oral Interview, August 19th, 2025).

Disease Prevention and Public Health Strategies

The colonial government adopted various strategies for the control and prevention of diseases. Public health strategies in colonial Taraba prioritized leprosy and tuberculosis control due to their contagious nature and potential to undermine the colonial order. Early strategies focused on isolation, segregation, and rudimentary treatment, often delivered through missionary outposts. The isolation of the infected patients in Taraba State was aimed at limiting the contacts and mitigating the spread of the virus (Sale, Oral Interview, August 19th, 2025).

There was a slight change in the prevention strategies during the post-colonial period with the advent of antibiotics and MDT in the 1960s. The treatment of these diseases became more effective, allowing for outpatient care, community reintegration, and lesser segregation of the patients (Interview with Gamisa, August

2025). Surveillance, health education, and regular field visits became essential tools in containing the spread of these diseases (Interview with Abel, August 2025). There were periods when community health workers conducted door-to-door visits and administered drugs to affected individuals.

HEALTH INFRASTRUCTURE AND RESOURCE CHALLENGES

The leprosy and tuberculosis control strategies of the government were affected by various challenges, which limited its achievements. One of the most persistent challenges in Taraba's health history was the challenge of inadequate infrastructure. Some of the facilities began as small, mud buildings with minimal equipment and could not be improved during most of the colonial period because of the lack of funds (Sale, Oral Interview, August 19th, 2025). Although missionaries attempted to maintain standards through international donations, sustainability was often lacking (Duarte et al., 2021).

The infrastructural challenges that limited the proper functioning of the health facilities in Taraba included the challenge of power supply, water access, drug storage, and inconsistent equipment procurement. For emphasis, solar refrigerators were used to store temperature-sensitive vaccines in places like Yakoko and Kuturu, but maintenance was irregular. Furthermore, there was also a logistics challenge as vehicles used for fieldwork frequently broke down, limiting the outreach services of the health facilities. Such vehicles remained in a state of disrepair for a long time as there was no funding to fix them (Gamisa, Oral Interview, August 19th, 2025).

In summary, challenges such as financial limitations, infrastructure decay, and social stigmatization of healthcare roles (particularly in leprosy care) limited the pool of trainees. The limited budgetary commitment from both colonial and post-colonial governments further compounded matters, frustrating the efforts of the health workers. The stigmatization of the health workers in the leprosy centres and the poor treatment of health workers persisted; many of whom ultimately took to other professions (Sale, Oral Interview, August 19th, 2025). Many facilities relied heavily on mission funds or donor aids, which fluctuated based on foreign interest and organizational priorities. Due to the challenges, some of the health facilities have shut down as they cannot afford the running costs.

CONCLUSION

This study has examined the colonial legacies in the control of infectious diseases such as tuberculosis and leprosy in Taraba State, Nigeria, from the colonial

period to the contemporary period. The study considered the history of infectious diseases and explored the achievements, changes, and limitations in the process. The study arrived at some conclusions, principal of which is that the history of conventional infectious disease control in Taraba can be traced to colonial healthcare institutions in Taraba State. Such health institutions represent a complex interplay of imperial interests, missionary zeal, and indigenous adaptation. While they introduced important disease control strategies and established the foundation for modern health services, the colonial health centres promoted classism, as most of the main health centres were not established for the general good of the locals but for the convenience of the expatriates.

The contributions of these health institutions in infectious disease control can be considered manifold. First, the health institutions were actively engaged in creating public health awareness, training local personnel, and the reduction of disease burden in targeted areas. The efforts of the colonial health institutions were thus short-term and long-term, as seen in their training of personnel. Some of the colonial legacies of the health institutions were abandoned in the post-colonial period. The history and efforts of the colonial health institutions offer valuable lessons for contemporary health policy in Nigeria in general and Taraba State in particular, emphasizing the importance of sustainable infrastructure, community engagement, and the integration of traditional beliefs in health planning.

Though essential in disease control, the long-term impact of these health institutions in the post-colonial period was marred by structural weaknesses and sociocultural barriers. Several factors limited the contributions of the colonial health centres; challenges that deepened in the post-colonial period. The health centres faced challenges ranging from the shortage of funds, inadequacy of infrastructures, logistical challenges, and the stigmatization of health workers in leprosy centres. The persistence or worsening of these challenges during the post-colonial period ultimately led to the closure of some of the health centres that had existed since the colonial period.

RECOMMENDATIONS

After an examination of the methods, contributions, and challenges of infectious disease control in Taraba State from the colonial period to the present, this study makes the following recommendations:

1. There is a need for the revival of the infectious disease control centres in all the regions in Taraba State to mitigate the prevalence of infectious diseases.
2. The government should prioritize the training of medical personnel specialized in infectious disease control in the higher institutions.
3. The government should set up a fund aimed at meeting the financial demands of the health centres.
4. Considering the persistence of wrong social stereotypes on infectious diseases, the government needs to undertake an aggressive orientation campaign aimed at correcting some of the false stereotypes. The radio and physical outreaches are recommended for this campaign.

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INTERVIEWS

S/N	Name of informant (s)	Occupation	Age	Place of interview	Date
1.	Barminus, A. G.	Retiree	70	Garkida	13.02.23
2.	Musa, M.	Farmer	60	Ussa	24.07.22
3.	Hamisu, Sale	Civil Servant	55	Jos	19.08.25
4.	Samuel, K.	Medical Doctor	59	Ussa	26.07.22.
5.	Tafida, U.S.	Lecture	43	Jalingo	1.07.22.
6.	Haruna, A.	Businessman	60	Jalingo	3.07.22.
7.	Joseph, Gamisa	Nurse	35	Jos	19.08.25

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COLONIALISM AND THE SPREAD OF ISLAM AMONG THE ABORO (BEROM) PEOPLE OF NORTH CENTRAL NIGERIA

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ABSTRACT

This paper examines the historical undercurrents of colonialism and its role in the spread of Islam among the Aboro people of the Berom nation in the Jos Plateau. The Berom, traditionally impervious to Islamisation due to violent jihadist incursions in the 19th century, faced a new challenge with British colonial rule in the early 20th century. While most Berom rejected Islam because of its association with jihad, the Aboro subgroup peacefully incorporated the religion. This study focuses on the period from 1900 to 1960, examining the impact of British colonial policies, the role of the Hausa/Fulani emirs, and the social and trade dynamics that contributed to the gradual conversion of the Aboro people. By employing qualitative and historical methods, including archival research and oral histories, the paper demonstrates how colonialism, in partnership with Muslim elites, facilitated the spread of Islam and reshaped the religious landscape of the Jos Plateau. It highlights the contrast between earlier violent efforts at Islamisation and the more peaceful process of conversion, driven by interactions with Muslim traders and missionaries. The findings underscore the momentous role colonial policies played in transmuting the region's socio-religious structure and the long-term impact of this collaboration on the local religious dynamics.

KEYWORDS: Colonialism, Islamization, Jihad, Berom Resistance, Jos Plateau, and Hausa/Fulani.

INTRODUCTION

Central Nigeria is known for its wide variety of indigenous languages, cultures, and religious customs. The Berom people have long been prominent among the many ethnic groups that call the Plateau home; they have also spread to Kaduna, where they are referred to as the Aboro, both because of their rich cultural legacy and their longstanding confrontation with outside influences, especially the spread of Islam. Islam was aggressively spread during the 19th century by jihadist movements, which is why the Berom opposed it. The Berom developed a sturdy mistrust of Islam because of these jihadist campaigns, which were started by the Hausa/Fulani and attempted to impose Islam throughout Northern Nigeria through coercion and military force. The Aboro, entirely Berom, are a community and a significant minority group in Kaduna State and reside in Sanga Local Government Area, to be specific. They ultimately adopted Islam peacefully, despite widespread resistance from other Berom groups, especially those in the present-day Plateau State.

The religious, cultural, and political dynamics of the area underwent a significant shift with the advent of British colonial forces in the early 20th century. British colonisation of Northern Nigeria, especially the Jos Plateau, was an economic and religious endeavour in addition to a political conquest. In addition to seeking strategic alliances with local Muslim elites, particularly the Hausa/Fulani emirs, the British were eager to establish control over the region's abundant natural resources, especially tin (Gonyok, 2020; Freund, 2018).

Jos Plateau's religious and political landscape was significantly shaped by British colonial policies, especially the application of indirect authority. By enabling local leaders, such as the Hausa/Fulani emirs, to manage their areas, Lord Lugard's indirect rule system (1922) allowed the British to control enormous swaths of territory. The British collaborated extensively with the emirs in Northern Nigeria, giving them significant political autonomy that helped them solidify their hold on power and further Islamise the area. In addition to ensuring the continuity of British control, this collaboration fostered an atmosphere that allowed Islam to progressively flourish among native populations that had previously opposed its influence.

The British and Hausa/Fulani emirs functioned together in a way that benefited both parties. Throughout the region, the Hausa/Fulani emirs aimed to increase their religious and political power, while the British sought to establish partisan and economic supremacy. Because of the premeditated alliance between the British and the Hausa/Fulani, the Berom saw the British invasion of their area as a

purposeful effort to allow Islamic rule over their homeland. Due to their political and religious sway, which was reinforced by British policy, the Hausa/Fulani emirs played a decisive role in this process. This allowed Islam to grow tranquilly, especially among the minority tribes of central Nigeria (Ifeagwu & Fwatshak, 2021).

Not by the power of the sword, the Berom people of the Aboro extract peacefully embraced Islam through contacts with Muslim missionaries, traders, and scholars, unlike the majority of the Berom who are in the present-day Plateau, who continued to oppose the faith. Earlier attempts to Islamise the region were marked by violent extremist initiatives, which contrast sharply with these benign conversions. One cannot emphasise how important Muslim traders were in helping to make these conversions possible. By trading among them, which involved adopting young Berom boys to work as shepherd boys, and interacting with others, these traders, who were mainly from the Hausa and Fulani communities, helped propagate Islam. Muslim traders, especially those of Hausa and Fulani descent, were indispensable in the spread of Islam throughout West Africa, including the Jos Plateau, as Fisher (2014) points out. They did this by establishing close contacts with local populations through mutual respect and cultural exchange.

Within the larger framework of British colonial policy aimed at integrating indigenous groups into the colonial economic system, Islam peacefully flourished among the Berom, particularly among the Aboro people. British officials attempted to take advantage of the mineral wealth on the Plateau after tin was discovered there. Muslim traders and labourers from the Hausa/Fulani emirates were among the migrant workers who arrived because of the start of mining operations. Islam was thus introduced to the Berom without the violent tendencies of jihad thanks to the development of mining communities, which created a new economic and social environment (Mwadkon, 2001).

It would be difficult to overestimate the Hausa/Fulani emirs' contribution to the propagation of Islam on the Jos Plateau. Long before the British arrived, the Hausa/Fulani had already taken the reins of Northern Nigeria's politics and religion, and during colonial administration, their power only increased. The emirs' political and religious supremacy was increased by Lugard's (1922) policy of indirect rule, which gave them the authority to run their countries on behalf of the British. Islam flourished across the Plateau in large part due to the emirs' capacity to enforce Islamic governance, although indirectly. Both the British and the emirs profited from their alliance: the emirs augmented their religious power while the British gained governmental dominance (Ediba, 2021). This study aims to investigate the complex

historical rapport between the Hausa/Fulani emirs and the British, which had a major impact on the spread of Islam among the Aboro people and other tribes on the Plateau.

To examine the expansion of Islam among the Aboro (Berom) people during the British colonial era, the article's methodology combines qualitative and historical research, mainly using archival data and oral narratives. It investigates how colonial policies affected the Aboro people's peaceful conversion, the Hausa/Fulani emirs' role, and socioeconomic factors. The findings reveal that the spread of Islam was not driven by violent jihad, as in earlier centuries, but rather through peaceful interactions facilitated by Muslim traders and missionaries. British colonial policies, particularly indirect rule, played a significant role in shaping the religious landscape, fostering a collaborative environment between colonial authorities and Muslim elites, which enabled Islam to gradually gain a foothold among the indigenous groups in central Nigeria. The peaceful conversion process was based on mutual respect and cultural exchange, marking a sharp contrast to previous violent Islamisation efforts.

THEORETICAL FRAMEWORK

To comprehend the historical, sociopolitical, and religious factors influencing the growth of Islam among the Berom people, especially the Aboro subgroup, this study takes a multi-theoretical approach. A sophisticated framework for analysing the intricate relationship between colonialism, Islamization, and indigenous resistance is offered by the ideas of postcolonialism, indirect rule, social distinctiveness, and horizontal inequality. These ideas allow for a more thorough investigation of how colonial policies influenced the Jos Plateau's religious and cultural landscape, as well as how they influenced the dynamics of social expansion and religious conflict.

Postcolonial Theory

The long-lasting and frequently negative impacts of colonialism on indigenous cultures, identities, and social institutions are criticised by postcolonial theory. According to Homi Bhabha (1994) and Edward Said (1978), colonialism is a cultural endeavour that radically alters the identities and worldviews of colonised peoples in addition to being a political system of control. In addition to trying to maintain control over the lands they had taken over, colonial powers, especially the British in the case of Nigeria, also aimed to alter the pre-existing indigenous identities, cultures, and religious customs.

Postcolonial theory is pertinent to the Berom people and the Jos Plateau because it analyses how the British colonial government strategically employed indirect rule and collaborated with the Hausa/Fulani emirs to redefine the Berom people's religious and cultural identity. Islam, which the Berom had traditionally opposed because it was linked to violent jihadist activities, was made easier to expand by the imposition of colonial practices. Therefore, the process of Islamization was not just a religious phenomenon but also a political and cultural imposition, with colonial authorities working together to promote Islam and aiding in the eradication of indigenous spiritual practices and civilisations. The Berom's identity was reshaped under colonial administration in several ways, including the loss of their political unconventionality and cultural purity, which were essential to their fight against colonial domination and Islamization.

Indirect Rule Theory

The foundation for understanding British colonial governance in Northern Nigeria is Lord Lugard's (1922) doctrine of indirect control. The British employed a strategy called "indirect rule," in which they governed large areas by working through local elites and traditional leaders. To maintain political stability and preserve existing power structures, the British chose to collaborate with local rulers rather than establishing direct colonial control, which would have been logistically difficult across such extensive regions. The Hausa/Fulani emirs served as intermediaries for the British in Northern Nigeria, giving them the authority to rule on behalf of the colonial administration.

Due to the greater resistance by the Berom and other native populations to both British administration and Islamic influence, this arrangement worked especially well on the Jos Plateau. The Hausa/Fulani emirs were given more authority by the British colonial government, which helped Islam flourish while consolidating their hold on the area. Using their status as strong local leaders, the emirs promoted Islamic administration, further marginalising indigenous religious leaders and traditions. Firm native populations, like the Aboro people, were directly influenced by their contacts with Muslim traders and emirs, which led to their peaceful Islamization. The social and economic dynamics established by the Hausa/Fulani emirs and the colonial government made the Aboro subgroup more open to Islam than the Berom, who mainly opposed it.

Thus, indirect authority was crucial in forming the Plateau's religious environment. It promoted the expansion of Islamic influence while also enabling the British to keep control. Islam unintentionally flourished among indigenous

populations, such as the Berom and the Aboro, thanks to the indirect rule system's reliance on local Muslim elites to run the area. Therefore, the theological and political dynamics that developed in the area were significantly shaped by the British colonial agenda.

Social Identity Theory

By classifying people according to perceived distinctions, Tajfel and Turner's (1986) Social Identity Theory explains how colonial power fuelled ethnic and religious conflicts. Indigenous populations were frequently divided into ethnic, religious, and cultural groupings during colonialism, and European rulers established hierarchies that privileged some groups while marginalising others. By elevating Muslim elites and subjugating non-Muslim tribes like the Berom politically, economically, and socially, the British colonial government in Northern Nigeria, along with the Hausa/Fulani emirs, institutionalised these distinctions.

Muslim populations, especially those from the Hausa/Fulani dynasties, were positioned at the top of the hierarchy that the British created in the case of Jos by cataloguing groups into separate ethnic and religious identities. In addition to upholding the status of the Muslim aristocracy, this classification disadvantaged indigenous tribes such as the Berom, who were alleged to be both religiously and ethnically distinct from the Muslim rulers. Through the indirect rule policy, which gave Muslims political clout and encouragement while leaving non-Muslim populations to contend with cultural and political marginalisation, the British strengthened this system. Social differences that still exist today are a product of the institutionalisation of religious and ethnic identities brought about by the classification of groups according to these criteria.

The way the British-imposed hierarchical structures in Jos fuelled the theological, political, and social expansion of Islam requires a grasp of social identity theory. Because they were labelled as "other" in a society that promoted Muslims, indigenous communities like the Berom fought Islam, as the idea explains. The Berom and the Hausa/Fulani developed a long-lasting social identity struggle because of this division, which was institutionalised by colonial control. This conflict continues to exacerbate intergroup conflicts long after colonial rule ended.

Horizontal Inequality Theory

Disparities across social groups, especially along ethnic, religious, or cultural lines, can cause skirmishes and detachment, according to the Horizontal Inequality Theory (Stewart, 2002). Colonial measures in Jos made the disparities between

Muslims and non-Muslims, especially the Berom, even worse. These disparities were not just economic; they were also political and social, as the British marginalised the Berom and other indigenous communities while giving the Hausa/Fulani emirs governmental and religious domination.

During the colonial period, British authorities focused on Muslim elites, especially the Fulani, while neglecting indigenous communities such as the Berom. They disregarded local customs and sacred lands, forcibly relocating populations to create space for mining camps controlled by Hausa/Fulani elites. In addition to displacing local communities, prisoners from regions like Kano, Sokoto, and Katsina were released from prison and sent to serve their sentences in the mining camps of Jos, where forced labour was widespread. The Berom, unwilling to take part in mining due to their cultural beliefs, faced significant social consequences as a result. This history highlights forced labour, economic and political exclusion, and the lasting effects on the Berom community in Nigeria. A comprehensive examination of these issues is provided by Suberu (2013) in his study titled "Ethnic Minority Problems and Governance in Nigeria: Retrospect and Prospect," which explores how colonial and post-colonial policies have driven regional inequalities and social stratification. Furthermore, research on forced labour systems in Northern Nigeria during the colonial era indicates that convict labourers were frequently used in mining areas such as Jos, with prisoners being sent from places like Kano and Sokoto to work in these camps.

During the colonial era, non-Muslim people felt deeply unfairly treated since Muslim elites received preferential treatment. The Berom, who had fought against Islamization and preserved their religious and cultural independence, were losing their rights. Berom marginalisation resulted from the colonial economic system, which benefited Muslim elites in the region's political and economic systems, in addition to religious divides. Consequently, the Berom found themselves both economically disadvantaged and politically isolated from the choices that influenced their lives. Intergroup conflicts and social differences that were exacerbated by colonial authority and still exist in the area can be tacit through the prism of horizontal inequality theory.

HISTORICAL BACKGROUND OF COLONIALISM AND ISLAMIZATION IN JOS, PLATEAU STATE

The upland Jos Plateau has traditionally served as a haven for indigenous people fending off outside threats. Along with other ethnic groups in the area, the

Berom people have long opposed the growth of Islam, especially during the 19th century when jihadist operations were launched. The Sokoto Jihad, which was regulated by the well-known Islamic scholar Usman dan Fodio, was one of the most important of them. The goal of the jihad was to create a single Islamic state under sharia rule and purify Islam (Last, 1967). The Berom, however, were able to successfully thwart Islamic encroachment into their region despite the coordinated efforts of jihadist armies. This was chiefly clear during the Hausa/Fulani armies' unsuccessful attempts to forcefully impose Islam on the Plateau's indigenous communities during their jihadist incursions between 1843 and 1846 (Morison, 1982).

The Berom's hostility to Islam, especially by military methods, was noteworthy because of the larger sociopolitical climate of the day, as well as their rejection of religious quotas. Their traditional spiritual and cultural practices, which they painstakingly consider essential to their identity and way of life, were zealously secured by the Berom and other Plateau people. The influence of Islam, specifically in its jihadist form, directly threatened these firmly held convictions (Falola, 1998). The jihadist armies persisted, but the Berom remained independent, using the Plateau's untamed landscape as a strategic advantage to stave off incursion and coercive conversion.

However, a significant turning point for the Berom people and the larger Jos Plateau was the entry of British colonial forces in the early 20th century. After the discovery of large tin reserves on the Plateau, the British, motivated by both political and economic factors, attempted to increase their dominance over the area. To promote resource extraction, the British sought to establish their rule over Jos, whose mineral riches became a significant economic resource. Because the Berom had a history of resisting both Islamic and colonial powers, the British attempted to crush any indigenous resistance, including that of the Berom.

British troops led by Captain Laws conducted military missions to conquer the Berom people between 1903 and 1907. Many Berom villages were destroyed during this time of military conquest, and essential resistance figures, including Da Jamang, who had spearheaded the Berom people's resistance to colonial control, were executed (National Archives Kaduna—N.A.K. 15/1/ACC.62; SPN 6/3/C 140/1907). These expeditions demonstrated the British colonial government's resolve to crush the Berom's resistance. They paved the way for the establishment of colonial governance systems, which would have a long-term impact on the political and religious dynamics of the area.

The British established an indirect rule system after the Berom were defeated, and this served as the cornerstone of colonial authority in Northern Nigeria. By coopting pre-existing local power structures, this approach allowed the British to control with little direct involvement. The British significantly reduced the traditional Berom kingship's power and influence under this prearrangement by reducing it to the position of district headship (Paden, 1973). In contrast, the Hausa/Fulani rulers were still referred to as "Emirs" by the British, which strengthened the Muslim emirs' religious and political hegemony in the area. A significant change in the balance of power in the area was brought about by this twofold strategy, which elevated the Hausa/Fulani emirs while weakening the native Berom leadership. This effectively solidified Muslim political and religious rule.

Although the British benefited politically from this tactic, the Berom and other indigenous tribes suffered greatly as a result. The British unintentionally contributed to the spread of Islam by giving Muslim elites more authority, especially among populations like the Aboro people, who would subsequently peacefully accept Islam. Islam was able to expand more readily because of the indirect authority that was imposed and the economic constraints that the colonial government applied. Muslim emirs were able to maintain their authority through the system of indirect rule, and their influence also reached the native populace, who were frequently familiarised with Islam through secretarial interactions, trade, and social interactions.

In divergence from the previous violent attempts at conversion, the peaceful spread of Islam among the Aboro validates a complex process of Islamization that was influenced by both indigenous resistance dynamics and colonial agendas. Because of their contacts with Muslim missionaries and traders, as well as the socioeconomic shifts brought about by British colonialism, the Aboro people, in contrast to the bulk of the Berom, converted to Islam. The colonial system, which aimed to include the Plateau region into the larger colonial economic structure, including the introduction of mining operations, can be seen as having produced this peaceful conversion process. Mwadkon (2021) specified that the Jos Plateau and the Berom people underwent significant change when the British arrived in the early 20th century. The region's religious and political landscape was significantly altered by British colonial forces in their pursuit of economic exploitation. In addition to strengthening Muslim political and religious power, the British, along with the Hausa/Fulani emirs, encouraged the famous ancillary rule system that allowed Islam to grow into previously hostile territories. With significant ramifications for the Berom people and their religious identity, the progressive Islamization of the Jos

Plateau was made possible by a combination of military conquest, indirect authority, and economic exploitation.

COLONIAL ROLE IN THE SPREAD OF ISLAM

In Northern Nigeria, the actions of the British colonial government extended beyond economic exploitation and political domination. Muslim elites were given the authority to rule on behalf of the British, and the establishment of indirect rule, especially on the Jos Plateau, strengthened their hold on power. The indigenous populations, especially the Aboro people, were able to adopt Islam peacefully because of this arrangement.

The British chose to cooperate with the Hausa/Fulani emirs rather than overthrow their political structures because they understood the administrative effectiveness of Islamic rule. By doing this, they promoted the spread of Islam via socioeconomic integration and education while simultaneously ensuring a stable and manageable region. As Muslim missionaries and traders built mosques and schools throughout the area, the British perceived Islam as a "modern" form of government, which aided in its peaceful spread.

THE CONVERSION OF THE ABORO PEOPLE

The Aboro people's conversion to Islam marks a dramatic change in the religious landscape of the Jos Plateau. It affords a crucial illustration of how Islam was able to peacefully expand in an area that had previously opposed violent attempts at Islamization. Muslim businessmen and missionaries played a significant role in the Aboro's peaceful social relations as they accepted Islam, in contrast to the earlier 19th-century jihadist efforts that attempted to impose Islam by military force. These traders, who were primarily from the Hausa and Fulani groups, developed close social and economic relationships with the local populace. Their reciprocal respect eventually resulted in the peaceful conversion of the Aboro people.

These amicable exchanges were crucial to the propagation of Islam among the Aboro, as evidenced by the oral histories gathered for the study. One of the study's major informants, Mallam Idris Abubakar, related a first-hand story of how his grandfather was introduced to Islam. He described how the Fulani traders treated his grandfather, who was not initially a Muslim, with care and respect. He later voluntarily converted to Islam because of his grandfather and the Fulani developing a relationship of trust through this polite exchange. According to Abubakar, the kind

and courteous way the Fulani behaved in both social and commercial contexts drew his grandfather, who had never been exposed to Islam before, to the faith. This story marks a significant shift from previous instances of religious imposition, in which compulsion and violence were frequently used to propagate Islam.

Similar to Abubakar's story, other informants, including Mallam Ismail Saeed and Mallam Kabir Audu, related anecdotes from their own families. For example, Saeed's great-grandparents were exposed to Islam through their contacts with Muslim merchants who frequently visited their village. In addition to conducting business, these traders interacted socially and culturally with the local populace. Through these exchanges, Saeed's forefathers learnt about Islam and eventually chose to embrace it voluntarily, seeing it as an essential component of their developing social bonds rather than an outside force. By peacefully interacting with the Fulani, who were already well-known in the area as traders and religious leaders, Audu's family also converted to Islam. The conversion of Audu's forefathers was motivated by a growing respect for the Islamic customs that the Fulani imposed on their societies rather than by coercion.

In contrast to the violent and coerced conversions that had marked previous jihadist campaigns, Islam was able to infiltrate indigenous tribes on the Plateau by peaceful and voluntary means, which is why these accounts are important. The character of relations between Muslim traders and the indigenous populace is responsible for the peaceful propagation of Islam inside the Aboro community. These peaceful conversions were founded on mutually beneficial partnerships created via trade, social collaboration, and cultural exchange, in contrast to the violent jihadist incursions that were centred on religious dominance and territorial control.

These conversions' harmless appeal reflects a larger change in the Plateau's religious environment, where Islam started to be seen less as a foreign imposition and more as a faith that could coexist with native customs. The mutual respect and social bonds that grew between the Muslim traders and the Aboro people made this coexistence possible. The locals viewed Islam as a possible spiritual and cultural supplement to their own way of life rather than as an outside force since the traders shared their beliefs and customs with the Aboro. In stark contrast to the violent jihadist tactics that had defined previous attempts at Islamization in the area, these nonviolent conversions demonstrate the possibility of social and religious integration when various cultures and religions are permitted to coexist without resorting to violence.

This case further highlights the importance of trade and social interaction in the development of religion. Due to their strong social and economic connections with the native inhabitants, Muslim traders from the Hausa and Fulani groups were able to exert control over the local communities without using force. In addition to exposing the local populace to Islamic principles, these traders served as spiritual and economic bridge builders, encouraging camaraderie and respect for one another. The local population's increasing integration with these traders made the conversion to Islam a logical progression of these changing ties. The peaceful potential of religious conversion when supported by mutual respect, understanding, and social interaction is thus demonstrated by the Aboro people's conversion to Islam.

Furthermore, the peaceful conversion of the Aboro demonstrates the larger significance of social integration for religious spread. It implies that allowing different cultures and religions to interact freely and without force can generate opportunities for peaceful religious adoption and cultural exchange. This is in stark contrast to other examples of forced conversions, in which Islam was propagated by violent means. The Aboro's peaceful embrace of Islam through trade and social involvement teaches important lessons about the possibilities for religious and cultural integration in modern times, particularly in multi-ethnic and multi-religious countries.

In conclusion, the conversion of the Aboro people to Islam is a remarkable example of peaceful religious reform on the Jos Plateau. Muslim businessmen and missionaries played an important role in promoting this peaceful conversion by cultivating social relationships based on mutual gain and respect. This process, which contrasts dramatically with the violent jihadist efforts of the nineteenth century, emphasises the possibility of religious unification through social and cultural interchange rather than violence. Through peaceful encounters between the Aboro and Muslim traders, Islam was able to develop a foothold in an area that had previously resisted its imposition, resulting in a profound shift in the Plateau's religious dynamic. The peaceful conversion of the Aboro people exemplifies how religious change can be achieved through voluntary, peaceful ways based on social bonds and mutual respect.

FINDINGS

The study's findings imply that the expansion of Islam in Jos, notably among the Aboro people, was influenced by a combination of colonial policies and benign social interactions, providing a nuanced view of the region's Islamization process.

The British colonial authority worked closely with the Hausa/Fulani emirs to propagate Islam through a variety of channels, including education, trade, and social integration. This collaboration enabled Islam to spread among indigenous groups, not via forced tactics, but through more subtle mechanisms such as cultural exchange and mutual respect.

The British colonial presence in Northern Nigeria, particularly their use of indirect control, fostered a distinct sociopolitical milieu that influenced religious dynamics. Under the British colonial framework, indirect rule enabled local elites, especially the Hausa/Fulani emirs, to preserve authority while also promoting Islamic governance. This system boosted Muslim elites, whose influence extended to indigenous communities, facilitating the spread of Islam. The British, in their efforts to stabilise and control the region economically, particularly after the discovery of tin, facilitated the influx of Muslim traders and workers into Jos, which contributed to the growth of Islam.

However, the peaceful conversion of the Aboro people calls into question the widely held belief that Islamization in Jos was solely the product of violent jihad or forceful conversion. While previous jihadist efforts aimed to impose Islam through military force, the Aboro people were converted through peaceful interactions, particularly with Muslim businessmen and Fulani missionaries. These traders, who interacted with the local populace in trade and daily life, provided a type of Islam that was absorbed into the culture without violence or coercion, but rather through mutual respect and cultural interchange.

These peaceful conversions demonstrate the significance of social and cultural linkages in religious expansion. Unlike previous violent jihadist endeavours, Islam grew among the Aboro people through gradual societal assimilation. Muslim traders and missionaries built trustworthy and respectful relationships, gradually imparting Islamic doctrines that complemented local cultural traditions. This example of peaceful conversion demonstrates how religious transformation can occur in an environment of collaboration rather than strife.

The findings of this study provide a more comprehensive understanding of religious proliferation in colonial situations. By emphasising peaceful social interactions and cultural exchanges, this study contributes to a counter-narrative to the often-overused notion of violent religious imposition. The peaceful growth of Islam among the Aboro people demonstrates the potential for religious integration through non-coercive means, and also sheds light on the role of cultural interchange in changing religious landscapes during the colonial period. This study emphasises

the need to study several pathways to religious conversion, especially in areas where colonialism and cultural interaction were prevalent.

CONCLUSION

The spread of Islam in Jos was more than just a religious phenomenon; colonial politics, economic concerns, and social connections influenced it. The British colonial administration's strategic relationship with the Hausa/Fulani emirs aided the peaceful spread of Islam in the region, particularly among the Aboro people. By vesting Muslim elites, the British reinforced theological and political inequities that continue to impact the region's sociopolitical dynamics.

This study shows that colonialism acted as both a catalyst and a cover for the spread of Islam on the Jos Plateau. While terrorist initiatives failed to establish Islam via force, the partnership of British and Muslim elites laid the groundwork for peaceful religious expansion. The peaceful conversion of the Aboro people demonstrates how Islam can be received through social amalgamation and respect for native customs, rather than force or bloodshed.

It can be said that colonialism's legacy in Jos has had lasting implications for the region's political, social, and religious landscape. The marginalisation of indigenous groups like the Berom, combined with the entrenched religious hierarchies created by the British, continues to shape the region's sociopolitical fabric today.

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