
Perception of Harmful Traditional Practices Among Women of Childbearing Age in Oru West Local Government Area, Imo State

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Abstract: Harmful traditional practices pose severe health risks to girls and women. Women's perception of harmful traditional practices may assist in their eradication or perpetuate them. There is paucity of research on perception of harmful traditional practices among women in Oru West LGA, Imo State. A cross-sectional survey research design was adopted for the study. The study population comprised 31,838 registered women of child bearing age who registered for ANCs from January, 2014 to September, 2014 in Oru West LGA, Imo State at the time of study. A sample of 384 women of childbearing age was used for the study. The multistage sampling procedure was adopted to select the sample. The instrument for data collection was a structured Questionnaire on Perception of Harmful Traditional Practices among Women. The questionnaire was validated by three experts. Reliability co-efficient of the instrument was 0.81. Data analysis was performed using Statistical Package for Social Sciences (version 20). The results showed that 49.3 per cent of women perceived identified traditional practices as harmful to women. Age of women had influence on perceived harmful traditional practices while no significant difference was found in the perception of harmful traditional practices based on women's level of education. This study envisages that harmful traditional practices are prevalent in different cultural backgrounds in Nigeria with attendant health risks for girls and women. Potential interventions include: Public health promotion activities such as advocacy, economic empowerment and capacity building programmes for women and girls particularly in rural communities.

Keywords: Perception, Traditional Practices, Discrimination, Culture, Advocacy

1. Introduction

There is an encouraging and a growing international awareness that harmful traditional values and practices act as root causes for discrimination and violence against girls and women. Several studies both scientific and social attest the fact that value based discrimination is systemic and universal. The reports of the United Nations Special Rapporteur on Traditional Practices Affecting the Health of Women and Girls (1989) have presented compelling evidences of discrimination and violence against girls based on long upheld social values and practices. The socializing processes observed for boys and girls are designed and rigorously applied to instill a feeling of superiority to boys while girls are groomed to accept subjugation and inferiority with apathy. This established patriarchal system has long endured the passage of time cutting across geographical boundaries as

well as religious and class differences. While this unfortunate situation is universal, the manifestations of expression of discrimination and the degrees of violence against girls vary from society to society (1, 3, 19).

Despite the national, regional and international legislation and frameworks mentioned, universal attitudes of patriarchy and male dominance often engender a culture of violence in which women and children are the victims (4). The incidence of maternal mortality has increased in many parts of the world including sub-Saharan African (SSA) region for a variety of socio-cultural reasons [5]. Maternal mortality is defined as death of a woman while pregnant or within forty two days (or six weeks) of termination of that pregnancy regardless of the site, duration or outcome of the pregnancy or its management, but not from accidental causes. From the estimate, each year 585,000 women die from causes related to pregnancy and childbirth (5).

Maternal mortality estimate for Nigeria is among the highest in the world and it is put at between 800 and 1,500 deaths per 100, 000 live births. It was as a result of these high maternal mortality rates that safe motherhood initiative (SMI) was officially launched at an international conference held in Nairobi, Kenya in 1987 and in Nigeria 1990. This was part of global goal to reduce maternal death by 50 per cent by the year 2000. Since then awareness of the problem has been raised among policymakers, health professionals and the general public (5). Harmful traditional practices contributed to the high rates of maternal mortality in Nigeria (20).

Harmful traditional practices have been defined as all practices done deliberately by men on the body or the psyche of human beings for no therapeutic purpose, but rather for cultural motives and which have harmful consequences on the health and the rights of the victims (6). In the same vein, harmful traditional practices refer to all forms of physical or psychological violence that prejudice the bodily integrity or mental well-being of women or girls on the basis of their inferior position in the social grouping that are considered to be long-established and community accepted practices deserving tolerance and respect (3).

A wide range of harmful cultural practices (HTPs) affecting maternal and child health exist in Nigeria. They include female genital mutilation-FGM, early forced marriage, food/nutritional taboos, abdominal massage, widowhood rites, sororate and levirate, patronage of traditional birth attendants, insertion of toxic herbs, and preference for the male child (7).

FGM is the partial or total removal of the external female genital or other injury to female genital organ for cultural, religious or other non-therapeutic reason (8). FGM has been discovered to pose serious health hazards for the girl-child or woman, inflicting pain, trauma and body injuries (9). The procedures for FGM can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth and increased risk of newborn deaths. More than 125 million girls and women alive today have been cut in the 29 countries in Africa and Middle East where FGM is concentrated (10). FGM is mostly carried out on young girls sometimes between infancy and age 15. Whatever reasons (psychosocial, sociological, hygiene and aesthetics, religious and others) may be given for the practice of FGM, such reasons are untenable because FGM undermines the well-being of girls and women in Nigeria including women in Oru-West LGA. Thus, FGM is a violation of women and girl's rights irrespective of the type of FGM.

Early forced marriage is usually agreed upon and consummated before the girl is 18 years old, with her sexual organs not yet mature, and her consent irrelevant, early marriage is always a forced marriage and its outcome always a tragedy for the victim. For that reason, early marriage compares easily with child trafficking and as such, it deserves particular attention. Consequences of early/forced marriages include: domestic violence and rape; undesired pregnancies; illegal termination of pregnancies ;inadequate or

even lack of pregnancy follow-up and antenatal care leading to highly risky delivery, and possibly to the death of the expecting young mother (6, 10).

Food taboos refer to traditionally forbidden food which is enforced against a given social group (especially women and children). These forbidden food items are generally known to be rare and delicious food (eggs, meats, fish...). These food restrictions are often a traditional way of managing rare food items. The consequences are among other things: malnutrition, small birth weight, infections, all manner of diseases, and sometimes death [6].

Forced feeding comprises forced over-feeding of girls and women for the main purpose of gaining weight or "adding flesh", with a view to exact a substantial bride price or dowry. Forced feeding is also associated forced marriage. This practice compromises the girl's health which is sacrificed on the altar of profit-making because forced feeding makes the girls susceptible to obesity which subsequently may lead to metabolic disorders such as diabetes, hypertension and so on (6).

Sororate is a situation whereby a deceased wife is replaced by her younger sister. Levirate is a practice which consists of marrying a widow to the brother of her deceased husband. These two harmful traditional practices are as widespread as early marriages/forced marriages, and have serious consequences on partners' health, since the cause of deaths is not usually taken into account. Infectious and transmittable diseases such as STIs and HIV/AIDS are thus propagated in the concerned families with disastrous consequences (6).

Another harmful traditional practice is widowhood rites. After the death of the husband, his widow is suspected to have been the cause of his death. She is then forced by tradition into a process of proving her innocence, and she must undergo extremely distressing rites, such as drinking the water used to wash the dead body and sleeping with the corpse for a specified number of days. The victim is denied sleep, food and appropriate care (6). Son preference is one of the principal forms of discrimination and one which has far-reaching implications for women is the preference accorded to the boy-child over the girl child. This practice denies the girl-child good health, education, recreation, economic opportunity and the right to choose her partner (6).

In most African settings including Nigeria where HTPs are observed, personal grief of loss and other humiliating cultural practices that a widow undergoes as rites of widowhood culminate into deteriorating health of many young and older women. Most widows also experience failing health due primarily to economic hardship, isolation, and stress they experience to provide for themselves and their children. Some obnoxious cultural practices are also most unhygienic. For instance, the practice that demands that the widow drink water that was used to wash her husband's corpse as a swearing to oath for indictment or exoneration for the husband's death poses severe health risks for the woman. This may have a resultant effect of the bereaved having disabling chronic conditions. Other health risks associated with HTPs may be onset of terminal diseases or mental disorders.

Individuals' perceive social concepts or issues such as harmful traditional practices differently. Their perception of culturally or traditionally entrenched issues as harmful traditional practices may either perpetuate or assist to eliminate these practices. Perception has been defined as the process by which organisms interpret and organize sensation to produce a meaningful experience of the world (11). Sensation usually refers to the immediate, relatively unprocessed result of stimulation of sensory receptors in the eyes, ears, nose, tongue, or skin. Perception, on the other hand, better describes one's ultimate experience of the world and typically involves further processing of sensory input. Perception is also viewed as the process of attaining awareness or understanding of the environment by organizing and interpreting sensory information (12). Perception also involves signals in the nervous system, which in turn result from physical stimulation of the sense organs (12). Perception depends on complex functions of the nervous system, but subjectively seems mostly effortless because this processing happens outside conscious awareness. In this study, perception refers to awareness or understanding women possess in relation harmful traditional practices in Oru-West LGA, Imo State.

Theories are significant not only because they provide diverse explanations and clarity of health issues, but because each model or theory had clear implications for responses and interventions by practitioners and policy makers. If there is no common understanding of a problem, responses will not be consistent and are likely to conflict. So this can undermine the quality of service provision, safety and initiatives for social change. Therefore theoretical approaches are experienced in explaining any public health problems because they are supported by legitimate evidence. With this in view, the framework for understanding perception of HTPs among women of childbearing age (WCBA) as used in this study is the Social Perception Theory (SPT).

Social Perception Theory (SPT) in psychology and other cognitive sciences is that part of perception that allows people to understand the individuals and groups of their social world, and thus an element of social cognition (13). It allows people to determine how others affect their personal lives. While social perceptions can be flawed, they help people to form impressions of others by making the necessary information available to assess what people are like. Missing information is filled in by using an implicit personality theory: if a person is observed to have one particular trait, observers tend to assume that he or she has other traits related to this observed one. These assumptions help to "categorize" people and then infer additional facts and predict behaviour (14). Social perceptions are also interlinked with self-perceptions. Both are influenced by self-motives. Society has the desire to achieve beneficial outcomes for the self and to maintain a positive self-image, both for personal psychic benefits and because we know that others perceive us as well. It is human nature to want to create a good impression on others, almost as if self-perceptions are others' social perceptions (15).

Reproductive health including maternal health often focuses on the reproductive age span (generally considered to be between the ages of 15 and 44 years or 15 and 49 years) (16-17). These women require adequate care and access to equipped health facilities because they are easily susceptible to mortality if not adequately catered for (1).

Oru West Local Government Area (LGA) was established in 1996 by Imo State Government, with its headquarters at Mgbidi. The LGA comprises 20 autonomous communities. The LGA does not have a general hospital but has 13 primary health centers. Many women of childbearing age are ignorant of the adverse health effects of harmful traditional practices because certain traditional norms and influences of community leaders (custodians of ancestral traditions) compelled them to succumb to age-long traditions regardless of their attendant consequences. This unprecedented trend may lead to increase in maternal mortality among women in Oru West LGA. Therefore, the researchers sought to ascertain perception of harmful traditional practices among women of childbearing age in Oru West LGA, Imo State.

2. Purpose of the Study

The main purpose of the study was to determine perception of harmful traditional practices affecting maternal and child health among women of childbearing age in Oru West LGA, Imo State. Specifically, the following objectives were formulated to guide the study:

1. Ascertain perception of harmful traditional practices among women of child bearing age in Oru West LGA;
2. Ascertain perception of harmful traditional practices affecting maternal and child health among women of child bearing age in Oru West LGA based on age, and
3. determine perception of harmful traditional practices among women of child bearing age in Oru West LGA based on level of education.

Based on the objectives of the study, the following research objectives and null hypotheses were formulated

1. What is the perception of harmful traditional practices among women of childbearing age in Oru West LGA?
2. What is the perception of harmful traditional practices among women of childbearing age based on age?
3. What is the perception of harmful traditional practices among women of childbearing age based on their level of education?

Hypotheses

1. There is no significant difference in the perceived harmful traditional practices among women of child bearing age based on age.
2. There is no significant difference in the perceived of harmful traditional practices among women of child bearing age based on level of education.

3. Methods and Materials

Descriptive survey research design was utilized for the study. The population of the study comprised 31,838

registered women of child bearing age in Oru West LGA, Imo State (Oru West Health LGA Office, 2014). The population also comprised 13 government health facilities (PHCs) which included: Aji Health Centre, Amaofuo Health Centre, Ibiasogbe Health Centre, Ihitoha Health Post, Mgbidi Health Centre, Nnemkpi Health Centre, Ohapku Health Centre, Otulu Health Centre, Ozara Health Centre, Amorie Ubulu Health Centre, Ubulu Health Centre, Ubulu Health Post, and Uzinaumu Health Centre. A sample of 384 women of childbearing age was used for the study. The sample size was determined using Fisher’s (Vaughan et al., 1989) sample size determination formula. The formula and calculation of the sample size are illustrated below:

$$ME = z \sqrt{\frac{p(1-p)}{n}}$$

Where:

ME is the desired margin of error

z is the z-score, i.e. 0.05 for a 95% confidence interval

p is our prior judgment of the correct value of prevalence of expected attribute (50% of women expected to have experienced HTPs)

n is the sample size (to be found)

So in this case we set ME equal to 0.05, z =1.96 and p =0.5, and n becomes

$$0.05 = 1.96 \sqrt{0.5(1-0.5)/n}$$

$$0.5 \times 0.5/n = (0.05/1.96)^2$$

$$0.25/n = 0.00065$$

$$n = 0.25/0.00065 = 384$$

The multistage sampling procedure was adopted to select the sample. The first stage involved the use of simple random sampling technique of balloting without replacement to select six primary health care centres (PHCs) out of the existing 13 health facilities. The six sampled health facilities included: Aji Health Centre, Mgbidi Health Centre, Nnemkpi Health Centre, Otulu Health Centre, Ozara Health Centre and Uzinaumu Health Centre. The second stage involved the use of stratified random sampling technique to categorize the health facilities into urban and rural health facilities. After this procedure, four health facilities (Aji Health Centre, Nnemkpi Health Centre, Ozara Health Centre and Otulu Health Centre) and two health facilities are located in the rural areas (Mgbidi Health Centre and Uzinaumu Health Centre). The third stage involved the use of purposive sampling technique to select 64 women of childbearing age

in each of the six selected health facilities.

4. Research Instrument and Data Collection

A 24-item researcher design structured questionnaire on perception of harmful traditional practices among women of childbearing age in Oru West LGA, Imo State was used to generate quantitative data. The questionnaire comprised two major sections, namely: Section A and Section B. Section A generated information on social demographic variables (age, and level of education) of respondents. Section B generated information on perception of harmful traditional practices among women. This section contained 21 items which were scored on a dichotomous response option of Yes or No. Items in the questionnaire were validated by three experts in the Department of Public Health, Madonna University Elele, Rivers State, Nigeria. Split-half and Spearman-Brown correction formula statistics were utilized to establish the reliability co-efficient of the instrument, which was 0.81.

The investigators presented introduction letter to the Head, Health Division Oru West LGA, and Matrons of the various Primary Health Care Centres in Oru West LGA. Data collection was carried out through the administration of structured questionnaire on the women. The investigators and research assistants were used for administering and retrieval of copies of the questionnaire from respondents. The investigators and research assistants visited all sampled Primary Health Care Centres-PHCs and administered questionnaire copies on respondents on the spot. The researchers and their assistants went round to offer explanations to any confused respondent seeking clarifications. This was strictly conducted without coercion but based on respondents’ volition. Mothers were requested to drop completed copies of the questionnaire into a retrieval bag. This helped in ensuring anonymity of the responses. All the 384 copies of the questionnaire that were distributed were returned representing 100% return rate. Data were analysed using Statistical Package for Social Sciences (SPSS version 20). The research questions were answered using frequencies and percentages while the null hypotheses were tested using chi-square (χ^2) at .05 level of significance and at the appropriate degrees of freedom.

5. Results and Discussion

Table 1. Frequency and Percentage of Perceived Harmful Traditional Practices among Women of Childbearing Age (n=384).

S/N	Items	Yes		No	
		f	%	f	%
1	Female circumcision is a necessity in the society	178	46.4	206	53.6
2	Female circumcision has adverse health effects	280	72.9	104	27.1
3	Female circumcision affects reproductive health	268	69.8	116	30.2
4	Early marriage is inimical to teenage girls	154	40.1	230	59.9
5	There are benefits associated with early marriage	179	46.6	205	53.4
6	Early marriage enhances growth and maturity	154	40.1	230	59.9

S/N	Items	Yes		No	
		f	%	f	%
7	Inheritance should only be allocated for male children	228	59.4	156	40.6
8	Security of the mother depends on having a male child	320	83.3	64	16.7
9	Male children are more important than female children in a family	155	40.4	229	59.6
10	A widow should be blamed for the husband's death	182	47.4	202	52.6
11	A widow should not inherit her husband's properties	180	46.9	204	53.1
12	A widow should be maltreated by her husband's family	141	36.7	243	63.3
13	A late wife should be replaced by her younger sister	89	23.2	295	76.8
14	A widow should be married to her late husband's brother	162	42.2	222	57.8
15	A widow can bear children for her late husband's family through another man	215	56.0	169	44.0
16	Teenage pregnancy has its advantages	133	34.6	251	65.4
17	Teenage pregnancy should be encouraged to boost financial status of the family	168	43.8	216	56.3
18	Teenage pregnancy has its adverse effects	212	55.2	172	44.8
19	Scarification should be perpetuated as a traditional cosmetic practice	221	57.6	163	42.4
20	Scarification should be performed with unsterilized instruments	179	46.6	205	53.4
21	Food taboos such as avoidance of snails, mushrooms and other edibles is acceptable	180	46.9	204	53.1
	% Average		49.3		50.7

Table 1 shows that overall, 49.3 per cent of women of childbearing age perceived that the identified traditional practices are harmful to women.

Table 2. Frequency and Percentage of Perception of Harmful Traditional Practices among Women of Childbearing Age Based on their Age (n=384).

S/N	Items	Age			
		15-22yrs (n =18)		23-30yrs (n= 133)	
		Yes f (%)	No f (%)	Yes f (%)	No f (%)
1	Female circumcision is a necessity in the society	7(38.9)	11(61.1)	68(51.1)	65(48.9)
2	Female circumcision has adverse health effects	11(61.1)	7(38.9)	93(69.9)	40(36.1)
3	Female circumcision affects reproductive health	11(61.1)	7(38.9)	88(66.2)	45(33.8)
4	Early marriage is inimical to teenage girls	7(38.9)	11(61.1)	54(40.6)	79(59.4)
5	There are benefits associated with early marriage	8(44.4)	10(55.6)	61(45.9)	72(54.1)
6	Early marriage enhances growth and maturity	8(44.4)	10(55.6)	53(39.8)	80(60.2)
7	Inheritance should only be allocated for male children	9(50.0)	9(50.0)	84(63.2)	49(36.8)
8	Security of the mother depends on having a male child	14(77.8)	4(22.2)	113(85.0)	20(15.0)
9	Male children are more important than female children	9(50.0)	9(50.0)	57(42.9)	76(57.1)
10	A widow should be blamed for the husband's death	11(61.1)	7(38.9)	64(48.1)	69(51.9)
11	A widow should not inherit her husband's properties	9(50.0)	9(50.0)	65(48.9)	68(51.1)
12	A widow should be maltreated by her husband's family	7(38.9)	11(61.1)	49(36.8)	84(63.2)
13	A late wife should be replaced by her younger sister	3(16.7)	15(83.3)	35(26.3)	98(73.7)
14	A widow should be married to her late husband's brother	10(55.6)	8(44.4)	52(39.1)	81(60.9)
15	A widow can bear children for her late husband's family through another man	8(44.4)	10(55.6)	77(57.9)	56(42.1)
16	Teenage pregnancy has its advantages	6(33.3)	12(66.7)	39(29.3)	94(70.7)
17	Teenage pregnancy should be encouraged to boost financial status of the family	10(55.6)	8(44.4)	60(45.1)	73(54.9)
18	Teenage pregnancy has its adverse effects	8(44.4)	10(55.6)	78(58.6)	55(41.4)
19	Scarification should be perpetuated as a traditional cosmetic practice	13(72.2)	5(27.8)	75(56.4)	58(43.6)
20	Scarification should be performed with unsterilized instruments	12(66.7)	6(33.3)	57(42.9)	76(57.1)
21	Food taboos such as avoidance of snails, mushrooms and other edibles is acceptable	13(72.2)	5(27.8)	75(56.4)	58(43.6)
	% Average	51.3	48.7	50.0	50.0

Table 2. (Continue)

S/N	Items	Age			
		31-38yrs (n =192)		39-46yrs (n = 41)	
		Yes f (%)	No f (%)	Yes f (%)	No f (%)
1	Female circumcision is a necessity in the society	86(44.8)	106(55.2)	17(41.5)	24(58.5)
2	Female circumcision has adverse health effects	135(70.3)	67(29.7)	41(100)	0(0.0)
3	Female circumcision affects reproductive health	128(66.7)	64(33.3)	41(100)	0(0.0)
4	Early marriage is inimical to teenage girls	59(30.7)	133(69.3)	34(82.9)	7(17.1)
5	There are benefits associated with early marriage	92(47.9)	100(52.1)	18(43.9)	23(56.1)
6	Early marriage enhances growth and maturity	68(35.4)	124(64.6)	25(61.0)	16(39.0)
7	Inheritance should only be allocated for male children	103(53.6)	89(46.4)	32(78.0)	9(22.0)
8	Security of the mother depends on having a male child	152(79.2)	40(20.8)	41(100)	0(0.0)
9	Male children are more important than female children	74(38.5)	118(61.5)	15(36.6)	26(63.4)
10	A widow should be blamed for the husband's death	99(51.6)	93(48.4)	8(19.5)	33(80.5)

S/N	Items	Age			
		31-38yrs (n =192)		39-46yrs (n = 41)	
		Yes	No	Yes	No
		f (%)	f (%)	f (%)	f (%)
11	A widow should not inherit her husband's properties	83(43.2)	109(56.8)	23(56.1)	18(43.9)
12	A widow should be maltreated by her husband's family	62(32.3)	130(67.7)	23(56.1)	18(43.9)
13	A late wife should be replaced by her younger sister	28(14.6)	164(85.4)	23(56.1)	18(43.9)
14	A widow should be married to her late husband's brother	83(43.2)	109(56.8)	17(41.5)	24(58.5)
15	A widow can bear children for her late husband's family through another man	97(50.5)	95(49.5)	33(80.5)	8(19.5)
16	Teenage pregnancy has its advantages	81(42.2)	111(57.8)	7(17.1)	34(82.9)
17	Teenage pregnancy should be encouraged to boost financial status of the family	83(43.2)	109(56.8)	15(36.6)	26(63.4)
18	Teenage pregnancy has its adverse effects	96(50.0)	96(50.0)	30(73.2)	11(26.8)
19	Scarification should be perpetuated as a traditional cosmetic practice	115(59.9)	77(40.1)	18(43.9)	23(56.1)
20	Scarification should be performed with unsterilized instruments	103(53.6)	89(46.4)	7(17.1)	34(82.9)
21	Food taboos such as avoidance of snails, mushrooms and other edibles is acceptable	78(40.6)	114(59.4)	14(34.1)	27(65.9)
% Average		47.2	52.8	56.0	44.0

Results in Table 2 indicate that women in age groups 39-46 years (56%) and 31-38 years (52.8%), more than women in age groups 15-22 years (51.3%) and 23-30 years (50%) respectively perceived traditional practices to be harmful to women

Table 3. Frequency and Percentage of perception of Harmful Traditional Practices among Women of Childbearing Age Based on Level of Education (n= 384)

S/N	Items	Level of Education							
		NFE (n= 46)		PRY ED. (n=41)		SEC. ED. (n=166)		TER. ED. (n=131)	
		Yes f (%)	No f (%)	Yes f (%)	No f (%)	Yes f (%)	No f (%)	Yes f (%)	No f (%)
1.	Female circumcision is a necessity in the society	41(89.1)	5(10.9)	10(24.4)	31(75.6)	63(38.0)	103(62.0)	64(48.9)	67(51.1)
2.	Female circumcision has adverse health effects	10(21.7)	36(78.3)	36(87.8)	5(12.2)	129(77.7)	37(22.3)	105(80.2)	26(19.8)
3.	Female circumcision affects reproductive health	10(21.7)	36(78.3)	36(87.8)	5(12.2)	117(70.5)	49(29.5)	105(80.2)	26(19.8)
4.	Early marriage is inimical to teenage girls	28(60.9)	18(39.1)	39(95.1)	2(4.9)	74(44.6)	92(55.4)	13(9.9)	118(90.1)
5.	There are benefits associated with early marriage	28(60.9)	18(39.1)	39(95.1)	2(4.9)	50(30.1)	116(69.9)	62(47.3)	69(52.7)
6.	Early marriage enhances growth and maturity	28(60.9)	18(39.1)	39(95.1)	2(4.9)	74(44.6)	92(55.4)	13(9.9)	118(90.1)
7.	Inheritance should only be allocated for male children	41(89.1)	5(10.9)	10(24.4)	31(75.6)	126(75.9)	40(24.1)	51(38.9)	80(61.1)
8.	Security of the mother depends on the having a male child	46(100.0)	0(0.0)	41(100.0)	0(0.0)	141(84.9)	25(15.1)	92(70.2)	39(29.8)
9.	Male children are more important than female children	36(78.3)	10(21.7)	5(12.2)	36(87.8)	101(60.8)	65(39.2)	13(9.9)	118(90.1)
10.	A widow should be blamed for the death of her husband	36(78.3)	10(21.7)	5(12.2)	36(87.8)	115(69.3)	51(30.7)	26(19.8)	105(80.2)
11.	A widow should not inherit her husband's properties	36(78.3)	10(21.7)	5(12.2)	36(87.8)	113(68.1)	53(31.9)	26(19.8)	105(80.2)
12.	A widow should be maltreated by her husband's family	18(39.1)	28(60.9)	3(7.3)	38(92.7)	98(59.0)	68(41.0)	22(16.8)	109(83.2)
13.	A late wife should be replaced by her younger sister	27(58.7)	19(41.3)	4(9.8)	37(90.2)	47(28.3)	119(71.7)	11(8.4)	120(91.6)
14.	A widow should be married to her late husband's brother	24(52.2)	22(47.8)	4(9.8)	37(90.2)	116(69.9)	50(30.1)	18(13.7)	113(86.3)
15.	A widow can bear children for her late husband's family	37(80.4)	9(19.6)	14(34.1)	27(65.9)	113(68.1)	53(31.9)	51(38.9)	80(61.1)
16.	Teenage pregnancy has its advantages	19(41.3)	27(58.7)	26(63.4)	15(36.6)	67(40.4)	99(59.6)	21(16.0)	110(84.0)
17.	Teenage pregnancy should be encouraged to boost financial status of the family	27(58.7)	19(41.3)	30(73.2)	11(26.8)	87(52.4)	79(47.6)	24(18.3)	107(81.7)
18.	Teenage pregnancy has adverse effects	17(37.0)	29(63.0)	9(22.0)	32(78.0)	88(53.0)	78(47.0)	98(74.8)	33(25.2)
19.	Scarification should be perpetuated as a traditional cosmetic practice	37(80.4)	9(19.6)	40(97.6)	1(2.4)	103(62.0)	63(38.0)	41(31.3)	90(68.7)
20.	Scarification should be performed with unsterilized instruments	27(58.7)	19(41.3)	27(65.9)	14(34.1)	104(62.7)	62(37.3)	21(16.0)	110(84.0)
21.	Food taboos such as avoidance of snail, mushrooms, and other edibles is acceptable	31(67.4)	15(32.6)	32(78.0)	9(22.0)	82(49.4)	84(50.6)	35(26.7)	96(73.3)
% Average		62.5	37.5	52.7	47.3	57.6	42.4	33.1	66.9

Table 3 shows that 62.5 per cent of women with no formal education-NFE, 57.6 per cent of women with secondary education, 52.7 per cent of women with primary education and 33.1 per cent of women with tertiary education perceived the highlighted traditional practices as harmful to women.

Table 4. Summary of Chi-square Analysis of No Significant Difference in the Perception of Harmful Traditional Practices among Women Based on Age

S/N	Items	AGE (years)								χ ² -cal	P – val.	*Dec.
		15 – 22 years (n = 18)				23 – 30 years (n =133)						
		Yes		No		Yes		No				
		O	E	O	E	O	E	O	E			
1.	Female circumcision is a necessity in the society	7	8.3	11	9.7	68	61.7	65	71.3	2.205	.531	**
2.	Female circumcision has adverse health effects	11	13.1	7	4.9	93	97.0	40	36.0	17.761	.001	*
3.	Female circumcision affects reproductive health	11	12.6	7	5.4	88	92.8	45	40.2	20.108	.001	*
4.	Early marriage is inimical to teenage girls	7	7.2	11	10.8	54	53.3	79	79.7	38.350	.001	*
5.	There are benefits associated with early marriage	8	8.4	10	9.6	61	62.0	72	71.0	0.316	.957	**
6.	Early marriage enhances growth and maturity	8	7.2	10	10.8	53	53.3	80	79.7	9.336	.025	*
7.	Inheritance should only be allocated for male children	9	10.7	9	7.3	84	79.0	49	54.0	9.985	.019	*
8.	Security of the mother depends on having a male child	14	15.0	4	3.0	113	110.8	20	22.2	11.254	.010	*
9.	Male children are more important than female children	9	7.3	9	10.7	57	53.7	76	79.3	1.546	.672	**
10.	A widow should be blamed for her husband’s death	11	8.5	7	9.5	64	63.0	69	70.0	15.509	.001	*
11.	A widow should not inherit her husband’s properties	9	8.4	9	9.6	65	62.3	68	70.7	2.709	.439	**
12.	A widow should be maltreated by her husband’s family	7	6.6	11	11.4	49	48.8	84	84.2	8.283	.041	*
13.	A late wife should be replaced by her younger sister	3	4.2	15	13.8	35	30.8	98	102.2	34.084	.001	*
14.	A widow should be married to her late husband’s brother	10	7.6	8	10.4	52	56.1	81	76.9	1.924	.586	**
15.	A widow can bear children for her late husband’s family	8	10.1	10	7.9	77	74.5	56	58.5	13.486	.004	*
16.	Teenage pregnancy has its advantages	6	6.2	12	11.8	39	46.1	94	86.9	12.094	.007	*
17.	Teenage pregnancy should be encouraged to boost financial status of the family	10	7.9	8	10.1	60	58.2	73	74.8	1.996	.573	**
18.	Teenage pregnancy has adverse effects	8	9.9	10	8.1	78	73.4	55	59.6	8.935	.030	*
19.	Scarification should be perpetuated as a traditional cosmetic practice	13	10.4	5	7.6	75	76.5	58	56.5	5.218	.157	**
20.	Scarification should be performed with unsterilized instruments	12	8.4	6	9.6	57	62.0	76	71.0	21.855	.001	*
21.	Food taboos such as avoidance of snail, mushrooms, and other edibles is acceptable	13	8.4	5	9.6	75	62.3	58	70.7	15.160	.002	**
										12.005	.193	**

Table 4. (Continue)

S/N	Items	AGE (years)								χ ² -cal	P – val.	*Dec.
		31 – 38 years (n = 192)				39 – 46 years (n = 41)						
		Yes		No		Yes		No				
		O	E	O	E	O	E	O	E			
1.	Female circumcision is a necessity in the society	86	89.0	106	103.0	17	19.0	24	22.0	2.205	.531	**
2.	Female circumcision has adverse health effects	135	140.0	57	52.0	41	29.9	0	11.1	17.761	.001	*
3.	Female circumcision affects reproductive health	128	134.0	64	58.0	41	28.6	0	12.4	20.108	.001	*
4.	Early marriage is inimical to teenage girls	59	77.0	133	115.0	34	16.4	7	24.6	38.350	.001	*
5.	There are benefits associated with early marriage	92	89.5	100	102.5	18	19.1	23	21.9	0.316	.957	**
6.	Early marriage enhances growth and maturity	68	77.0	124	115.0	25	16.4	16	24.6	9.336	.025	*
7.	Inheritance should only be allocated for male children	103	114.0	89	78.0	32	24.3	9	16.7	9.985	.019	*
8.	Security of the mother depends on having a male child	152	160.0	40	32.0	41	34.2	0	6.8	11.254	.010	*
9.	Male children are more important than female children	74	77.5	118	114.5	15	16.5	26	24.5	1.546	.672	**
10.	A widow should be blamed for her husband’s death	99	91.0	93	101.0	8	19.4	33	21.6	15.509	.001	*
11.	A widow should not inherit her husband’s properties	83	90.0	109	102.0	23	19.2	18	21.8	2.709	.439	**
12.	A widow should be maltreated by her husband’s family	62	70.5	130	121.5	23	15.1	18	25.9	8.283	.041	*
13.	A late wife should be replaced by her younger sister	28	44.5	164	147.5	23	9.5	18	31.5	34.084	.001	*
14.	A widow should be married to her late husband’s brother	83	81.0	109	111.0	17	17.3	24	23.7	1.924	.586	**
15.	A widow can bear children for her late husband’s family	97	107.5	95	84.5	33	23.0	8	18.0	13.486	.004	*
16.	Teenage pregnancy has its advantages	81	66.5	111	125.5	7	14.2	34	26.8	12.094	.007	*
17.	Teenage pregnancy should be encouraged to boost financial status of the family	83	84.0	109	108.0	15	17.9	26	23.1	1.996	.573	**
18.	Teenage pregnancy has adverse effects	96	106.0	96	86.0	30	22.6	11	18.4	8.935	.030	*
19.	Scarification should be perpetuated as a traditional cosmetic practice	115	110.5	77	81.5	18	23.6	23	17.4	5.218	.157	**
20.	Scarification should be performed with unsterilized instruments	103	89.5	89	102.5	7	19.1	34	21.9	21.855	.001	*
21.	Food taboos such as avoidance of snail, mushrooms, and other edibles is acceptable	78	90.0	114	102.0	14	19.2	27	21.8	15.160	.002	**
										12.005	.193	**

* Significant at P <.05

Key

*Dec. = Decision

* = Significant

** =Not Significant

Table 4 shows the overall χ^2 calculated value with its corresponding P-value for perception of harmful traditional practices among women of childbearing age based on their age ($\chi^2 = 12.01, P = .193$). Since the overall P-value ($P = .193$) is greater than .05 level of significance ($P = .193 > .05$), the

null hypotheses of no significant difference in the perception of harmful traditional practices among women of childbearing age based on age was, therefore, rejected. This implies that age of women influenced their perception of harmful traditional practices.

Table 5. Summary of Chi-square Analysis of No Significant Difference in the Perception of HTPs among WCBA Based on Level of Education

S/N	Items	Level of Education								χ^2 -cal.	P-val.	*Dec.
		*NFE (n=46)				*PRY ED. (n=41)						
		Yes		No		Yes		No				
		O	E	O	E	O	E	O	E			
1.	Female circumcision is a necessity in the society	41	21.3	5	24.7	10	19.0	31	22.0	46.845	.001	*
2.	Female circumcision has adverse health effects	10	33.5	36	12.5	36	29.9	5	11.1	71.015	.001	*
3.	Female circumcision affects reproductive health	10	32.1	36	13.9	36	28.6	5	12.4	63.398	.001	*
4.	Early marriage is inimical to teenage girls	28	18.4	18	27.6	39	16.4	2	24.6	110.982	.001	*
5.	There are benefits associated with early marriage	28	21.4	18	24.6	39	19.1	2	21.9	60.697	.001	*
6.	Early marriage enhances growth and maturity	28	18.4	18	27.6	39	16.4	2	24.6	110.982	.001	*
7.	Inheritance should only be allocated for male children	41	27.3	5	18.7	10	24.3	31	16.7	79.188	.001	*
8.	Security of the mother depends on having a male child	46	38.3	0	7.7	41	34.2	0	6.8	33.905	.001	*
9.	Male children are more important than female children	36	18.6	10	27.4	5	16.5	36	24.5	120.310	.001	*
10.	A widow should be blamed for the death of her husband	36	21.8	10	24.2	5	19.4	36	21.6	109.707	.001	*
11.	A widow should not inherit her husband's properties	36	21.6	10	24.4	5	19.2	36	21.8	106.378	.001	*
12.	A widow should be maltreated by her husband's family	18	16.9	28	29.1	3	15.1	38	25.9	73.333	.001	*
13.	A late wife should be replaced by her younger sister	27	10.7	19	35.3	4	9.5	37	31.5	55.272	.001	*
14.	A widow should be married to her late husband's brother	24	19.4	22	26.6	4	17.3	37	23.7	115.220	.001	*
15.	A widow can bear children for her late husband's family	37	25.8	9	20.2	14	23.0	27	18.0	44.399	.001	*
16.	Teenage pregnancy has its advantages	19	15.9	27	30.1	26	14.2	15	26.8	38.336	.001	*
17.	Teenage pregnancy should be encouraged to boost financial status	27	20.1	19	25.9	30	17.9	11	23.1	58.077	.001	*
18.	Teenage pregnancy has adverse effects	17	25.4	29	20.6	9	22.6	32	18.4	45.211	.001	*
19.	Scarification should be perpetuated as a traditional cosmetic practice	37	26.5	9	19.5	40	23.6	1	17.4	75.060	.001	*
20.	Scarification should be performed with unsterilized instruments	27	21.4	19	24.6	27	19.1	14	21.9	75.190	.001	*
21.	Food taboos such as avoidance of snail, mushrooms, and other edibles is acceptable	31	21.6	15	24.4	32	19.2	9	21.8	45.574	.001	*
Overall										73.289	.001	*

Table 5. (Continue).

S/N	Items	Level of Education								χ^2 -cal.	P-val.	*Dec
		*SEC. ED. (n=166)				*TER ED. (n=131)						
		Yes		No		Yes		No				
		O	E	O	E	O	E	O	E			
1.	Female circumcision is a necessity in the society	63	76.9	103	89.1	64	60.7	67	70.3	46.845	.001	*
2.	Female circumcision has adverse health effects	129	121.0	37	45.0	105	95.5	26	35.5	71.015	.001	*
3.	Female circumcision affects reproductive health	117	115.9	49	50.1	105	91.4	26	39.6	63.398	.001	*
4.	Early marriage is inimical to teenage girls	74	66.6	92	99.4	13	52.5	118	78.5	110.982	.001	*
5.	There are benefits associated with early marriage	50	77.4	116	88.6	62	61.1	69	69.9	60.697	.001	*
6.	Early marriage enhances growth and maturity	74	66.6	92	99.4	13	52.5	118	78.5	110.982	.001	*
7.	Inheritance should only be allocated for male children	126	98.6	40	67.4	51	77.8	80	53.2	79.188	.001	*
8.	Security of the mother depends on having a male child	141	138.3	25	27.7	92	109.2	39	21.8	33.905	.001	*
9.	Male children are more important than female children	101	67.0	65	99.0	13	52.9	118	78.1	120.310	.001	*
10.	A widow should be blamed for the death of her husband	115	78.7	51	87.3	26	62.1	105	68.9	109.707	.001	*
11.	A widow should not inherit her husband's properties	113	77.8	53	88.2	26	61.4	105	69.6	106.378	.001	*
12.	A widow should be maltreated by her husband's family	98	61.0	68	105.0	22	48.1	109	82.9	73.333	.001	*
13.	A late wife should be replaced by her younger sister	47	38.5	119	127.5	11	30.4	120	100.6	55.272	.001	*
14.	A widow should be married to her late husband's brother	116	70.0	50	96.0	18	55.3	113	75.7	115.220	.001	*
15.	A widow can bear children for her late husband's family	113	92.9	53	73.1	51	73.3	80	57.7	44.399	.001	*
16.	Teenage pregnancy has its advantages	67	57.5	99	108.5	21	45.4	110	85.6	38.336	.001	*
17.	Teenage pregnancy should be encouraged to boost financial status	87	72.6	79	93.4	24	57.3	107	73.7	58.077	.001	*
18.	Teenage pregnancy has adverse effects	88	91.6	78	74.4	98	72.3	33	58.7	45.211	.001	*
19.	Scarification should be perpetuated as a traditional cosmetic practice	103	95.5	63	70.5	41	75.4	90	55.6	75.060	.001	*

S/N	Items	Level of Education								χ^2 -cal.	P-val.	*Dec
		*SEC. ED. (n=166)				*TER ED. (n=131)						
		Yes		No		Yes		No				
		O	E	O	E	O	E	O	E			
20.	Scarification should be performed with unsterilized instruments	104	77.4	62	88.6	21	61.1	110	69.9	75.190	.001	*
21.	Food taboos such as avoidance of snail, mushrooms, and other edibles is acceptable	82	77.8	84	88.2	35	61.4	96	69.6	45.574	.001	*
Overall										73.289	.001	*

* Significant at $P < .05$

Key

*NFE = No formal Education

*PRY ED. = Primary Education

*SEC ED. = Secondary Education

*TER ED. = Tertiary Education

Table 5 shows the overall χ^2 calculated value with its corresponding P-value for perception of harmful traditional practices among women of childbearing age based on their level of education ($\chi^2 = 73.289$, $P = .001$). Since the overall P-value ($P = .001$) is less than .05 level of significance ($P = .001 < .05$), the null hypotheses of no significant difference in the perception of harmful traditional practices among women based on level of education was, therefore, accepted. This implies that the perception of harmful traditional practices among women was not dependent on level of education.

6. Summary of Results

The results showed that 49.3 per cent of women of childbearing age perceived highlighted traditional practices to be harmful to women (Table 1). Women in age groups 39-46 years (56%) and 31-38 years (52.8%), more than women in age groups 15-22 years (51.3%) and 23-30 years (50%) respectively perceived traditional practices to be harmful to women (Table 2). Furthermore, results showed that 62.5 per cent of women with no formal education-NFE, 57.6 per cent of women with secondary education, 52.7 per cent of women with primary education and 33.1 per cent of women with tertiary education perceived that traditional practices are harmful to women (Table 3). A significant difference ($\chi^2 = 12.01$, $P = .193 > .05$) was found in the perception of harmful traditional practices among women based on their age (Table 4) while no significant difference ($\chi^2 = 73.289$, $P = .001 < .05$) was found in the perception of harmful traditional practices among women based on level of education (Table 5).

7. Discussion

The study findings indicated that low proportion of women perceived the highlighted traditional practices as harmful to women. This result shows that substantial proportion of women did not perceive HTPs as harmful to women because they are viewed as integral parts of the culture where they exist. Also, women are compelled to observe these practices by the traditional custodians of cultural norms and beliefs (community leaders). This perpetual subjugation of women to observance of cultural practices enhances preservation of

cultural practices and beliefs without taken cognizance of the fact that HTPs are either beneficial or detrimental to women's health. This finding is consistent with the finding of other study, which confirmed that cultural beliefs impact women's lives as they affect their share of power and decision making in the household and at the community and national level. These beliefs also affect women's access to and participation in employment, education, health care, land and property ownership, credit and shelter and other aspects of the African socio economic structure (21).

The finding is also consistent with the finding of a study conducted in Nigeria which found that adolescent boys and some adolescent girls hold attitudes that condone forced sex in a variety of situations. For example, in different samples of adolescents, 80-98% of girls and boys felt that forced sex was condoned if a man paid a bride price for a woman, or if he has spent a lot of money on her (37-74%). Girls are less likely to hold these attitudes than boys but a significant percentage of girls also reported these attitudes. Many respondents blamed the female victim for inviting the forced incident (60-75% of males and 40-50% percent of females). Many respondents voiced the view that rape was a weapon of punishment to teach an unwilling female. Findings from the Nigerian study confirmed that many rape victims suffer in silence, not even telling their parents. They reported feelings of shame and fear that they would be blamed or stigmatized for provoking the incident. These norms are deeply rooted in Nigerian cultures, and their origin may be traced to the generally low socio-economic status of women in the country. However, violence based on these norms only serves to perpetuate this low status (22).

With respect to the variables examined in this study, age and educational level of women, age of women significantly influenced perception of HTPs while level of education had no significant impact on women's perception of HTPs. These results are in consonance with the findings of other studies in developing countries (23, 24, 25). Educational attainment, occupation and household wealth are markers of economic resources which empower women to take control of their own health and facilitate easy access to quality maternal health care.

This finding suggests the need for programmes to improve women's status and autonomy, and also involve women's

partners in maternal health programmes so as to educate them on cultural practices that are inimical to girl-child and women's health.

Study findings should be interpreted in view of some limitations. First, the study used primary sampling units as a proxy for the community. The women were selected from primary health centres in Oru LGA, Imo State. Thus, women who were not registered at the PHCs could not participate in the study. This may impinge selection bias effect on the study.

Second, some important factors known to influence women's perception of critical public health issues (e.g., religion, socio-economic status, occupation) were not included in our analyses due to data limitation. The exclusion of these vital variables may have biased the estimates of the measured variables in this study. Third, the community variables were constructed by aggregating the individual level characteristics at the community level and this may be associated with problem of making inferences at a higher level based on information from data collected at the individual level (26). Lastly, the descriptive nature of the survey does not allow for cause-effect inferences. However, the study remains significant.

Also, qualitative research is required to adequately understand the association between the incidence or perpetration of HTPs and individual and community factors that promote occurrence of HTPs.

8. Conclusion

The results indicated that small proportion of women perceived the listed HTPs as harmful to women and girls. This implies that HTPs are prevalent in the community and that many women are still experiencing them. Cultural and personal factors are significantly associated with women's perception of HTPs.

Recommendations

Community health care workers (CHEWs) at the rural areas should formulate and share strategies with other professionals in allied health fields to address the priority HTPs at the community level with focus on community and women's leaders because interventions conceived and implemented without consideration for community context are likely to have limited or no impact. Also, non-governmental organizations and national civil society, supported by three tier of government in Nigeria should develop robust, rather than anecdotal advocacy and evidence to contribute to shadow reporting on national progress in addressing HTPs. To eradicate the vicious circle of poverty that holds women in bondage over decades, national and community specific interventions that allow equitable distribution of wealth, employment/economic opportunities and provision of maternal health services should be implemented. Significantly, there is need for programmes that explore the best approaches to elevate women's status in reference to education and socio-economic status in low

resource communities.

Authors' Contributions

Dr. Samson Agbaje participated in the article writing, conception of the methodology, conducted the statistical analysis and edited the manuscript; Dr. Benedicta Agu participated in the supervision, validation of instrument, interpretation of results; Kenechukwu Osakwe participated in the article writing, formulation of questionnaire items, questionnaire administration, design of sampling procedures and retrieval of filled copies the of questionnaire from the women.

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