

Health and economic implications of harmful cultural practices (HCPs) against women and girls in Ebonyi State:

Ajah-Okohu, Doris Ijeoma¹, Abonor, Lazarus Bassey², Okohu, Sunday Anthony³

¹Department of Sociology and Anthropology, Ebonyi State University, Abakaliki, doris.okohuahajah@gmail.com

²Department of Social Work, University of Calabar, Calabar, abonor.laz@gmail.com

³Department of Sociology and Anthropology, Ebonyi State University, Abakaliki,
anthony.sundayohu@gmail.com

Abstract

This empirical study examines the impact of nine harmful cultural practices (HCPs) on the health and economic well-being of women and girls in Ebonyi State, Nigeria. Using Social Determinant of Health and Feminist theories, the study explores how cultural norms and gender-based inequities influence women's health and economic opportunities, shaping broader social and economic outcomes. A mixed-methods approach was employed to collect primary data from 99 respondents, assessing their awareness of HCPs and their effects on survivors. The findings reveal that women and girls face significant health challenges, including Vesico Vaginal Fistula (VVF), prolonged labor, painful sex, and multiple sex partners. Economically, HCPs contribute to dependency, poverty, lack of education, and poor nutrition. These practices have exacerbated the suffering of many women and marginalized children. The study calls for targeted sensitization efforts by human rights advocates, particularly in rural areas, and urges policymakers to enact laws prosecuting those who perpetuate these harmful practices.

Keywords: Harmful cultural practices, Women, Girls, Health, Economic

Introduction

Harmful cultural practices continue to significantly impact the health, well-being, and economic potential of women and girls in Nigeria, where deep-rooted traditional beliefs and social norms perpetuate these practices. Among the most prevalent harmful practices are female genital mutilation (FGM), child marriage, gender-based violence (GBV), widowhood practices and the rest, each of which contributes to systemic health risks and economic challenges for affected individuals and their children. These practices are often justified by ideas of cultural identity, gender roles, and social expectations, especially within patriarchal structures that prioritize male dominance over the rights and autonomy of women and girls. Despite legal and policy frameworks designed to protect women and girls from these harmful practices, their persistence remains a major barrier to Nigeria's progress in health equity, social development, and economic growth (Okeke, Anyaehie, & Ezenyeaku, 2012).

From a health perspective, the consequences of these harmful cultural practices are severe and often lifelong. Female genital mutilation, practiced in various regions of Nigeria, is typically performed in unsterile environments and without anesthesia, resulting in immediate complications such as severe pain, excessive bleeding, and infections. Over time, FGM can lead to chronic health issues, including menstrual problems, infertility, and complications during childbirth, which pose significant risks for both the mother and child (World Health Organization, 2020). Child marriage, which remains common in northern Nigeria, also jeopardizes the health of young girls by exposing them to early pregnancies before their bodies are fully developed. This increases the likelihood of maternal mortality and obstetric complications like obstetric fistula, which further marginalize and stigmatize affected girls and women within their communities (United Nations Population Fund, 2019). Additionally, the psychological trauma caused by practices like forced marriage, widowhood rites, and GBV contributes to mental health issues such as depression, anxiety, and post-traumatic stress disorder (PTSD), all of which hinder their quality of life and ability to pursue meaningful opportunities.

These harmful practices also limit women and girls' access to education, skill development, and professional advancement, leading to lasting economic consequences for

individuals and communities. Child marriage, for instance, forces many girls to abandon their education, leaving them without the necessary skills to enter the workforce and achieve financial independence. The absence of educational opportunities locks these women into cycles of poverty, where they are dependent on their spouses or family members and have little agency over their economic futures (UNICEF, 2021). Due to systemic lack of economic empowerment reduces the ability of women and girls to contribute meaningfully to Nigerian's economy and places additional strain on public resources and social services, especially in rural areas where access to education and healthcare is already limited. Economic deprivation further exacerbates gender inequalities, creating environments where women are more susceptible to exploitation, trafficking, sexual abuse and further cycles of poverty and marginalization.

Review of related literature and theories

Many scholars, researchers and institutions have done series of work around harmful cultural practices, causes, effects etc. This study focuses more of health and economic well-being and in this section, the following implications will be looked at.

Health implications of HCP

Harmful cultural practices like female genital mutilation (FGM), child marriage, and restrictive gender roles contribute significantly to severe health complications for women and girls. In Nigeria, these practices are particularly prevalent in certain regions, leading to conditions such as vesico vaginal fistula (VVF), urinary tract infections (UTIs), prolonged labor, blockage of the vagina, and a myriad of issues related to childbirth and sexual health. These health implications not only diminish the quality of life for the affected women but also create lasting physical, psychological, and social repercussions.

i. Vesico vaginal fistula (VVF)

Vesico vaginal fistula (VVF) is a distressing health condition frequently associated with early marriage and prolonged, obstructed labor. VVF occurs when a hole forms between the bladder and the vagina, leading to continuous, involuntary discharge of urine into the vaginal canal. This condition is especially prevalent among young girls whose bodies are not yet fully developed for childbirth. VVF causes chronic urinary incontinence, which can lead to skin infections, unpleasant odor, and severe social stigmatization, as affected women are often shunned or isolated by their communities (Wall, 2012). The condition is debilitating and often requires surgical intervention, which may be inaccessible in rural areas, leaving many women to suffer lifelong complications.

ii. Urinary tract infections (UTIs) and blockage of the vagina

Harmful practices, particularly FGM, often result in urinary tract infections (UTIs) and even the physical obstruction of the vaginal opening. During FGM procedures, the genital area is often cut or sewn shut without proper medical tools or hygiene practices, significantly increasing the risk of infection. This obstruction can make urination and menstruation painful and challenging, further leading to infections that may become chronic if untreated. In severe cases, the external genitalia may be sewn so tightly that only a small opening remains, obstructing the flow of urine and menstrual blood and leading to a buildup of bacteria. This blockage can result in recurrent infections, abscesses, and even damage to the kidneys (WHO, 2020). The limited access to healthcare in areas where these practices are common further exacerbates the impact of these infections.

iii. Prolonged labour and risk of caesarean section (CS)

Prolonged labor is a common issue among women who marry and bear children at a young age. Early marriage, a practice widespread in parts of Nigeria, often forces young girls to conceive before their bodies are ready for childbirth, resulting in prolonged and obstructed

labor. This condition not only increases the risk of maternal and infant mortality but also contributes to the prevalence of VVF and rectovaginal fistula, which can result from the excessive pressure and tearing during labor. Due to complications, many of these young mothers are forced to undergo emergency caesarean sections, which may not always be accessible, particularly in rural or impoverished areas (Tebeu et al., 2012). This not only endangers the lives of mother and child but also increases the likelihood of infections, excessive bleeding, and other surgical complications.

iv. *Difficulty in urinating and stooling*

Procedures that alter the natural structure of the female genitalia, such as FGM, can make both urination and defecation extremely painful and difficult. Following FGM, some women experience scarring, strictures, and infections that impede normal bladder and bowel function. This can lead to issues such as urinary retention, where the flow of urine is obstructed, causing pain, bloating, and increased risk of urinary tract infections. Difficulty in stooling may arise due to fistulas that develop between the vaginal and rectal walls, leading to incontinence and chronic infections. The inability to control urination and stooling can also lead to social isolation and significant emotional distress, as many affected women are ostracized from their communities and lack access to effective healthcare and support systems (Behrendt & Moritz, 2005).

v. *Lack of sexual satisfaction and mental health impact*

Female Genital Mutilation (FGM) and other practices that restrict female sexual autonomy can lead to a lifelong lack of sexual satisfaction and a host of mental health challenges. FGM often involves the removal of the clitoris and other parts of the external genitalia, which eliminates sources of sexual pleasure and can make intercourse painful. This results in diminished sexual satisfaction and can lead to marital discord, as the lack of physical intimacy may strain relationships (WHO, 2020). The psychological consequences of these practices are also profound. Many women suffer from post-traumatic stress disorder (PTSD), depression, anxiety, and low self-esteem due to the trauma associated with these practices. Additionally, social stigmatization, isolation, and a lack of autonomy contribute to ongoing emotional suffering, which may hinder the ability to form and maintain healthy relationships (UNFPA, 2019).

Economic Implications of HCP

Harmful cultural practices not only endanger the health and social well-being of women and girls but also impose significant economic consequences that extend to families, communities, and the overall economic development of nations. In Nigeria, practices such as child marriage, ghost marriage, disinheritance etc, limit women's economic potential, perpetuate poverty, and create cycles of dependency. These subsections are as follows:

i. *Economic dependency and lack of access to resources*

Harmful cultural norms and practices that restrict women's access to resources, such as land and finances, foster economic dependency. In many parts of Nigeria, women are denied inheritance rights and ownership of property, including farmland, a key economic asset in rural communities. Studies show that women in rural areas are largely dependent on male relatives for land access, which severely limits their agricultural productivity and economic autonomy (Doss, 2018). This lack of control over resources means that women have fewer opportunities to generate independent income, leaving them dependent on male family members for financial support. Economic dependency also restricts women's ability to make decisions about health, education, and family welfare, perpetuating gender-based inequalities and limiting economic growth.

ii. *Poverty and inability to fund maternal and child health services*

Economic deprivation resulting from restrictive cultural practices often translates to an inability to afford essential health services, including antenatal care (ANC), postnatal care (PNC), and emergency care such as caesarean sections (CS). Financial limitations make it challenging for women, particularly those in child marriages or low-income households, to access adequate ANC and PNC, increasing the risk of maternal and child mortality (UNFPA, 2019). The inability to afford a caesarean section, often necessary in cases of prolonged labor or complications, can have devastating consequences. For instance, maternal deaths in Nigeria are significantly linked to economic barriers that prevent access to emergency obstetric care (WHO, 2020). Additionally, without access to family planning services due to economic or social constraints, many women face unplanned pregnancies, which exacerbate financial strain and reduce the family's capacity to meet basic needs.

iii. *Lack of access to education and subsequent generational poverty*

Harmful practices such as child marriage force girls to drop out of school, curtailing their educational attainment and severely limiting their employment prospects. According to UNICEF, each year of secondary education can increase a girl's future earnings by up to 25%, underscoring the economic cost of denying education to girls through early marriage and other restrictive practices (UNICEF, 2021). Without education, women are often relegated to low-paying jobs or domestic roles, perpetuating a cycle of poverty that impacts not only the individual but also future generations. Children from impoverished families with uneducated parents are more likely to drop out of school themselves, perpetuating intergenerational poverty and limiting Nigeria's overall economic growth and human capital development.

iv. *Malnutrition and economic burden on health systems*

Economic limitations stemming from harmful cultural practices also lead to malnutrition, especially for women and children, who may have restricted access to sufficient and nutritious food. Cultural practices that prioritize men's access to resources, including food, often leave women and children vulnerable to malnutrition, which affects their health and cognitive development. Malnutrition can lead to low productivity and poor health, further diminishing economic potential for affected individuals and placing an additional burden on Nigeria's already stretched healthcare system (Onyeneho et al., 2019). Malnourished women are also at greater risk of complications during childbirth, which leads to higher healthcare costs and economic strain on both families and public health resources.

Theoretical review and framework

The health and economic implications of harmful cultural practices on women and girls can be better understood through the lenses of Social Determinants of Health (SDH) Theory and Feminist Theory.

Social determinants of health theory

Marmot (2004), has posited that the social determinants of health (SDH) emphasizes that health inequalities are largely driven by structural factors such as income, education, housing, and social policies. He advocates for addressing these upstream factors to reduce disparities and improve population health. The lower the socioeconomic position, the worse the health. This is the social gradient in health (Marmot, 2004). According to the World Health Organization, the SDH framework includes factors like socioeconomic status, education, access to healthcare, and social norms, which collectively shape the health risks and access to resources for individuals and communities (WHO, 2008). Harmful cultural practices, such as child marriage, female genital mutilation (FGM), and gender-based violence, can be viewed as social determinants that directly impact health and economic opportunities for women and

girls. In Nigeria, these harmful cultural practices limit women's access to education, economic resources, and health services, thereby exacerbating health inequalities.

Feminist theory

Mary Wollstonecraft (1759–1797) Known as one of the earliest advocates of women's rights, She argued for women's education and equality, laying the groundwork for feminist thought. Feminist Theory examines how gendered power dynamics and societal structures perpetuate inequities, particularly affecting women and girls in patriarchal societies like Ebonyi State. This theory is instrumental in analyzing the economic and health impacts of harmful cultural practices, as it highlights how these practices are often rooted in gender discrimination, with women and girls being systematically marginalized in areas like healthcare, education, and economic resources. According to feminist theorists, patriarchal systems reinforce harmful practices like FGM and child marriage, which not only control female sexuality and reproductive autonomy but also restrict economic opportunities for women, ensuring they remain dependent on male family members (Connell, 1987).

In the Nigerian context, feminist theory elucidates how harmful practices stem from deep-rooted cultural norms that value women primarily for their reproductive roles, often at the expense of their health and personal development. For instance, FGM is frequently performed to preserve notions of inclusion into womanhood, but it has devastating health consequences, including chronic pain, urinary and reproductive tract infections, and complications during childbirth (WHO, 2020). Economically, these practices contribute to a structural disadvantage, as women subjected to FGM or early marriage typically face limited access to education and financial independence, perpetuating cycles of poverty and dependency. Feminist theory underscores how these gender-based inequalities impact economic development by hindering women's participation in the labor force and limiting their ability to generate income, which, in turn, affects the economic growth of the entire society. Addressing these issues requires not only legal interventions but also a re-evaluation of societal attitudes and norms that reinforce harmful gender biases and practices (Hooks, 2000).

Together, Social Determinants of Health Theory and Feminist Theory provide a comprehensive framework for understanding the health and economic implications of harmful cultural practices. The SDH Theory highlights how social and economic conditions create environments where these harmful practices continue to pose health risks and restrict economic opportunities. In contrast, Feminist Theory emphasizes the role of gender discrimination and patriarchal systems in perpetuating these practices and their economic consequences.

Methodology

This study used a descriptive research design, focusing on individuals aged 18 and above in Ebonyi State. A sample of 99 women/girls was selected from 3 Local Government Areas (LGAs) across the state's three senatorial zones: Ebonyi North, Ebonyi Central, and Ebonyi South. These zones included a mix of urban, semi-urban, and rural areas to ensure clear understanding of different practices in Ebonyi. The sample size was set at 99 due to response saturation, in the sense that responses and statements are being repeated. 12 focus group discussions (FGDs) and 12 in-depth interviews (IDIs) were conducted across these zones, targeting groups of girls and women who had experienced one harmful cultural practice or another and are residing in those selected communities. Each FGD group included 6-8 participants of the same age range. Additionally, key informant interviews (KIIs) were conducted with 12 opinion leaders in Ebonyi State. Data collection used three methods: FGDs, KIIs, and in-depth interviews (IDIs). The recorded interviews were transcribed verbatim, those that were transcribed in Igbo were translated from Igbo to English. Thematic analysis was

applied, incorporating key quotes to enhance understanding of findings and support the study's conclusions.

Findings

Effects of harmful cultural practices

The major objective of this study is focused on how harmful cultural practices have affected the economic and health well-being of women and girls.

i. Implications of FGM

The respondents mentioned different ways either according to individual experience or according to what they have heard or seen. Respondents identified that men complain about their wives' lack of sexual desires and/or inability to satisfy them sexually as the women keep complaining of either pain during sexual intercourse or not enjoying the sex in any way, all these are resulting from the fact that their clitoris has been tampered with. Most of the male respondents said that those women and girls who went through FGM cannot make their husbands' happy as sexual satisfaction is very important aspect of marriage. Below are some direct quotes to support this argument:

"If the whole women's genital is cut away and she has a scar in her private part, whenever the woman began to get into family relationship, she finds it difficult to have a sexual relationship with her husband and childbirth is usually like a suicide mission" (Ajah-Okohu D.I. Field work, 2024).

"It will begin to affect her relationship with her husband, some women lost their marriages because they were unable to satisfy their husbands sexually" (Ajah-Okohu D.I. Field work, 2024).

"During child birth/delivery, she will be finding it difficult to push since it is the clitoris that helps in lubricating the woman's cervix during delivery, that is why some women die during or after child birth" (Ajah-Okohu D.I. Field work, 2024).

"Some women who went through FGM have lost their lives in the process of child birth, some also suffer leakage of urine" (Vesico Virginal Fistula)" (Ajah-Okohu D.I. Field work, 2024).

"I know someone who almost lost her baby and later lost life because of prolonged obstructed labour which resulted from FGM" (Ajah-Okohu D.I. Field work, 2024).

"I was cut after my primary school. I bled for 6 days before I got better. It affected me during the birth of my first two children, because I was cut (episiotomy) in the hospital for me to deliver my babies" (Ajah-Okohu D.I. Field work, 2024).

"There is occurrence of bladder infection due to FGM, after sitting for sometimes, the bladder releases urine, without the victim knowledge. It aids toilet infection. The women's flesh that is supposed to provide cover has been cut off through FGM, exposing her to diseases and germ, which has free entrance" (Ajah-Okohu D.I. Field work, 2024).

"FGM destroys the elasticity of the woman's Virgina. Elasticity of the woman's genital is comparable to a balloon, but is it's cut off, she has been endangered to many harms. Majority of women that passed through Caesarian section during child birth is as a result of FGM, as the scars

closed up and reduced the size of the Vaginal” (Ajah-Okohu D.I. Field work, 2024).

“Women that were victims of FGM suffer much bleeding during childbirth, because the scare of the cut will close up a woman's vulva, making it difficult for child delivery” (Ajah-Okohu D.I. Field work, 2024).

A respondent stated that one of the reasons why some men marry more than one wife or keep having extra marital affairs is because of their wife's inability to satisfy them as most men cannot stay without getting sexual satisfaction.

ii. Implications of male child preference

Male child preference has many effects on girls/women who have experienced maltreatment from fathers and relatives because they are girls/women. Some men have made it known to their daughters that they are not the right children for them, that they prefer male children that will remain in the compound as heirs. Some women who were denied access to education when they were girls are still battling with the illiteracy and lack of exposures that have resulted from that ill treatment from their fathers. Based on that, they have decided to limit their training to the female children to feeding and sometimes sending them out to relatives as house helps and domestic staff. It is true that most persons will tell you that a child is a child whether male or female but in situation where a family is lacking a male child, it will be obvious that male children are preferred over female children. All these are confirmed from different quotes from different category of respondents, their statements are as follows:

“Couples who do not have male children suffer so much emotional trauma because they don't fill fulfilled at any time of their lives because they belief that they are unable to procreate someone who will take after them and keep the family name going” (Ajah-Okohu D.I. Field work, 2024).

“Any man that gave birth to only female children will always be in pain and will continue to express anger to the wife” (Ajah-Okohu D.I. Field work, 2024).

“Some people still find it difficult to train their girl children because they belief that she will be married off meaning that they have wasted their moneys training someone who belong to another family. Men will tell you that it is of no use to train female children in school because women education ends in kitchen” (Ajah-Okohu D.I. Field work, 2024).

“Many men have abandoned their wives in the hospital because they gave birth to female children. Even when the woman manages to return from the hospital with the help of friends and philanthropist, the man will continue to ignore her and her baby, including the previous ones she has given birth to. Women who do not have male children suffer so much humiliation from the hands of the husbands, immediate family and the community members” (Ajah-Okohu D.I. Field work, 2024).

“Last week, my brother's wife who had two daughters gave birth to her third baby and it happens to be a baby girl. As soon as my brother arrived the hospital and heard that the baby is a girl, he managed to drop the provisions he came with and left the hospital premises, he never went back. The woman cried all through her stay in the hospital, we had to contribute money and with the help of his friends to enable us pay her hospital bills. On reaching home, my brother said that the baby should not enter his house, that the woman should carry all her daughters and go because he

wants to go and marry another woman to bear him male children” (Ajah-Okohu D.I. Field work, 2024).

iii. Implications of women/girl’s disinherittance

If a woman/girl is denied access to landed properties, she has been made economically vulnerable because she will always depend on land owners (the men/boys) to survive. This has denied most women from growing financially. For instance, a woman who is struggling on how to get food to feed her children, she is also under the condition of the fact that she must hold on for her husband to give her farmland before she commences farm. Sometimes, she and her children will have to complete his farm work before they can start hers. Meanwhile, a man can farm in a large portion of land at will, if he likes you (wife), he will allow you to come and plant corn, groundnut and pepper and under the condition that you will weed that farm. Land disinherittance has subjected most women to always depend and live on the mercy of their husbands and other men around them to get farmland and other land related investments. Many respondents confirmed this by saying:

“This is one of the major causes of high level of poverty and dependence among women and girls in this community and Ebonyi State” (Ajah-Okohu D.I. Field work, 2024).

On the other hand, a service provider shared an experience of a case that was reported to their office, he stated and I quote:

“A case of a girl who was set ablaze because she contested for her late father’s landed properties that were taken away by her uncles and cousins. We got a report from the Sothern Part of Ebonyi state that a woman had two daughters and no male child, when her husband died, the kinsmen began to threaten her to stay away from all the family lands, the woman and her daughters insisted and continued to farm there. The problem persisted, then the widow and her daughter brought the matter to us here and we had to summon the community elders so that it could be resolved peacefully. Few weeks later, we got an information that the mother left to town to visit her first daughter, unidentified hoodlums came in at night, killed the daughter who was alone in the house, park all their properties outside with the girl’s corpse and set them ablaze” (Ajah-Okohu D.I. Field work, 2024).

Other respondents went further to say that:

“Women and girls’ disinherittance is terrible because any woman’s husband dies, she is under the mercy of her husband’s kinsmen or her own family members before she will have access to land for farming or building houses” (Ajah-Okohu D.I. Field work, 2024).

“The implication is that, when those properties are taken away from the woman, she will not see where to lay hands in the training of her children, the woman and her children are subjected under terrible sufferings and deprivation by uncles and kinsmen” (Ajah-Okohu D.I. Field work, 2024).

“A case where the man is dead, the wife will depend on her son to allocate land to her, because women and girls do not have any say when issues about land are being discussed” (Ajah-Okohu D.I. Field work, 2024).

“This is my own experience, I needed money to start up a business after learning a skill but do not know where to get money from, I pleaded with my brothers to sell a portion of our father’s land and give me some money but no one listened to me. Then my younger brother needed to get married

but do not have money, my brothers decided and sell some plots of our late father's land at the rate of 5.2 million Naira. I was around when the land was sold and the money was brought cash, my four brothers (direct and step) shared the money, none of them considered given me any money from the land, just because I am woman" (Ajah-Okohu D.I. Field work, 2024).

iv. Implications of widowhood practices

Widowhood practices have both psychological and economic implications on the women, any woman who stayed back until after the traditional aspect of her husband's burial, will never leave the family, else she will die. As soon as the man is dead, the first son becomes in-charge of all the landed properties and houses, so the woman relies on the first son or other male relative to allocate farm land to her. Most women have been accused of killing their husbands, some have been forced to stay back and continue to bear children for the late husband while some have been forced to stop bearing children against their wishes. Below are a few direct quotes from the respondents:

"As soon as the man dies, no-matter how he died, most of them will begin to say "She has killed our brother!". If her children especially the sons are still tender that they cannot challenge their aunts, uncles and kinsmen, then the woman will suffer so much humiliation and intimidation from her husband's relatives instead of consoling her at that time" (Ajah-Okohu D.I. Field work, 2024).

"I had 3 children before the death of my husband but they are five now, my step-sons said that I should not give birth again and I am regretting why I stayed back, yet I cannot go because the spirit of my late husband will kill me" (Ajah-Okohu D.I. Field work, 2024).

"They said that she must continue to have sexual intercourse with her husband's brothers and other men of their choice because she will continue to give birth for their late brother, else she will be excommunicated with everybody that is related to the man, including her own children" (Ajah-Okohu D.I. Field work, 2024).

"When the man dies and the woman do not have any male child, she automatically loses all her husband's landed properties. If the family is good, they will give her few portions of land to farm while waiting for her to die so that they will take over their brothers' properties" (Ajah-Okohu D.I. Field work, 2024).

"I married my husband when he had nothing, we suffered and built this house where we have stayed and trained our children. My husband is dead, my first son no longer allows the tenants to pay house rent to me and he is threatening to send me to the village that I am constituting a nuisance here. I am frustrated and hopeless" (Ajah-Okohu D.I. Field work, 2024).

v. Implications of ghost marriage

Ghost marriage as a harmful cultural practice has different ways of affecting the survivor, her children and her sex partners because there is a higher tendency of spreading sexually transmitted infections from one man to another and they will also spread to their wives and/or sex partners. According to responses from the respondents, women/girls who are involved in ghost marriage are affected socially, emotionally/psychologically, economically and otherwise. They are also exposed to having sexual intercourse with different men for the sake of procreation which is the major reason why they are married for a dead man. In their different ways and responses, they stated the following:

“The implication of ghost marriage is that the woman will have to sleep with any man that the husband’s family approves of or the woman’s desires, just to get her pregnant to bear children for the ghost’s family” (Ajah-Okohu D.I. Field work, 2024).

“The implication of ghost marriage is that the woman will continue to have sexual intercourse with different men both young and old, so as to get pregnant and/or satisfy her sexual desire and this usually expose them to sexually transmitted infections” (Ajah-Okohu D.I. Field work, 2024).

“The children of a ghost will always be seeing different men as their fathers; this could cause emotional stress for them. They are usually under the mercies and financial supports of the ghost’s families and friends and even their mother’s sex partners” (Ajah-Okohu D.I. Field work, 2024).

“Last week, we went for a family meeting and were told that one of our cousins who died few days after birth and 25 years ago has been married for by the sisters because they do not have another brother and do not want to name of their family not to be remembers in the nearest future. Our family said that they will not accept the girl and her children but they are still in our family house” (Ajah-Okohu D.I. Field work, 2024).

Women who engage in ghost marriages are usually exposed to different forms of sexually infected diseases and inhuman treatments from their sex partners and sometimes their wives who keep protesting against the fact that their husbands are having extra marital affairs with them, all these are because she does not have her own man.

vi. Implications of child early and forced marriage (CEFM)

Most girls who are involved in CEFM are not usually happy as they do not get the required satisfactions and companionships that are required in the marriage. They respondents stated that:

“The effect of Child early and forced marriage, a child was forced to marry an old man, the man will always have sex with her at all times both morning and night, the girl entered into a traumatic condition. One day, while the man was a sleep, she used pestle and hit on the man’s head and the man died immediately. The girl was brought to remand home and she is receiving psychosocial counseling. I heard that she escaped last week” (Ajah-Okohu D.I. Field work, 2024).

“Forced marriage has led many girls to run away from home because they don’t want to marry a man that is not their choice or because they wanted to further their education or acquire other skills” (Ajah-Okohu D.I. Field work, 2024).

“At that age, the girl will not be economically viable to take care of herself. She is not schooled, not trained, no skill, no job experience to enable her make proper financial contributions for the family upkeep. She does not have what it takes to train and protect her children as she is like a child like them” (Ajah-Okohu D.I. Field work, 2024).

Finally, survivors of CEFM are more likely to experience physical violence, abuse and spousal rape etc., due to unequal power relations. There is also a high tendency of experiencing prolonged labour which usually leads to vesico vaginal fistula (VVF).

vii. Implications of arranged marriage

The girls that are involved in arranged marriage suffer so much emotional trauma because that has never been their desired type of marriage. Before the commencements of marriages that are being arranged, the people that are coming to marry the girls and the family of the girl do not make any plan towards laboratory investigations to ascertain the health status of the person(s) involved, the issue of ratios factor can come in to play, she can have children with sickle cell anemia. Some respondent described this when they said the following:

“At times the relatives of the imbecile will be having sexual intercourse with the woman and be impregnating her, the status of those people that comes to impregnate the woman is not known, nobody checks it, whether they are seculars, the status of the woman is not also known, nobody conducts medical examinations to check if she is AA or AS or if she is having HIV or other sexually transmitted diseases” (Ajah-Okohu D.I. Field work, 2024).

“Most of them are vulnerable, once they have given birth to some children for the family, they will just abandon them, they will stay like that and other people will be making decisions on their behalf. Sometimes, they will even die as a result of abandonment” (Ajah-Okohu D.I. Field work, 2024).

“They are vulnerable for all forms of sexual abuses from different categories of men, prostitutions, intimidation and will emotionally suffer based on the fact they are not marrying a man who can stand firm to provide for their children” (Ajah-Okohu D.I. Field work, 2024).

“They are agents of poverty as children that are born under this condition cannot compete with others as they are highly disadvantaged. They are also agents of domestic violence in home as husband gate crash for them for sexual intercourse because of their vulnerable, the women and their children also suffer stigma” (Ajah-Okohu D.I. Field work, 2024).

viii. Implications of spousal rape

Spousal rape traumatizes women as they live lives of fear whenever their husbands come around them. It kills their emotional feelings for sexual relationships. It also makes women to see themselves as object instead of human, because their consents are not being sought and their interests are not considered. It also causes trauma on the side of the children because the struggle and contest deny them sleep at night. Some mischievous children will at that point, began to develop interest towards sex and in some cases begin to have sex with other children around them if not their siblings. One of the female respondents stated that:

“Fear of forceful sex from her husband at night caused her high blood pressure as the man was a persistent drunk and must continue to have sex with her until he sleeps off, the children do not sleep at night because of the amount and level of noise that comes out of their room as they struggle for sex” (Ajah-Okohu D.I. Field work, 2024).

“Most women are afraid of sleeping without their children at night because their husbands will not allow them to sleep, they prefer to join their children in their own room because of fear of what their husband used to do at night” (Ajah-Okohu D.I. Field work, 2024).

“My husband always have forceful sex with me without my consent, he does not consider whether I am breastfeeding or menstruating. He said

that he married me with his money and I cannot give any excuse, else I will go back to my parents” (Ajah-Okohu D.I. Field work, 2024).

ix. Implications of polygamy (polygyny)

The practice of polygamy has exposed women to some silent and/or obvious dehumanization because it favors the men but are practically against women. According to the respondents, men who are involved in polygamy have some benefits but women are the ones suffering either directly from the hand of their husbands or from the hands of their co-wives or even from their step children. They made these statements and more to confirm this notion:

“Polygamy is not a good type of marriage for women because it leads to unhealthy sexual competition among the women as co-wives, as they will continue to struggle to get the attention of their husband whom culture has made the centre of attraction, he can afford to do anything or say anything and get away with it because the women cannot protest” (Ajah-Okohu D.I. Field work, 2024).

“It will bring in hatreds, verbal/emotional abuses and fighting among the women and their children and the men will choose who to love and who not to love” (Ajah-Okohu D.I. Field work, 2024).

“It also brings about denying of sexual satisfaction to some of the wives as it is not possible for him to satisfy all of them sexually, hence he prefers sexual satisfaction from the particular woman over others” (Ajah-Okohu D.I. Field work, 2024).

“Polygyny has resulted to men abandoning their wives and children, focusing on the particular woman they loved most at that particular. Training of the children of the woman he has abandoned will be the responsibility of that woman, he hardly provides anything let alone training them in schools” (Ajah-Okohu D.I. Field work, 2024).

“Even when he is paying their school fees, some will attend good private schools while some others will attend cheap/anyhow schools, he does not care whether they are progressing or not” (Ajah-Okohu D.I. Field work, 2024).”

Discussion

The health implications of harmful cultural practices on Nigerian women and girls are extensive, deeply harmful, and often lifelong, affecting basic bodily functions, reproductive health, sexual well-being, and mental health. Practices such as female genital mutilation (FGM), child marriage, and disinheritance, male child preference etc result in severe physical injuries, chronic reproductive health issues, and psychological trauma that profoundly affect not only the individual victims but also the broader community. Women subjected to FGM often suffer from complications like chronic pain, infections, and difficulty urinating, while young girls forced into early marriages face increased risks of maternal mortality and obstetric complications due to underdeveloped bodies. Beyond physical health, these practices lead to significant psychological distress, as survivors frequently endure mental health issues such as depression, anxiety, and post-traumatic stress disorder. To address these multifaceted impacts, a comprehensive approach is needed, one that combines educational initiatives, accessible healthcare, strengthened legal protections, and robust social support systems. Both international and local efforts are essential for promoting awareness, enforcing protective laws, and ensuring health services for those affected. With ongoing advocacy, community education, and targeted support for affected women and girls, Nigeria can make meaningful progress

toward reducing the health impacts and ultimately eradicating these harmful practices, improving overall well-being and fostering a healthier, more equitable society.

On the other hand, Economic implications of harmful cultural practices on women and girls in Nigeria are vast and detrimental, creating cycles of poverty, dependency, and limited access to essential services. These practices prevent women from realizing their economic potential, perpetuate generational poverty, and place additional burdens on public resources and health systems. Addressing these cultural barriers is critical for fostering economic empowerment, improving health outcomes, and enabling sustainable economic development in Nigeria. Through education, legal reform, and community awareness, efforts can be made to eliminate these harmful practices and create a more equitable and prosperous society.

The broader economic impact of harmful cultural practices on Nigeria's development is profound. By restricting the potential of half of the population, these practices hinder national productivity and social progress. According to research by the African Development Bank (2015), nations that limit gender-based disparities in education, health, and employment benefit from increased economic growth and innovation. In Nigeria, where harmful practices against women and girls continue to limit their access to these opportunities, the negative economic impact is evident.

Conclusion

Health and Economic Implications of Harmful Cultural Practices (HCPs) Against Women and Girls in Ebonyi State is significant as it sheds light on the severe impact of cultural practices, such as female genital mutilation and early marriage, on the physical health, mental well-being, and economic empowerment of women and girls. By examining these effects, the study provides essential data that can inform healthcare interventions, educational initiatives, and economic programs aimed at mitigating the harm caused by these practices. Furthermore, the research serves as an advocacy tool for policymakers, helping to drive legal reforms and protective laws that safeguard women's rights and promote gender equality. It also raises awareness within communities, encouraging cultural shifts towards practices that respect the health and economic potential of women and girls. Ultimately, this study supports global human rights and development goals by empowering women and girls, reducing poverty, and promoting sustainable community growth in Ebonyi State. Addressing these harmful practices is essential not only for improving the health and well-being of women and girls but also for fostering sustainable economic development across Nigeria. By enforcing protective legislation, promoting community education, and empowering women with access to education and economic resources, Nigeria can take critical steps toward eradicating harmful cultural practices and building a more equitable, healthy, and prosperous society for all its citizens.

This empirical study examined the health and economic implications of harmful cultural practices on women and girls in Ebonyi State, Nigeria. Through the lens of Social Determinants Theory and Feminist Theory, the study provides a comprehensive understanding of how entrenched cultural norms and gender-based inequities shape the lives of women and girls, influencing both their health and economic opportunities. These frameworks helped to contextualize the intersectionality of gender, culture, and socio-economic status, revealing how harmful practices, such as early marriage, female genital mutilation (FGM), and restricted mobility, significantly limit women's access to healthcare, education, and employment, thereby exacerbating gender disparities.

The study found that harmful cultural practices not only impose physical and psychological health risks on women and girls but also trap them in cycles of poverty, limiting their ability to participate fully in the economy. Drawing from the work of scholars like

Nussbaum (2000) and Sen (1999), who emphasize capabilities and well-being, the study revealed that these practices undermine women's agency and capacity to make choices, resulting in long-term adverse effects on their economic mobility and social empowerment. Furthermore, the findings corroborated the contributions of various institutions, such as the World Health Organization (WHO, 2019) and the United Nations (UN Women, 2021), which have highlighted the broader social and economic consequences of such harmful practices. These institutions argue that the perpetuation of harmful cultural practices constitutes a significant barrier to achieving gender equality, sustainable development, and the overall well-being of society. By restricting women's health and economic opportunities, these practices perpetuate poverty and hinder national economic development, illustrating the deep-seated structural inequalities faced by women.

Moreover, the study's qualitative data reveal that women and girls in Ebonyi State are acutely aware of the existence and detrimental effects of these harmful practices on their health and economic well-being. Despite this awareness, social norms and community expectations continue to perpetuate the continuation of these practices. The findings are consistent with previous research by Okeke (2016), which showed that even when women acknowledge the harm caused by these practices, their agency is often curtailed by patriarchal structures and socio-cultural pressures.

In conclusion, this study highlights the urgent need for a multi-faceted approach to address the health and economic challenges posed by harmful cultural practices in Ebonyi State. Interventions must go beyond mere awareness campaigns to include comprehensive education, policy reforms, and community-driven change, grounded in the principles of gender equality and human rights. By dismantling harmful cultural practices and addressing the social determinants of health and economic outcomes, the potential for improved well-being, empowerment, and economic mobility for women and girls in Ebonyi State and by extension, Nigeria becomes achievable.

References

- African Development Bank. (2015). *Empowering African women: An agenda for action*. Retrieved from <https://www.afdb.org/>
- Behrendt, A., & Moritz, S. (2005). Posttraumatic stress disorder and memory problems after female genital mutilation. *The American Journal of Psychiatry*, 162(5), 1000-1009.
- Connell, R. W. (1987). *Gender and Power: Society, the Person, and Sexual Politics*. Stanford University Press.
- Doss, C. (2018). Women and agricultural productivity: Reframing the issues. *Development Policy Review*, 36(1), 35-50.
- Heise, L., Ellsberg, M., & Gottmoeller, M. (2019). A global overview of gender-based violence. *International Journal of Gynecology & Obstetrics*, 78(1), S5-S14.
- Hooks, B. (2000). *Feminist Theory: From Margin to Center*. South End Press.
- Marmot, M. (2004). *The Status Syndrome: How Social Standing Affects Our Health and Longevity*. Henry Holt and Company.
- Nussbaum, M. (2000). *Women and Human Development: The Capabilities Approach*. Cambridge University Press.

- Okeke, T. (2016). *Cultural Practices and Women's Health in Sub-Saharan Africa: A Study of Women's Rights and Agency in Nigeria*. *International Journal of Gender and Development*, 18(2), 103-118.
- Okeke, T. C., Anyaehie, U. S. B., & Ezenyeaku, C. C. (2012). An overview of female genital mutilation in Nigeria. *Annals of Medical and Health Sciences Research*, 2(1), 70–73.
- Onyeneho, N. G., et al. (2019). Malnutrition and poverty in developing countries: The case of Nigeria. *Public Health Nutrition*, 22(12), 2223-2230.
- Sen, A. (1999). *Development as Freedom*. Alfred A. Knopf.
- Tebeu, P. M., Fomulu, J. N., Khaddaj, S., Bernis, L., Delvaux, T., & Rochat, C. H. (2012). Risk factors for obstetric fistula: A clinical review. *International Urogynecology Journal*, 23(4), 387-394.
- UN Women. (2021). *Ending Violence against Women and Girls: A Call to Action*. United Nations Women.
- United Nations Children's Fund (UNICEF). (2021). *Child marriage*. Retrieved from <https://www.unicef.org/>
- United Nations Children's Fund (UNICEF). (2021). *Ending child marriage: A profile of progress in Nigeria*. Retrieved from <https://www.unicef.org/>
- United Nations Population Fund (UNFPA). (2019). *Child marriage*. Retrieved from <https://www.unfpa.org/>
- United Nations Population Fund (UNFPA). (2019). *Maternal health and reproductive rights in Nigeria*. Retrieved from <https://www.unfpa.org/>
- Wall, L. L. (2012). Obstetric vesico vaginal fistula as an international public-health problem. *The Lancet*, 368(9542), 1201–1209.
- Wollstonecraft, M. (1792). *A Vindication of the Rights of Woman*.
- World Health Organization (WHO). (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Final Report of the Commission on Social Determinants of Health.
- World Health Organization (WHO). (2019). *Female Genital Mutilation/Cutting: A Global Concern*. Geneva: World Health Organization.
- World Health Organization (WHO). (2020). *Female genital mutilation*. Retrieved from <https://www.who.int/>
- World Health Organization (WHO). (2020). *Maternal mortality in Nigeria: Barriers to accessing emergency care*. Retrieved from <https://www.who.int/>