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## **HEALTH IMPLICATIONS OF SOCIO-CULTURAL PRACTICES AMONG RESIDENTS OF ILORIN METROPOLIS**

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### **Abstract**

Socio-cultural practices are norms practiced by a particular society and they are those practices that have been handed down from one generation to another. The study therefore examined the health implication of socio-cultural practices among residents of Ilorin metropolis. Descriptive research design of survey type was used for the study. Population for the study consists of all residents in Ilorin metropolis. Multistage sampling technique was used to select four hundred (400) respondents. A researcher's designed questionnaire validated by three jurors in the field of study was used for the data collection. A reliability co-efficient of .76r was obtained through test re-test method. Data collection was conducted by the researcher and three research assistants. The three postulated null hypotheses were tested using inferential statistics of chi-square at 0.05 level of significance. The findings from this study reveals that female genital mutilation,

early marriage and food taboo as socio-cultural practices have significant health implications among residents of Ilorin metropolis. Based on the findings of the study, it was concluded that; female genital mutilation could result into infections like HIV/AIDS because of using the same instruments for several girls without sterilization; early marriage could lead to reproductive tract infections which may lead to maternal death; and food taboo could lead to dire consequences in the growth and development of pregnancy and early childhood of a newborn. Therefore, it was recommended that parent should be health educated on the negative effects of female genital mutilation so as to avoid their female children from being mutilated locally; residents of Ilorin metropolis should be health educated on the dangers of early marriage and the effects on the health of the young female so as to reduce the impending health dangers on the young girls; and residents of Ilorin Metropolis should be health educated on the importance of not denying a pregnant woman of all the necessary nutrients from different types of food for proper growth and development of the foetus.

**Keywords:** *Health implications, socio-cultural practices, female genital mutilation, early marriage and food taboos*

### **Introduction**

Cultural practices of people did not only affect their health, but also affects all their spheres of life. Some harmful cultural practices include the use of cow-dung to clear the umbilical cord, children are not given foods like eggs for fear of becoming thieves, scarification and tribal marks are practiced using the same instrument for a number of children, unhealthy marriage practices such as early marriage, pregnant women are denied certain food like snails for fear of them becoming sluggish or for fear of the child salivating among others (Onyeabochukwu, 2007). These traditional and cultural practices are those that have been handed down from generation to generation. The victims of most of these practices are women and children. Men have been known to have been involved in the less severe, harmful and hazardous forms of traditional practices (Achal, 2011).

People, no matter the race have their own beliefs and practices concerning health and diseases. Each society or community has its own peculiar way of doing things and it is known that those practices and beliefs go a long way in influencing the people's perception, attitudes and management of diseases and other related health problems that befall them (Onyeabochukwu, 2007). Female genital mutilation also known as female circumcision or female cutting refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (World Health Organization, 2008). The external structure of the female genitalia includes the mons veneris, pubis, labia majora, labia minora, clitoris, clitoral hood and the vestibule within which are the urethral opening, vaginal introitus and hymen.

According to Kaplan, Suiberto, Miguel and Isabelle (2011), female genital mutilation is recognized internationally as a violation of the human rights of girls and women and constitutes an extreme form of discrimination against women due to the

severe health consequences, the pain and risks involved. Ndienla (2008) defined female genital mutilation as all procedure involving partial or total removal of external female genital organs whether for cultural or other non-therapeutic reasons. As of 1997, the World Health Organization (2013) stated that female genital mutilation (FGM) was practiced in 24 countries including the Western, Eastern, and North-Eastern parts of Africa. It was also stated that about 100million to 140million women and girls have been mutilated with 92million in Africa.

Female genital mutilation can be classified into four different categories which includes Type I, II, III and IV. It ranges from the removal of the clitoral hood to the removal of the labia minora and in extreme cases the labia majora (Olubayo, 2007). The perceived health consequences of the practice vary according to the procedure used. It can lead to death as the mutilation is carried out, pain, shock, hemorrhage and damage to the organs surrounding the clitoris and labia can occur. Afterwards, urine may be retained and serious infection developed because of the use of the same instrument on several girls without sterilization which can cause the spread of HIV/AIDS (World Health Organization, 2013).

Early marriage often referred to child marriage is defined as a marriage (union) before the age of 18 which applies to both boys and girls, but in practice it is far more common among young girls (WHO, 2013). Another sociocultural practice issue is early marriage. It is a global issue but rates may vary dramatically, both within and between countries. Early marriage is a global issue, one which violates the basic rights of girls and boys both in this generation and the next if proper action is not taken. Young girls are robbed of their youth and required to take on roles for which they are not psychologically or physically prepared. Many have no choice about the timing of marriage or their partner. Some are coerced into marriage, while others are too young to make an informed decision. Premature marriage deprives them of the opportunity for personal development, right to full reproductive health and wellbeing, education, and participation in civic life as well as exposing them to the risk of too early pregnancy, child bearing and motherhood before they are physically and psychologically ready, increasing their risk of intimate partner or sexual violence and HIV infection. (Aneke, 2014).

Evidence shows that girls who marry early often abandon formal education, suffer reproductive tract infection and may become pregnant, which may result in maternal deaths. Girls between the ages of 15 to 19 years accounts for 70,000 deaths each year (United Nations International Children Emergency Fund, UNICEF 2009).

Early marriage is one of the major sources of controversy under Islamic Law (Wodon, 2015). A large number of these are married off by their parents or guardians, once pregnancy have been discovered to avert the shame they may bring upon family. The Yoruba culture for instance, forbids a female child giving birth and raising children in her father's house, because this is seen as a taboo. In many cases they are married off to men who have little or no formal education and men who are much older than them. Early marriage increases the likelihood of maternal death, low birth weight, violence,

abuse, exploitation, under nutrition, when the incidence of pregnancy surfaces (UNICEF, 2009). Even though some parents believe early marriage will protect their daughters from sexual violence, the reverse is often true. According to United Nations' studies, young girls who gets married before the age of 18 are at great risk of becoming victims of intimate partner violence than those who marry at older age (United Nations Population Fund, 2013). This is especially true when the age gap between the child bride and spouse is large. Child marriage marks an abrupt and often violence introduction to sexual relation (Garcia, 2003).

Food taboos is another socio-cultural practice which can be defined as rules, codified or otherwise, about which food, or combinations of food may not be eaten and how animals are to be slaughtered (Maduforo, Nwosu, Ndiokwelu, & Obiakor-Okeke, 2013). The origins of these prohibitions and commandments are varied. Some foods may be prohibited during certain religious periods like Christian fasting, at certain stages of life (pregnancy), or to certain classes of people (priests), even though the food is otherwise permissible. Examples of Tabooed foods are amphibians, reptiles, bats, bears, birds, cattle, dogs, vegetables, fish during different phases of the human life cycle or associated with special events such as menstrual period, pregnancy, childbirth, lactation among others (Harris & Marvin, 2012).

Food is one of our most important daily needs. The kind of food that people eat depend largely on what plants they grow and what animals they can raise. It also depend on what they can buy from other regions or countries. Customs and many religions also influence what people eat. For example, Buddhists are not allowed to eat any meat, also Muslims in Nigeria and other parts of the world also do not eat pork meat and Christians such as the Jehovah witnesses and members of the Celestial Church of Christ (Onifade, 2006). Hindus consider the cow sacred and eat no beef. Some Hindus eat no animal food except milk and dairy products because their beliefs forbid them to kill animals (Onifade, 2006). Also, Roman Catholics do not eat meat on certain days during lent (Haghind, David, Tillgren & Peterson, 1996; Adeoye, 1981).

In some communities in Nigeria, pregnant mothers, nursing mothers and children are not allowed to eat certain types of food such as eggs, specified animals meat like crocodile, chicken, snail or snake owing to the fact that such animals are either usually offered to gods or that children will steal in future if they eat the forbidden foods (Omotosho, 2010). Such taboos are entirely due to traditional beliefs based on religion, ignorance and superstitions. In such communities where their main source of protein are from these forbidden foods, iron deficiency, anaemia in pregnancy and other nutritional diseases like kwashiorkor, marasmus are common features in their health centres. Furthermore, in some communities there is a belief that pregnant women should not eat food items like, okro, garden eggs and snails, and that their babies will experience salivation or will be too big, resulting in difficult delivery.

According to Adeoye (1981); Hodder and Strughton (1996), some persons pick and choose the food they eat on the basis of food taboos and fallacies. Eating habits have long been partly controlled by beliefs about what is good for people to eat. For example,

some people have some thought that tomatoes were poisonous and refused to eat them. Today, some people avoid white bread and canned food because milling and canning processes make them impure.

However, most of the food forbidden counted as taboos and fads by certain groups of people such as cowpeas, white bread, periwinkle vegetable meat, nuts and so on belong to classes of food like protein carbohydrate, fats, mineral and vitamins for which the body require some kilocalories for normal growth and development. For example proteins that are present in some of the forbidden foods enhance growth and repair worn out tissues in the body (Sandra, 1996 & Bello, 2002). Foods rich in carbohydrates are numerous. They include: potatoes, bread, cereals, cakes, pastries, yam, cassava, milk, chocolate, fruit juices and fruits. These food supply fuel for energy, which the body needs (Wallis, 1980; Sandra, 1996). Meat, fish milk, nuts olive oil, cheese and margarine that are fads and fallacies are our chief sources of fuel for energy, cushion body organs and keep the body warm (Adeoye1981).

### **Statement of the Problem**

It was observed that female genital mutilation has been one of the most rampant socio-cultural practices which has tremendously affect the girl-child worldwide. Female circumcision and infibulation or pharaonic circumcision is performed despite the complications associated with it. Young girls who marry before the age of 18 have a greater risk of becoming victims of intimate partner violence than those who marry at older age and which may affect their reproductive health. Moreso, young girls who marry early often abandon formal education which they may later become pregnant and due to the unreadiness of the reproductive system and may result into maternal death of the child and the mother.

A national survey across the 36 states of Nigeria reveals the prevalence of female genital cutting was high in: Ekiti (89%), Edo (88%), Ondo and Kwara (83%), Ebonyi (76%), and Bayelsa (72%) with a national prevalence rate of 40 percent. Certain nutritional foods such as egg, meat, periwinkle, snails have been forbidden and restricted from being taking by mothers during pregnancy which can leads to diseases like kwashiorkor, marasmus and anemia. Upon this premise, the researchers investigated health implications of socio-cultural practices on the health of residents in Ilorin metropolis.

### **Research Questions**

The following research questions were raised to guide the study:

1. Will female genital mutilation as a socio-cultural practice have any health implications among residents in Ilorin metropolis?
2. Will early marriage as a socio-cultural practice have any health implications among residents in Ilorin metropolis?

3. Will food taboo as a socio-cultural practice have any health implications among residents in Ilorin metropolis?

### Research Hypotheses

The following research hypotheses were formulated to guide the study

1. Female genital mutilation as a socio-cultural practice will not have significant health implication among residents in Ilorin metropolis.
2. Early marriage as a socio-cultural practice will not have significant health implication among residents in Ilorin metropolis.
3. Food taboo as a socio-cultural practice will not have significant health implication among residents in Ilorin metropolis.

### Methodology

Descriptive research design of survey type was adopted for the study. This will allow the researchers to analyze and interpret the variables that exist in this study. The population of this study includes all residents in Ilorin metropolis and the target population is all the head of each of the households in Ilorin metropolis. Table 1 shows how the sample for the study was selected.

**Table 1: Procedure for Sample Selection**

L.G.A	Population	Number of wards	Total of the selected four wards	Households of the selected four wards	proportionately	wards selected from the	Samples selected	Total sample selected
Ilorin east	207,462	12	14,934	Apado 27	Ibagun 25	I Magaji Are 27	Maya 25	104
Ilorin South	209,451	11	16,472	Akanbi I 27	Akanbi IV 27	Balogun Fulani 27	Okaka II 27	108
Ilorin west	365,221	12	27,400	Adewole 47	Badari 47	Ogidi 47	Sarumi 47	188
	781,934	35						400

In Table 2 above, there are three local Government Areas (Ilorin East, South and West L.G.A) in Ilorin Metropolis. Ilorin East L.G.A has 12 wards and a population of 207,462 residents which represents 26% of the population of Ilorin Metropolis, Ilorin South L.G.A has 11 wards and a population of 209,451 residents which represents 27% of the population of Ilorin Metropolis and Ilorin West L.G.A has 12 wards with a population of 365,221 residents which represents 47% of the population of Ilorin Metropolis. 26% (104 respondents) of the 400 samples used for the study were drawn proportionately from the selected wards in Ilorin East L.G.A., 27% (108 respondents) were drawn proportionately from the selected wards in Ilorin South L.G.A. and 47% (188 respondents) were drawn proportionately from the selected wards in Ilorin West L.G.A.

According to the research advisors (2006), for a population of 10,000 and above a sample of 380 is sufficient enough to represent the entire population at a level of confidence of 95% and a margin of error of 5% which is 2.66% of the total population. A sample of 400 residents of Ilorin metropolis was used for this study. This is 2.8% going by the recommendation of the research advisor. Multi-stage sampling technique was adopted. The first stage was the use of stratified sampling technique to separate the Local Government Areas in Ilorin metropolis into wards. The second stage was the use of systematic sampling technique to select four wards from each Local Government Area. This was done by arranging the wards in each L.G.A alphabetically and selecting four wards at regular intervals. The third stage was the use of cluster sampling technique to divide the wards into households. The wards were clustered into households to save the cost of travelling to far distances since the same aim could be achieved through this means. The fourth stage was the use of systematic sampling technique to select the number of households that was used in the study. The last stage was the use of purposive sampling technique to select the heads of households who were the final respondents used for this study. The research instrument used for this study was a researcher structured questionnaire. The instrument was validated by three experts in related fields. Thereafter, the final draft was prepared in line with the corrections and suggestions of the experts. Test re-test method of reliability was used to pilot the instrument used for the study. Twenty copies of the questionnaire were administered to ten respondents that were not part of the study group at a two weeks interval. Pearson Product Moment Correlation was used to analyze the instruments administered. A correlation coefficient of .76 was obtained; this was considered high enough for the instrument to be used for the study.

## **Results**

Ho<sub>1</sub>: Female genital mutilation as a socio-cultural practice will not have significant health implication among residents of Ilorin metropolis

**Table 2: Chi-square analysis of female genital mutilation as a socio-cultural practice among residents of Ilorin metropolis**

S/N	Items	SA	A	D	SD	Cal. $\chi^2$	Df	Crit. value	Dec.
1.	Female genital mutilation can cause infections like tetanus through the use of unsterilized surgical tools.	234	118	19	29				
2.	Female genital mutilation can lead to HIV/AIDS	185	166	29	20	355.5	9	16.9	Ho Rej.
3.	Female genital mutilation can lead to infertility.	164	169	51	16				
4.	Female genital mutilation can lead to excessive bleeding.	181	159	37	23				

0.05 alpha level of significance

An analysis in the table 2 above revealed that the calculated chi-square value of 355.5 is greater than the critical value of 16.9 with a degree of freedom of 9 at .05 alpha level of significance. Therefore, the null hypothesis is rejected. It means that female genital mutilation as a socio-cultural practice have significant health implications among resident of Ilorin metropolis.

Ho<sub>2</sub>: Early marriage as a socio-cultural practice will not have significant health implications among residents of Ilorin metropolis.

**Table 3: Chi-square analysis of early marriage as a socio-cultural practice among residents of Ilorin metropolis**

S/N	Items	SA	A	D	SD	Cal. $\chi^2$	Df	Crit. value	Dec.
1.	Early marriage can cause complications during pregnancy and child birth.	170	147	67	16				
2.	Early marriage can cause complications during pregnancy and child birth	192	142	47	19	301.3	9	16.9	Ho Rej.
3.	Teenage marriage leads to high mortality rate of child and mother during deliveries.	161	174	42	23				
4.	Most of those girls who are given out early in marriage suffer from depression.	192	137	40	31				

0.05 alpha level of significance

An analysis in the table above revealed that the calculated chi-square value of 301.3 is greater than the critical value of 16.9 with a degree of freedom of 9 at 0.05 alpha level of significance. Therefore, the null hypothesis is rejected. It means that early marriage as a socio-cultural practice have significant health implications among residents of Ilorin metropolis.

HO<sub>3</sub>: Food taboo as a socio-cultural practice will not have significant health implication among resident of Ilorin metropolis.

**Table 4: Chi-square analysis of food taboo as a socio-cultural practice among residents of Ilorin metropolis**

S/N	Items	SA	A	D	SD	Cal. $\chi^2$	Df	Crit. value	Dec.
1.	Food taboo can result into giving birth to unhealthy babies.	178	144	53	25				
2.	Superstition on consumption of certain types of food can lead to iron deficiency in pregnancy.	138	184	53	25				
3.	Religion doctrine on types of food to be consumed can lead to nutritional diseases like kwashiorkor, marasmus.	158	153	61	28	303.1	9	16.9	Ho Rej.
4.	Food taboo can be harmful to nursing and pregnant mothers.	150	143	62	45				
0.05 alpha level of significance									

An analysis in the table 4 above revealed that the calculated chi square value of 355.5 is greater than the critical value of 16.9 with a degree of freedom of 9 at .05 alpha level of significance. Therefore, the null hypothesis is rejected. It means that food taboo as a socio-cultural practice have significant health implication among residents of Ilorin metropolis.

### **Discussion of findings**

The result of the tested hypothesis one revealed that there is significant health implication of female genital mutilation among the people of Ilorin metropolis. This finding is in line with WHO (2013) who asserted that female genital mutilation practices such as cutting of the labia minora and majora could result into infections like HIV/AIDS because of the same instruments used on several girls without sterilization.

The result of the hypothesis two revealed that there is significant health implication of early marriage among residents in Ilorin metropolis. This findings is in support of UNICEF (2009) who affirmed that girls who marry early often abandon formal education, suffer reproductive tract infections, and may become pregnant, which may result in maternal deaths.

The result of the hypothesis 3 revealed that there is significant health implication of food taboo among residents in Ilorin metropolis. This finding is in line with Ekwochi, Osuorah and Eke (2016) who affirmed that food taboo could lead to dire consequences in the growth and development of pregnancy and early childhood of a newborn.

## Conclusion

Based on the findings of the study, the following conclusions were made;

1. Female genital mutilation has significant health implication on the people of Ilorin metropolis. This means that female genital mutilation could result into infections like HIV/AIDS because of using the same instruments for several girls without sterilization.
2. Early marriage have significant health implication on the people of Ilorin metropolis. This means that early marriage could lead to reproductive tract infections such as pelvic inflammation diseases, VVF, among others which may lead to maternal death due to the fact that the young girls that are given out early in marriage are not physiologically matured yet.
3. Food taboo has significant health implication on the people of Ilorin metropolis. This means that and food taboo could lead to dire consequences in the growth and development of pregnancy and early childhood of a newborn.

## Recommendations

Based on the conclusion, the following recommendations were made;

1. Parents should be health educated on the negative effects of female genital mutilation so as to avoid their female children from being mutilated locally.
2. Residents of Ilorin metropolis should be health educated on the dangers of early marriage and the effects on the health of the young female so as to reduce the impending health dangers on the young girls.
3. Residents of Ilorin Metropolis should be health educated on the importance of not denying a pregnant woman of all the necessary nutrients from different types of food for proper growth and development of the foetus.

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