



Research

Harmful Traditional Practices among Adolescents: Knowledge, Perception and Complications

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Abstract

Background: The use of traditional practices among adolescents continue to be a topic of public health importance as these practices are predominantly done within the adolescence period with several of these adolescents also living with the complications. This study explored the perception, determine the prevalence and complications of harmful traditional practices among adolescents in Rivers State.

Methodology: A descriptive, cross-sectional community-based study using a mixed-methods approach was done in three selected communities in Rivers State. The participants were adolescents aged 15-19 years. A pre-tested interviewer-administered semi structured questionnaire was used for quantitative study while FGD guide was used to obtain qualitative data. SPSS version 25 statistical package and NVivo 11 Pro software were used for analysis.

Results: A total of 981 adolescents aged 15-19 years were interviewed. Five hundred and twenty five (53%) of them were females while 456 (46%) were males. Nearly all (93.8%) of the adolescents had used a form of traditional practices. The prevalence of harmful traditional practices (HTPs) among adolescents is 16.1%. Majority of the adolescents were of the opinion that such practices should be abolished while 127(80.4%) of those who were subjected to HTPs reported different forms of complications.

Conclusion: Traditional practice is common among adolescents despite recognized complications with a prevalence of HTPs of 16%. Majority of the adolescents are of the opinion that such practices should be abolished especially the harmful ones. There is need to continuously enlighten the populace on the dangers of harmful traditional practices.

Keywords: Harmful traditional practices, adolescents, perception, complications

Introduction

Studies from across different culture and traditions has demonstrated that perceptions of good and ill health, as well as health risks and other issues, are shaped by culture. As a result it has led to the development of diverse therapeutic approaches. Various ethnic groups and cultures have come to recognize various diseases, their symptoms, and their underlying causes¹. The society's values and customs set the standards for how its members conduct themselves daily. However, because of the influence of culture, these ideas and behaviors may have a favorable or detrimental effect on the populace. The causes and prevention of disease in a community cannot be fully understood until the cultural practices of the people are taken into account².

Any individual displaying any characteristic of any culture is subject to cultural norms. Nigeria, and its states, has a vibrant cultural history. There are several of these that are harmful habits that have an impact on women's, adolescents and children's health³.

Traditional practice is the culmination of all the knowledge and procedures, whether explicable or not, used in the identification, control, and eradication of any physical, mental, or social imbalance and relying solely on firsthand knowledge and observations passed down orally or in writing from one generation to the next⁴, while harmful traditional practices are customs, beliefs, and ways of life that might cause a person's physical, psychological harm or death, stigma, dread, or other negative emotions. Alternatively said, they are behaviors



that might harm people's social and physical wellbeing. Numerous such customs or traditions are passed down from one generation to the next. Examples of HTPs includes female genital cutting, son preferences, scarification in illnesses and others^{4,5}.

Adolescents are group of people with rapid physical and psychosocial changes that renders them vulnerable to risky behavior and practices. Adolescence is described by the World Health Organization as the age range of 10 to 19 years, which includes the time from the start of secondary sexual maturation to the start of maturity or adulthood. It has also been described as a transitional period from childhood to the start or beginning of adulthood, marked by changes in the person's psychological, social, emotional, and physical growth and development⁶.

According to the 2018 Nigerian demographic health survey (NDHS)⁵, adolescents still suffer from HTPs, for instance, genital cutting was performed on 56% of females under the age of 14, adolescents are still married off before their 15th birthday, with as high as 43% of them marrying before 18 years. This demonstrates how HTPs are typically passed down from one generation to the next and are revered.

In rural areas of southern Nigeria, particularly in Rivers State, practices include female genital cutting which is often carried out during the adolescent period if it was missed during infancy, abdominal massage during pregnancy, the use of herbal remedies to cure and prevent illnesses, the preference for sons, and the use of traditional birth attendants are common^{7,8}.

Several studies on traditional practices have been carried out in Rivers State^{9,8}. Most of the research examined the effects of detrimental traditional behaviors on the nutrition and health of children and women, but only a few utilized adolescents as their sample population and none studied the perception and knowledge of traditional practices among adolescents. This is important as the Sustainable Development Goals 3 of the United Nations¹⁰ aims to guarantee healthy lifestyles and encourage wellbeing for everyone, regardless of the age by 2030. This study is therefore aimed to explore the perception, determine the prevalence and complications of harmful traditional practices among adolescents in Rivers State.

Method

Setting: The study was carried out in three selected community in Rivers State

Study design: The study was a mix study method - qualitative and quantitative data and used explanatory sequential design.

Operational definitions: An adolescent was defined as one aged between 10 and 19 years, however for this study we used adolescents aged 15 -19 years of age. HTPs were defined in this study as traditional practices that either harm or have the potential to cause harm to human health.

Study population: The study population were adolescents aged 15-19 years who gave consent or assent to the study and whose parents/ guardians also gave informed consent.

Sample size estimation: Sample size estimation was calculated by using the Cochran formula¹¹ for a population study $n = Z^2pq/e^2$

Where n = the desired sample size; z = the standard normal deviate, usually set at 1.96 which corresponds to 95% confidence level; e = degree of accuracy desired, usually set at 0.05 and p = the estimated percentage of the attribute that is present in the population; in this case, $p = 34\%$ which is the prevalence of female genital mutilation in Rivers State.⁸ A total of 981 adolescent males and females were recruited into the study.

Sampling technique: A multistage sampling technique was employed for this study. In the initial stage, the state was divided into three senatorial zones by stratification. A local government area was selected from each of the senatorial zones by simple random sampling through simple balloting. A community (Ogida, Onne and Ahoada) was selected by simple balloting from each selected Local Government Areas. Selection of study participant was done through systematic sampling. Participants for the FGDs were purposively selected during the questionnaire administration for quantitative data based on their experience with traditional practices.

Quantitative data collection: A semi structured interviewer administered questionnaire was used to obtain quantitative data from study participants. The questionnaire consists of three sessions; socio-demographic variables, knowledge and perception of harmful traditional practices, participants experience on harmful traditional practices and possible complications. Knowledge of HTPs was determined from a section of the questionnaire that required the participant to define HTPs and mention the various forms they knew.



Qualitative data collection: A FGD guide was used to obtain information for the qualitative data. The FGD guide was in simple English language. A total of 3 FGD was carried out one each in the three selected communities. Each FGD lasted for 2 hours and was made up of 7 adolescents each. Each of the FGD took place in the community hall of each selected community. The FGDs were enabled by moderators and note-takers while the discussion was recorded using recorders.

Data analysis: quantitative data was entered into an excel sheet, while statistical analysis was done using SPSS version 25. Information on descriptive statistics were presented in proportions, mean and standard deviation. The FGDs were recorded on tape, and thorough notes were taken during the sessions. The recordings were verbatim transcribed. The data were grouped into different thematic and was analyzed using the NVivo 11 pro software.

Ethical clearance: Ethical clearance was obtained from the Ethic and Research Committee of the University of Port Harcourt with reference code UPH/CEREMAD/REC/MM73/018, while permission was obtained from the individual village heads.

Result

Table I shows the socio- demographic characteristics of the respondent. A total of 981 adolescents aged 15-19 years were interviewed with a response rate of 100%. Five hundred and twenty-five (53.5%) of them were females while 456 (46.5%) were males giving a female to ratio of 1:1. The ages were grouped into two with 330(33.6%), 15-16 and 651(66.4%) 17-19 years. The mean age was 16.03 ± 1.02 years.

Concerning the level of education 93(9.6%) had primary level of education, 612(62.4%) secondary level of education and 204(20.8) had tertiary level of education while 78 (7.8%) did not have any form of formal education. Majority of the adolescents were students, 57 (77.4%) of them were cohabiting while 924 (94.2%) were single.

Concerning their socioeconomic status 194 of the adolescents 19.8% were from the upper socioeconomic class, 291 (29.7%) from the middle socioeconomic class while 496 (50.5%) of the study participants were from the lower socioeconomic class (Table 1).

Table 2 below shows the knowledge, perception and attitude of adolescents concerning traditional practices.

Of the 981 respondents, 924(94.2%) of them have heard about traditional while 57 (5.8%) responded that they had never heard about traditional practices. The sources of information on traditional practices among the respondents includes school 453 (46.2%), radio jingles 293(29.9%), television 213(21.7%) and religious bodies 134 (13.7%) etc.

Of the 981 adolescents, 936 (95.4%) of them reported that some traditional practices can be very beneficial while 758 (77.3%) of them reported that some traditional practices that are harmful exist. Almost all the participants 946 (96.4%) responded that traditional practices take place in their communities, while among 938 (95.6%) of the adolescents responded that some traditional practices are carried out in their families. Question about if they had ever been involved in any form of traditional practices? Nine hundred and twenty of the respondents (93.8%) responded that they have been involved or experienced traditional practices themselves. Among the 920 participants that had been involved in traditional practices 529(57.5%) reported that such practices they were involved was beneficial to them while 391(42.5%) said it wasn't beneficial to them (Table 2).

Table 3: Shows the various harmful traditional practices mentioned by the participants. These includes scarification marks during illness, mentioned by 13.0% of the respondents, female genital mutilation or cutting by 12.6% of them. Others mentioned includes food taboo in pregnancy, son preference, child marriage, widowhood practices, use of herbal concoction during illness.

Of the 981 respondents 158 of them (16.1%) reported that they were subjected to HTP, while 823(83.9%) had never been subjected to such forms of traditional practices. Of the 158 participants who were subjected to harmful traditional practices 127(80.4%) of them had various forms of complications while 31(19.6%) of them did not report any form of complications.

Complication listed by the respondents who were subjected to HTP and had complication include bleeding, infections, pain, throat pain, eye discharges, burns injury, diarrhoea, vomiting, body itching and swelling as well as worsening of illness.

Majority of the respondents 895(91.2%) believed harmful traditional practices and those that their effects are not well should be abolished, while only 86(8.8%) of the respondents did not think it should be abolished. (Tables 4)



Table 1: Socio-demographic characteristics of study participants

Variables	Frequency	Percent (%)
Sex		
Females	525	53.5
Males	456	46.5
Age in years		
15	177	18.0
16	153	15.6
17	204	20.8
18	132	13.5
19	319	32.1
Religion		
Christianity	879	89.6
Muslim	102	10.4
Educational status		
Primary	93	9.5
Secondary	612	62.4
Tertiary	204	20.8
None	78	7.3
Social classification of subjects		
Upper	194	19.8
Middle	291	29.7
Lower	496	50.5
Total	981	100.0

Table 2: Knowledge and perception of traditional practices among study participants

Variables	Freq	Percent (%)
Ever heard of TP		
Yes	924	94.2
No	57	5.8
*Source of information		
Television	213	21.7
Radio	293	29.9
Religious bodies	134	13.7
School	453	46.2
Others	139	14.2
Are there beneficial TP?		
Yes	936	95.4
No	45	4.6
Are there harmful TP?		
Yes	758	77.3
No	223	22.7
Are their traditional practices carried out in your community?		
Yes	946	96.4
No	35	3.6
Do you practice it in your family?		
Yes	938	95.6
No	43	4.4
Have you ever practiced any one		
Yes	920	93.8
No	61	6.2
Was it beneficial to you?		
Yes	529	53.9
No	391	39.9
Not applicable	61	6.2
Total	981	100.0

Table 3: *Common harmful traditional practices mentioned

Harmful traditional practices	Frequency	Percentages
Child marriage	165	3.0
Not allowing girls attend school		
Use of herbal concoction in illness	110	2.0
Female circumcision	367	6.7
Insertion of herbs in the genitals	689	12.6
Some post-partum care	357	6.5
Son preference	279	5.1
Food taboo in pregnancy/delivery	515	9.4
Use of cow urine in illness	559	10.2
Scarification in illness	213	3.9
Burning children's feet in convulsive episodes	712	13.0
Rite of passage	445	8.1
Son preference	117	2.1
Widowhood practice	369	6.7
Extended Abstinence from sex after delivery	466	8.5
	127	2.3
Total	5490	100.0

*multiple responses observed.

Table 4: Adolescents experience in harmful traditional practices

Variables	Freq	Percent (%)
Have you ever been subjected to HTP		
Yes	158	16.1
No	823	83.9
Was there complication		
Yes	127	12.9
No	31	3.2
Not applicable	823	83.9
Do you think traditional practices should be stopped		
Yes	895	91.2
No	86	8.8
Total	981	100.0

Findings from qualitative studies

Reason for practicing HTPs

On the reasons for practicing HTPs, it was deduced through the FGD that the practices were put in place to ensure that children and adolescents don't go off track. For instance, concerning FGC they claimed that it is a way to prevent girls from becoming promiscuous, and in some cultures you are not qualified to be called a wife except you are circumcised. Similarly, in some cultures male passage of rite is compulsory and most times it requires scarification which must be done using same sharp object, sanitized by using herbal concoctions. Any male who does not perform this is not regarded as a man and cannot be given respect or assume certain position in the community.

Other reasons given includes that it is a cultural practice that cannot be changed, that most of their herbal treatment are very handy with little costs although not so effective but can be used until they have enough money to attend a hospital.

Participant E6, a male said *'all though I have not been initiated into the rite of passage, I have heard a lot of things about this ritual which I cannot tell you because we were told not to discuss it with outsiders. But at times I get scared and ask my parents if there is no way to avoid it. I was told that it was compulsory irrespective of your status. I have seen cases that did not end well, that is the much I can tell you.'*

Participants E8 a female said that *"delivery in the home of a TBAs or at home is common and that it was due to convenience, fund and due to the trust they have on the TBAs"*

Participant E 10 a female said *'FGC is still been done but nobody here will tell you who carries out the procedure because of fear of getting the person arrested, it is done secretly particularly if the grandmother of the girl is still alive.'*

Complications

On if they had experienced or witnessed any complication following HTPs, E32 reported that she had seen another adolescent who could not deliver her baby despite the maneuvers by the TBAs, the girl and her baby died eventually died.

From all their responses it can be deduced that complications were common such as excessive bleeding, infection after FGC, as well as alcohol intoxication, wound infections during passage of rite for the males and worsening of a disease condition when herbs are used.

Discussion

This study which is community-based survey attempts to determine the magnitude of traditional practices - The



perception, prevalence and the complications reported among adolescents. The nine hundred and eighty-one adolescents that participated in this study were within the ages of 15-19 years. This age is within the reproductive age group. It is assumed that people within this age group are predominantly affected by the effects of traditional practices. And thus, can give information on issues bordering on some traditional practices based on their experiences

The finding of this study shows that 94.2% of the respondent had knowledge of traditional practices this finding was much lower than the finding by Gebrekirsos et al¹². This difference could be due to the age of their study population as their participants were adult women who have children that were less than five years of age who may have been exposed to different forms of traditional practices used for childcare.

Nine hundred and twenty (93.8%) of the study participants reported that they had engaged in one form of traditional practice or another and reported that traditional practices could either be harmful or beneficial. This finding is in agreement with the finding by Burrage¹³, who reported that traditional practices is in existence in every aspect of the society, culture or social group.

The different forms of traditional practices both harmful traditional practices and beneficial traditional practices reported by the participants in this study is similar to previous studies^{5,12,14}.

Most of the respondents got information on traditional practices from their school, while others was from the media. This shows that attempts are being made by various sectors to ensure that these practices are stopped even as the dangers associated with these practices are continuously made public for people to know and avoid them.

In a study that was carried out in Ethiopia by Geberkirsos et al¹² in 2014, it revealed that women had good information on the various traditional practices especially the harmful traditional practices. However, despite the knowledge they had, they still practiced them. This Ethiopian report is similar to this present study were despite the knowledge available adolescents still engaged in various traditional practices. This goes further to highlight the deep-rooted nature of most traditional practices.

The prevalence of HTP in this study of 16.1% among adolescent is high, this finding is however lower than the finding by a Tesfaye *et al*⁴ and Gedamu *et al*⁵ who reported a prevalence of 37% and 50.9 % respectively. Both studies were carried out in Ethiopia among women of childbearing age. Furthermore, Gedamu *et al*⁵

reported that 50.9% of women that were pregnant practiced one form of traditional practice or another and that those practices could cause harm to them or their unborn babies. The much higher prevalence of harmful traditional practices recorded in these two different African studies compared to this present study could be due to the study participant used in the Ethiopian studies as all their study participants were women of childbearing age that were pregnant a population that has been reported to be involved in traditional practices in most African studies¹⁶.

The finding of this present study is similar to other findings that had reported complication linked to HTP, these complications can be immediate or long term. About 80.4% of the adolescents that had experienced HTP in this study reported different forms of complications. These complications ranges from bleeding, infections, pains and disfiguring of the body etc. Other studies have also reported lifelong complications linked to the several harmful traditional practices^{17,18}.

Though majority of adolescents in this present study believed HTPs should be abolished, this finding is similar to most other studies^{4,18}. For instance the effect of son preference and female genital mutilation have been well documented, and most studies are of the opinion that such practices should be abolished^{5,19}.

Implications of the findings: This study highlighted that harmful traditional behaviour is prevalent and that adolescents still experience them with their associated negative effect. Majority of the adolescents want all the harmful traditional practices abolished from their communities. Hence, there is the need to implement the policies that will protect children and adolescents from HTPs in the state.

Limitations of the study: Due to stigmatization encountered in some health related HTPs some participants were reluctant to give out certain information about themselves. This was however overcome by informing them before starting the data collection that the information was strictly for research, and that their true identity will not be disclosed.

Conclusion

Traditional practice is common among adolescents despite recognized complications with a prevalence of HTPs of 16%. Majority of the adolescents are of the opinion that such practices should be abolished especially the harmful ones. There is need to



continuously enlighten the populace on the dangers of harmful traditional practices.

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