WOMEN AS PROMINENT TOOLS OF CULTURAL GENDER-BASED VIOLENCE (CGBV) AGAINST WOMEN IN UKWUANI LOCAL GOVERNMENT AREA OF DELTA STATE

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Abstract

This study addressed the rele of women in the execution and implementation of cultural genderbased violence in Uktoumii Local government Area of Delta State. The study employed the descriptive survey research design but specifically health centre based survey. The target population for the study comprises all adult females from the age of 15 and above (51,642) in Ukamani Local Government Area. Through a bi-stage sampling technique (involving stratified simple random sampling and purposive sampling technique), One hundred and ten (110) twomen sampled from eleven (11) Primary Health Care Centers (PHCs), made up the Sample for the study. A questionnaire, self-structured in line with the modified Four-point Likert scale format was the instrument used for the study. The reliability of the instrument was established through Cronbach Alpha which yielded reliability index of 0.84 - 0.92 for the variables. The analysis of data was done through descriptive statistics of frequency counts, percentages, means and standard deviation using a criterion mean of 2.50. The major finding of the study was that women contribute significantly to cultural gender-based violence against women. Therefore, it was recommended among others that health education with an increased emphasis on the role of women in CGBV should be inbuilt and well programmed into all fields of teacher education programmes.

Key words: Cultural Gender-Based Violence, Burial Rites, Female Genital Mutilation, Daughter-In-Laws Oppression

Introduction

Gender-based violence may be one of the most common human rights abuses even if it is rarely reported and majority of the perpetrators are people close and known to the

sufferers. It is not a new phenomenon as throughout human history, gender-based violence has existed for various reasons and in diverse forms. (Yangi & Sitawa, 2015). Gender-based violence (GBV) is violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately (European Commission, n.d; United Nations High Commissioner for Refugees (UNHCR) Africa (2022); Igbudu (2009). This means that gender-based violence happens to all, males or female.

Gender-based violence is defined as violence that is directed against a person on the basis of their gender or sex including acts that inflict physical, mental, sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. It includes physical, sexual and psychological violence perpetrated or condoned within the family, the general community or by the state and its institutions (Office for the Coordination of Humanitarian Affairs (OCHA), 2010).

Though gender-based violence is not sex specific, there are seeming evidences that females suffer it more than men due to gender imbalance. According to United Nations Population Fund (2020), while both males and females are at risk of gender-based violence, temales continue to be the overwhelming majority of victims as a result of the deeply-rooted patriarchal beliefs, attitudes and social norms that prevail in numerous communities throughout the globe. This is the main or probably the sole reason while many persons view gender-based violence as violence against women based on women's subordinate status in society.

Gender-based violence can be broadly defined into five categories: sexual violence (rape, sexual assault, and sexual harassment), physical violence (hitting, slapping, and beating), emotional violence (psychological and verbal abuse), economic violence (restriction of movement, denial of resources) and harmful traditional practices (child marriage, female genital mutilation, widow rites, honour killings) and so on (United Nations Population Fund, 2020).

According to Office for the Coordination of Humanitarian Affairs, OCHA (2010), cultural gender-based violence include female genital mutilation/cutting, forced marriage, denial of education, honour or dowry killing, sex-selective abortion, sex-selective neglect, burial rites, violence against domestic workers, daughter-in-law oppression etc. In many cultures, widowhood in women is considered a stigma and widow as in auspicious.

Various tribes and cultures in Nigeria have various forms of rites regarding burial, but cultures are conspicuously hard on women, enthused Elochukwu (2021), Adamu (2012) and Ekimkunber, Nkwopara, Ogwuda, Balogun, Amagiya, Adeyeri, Eze, Umoru & Duru (2014). These burial rites on new widows involve varying degrees of deprivation,

emotional instability, psychological trauma, physical hardship, and ritual contamination. In the view of Elochukwu (2021), these practices are dehumanizing and they are made compulsory making widowhood often the beginning of life-long oppression and misery for women. As the source added, upon the death of a man, in the Igbo-speaking tribe in Nigeria, the wife is expected to wail and cry loudly at husband's death morning and night, drink the water with which the corpse was washed to prove her innocence if ever accused to have something to do with the death of her husband, locked up with her husband's corpse in a darkroom and her hair shaved at the end for some rituals. Female genital mutilation, a ritual cutting or partial or total removal of the external female genitalia for cultural, religious, and ritual purposes, often as part of an initiation rite in Africa societies, which violate a women's bodies is still highly practiced among many cultures in Nigeria (Omolade, 2009; UNHCR/Africa, 2022).

Forced marriages, another form of cultural gender-based violence refers to marriage contracted under force or coercion either through physical, emotional or psychological pressure. According to European Commission (n.d), this is still very rampant among Africans. This form of marriage is closely linked to child or early marriage which is when children are married off before the minimum age of marriage. Other cultural gender-based violence like widow inheritance, violence against domestic workers, daughters-in-law's oppression and a lot more abounds and are still in practice among Africans.

According to some estimates, about one in three women have experienced gender-based violence with the situation even more alarming in less developed regions where poverty is positively associated with it (Yangi & Sitawa, 2015). Violence against the female folk is universally persistent but cultural gender-based violence seems to be very much prominent among Africans. As United Nations Population Fund (2020) reported, worldwide, more than 70 million women alive today were maimed as children (below 18 years of age) and more than 200 million girls and women have experienced some form of female genital mutilation in 29 countries in Africa. Although Violence Against Women and Girls (VAWG) is a global pandemic that affects one in every three women in their life time, it is highly under-reported especially due to cultural settings both in developed and developing countries (World Bank, 2019).

In the view of United Nations Population Fund (2020), the root causes of cultural gender-based violence are simple, deeply rooted beliefs of male supremacy placed over women and girls exposing them to risk of discrimination and marginalization. These gender discriminations often result in unequal distribution of power between men and women. As agreed by World Bank (2019), gender-based violence is deeply rooted in discriminatory cultural beliefs and attitudes that perpetuate inequality and powerlessness in particular of women and girls. As Elochukwu (2021) corroborated, various other factors of cultural gender-based violence are poverty, lack of education

and livelihood opportunities, impunity for crime and abuse, judicial barriers, individual barrier, humanitarian programming obstacles and so on.

Cultural gender-based violence has serious and long-term consequences on the physical, emotional and psychological health of survivals resulting in anxiety, depression post-traumatic stress disorder and so on (United Nations Population Fund, 2020). Survivors of this kind of gender-based violence may suffer even further because of the stigma associated with it especially when ostracized from either family or community. According to Lannap (2005) as cited in Adamu (2012), many physical changes occur to widows as they experience loss of appetite, sleep disorder, energy loss and body pains making them miserable, sad and wondering as if they are dying and in extreme cases actually die at the end.

The most painful aspect of cultural gender-based violence against women is that women are almost the sole enforcers of it as shown in the following report of Ayadekun Temitope who said: When my Insband died, I was asked by one of my sisters-in-law to urinate in an open place and in the presence of everyone in the village in order to prove my innocence in my Insband's death (Ekunkunbor, Nkwopara, Ogwuda, Balogun, Amajuya, Adeyeri, Eze., Umora, Duru, 2014).

As the authors added, sadly, horrible as the tales maybe, the women themselves in most cases are the ones who insist on enforcing stipulated obnoxious customs and traditions on their fellow women. To Igbudu (2009), the female relations of the man are usually the first to accuse their fellow women and find them guilty. In same vein, for whatever reasons proffered for the practice of Female Genital Mutilation (FGM), it is on record that the women are especially the ones who wish their daughters undergo it and even make sure they are punished if they fail to comply (Omolade, 2009). As it happens among the Igbo speaking tribe of Nigeria, Elochukwu (2021) regrets the fact that these obnoxious practices are perpetuated on the widow by women called 'Umuata' which are daughters of the diseased immediate and extended families married to other families.

Cultural gender-based violence against women has a lot of consequences both on the victims/survivors, people related to them and the communities and or country in general. CGBV denies women their most basic human rights like right to health, jeopardizing their lives, bodies, psychological integrity and freedom. Its health consequences include severe physical injuries, unwanted pregnancies, complications from unsafe abortions, sexually transmissible infections and death from complications arising from these conditions. According to UNHCR/Africa (2022), CGBV is a grave human right violation that can cause long-term and life-threatening injuries and traumas to victims/survivors. These can range from physical, psycho-social and health-telated problems that often destroy the survivors' self-worth and quality of life, exposing them to further abuse to permanent disability or death. Cultural gender-based

violence would result in cycle of violence and abuse as survivors risk being rejected by their families, detained and punished and severally abused again for seeking protection, assistance or justice.

This scenario makes the victim suffer further because of the stigma associated with this type of violence. This stigmatization not only places them at greater risk for exploitation and violence but can endanger their lives particularly when male members of the family/community retaliate with physical violence or so-called 'honour' killings. CGBV is not only devastating for survivors and their families, but also entails significant social and economic costs as in some countries it is estimated to cost up to 3.7% of their GDP – more than double what most governments spend on education (World Bank, 2019).

The issue of CGBV needs deliberate critical attention in addressing it as it ontails a significant cost for the future. Journalism is among the most powerful tools for social justice, particularly in the global fight against cultural gender-based violence and they can amplify the voices of women and girls, to shed light on the forms of cultural gender-based violence that target them, and to help communities worldwide address the harmful social norms that underpin gender-inequality and cultural gender-based violence (United Nations Population Fund, 2020). The state has primary responsibility of preventing and responding to CGBV which includes taking necessary legislative, judicial, administrative and otherwise measures to investigate, punish and prevent CGBV in which ever form they come (World Bank, 2019). However, decreasing CGBV against women and girls requires a community-based, multi-pronged approach, and sustained engagement with multiple stakeholders added the source.

In Ukwuani culture, cultural gender-based violence is prominent regardless of the consequences. Meanwhile, the women remain the greatest means through which they are propagated and enforced, hence this study shall address the question: What are the roles of women in the enforcement of cultural gender-based violence against women in Ukwuani Local Government Area of Delta State?

To guide this study, the following research questions were generated:

- a. Will women contribute significantly to the enforcement of the practice of female genital mutilation in Ukwuani Local Government Area of Delta State?
- b. Will women contribute significantly to the implementation of negative burial rites against women in Ukwuani Local Government Area of Delta State?
- c. Do women significantly participate in forcing women/girls into unwanted marriages in Ukwuani Local Government Area of Delta State?
- d. Do women significantly engage in daughter/sister-in-laws oppression in Ukwuani Local Government Area of Dolta State?

This study was carried out to determine the role of women in the execution of cultural gender-based violence against women. Therefore, the results of this research will help health educators and other programme planners towards eradication of cultural gender-based violence especially in directing great efforts towards women with a view to reducing their participation in cultural gender-based violence against themselves.

Methods and Procedure

The study employed the descriptive survey research design but specifically health centre based survey. This is appropriate as descriptive research is concerned with the collection of data for the purpose of describing and interpreting existing conditions, prevailing practices, beliefs, attitudes, ongoing processes and so on (Egbule & Okobia, 2001; Denga & Ali, 1989). The target population for this study comprised all adult females from the age of 15 years and above (51,642) in the entire households in Ukwuani Local Government Area of Delta State. This was derived from City Population 2022 statistics and estimates (City Population, 2023). There were eighteen (18) public Primary Health Care Centres (PHCs) and five private PHCs in Ukwuani Local Government Area. Through bi-stage sampling technique involving stratified random sampling technique, 50% of public PHCs (9) and private (2) PHCs were sampled and through purposive sampling technique, One hundred and ten (110) women (10 from each of the 11 sampled PHCs) made up the sample for the study.

The study made use of a self-structured questionnaire as the instrument for data collection. The instrument had two sections: Section A contained the bio-data of the respondents while Section B was structured in line with the modified four-point Liket scale format rating of Strongly Agree (SA), (4); Agree (A), (3); Disagree (D) (2); and Strongly Disagree (SD), (1). The instrument was validated by two experts in the Departments of Technical Education and Guidance and Counseling, Faculty of Education, Delta State University, Abraka. The reliability of the instrument was established using Cronbach Alpha for estimating the internal consistency of the instrument. The instrument was administered to Thirty (30) respondents at Abbi and Ndemili PHCs. The Cronbach Alpha yielded reliability index of 0.84 - 0.92 for the variables. Thus, there was good evidence that the subsections had good psychometric properties of reliability. The researchers personally administered the questionnaire. The copies of the instrument were administered to women who attained the clinics in the sampled primary health centres. In order to reduce and or remove the rate of instrument mortality, it was planned that all the copies of the instrument that were administered were retrieved immediately. The analysis of data was done through descriptive statistics of Frequency Counts, Percentages, Means and Standard Deviation using a criterion mean of 2.50.

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Presentation of Results

Research Question 1: Will women contribute significantly to the enfercement of the practice of female genital mutilation in Ukwuani Local Government Area of Delta State?

Table 1: Frequency Counts, Percentages, Means and Standard Deviation on Women's Contributions to Female Genital Mutilation

5/N	Statement	SA	A	D	SD		110	Remarks
-	-					Mean	SD	
1.	Female circumcision is still very much in practice in my	15 (13.2%)	50 (45,3%)	28 (25.9%)	17 (15.6%)	2.56	0.91	Agree
	community							
2.	Women strongly	11	65	25	6			
	support female circumcision in my community	(10°n)	(58.7%)	(22.9%)	(8.4%)	2,70	0.76	Agree
3.	Mothers are happy	35	37	15	3.			
	when their daughters are made to undergo	(32.2%)	(51.3%)	(13.5%)	(2.9%)	3.13	0.75	Agree
	female circumcision in my community							
4.	Women forces their	11	36	31	1.2			
	daughters to subject themselves for female circumcision in my community	(9.7%)	(50,9%)	(29.0%)	(10,5%)	2,60	0.80	Agree
	Grand Mean/SD					2.57	0.85	Agree

Table 1 shows that 58.5%, 68.3%, 83.5% and 60.6% of the respondents, agreed to items 1, 2, 3 and 4 respectively. This shows that female genital mutilation is still practiced, woman are happy about it, encourages it and force their daughters who intends not to do it to do it. The grand mean of 2.57 which is above the criterion mean of 2.50 shows agreement, meaning that women contribute significantly to the enforcement of the practice of female genital mutilation.

Research Question 2: Will women contribute significantly to the execution of negative burial rites against women in Ukwuani Local Government Area of Delta State?

Table 2: Frequency Counts, Percentages, Mean and Standard Deviation on Women's Contribution to the implementation of Negative Burial Rites Against Women

S/N	Statement	SA	Α	D	SD	N=110		
						Mean	SD	Remarks
5.	Most negative burial rites are endorsed by women in my community.	15 (13.4%)	47 (42.4%)	41 (37.5%)	7 (6.7%)	2.62	0.80	Agree
6.	Women washes the remains of widows' husbands and give the water to them to drink to prove their innocence.	11 (9.5%)	71 (64.7%)	24 (22.1%)	4 (3.8%)	2.80	0.65	Agree
7.	Women send widows to the dark rooms (Uno-usu) for seven days after the burial of their husbands.	34 (31.2%)	58 (52.4%)	1() (9.5%)	8 (6.9%)	3.08	0.72	Agree
8.	Women helps in driving most widows away from husbands' houses for allegations of being responsible for the deaths of their husbands.	37 (33.7%)	60 (54.1%)	6 (7.2%)	5 (5.0%)	3.16	0.76	Agree
9,	Women forcefully shaves the hairs of widows for some rituals after the burial of their husbands.	17 (15.3%)	46 (42.0%)	18 (16.4%)	29 (26.3%)	2,67	0.81	Agree
	Grand Mean/SD					3.10	0.78	Agree

Table 2 shows that 55.4%, 74.2%, 83.6%, 87.8% and 57.3% of the respondents agree that most negative burial rites against women are sanctioned by women, the washing and giving of the remains of a dead man to the surviving widows to drink to prove her innocence, sending widows to the dark rooms after the burial of their husbands, driving widows away from their husbands' houses after burial and shaving of widows' hairs for some rituals are carried out by fellow women. The grand mean of 3.10 which is above the criterion mean of 2.50 means that the respondents agreed with the fact that women contribute significantly to the execution of negative burial rites on widows.

S/N	Statement	SA	A	D	SD	N=	-1110	Remarks
10	Faurad mania	1.00	4.2			Mean	SD	
10.	Forced marriages are	19	46	32	13			
	still prevalent in Ukwuani	(17.4%)	(42.2%)	(28.8%)	(11.6%)	2.65	0.90	Agreed
11.	Most women force	9	26	60	15			
	their underage	(8.2%)	(23.4%)	(54.3%)	(14.1%)	2.26	0.80	Disagree
	daughters into marriages		2		No. in contrast	LENGO:	2555	
12.	Most mothers quarrel	19	46	32	13			
	with their daughters if	(17.4%)	(42.2%)	(28.8%)	(11.6%)	2.65	0.90	Agreed
	they refuse to marry rich men			10000 000	1000000		*****	7 Breed
13.	Family women helps in	29	43	33	5			
	insulting any widow	(26.0%)	(38.6%)	(30.3%)	(5.0%)	2.86	0.86	Agree
	who refuses to marry the late husbands' relation							
	Grand Mean/SD					2.56	0.86	Agree

Research Question 3: Do women significantly participate in forcing women/girls into unscanted marriages in Ukwnani Local Government Area of Delta State?

Table 3: Frequency Counts, Percentages, Mean and Standard Deviation on Women Participation in Enforcing Forced Marriages

Table 3 shows that the respondents agreed to items 10, 12, and 13 with mean ranges between 2.65 and 2.86 which were above the criterion mean of 2.50. This implies that forced marriages are still prevalent in Ukwuani, most mothers quarrel with their daughters if they refuse to marry rich men and family women joins in quarreling with any widow who refuses to marry the late husbands' relation. However, the women disagreed to item 11 (most women force their underage daughters into marriages as the mean of 2.26 is below the criterion mean of 2.50.

Research Questions 4: Do women significantly engage in daughter/sister-in-lates oppression in Ukwuani L.G.A of Delta State?

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Table 4: Frequency Counts, Percentages, Mean and Standard Deviation on Women's Engagement in Daughter/Sister-in-Laws Oppression

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S/N	Statement	SA	A	D	SD	N=100		Remarks	
						Mean	SD		_
15	Mother/sister-in-	7.	14	59	30			Disagree	
0.00	laws relationship are often cordial.	(6.0%)	(12.6%)	(53.3%)	(28.0%)	1.97	0.80		
16.		26	34	44	6			Agree	
2570.51	mother/sister-in- laws criticize would	(23.9%)	(30.4%)	(40.2%)	(5.5%)	2.73	2.73 0.89		
	be daughter-in-laws.								
17	Most mother/sister-	23	59	20	8	2.00	0.82	Agree	
	in-laws side with their sons/brothers whenever there are conflicts.	(20,5%)	(54.0%)	(18.1%)	(7.4%)	2.88	0.82		
	Grand Mean/SD					2.57	0.85	Agree	

Table 4 shows that 54.3% and 74.5% of the respondents agreed to items 15 (most prospective mothers/sister-in-laws criticize would be daughter-in-laws) and item 16 (most mothers/sister-in-laws side with their sons/brothers whenever there are conflicts. Meanwhile, 81.3% of them disagreed that mother/sister-in-laws and daughter-in-laws are often cordial. This by implication is that women significantly engage in daughter/sister-in-laws oppression in Ukwuani L.G.A as the grand mean of 2.57 was above the criterion mean of 2.50.

Discussion of Results

This study reveals that women contribute significantly to the enforcement of the practice of female genital mutilation in Ukwuani Local Government Area. This is in consonance with the view of UNHCR/Africa (2022) that a lot of women still cherish, encourage and actually support the practice of female genital mutilation in various parts of the world especially Africa. In same vein, the study reveals that women significantly contribute to the execution of negative burial rites against fellow women, just as Akintunde (2009) reported that in traditional Igbo communities, the 'daughters of the lineage' subject widows to continual and ceaseless weeping under the guess of tradition. They purposefully confine the widow as they claim to protect her from the spirit of the husband. This, study also revealed that women significantly participate in forcing fellow woman or girls into unwanted marriages. This is in line with the assertion of United Population Fund (2022) that a lot of African mothers and sisters encourage their daughters/sisters into unwanted marriages because of riches or other reasons. Also, the study revened that mother/sister-in-laws and daughter/sister-in-laws do not have cordial relationships as daughter/sister-in-laws are oppressed by

their mother/sister-in-laws. According to Elochukwu (2021), daughter-in -laws are seen as enemies by both mother-in-laws and sister- in -laws.

Conclusions

The major findings of this study were that women contribute significantly to the enforcement of the practice of female genital mutilation, execution of negative burial rites against fellow women, participate in forcing women/girls into unwanted marriages and engage in daughter or sisters-in-laws oppression. This implies that there is enormous work for health educators to emphasize programmes targeting women in the fight against cultural gender-based violence.

Recommendations

Based on the above, the following recommendations were made. That

- health education with an increased emphasis on the role of women in CGBV should be inbuilt and well programmed in all fields of teacher education programmes;
- there should be increased attention of the education of the girl child as this shall empower women to choose not to oppress themselves;
- women should be exposed to education and programmes on the consequences of CGBV and the need to not provide themselves as implements for its implementation; and
- d. health educators should use the mass media more effectively in enlightening women in the need to stop being implementers of CGBV.

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