

Impact of Family Therapy on Women Cultural Problems in Southwest Nigeria

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Abstract

This study examined the perception of counsellors on the impact of family therapy on women cultural problems in Southwest Nigeria. The target population of the study is all counsellors in Southwest Nigeria. The sample consisted of 1200 counsellors representing 200 from each of the six states of the Southwest Nigeria using the multi stage sampling approach. A questionnaire titled 'Impact of Family Therapy on Women Cultural Problems (IFTWCP)' was self-developed by the researcher to collect data for the study. The content validity of the instrument was established and the instrument was subjected to reliability test using test retest approach in which Pearson's Product Moment Correlation Coefficient formula was used to establish the coefficient. The Coefficient of 0.77 was obtained for the instrument which was considered high enough for the instrument. Four hypotheses formulated and tested at 0.05 alpha level of significance. Data collected were analyzed using t-test statistics where two means were being compared while Analysis of Variance (ANOVA) were used to analyze data where more than two means were being compared. The findings of this study revealed that there were significant differences in respondents' responses on family therapy as a panacea to the role of women as the architect of their own cultural misfortune based on religion [$F(2,1197)=8.61;P<.05$], years of working experience [$F(3,1196)=2.87;p<.05$] and educational qualifications [$F(3,1196)=3.32;P<.05$], but there was no significant difference based on gender of respondents. The findings of this study have implications for psychologists, guidance counsellors, NGOS and educationists alike. It was therefore recommended that family therapy should be given a chance by counsellors to help mitigate the role of women in their own cultural misfortune in Southwest Nigeria.

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Background to the Study

The female gender in most countries of the world over has been subjected to different agonizing and painful traditional practices. They have experienced oppression, deprivation, intimidation and discrimination in different spheres of life. Tradition are age long establish doctrines, conducts, patterns and beliefs systems that are transferred from one generation to the other (Longman & Bradley, 2015) and are based on cherished societal values which are upheld, guided, protected and enforced by strong prohibitions in bans, fines, taboos and superstition. Teaching and learning process took place by violators and invariably serve as deterrence for offenders (Longman & Bradley, 2015).

Demographic Health Survey (2024) listed nine harmful traditional unhealthy practices that have an impact on reproductive health. It is worthy of note that eight of these traditional unhealthy practices affect women and children and only one affect men directly. These traditional practices and countries practicing them are as shown in Table 1

Table 1: Traditional Unhealthy Practices and Countries Where they are Found

SN	Traditional Unhealthy Practices	Countries of Practice
1	Female Genital Mutilation	Primarily Africa, India & South America
2	Early Marriage	Asia, the Middle East & Africa
3	Severely restricted weight gain during pregnancy	Philippines, France, other countries
4	Withholding colostrum (initial breast milk with special nutritional value) from new born	China, Guinea Bissau
5	Low levels of breast feeding	United States, France, other countries
6	Post-partum nutritional restrictions	Latin America
7	Vagina douching	United States, selected European countries & other countries

8	'Dry sex' practices (removal of vaginal fluid with absorbent materials)	Africa, Latin America, South East Asia
9	Breast and Penis Implant	Africa, South East Asia & other countries

Source: Demographic Health Survey (2017)

Table 1 revealed that out of the nine traditional unhealthy practices listed, only three are peculiar to Africa and by extension to Southwest Nigeria. These are Female Genital Mutilation, Early Marriage and Dry Sex. This is an indication that these harmful practices are not peculiar to African countries alone.

At present, there seems to be an increasing concern about the sufferings of women. Movements have been organized and efforts made to promote the rights of women and alleviate their sufferings. The reason is to create public awareness and attention on issues affecting women and to put an end to the different inhuman treatment or practices on women. One of such efforts is the popular Beijing Conference held in China between 30th August and 15th September, 1995. Since Beijing Conference was held in 1995, many conferences, programs, seminars, symposia etc have been organized to address gender-based violence both in public or private life.

In Nigeria, 29 harmful traditional practices have been identified (see Table 2) which prevent women from controlling their own fertility (Omoniyi, 2021). In Southwest Nigeria, many harmful traditional practices have been identified. They include female genital mutilation, intimate partner violence, male child preferences, child marriage and food taboos (Otinche & Nnabuemyi, 2015). In Yoruba land which occupies the Southwest Nigeria, if a man dies the wife is of good behaviour to members of the family, she is compelled to marry the late husband's male sibling. Sometimes, even the brother will be the one to ask for his elder brother's wife in marriage. This generates a lot of issues and palpable tension at times. The justification for this is not far-fetched as members of the family believes that the children of the late man will be properly monitored if the wife remains in-house (Omeje, 2001). Furthermore, widows are not meant to take their births for twenty one days after which they are

taking to nearby river where all the pubic hairs will be shaved and body birthed.

UNICEF (2018) and Wadesango, Rembe and Chabaya (2011) explained that HTPs are additional burden on women but in spite of the suffering entailed, some women are keen for their daughters to experience them, exactly as they did. For instance, they believe that the experience of female genital mutilation prepares a girl to withstand the pains of her first delivery later in life. Wadesango, Rembe and Chabaya (2011) reported that women are often saying that they are unwilling to change these customs (i.e HTPs) since they have always done it this way and are not about to change. National Demographic Health Survey DHS (2024) reported that among the Nigerian women, two thirds believe that HTPs should be discontinued, while 21percent believe that such practices should be continued. Approximately one in ten of this group of women expressed conditional approval or was unsure of her opinion.

Continuation of HTPs practice finds greater support among southerners than northerners and among those who are affected than those that are not affected. Although, less than half of affected women want HTPs practice to be continued. Mothers' attitude towards HTPs was found to be influenced by their age, religion, family income and literacy status. Mothers with lower monthly income and lower literacy status favour continuation of HTPs (Ayena, 2017). Ayena (2017) accused women for castigating the eradication activities from the West of interference in purely African issue. To Ayena (2017), the accusation is an excuse by African women to do nothing for the children whom they are supposed to protect; and interference is the motto of Africans who ignore the eradication of HTPs.

Table 2: Table Showing Harmful Traditional Practices (HTPs) in Nigeria with Justification

SN	HTPs	People's Justification (Findings)	Tribes Practicing It
1	Female Genital Mutilation (FGM) (Symphysiotomy)	Socio-cultural and psychsexual reasons, To shun promiscuity and other sexual orientations	Nearly all tribes
2	Son Preference	Socio-cultural factors	Nearly all tribes
3	Corporal Punishment	Correction and Deterrence	Nearly all tribes
4	Scarification	Socio-cultural and Aesthetic reasons, Identification and Ancestry	Yorubas, Hausas
5	Servitude (Maid)	Informal Education and Skill acquisition system	Igbos and Yoruba
6	Opening Ancient Calabash	For cleansing or self-killing	Yoruba
7	Gender-based Violence	Male Chauvinism, Poverty escape	Nearly all tribes
8	Polygamy	Tradition demands, Man by nature is a polygamist	Hausa/Fulanis, Yorubas
9	Exclusion During Menstruation	Lock-up in a room for days to maintain purity	Nearly all tribes
10	Arranged Marriage	Making best choice for young ones	Nearly all tribes
11	Male Circumcision	Psych-sexual factors (Overactive and uncontrollable sex drive), To shun promiscuity	Nearly all tribes
12	Widowhood Discrimination: Head Shave, Un-bath for 21 Days, Drink Dead Bathwater, Marry-the-Dead Syndrome, Sleeping by the Dead	Socio-cultural reasons: Mark of respect for the late husband, Fact-finding Mission on who killed the Dead, Traditional Marriage with Late Partner	Edos, Yorubas (Ikales, Ilajes, Apoi), Igbos

13	Wife battery	Completed dowry paid, Egoistic nature of man	Nearly all tribes
14	Untrained Traditional Birth Attendance and Healers	Long history of usage, It is cheap and affordable	Nearly all tribes (Common in rural areas)
15	Herb Concoction Consumption	Long history of usage, Cheap and Affordable	Nearly all tribes
16	Infant Purging	Spiritual and religious reasons, Getting rid of impurities swallowed while in the uterus	Nearly all tribes (Common in rural areas)
17	Castigating Barren Women	Family continuity factor	Nearly all tribes
18	Consulting the Dead	Socio-cultural and ancestry attachment	Nearly all tribes
19	Witchcraft Accusation and Burning	Spiritual and religious reasons	Nearly all tribes
20	Thief Burning and Spell Injection	Hygienic and aesthetic reasons	Nearly all tribes
21	Discrimination against people with special needs people such as Albinism, Hunchbacks and other disabilities	Strange human, Worthless value	Nearly all tribes
22	Male Chauvinism	Egocentric nature of man as the head of the family	Nearly all tribes
23	Nutrition Violence	Nutrition help for infants growth and development	Nearly all tribes (especially Gwaris, Yorubas and Hausas)
24	Wife Inheritance Tradition	Checkmating women excesses	Yorubas
25	Stoning to Death	Deterrence system	Nearly all tribes (Common in rural communities)
26	Male Child Circumcision (MCC)	Hygienic, Purifications and Psych-sexual reasons	Nearly all tribes
27	Honour Crime	To pay-up family assumed transgression of some gender social norms, Protecting family reputations	Nearly all tribes

28	Nutritional Violence	Socio-cultural reasons	Nearly all tribes
29	Traditional Deliverance: Salt or hot water bathing, Broom Beating, Solitary Confinement, Deprivation of Food, Water and Freedom	Spiritual cleansing or purging	Nearly all tribes

Source: Omoniyi, 2021

The effects of Harmful Traditional Practices include profuse bleeding, infections like hepatitis B, tetanus and HIV are usually contracted from procedure during scarification. Scarification also causes psychological trauma and social stigma later in the child during adulthood (Longman & Bradley, 2015). Female Genital Cutting is a common cause of vesico-vaginal fistula in Nigeria, vaginal stenosis, difficulty in giving birth, bleeding and a mode of hepatitis B, HIV and tetanus. Furthermore, the practice of Female Genital Mutilation causes psychosexual and trauma for women. The dangers of early marriage are adolescent pregnancies, vesico-vaginal fistula, obstructed labour, drop-out from school, social stigma, infant mortality, maternal deaths, ignorance, poverty and diseases (Omoniyi, 2021).

Mass education and campaigns against these unwholesome practices by governments, individuals and NGOs have been suggested as solutions. Effective legislation and enforcement of these laws through arrest and prosecution of offenders or perpetrators have also been suggested as panacea against the practices. Nevertheless, this article is an attempt to further look at a total solution to the menace. Hence, suggesting Family Therapy as a psychological intervention (Ayena, 2017).

Family therapy is a form of talk therapy that focuses on the improvement of relationships among family members. It can also help in treating specific mental health or behavioural conditions, such as substance use disorder or oppositional defiant disorder and can involve any combination of family members. Family therapy is a form of group psychotherapy that focuses on the improvement of interfamilial relationships and behaviours. Types of family therapy

include marriage counselling/couples therapy, strategic family therapy, structural family therapy and systemic family therapy.

Family therapy can help with situations such as:

Adjusting to new life change (like moving) or a medical condition

Mental health professionals also use family therapy to help treat certain mental health or behavioral conditions for one person within the family unit. For example, family therapy involving all or multiple members of the family can be used to treat anorexia for one person in the family.

Family therapy is used by trained, licensed mental health professionals, such as psychologists, therapist or counselor, who has specialized knowledge in working with families.

Problems that family therapy can fix include but not limited to strained relationships between family members, stress, anger, communication issues, physical or emotional trauma, coping with acute or chronic illness of a family member such as multiple sclerosis, cancer, stroke, chronic pain or an autoimmune disease, the death of a loved one and grief, divorce or romantic relationship issues and coping with sudden changes, such as unemployment, moving or incarceration. Family therapy can be beneficial if a family member has mental health conditions like anxiety disorders (e.g obsessive-compulsive disorder), eating disorders (e.g anorexia), mood disorders (e.g bipolar disorder and depression), personality disorders (e.g borderline personality disorder), disruptive mood dysregulation disorder and oppositional defiant disorder. Families who have neurodivergent members, such as someone with autism spectrum disorder or attention-deficit disorder can also benefit from family therapy.

Family therapy is an evidence-based treatment that is grounded in theory and skill-based dialogue or conversations. It provides a supportive, non-judgmental and safe environment that allows empty women and their families to talk openly with

professionals. These professionals are objective and specially trained to help families with the issues they are having. With the guidance of professionals empty women will be assisted to work on improving the interactions and communications among their family members. Women are assisted to work to incorporate healthy behaviours to improve their family's functioning and well-being (Ayena, Shittu & Ojo, 2023). In addition, reported that male and female counsellors do not differ significantly in their perception of family therapy as antidote to empty nest syndrome; counsellors of different religion in Southwest Nigeria differed significantly in their perceptions of family therapy as antidote to empty nest syndrome; school counsellors of different working experience in Southwest Nigeria differed significantly in their perception of family therapy as panacea to empty nest syndrome; and that school counsellors in Southwest Nigeria of different educational background differed significantly in their perception of family therapy as panacea to empty nest syndrome..

Statement of the Problem

The role of women in perpetuating the practice of Harmful Traditional Practices in Southwest Nigeria is suggesting that women are the architect of their own cultural misfortune. Despite the many negative effects and health implications of HTPs on them, it is surprising to note that women continued to participate, allow and condone these harmful practices. In 2013, six international and inter-regional organizations namely the African Union Commission (AUC), The African Committee of Experts on the Rights and Welfare of the Child (ACERWC), the United Nations Economic Commission for Africa (UNECA), the United Nations Children's Fund (UNICEF/Liaison Office to the AU and UNECA), the United Nations Population Fund (UNFPA/Liaison Office to the AU and UNECA) and the Inter-Africa Committee on Traditional Practices (IAC) gathered to form a collaborative strategy on how to ameliorate HTPs (Omoniyi, 2020).

Ayena, Shittu, and Ojo (2023) surveyed the perception of school counsellors on family therapy as a panacea to the phenomenon of empty nest syndrome in Southwest Nigeria and concluded that

family therapy is a potent therapy in handling family issues which may include Harmful Traditional Practices. Hence, the current study is another attempt in finding solutions to the problem of women as the architect of their own cultural misfortune using family therapy as an antidote to the problem.

Hypotheses

The following hypotheses were raised to pilot this study

1. Male and female school counsellors do not differ significantly in their perception of the impact of family therapy on women cultural problems in Southwest Nigeria.
2. School counsellors of different religion do not differ significantly in their perception of the impact of family therapy on women cultural problems in Southwest Nigeria.
3. School counselors of different years of working experience do not differ significantly in their perception of the impact of family therapy on women cultural problems in Southwest Nigeria.
4. School counsellors of different educational background do not differ significantly in their perception of the impact of family therapy on women cultural problems in Southwest Nigeria.

Purpose of the Study

The purpose of this study is to find out the perceptions of counsellors in Southwest Nigeria on the impact of family therapy on women cultural problems. The objective was to investigate whether women cultural problems could be overcome through the use of family therapy on the basis of gender, religion, years of working experience and educational background of respondents.

Methodology:

The research design adopted for this study is the descriptive survey. This is because descriptive survey enables researchers to seek the opinion of representative sample of population upon which conclusions, inferences and generalization are made on contemporary phenomenon

The target population of this study consisted of all school counsellors in Southwest Nigeria.

The Multi-stage sampling method was adopted in selecting participants for this study. At the first stage, purposive sampling method was used to select all the six states in the Southwest. At stage two, stratified random technique was used to select participants from six schools from six local government areas from the six states selected. Hence, in relation to this study, participants from the 6 states of Southwest were selected on the basis of gender, religious affiliations, years of working experience and educational qualifications. At stage three, the simple random sampling technique was employed to select participants from each stratum. Hence, 35 participants from each of the six schools from each of the six local governments selected from each of the six states in Southwest Nigeria totalling 1260 participants that were sampled.

Research Instrument:

The instrument used to collect data for this study is a self-developed questionnaire tagged 'Impact of Family Therapy on Women Cultural Problems (IFTWCP)'. The IFTWCP has two sections i.e Sections A and B. Section A sought for information on the personal data of respondents' i.e the demographic data such as gender, religion, years of working experience and educational qualification. Section B of the questionnaire contains 20 items that sought information on the perception of counsellors on family therapy as a panacea to the role of women as their own cultural misfortune in Southwest Nigeria.

Validity of the Instrument: The content validity of the instrument was determined by given out questionnaires to a panel of experts in the field of Psychology, Education and Counselling. These experts following detailed scrutiny, made suggestion which were taken into consideration and necessary corrections were made. The experts affirmed that the instrument covered the intended content and therefore valid for use.

Reliability of the Instrument: the coefficient of stability of the instrument was determined by using the test-re-test method. The instrument was administered to a sample of twenty (20) randomly selected teachers in Ilorin, Kwara State. After the intervening period of four (4) weeks, the same instrument was re-administered to the same sample. The two sets of scores obtained were correlated using Pearson's Product Moment Correlation formula. The correlation coefficient obtained was 0.77 which was considered high enough for the researcher to conclude that the instrument is reliable.

Procedure for Data Collection: The administration of the questionnaire in Oyo State was conducted by the researcher, while the administration of the questionnaire forms in the other five (5) states were handled by five well trained research assistants. A total of 210 each of the questionnaire forms were administered in each state. This gave the researcher a total of 1320 questionnaire forms administered. Nevertheless, a total of 1200 representing 90.9% questionnaire forms were returned and available for analysis.

Method of Data Analysis: Data collected for this study were analysed using frequency counts, mean, standard deviation, t-test and Analysis of Variance.

Results: The results of this study are presented in three sections. The first section provides the descriptive analysis while the second section contains the inferential statistics such as t-test and Analysis of Variance. The third section, however, forms the summary of the findings.

Section One: Descriptive Data Analysis:**Table 2: Demographic Data of the Respondents by Gender, Religious Background, Years of Working Experience and Educational Qualifications**

SN	VARIABLES	NUMBER OF RESPONDENTS	PERCENTAGE (%)	MEAN
1	GENDER			1.43
	Male	690	57.5	
	Female	510	42.5	
2	RELIGION			1.60
	Christianity	571	47.6	
	Islam	545	45.4	
	A.T.R.	84	7.0	
3	YEARS OF WORKING EXPERIENCE			2.25
	1 0 years or less	358	29.8	
	11-20 years	354	29.5	
	21-30 years	317	26.4	
	31-40- years	171	14.3	
4	EDUCATIONAL QUALIFICATIONS			2.45
	NCE	225	21.3	
	DEGREE	335	27.9	
	MASTERS	423	35.3	
	PH.D	187	15.6	

N=1,200

Section Two: Hypotheses Testing:

Hypothesis One: Male and female school counsellors do not differ significantly in their perception of the impact of family therapy on women cultural problems in Southwest Nigeria.

Table 3: Means, Standard Deviation and t-value of School Counsellor's' Perception of the impact of Family Therapy on women cultural problems based on gender

Gender	No	X	SD	Df	Cal t-value	Critical t-value
Male	690	205.12	23.30	1198	0.51	1.96
Female	510	204.43	23.70			

Table three indicates that the calculated t-value of 0.51 is less than the critical t-value of 1.96. Hence, hypothesis one is accepted. This implies that male and female school counsellors in Southwest Nigeria do not differ significantly in their perception of the impact of Family Therapy on women cultural problems.

Hypothesis Two: School counsellors of different religion do not differ significantly in their perception of the impact of family therapy on women cultural problems in Southwest Nigeria.

Table 4: Summary Table of Analysis of Variance of School Counsellors' Perception of the impact of Family Therapy on women cultural problems based on Religion

Source of Variance	Sum of Squares	Degree of Freedom	Mean Squares	Calculated f-ratio	Critical F-ratio
Between Group	2987.17	2	11893.59	3.45*	3.00
Within Group	656188.08	1197	548.19		
Total	659975.25	1199			

Significant; p < 0.05

Table 4 indicates that the calculated F-ratio of 3.45 is greater than the critical F-ratio of 3.00. Hence, hypothesis two was rejected [F(2,1197)=3.45;P<.05]. This means that school counsellors of different religion in Southwest Nigeria differed significantly in their perceptions of the impact of family therapy on women cultural problems.

Hypothesis Three: School counselors of different years of working experience do not differ significantly in their perception of the impact of family therapy on women cultural problems in Southwest Nigeria.

Table 5: Summary Table of Analysis of Variance of School Counsellors' Perception of the impact of Family Therapy on women cultural problems based on Years of Working Experience

Source of Variance	Sum of Squares	Degree of Freedom	Mean Squares	Calculated f-ratio	Critical F-ratio
Between Group	6325.35	3	2108.45	3.86*	2.60
Within Group	653649.90	1196	546.53		
Total	6599975.25	1199			

Significant; p < 0.05

Table 5 shows that the calculated F-ratio is 3.86, while the critical F-ratio is 2.60. Since the calculated F-ratio is greater than the critical F-ratio, the null hypothesis is rejected [$F(3,1197)=3.86;p<.05$]. This means that school counsellors of different working experience in Southwest Nigeria differed significantly in their perceptions of the impact of family therapy on women cultural problems.

Hypothesis Four: School counsellors of different educational background do not differ significantly in their perception of the impact of family therapy on women cultural problems in Southwest Nigeria.

Table 6: Summary Table of Analysis of Variance of School Counsellors' Perception on the impact of Family Therapy on women cultural problems based on Educational Background

Source of Variance	Sum of Squares	Degree of Freedom	Mean Squares	Calculated f-ratio	Critical F-ratio
Between Group	5082.51	3	1694.17	3.09*	2.60
Within Group	654892.74	1196	547.57		
Total	659975.25	1199			

Significant; p < 0.05

Results in Table 6 show that the calculated F-ratio is 3.09, while the critical F-ratio is 2.60. Since the calculated F-ratio is greater than the

critical F-ratio, hypothesis four is rejected [$F(3,1196)=3.09;p<.05$]. This means that school counsellors in Southwest Nigeria of different educational background differed significantly in their perception of the impact of family therapy on women cultural problems.

Discussion of Results:

Results of hypothesis one revealed that male and female school counsellors in Southwest Nigeria do not differ significantly in their perception of the impact of Family Therapy on women cultural problems. This result find corroboration in the works of Ayena, Shittu and Ojo (2023) who reported that male and female counsellors do not differ significantly in their perception of family therapy as antidote to empty nest syndrome. The similarity observed in the two results is unconnected to the fact that the two problems under study are family related ones.

Results of hypothesis two revealed that school counsellors of different religion in Southwest Nigeria differed significantly in their perceptions of the impact of family therapy on women cultural problems. This result find support in the works of Ayena, Shittu and Ojo (2023) who reported that counsellors of different religion in Southwest Nigeria differed significantly in their perceptions of family therapy as antidote to empty nest syndrome. The similarity observed in the two results is unconnected to the fact that the two problems under study are family related ones.

Results of hypothesis three revealed that school counsellors of different working experience in Southwest Nigeria differed significantly in their perceptions of the impact of family therapy on women cultural problems. This result find corroboration in the works of Ayena, Shittu and Ojo (2023) who reported that school counsellors of different working experience in Southwest Nigeria differed significantly in their perception of family therapy as panacea to empty nest syndrome. The similarity observed in the two results is unconnected to the fact that the two problems under study are family related ones.

Results of hypothesis four revealed that school counsellors in Southwest Nigeria of different educational background differed significantly in their perception of the impact of family therapy on women cultural problems. This result find corroboration in the works of Ayena, Shittu and Ojo (2023) who reported that school counsellors in Southwest Nigeria of different educational background differed significantly in their perception of family therapy as panacea to empty nest syndrome. The similarity observed in the two results is unconnected to the fact that the two problems under study are family related ones and were carried out in Southwest Nigeria

Conclusion

This study concluded that school counsellors in Southwest Nigeria unanimously agreed that family therapy could be a veritable tool in handling the cultural problems of women. The study also concluded that school counsellors of different gender, different religious background, different working experience and different educational background in Southwest Nigeria agreed unanimously on their perception of the impact of family therapy on women cultural problems. No doubt, school counsellors are experts in using different approaches and therapies in handling various challenges that humans are facing in their daily livelihood.

Recommendations

This study recommended the use of family therapy and other approaches and therapies that may be appropriate in handling women cultural problems. Hence, an eclectic approach that will be able to employ all forms of approaches as at when due is recommended since empty nest syndrome is always associated with many types of challenges including strained relationships between family members, stress, anger, communication issues, physical or emotional trauma, coping with acute or chronic illness of a family member such as multiple sclerosis, cancer, stroke, chronic pain or an autoimmune disease, the death of a loved one and grief, divorce or romantic relationship issues and coping with sudden changes, such as unemployment, moving or incarceration.

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