

Harmful Socio-Cultural Practices and Gendered Oppression in Northern Nigeria: A Phenomenological Study

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Abstract: In Northern Nigeria, deeply embedded socio-cultural and religious norms continue to marginalize girls and young women through systemic practices such as child marriage, sexual violence, limited access to reproductive health education, and economic dependency. Despite increasing awareness of gender inequality in the region, there remains a limited understanding of the lived experiences of affected individuals. This study explores how patriarchal values and harmful traditions shape the daily realities of girls and women in northeastern and northwestern Nigeria. Using a qualitative phenomenological approach, data were collected through in-depth oral interviews with 30 purposively selected participants aged 12–73. Thematic analysis using the Colaizzi method revealed four major themes: widespread sexual abuse, unsafe abortion practices, limited health literacy, and deepening economic dependence. These findings highlight how silence—driven by cultural taboos and institutional neglect—perpetuates gender-based harm. The study contributes to global gender discourse by foregrounding the voices of marginalized Muslim girls and women, offering culturally contextualized evidence to inform gender-sensitive policy and advocacy by governments, NGOs, and faith-based organizations.

Keywords: Gender-Based Violence; Reproductive Health Literacy; Child Marriage; Patriarchy in Northern Nigeria; Economic Dependence of Women

1. Introduction

Despite global efforts to promote girls' rights and gender equality, many girls and young women in Northern Nigeria remain subjected to harmful socio-cultural and religious practices that silence their voices and restrict their agency (Olayinka, 2022; Yewande & Olawunmi, 2023). In this region, gender-based inequalities manifest in various forms—child marriage, limited access to education, sexual exploitation, economic dependence, and health neglect. According to UNICEF (2019), every girl, regardless of circumstance, deserves access to quality education and community support; however, this vision is far from realised in northern Nigeria (Emenike et al., 2023). Cultural norms continue to dictate strict gender roles, forcing many girls into early domestic responsibilities and denying them developmental opportunities. Cases of sexual violence and forced marriages, such as the infamous story of 12-year-old Fatimah Abdullahi from Sokoto—whose legs were amputated after trying to escape a forced marriage—illustrate the severity of these violations (Esere et al., 2009). Many girls are withdrawn from school, sent to hawk goods, or married off before puberty, creating a



cycle of poverty, ignorance, and silence. In places like Kano and Sokoto states, it is not uncommon to find teenage girls hawking on the streets while their male peers attend school(Umar, 2018). This reality underscores the urgent need for deeper inquiry into the social mechanisms that sustain gender oppression in this context.

Several studies have explored the systemic marginalisation of women in Northern Nigeria, particularly through the lens of culture, religion, and gender roles. Research by Esere, Idowu, and Omotosho (2009) highlights how cultural cleavages render girls vulnerable to violence, both in the home and workplace, while governmental failure to prosecute aggressors further entrenches impunity(Esere et al., 2009). Robinson et al. (2013) emphasise how unequal parental expectations reinforce gender stereotypes, placing the burden of domestic chores solely on girls without corresponding access to education or skill development(G. W. Robinson et al., 2013). Scholars such as Makama (2013) and Abayomi (2018) underline the structural roots of patriarchy, where women's access to economic resources and bodily autonomy is systematically restricted(Makama, 2013). Haro and Sleem (2021) found that only 14% of women in northern Nigeria are literate, compared to 42% of men, one of the lowest gender disparities in the world. Izugbara et al. (2010) add that much of the literature centres on adult women, leaving a gap in understanding the experiences of adolescent girls(Juan Haro & Sleem B, 2021). These studies collectively demonstrate the need for age-sensitive, contextually grounded research that not only exposes gender-based oppression but also interrogates its religious and cultural justifications within Muslim communities in Nigeria.

This study aims to fill the research gap by examining the lived experiences of girls and young women in northern Nigeria who are subjected to harmful socio-cultural and religious practices. It seeks to uncover how patriarchal systems, cultural taboos, and religious interpretations contribute to systemic gender oppression, specifically regarding sexuality, bodily autonomy, education, and economic dependence. The study adopts a phenomenological qualitative approach to capture the nuanced, everyday realities of affected individuals and communities. It focuses on the northeast and northwest geopolitical zones, which are predominantly Muslim and culturally conservative. Through oral interviews with 30 purposively selected participants aged 12 to 73—including victims, family members, and community leaders—the research seeks to identify thematic patterns of oppression and silence. Furthermore, this study aims to explore the role (or lack thereof) of faith-based organisations (FBOs) in responding to these issues. Since FBOs often serve as moral and social authorities within these communities(Banda, 2006; Vivien C. Carver; Bonita R. Reinert, n.d.), their potential as allies—or obstacles—in combating gender inequality will also be assessed. Ultimately, the goal is to produce evidence-based insights that inform inclusive policy interventions, grassroots advocacy, and gender-sensitive reforms in northern Nigeria.

This research rests on the assumption that deeply embedded patriarchal structures in northern Nigeria are not only cultural but are also sustained by religious and institutional silence. It argues that harmful gender norms—such as the valorisation of female silence, virginity, and domesticity—are perpetuated through socialisation from childhood, limiting girls' ability to speak out against abuse or assert their rights. It further posits that religious interpretations often reinforce rather than challenge these inequalities, making faith-based institutions both part of the problem and potential agents for change. Drawing on feminist and socio-legal frameworks, the study hypothesises that girls and young women in northern Nigeria experience intersecting forms of marginalisation that increase their vulnerability to sexual abuse, unsafe abortions, ignorance about reproductive health, and economic

dependence. The research also assumes that silence is not simply a lack of voice, but a consequence of fear, cultural conditioning, and systemic neglect. By bringing these lived experiences to light, the study challenges the narrative that such oppression is accidental or peripheral. Instead, it frames these patterns as structural injustices that require urgent socio-political, legal, and theological reform (Abubakar, n.d.; Cohen, 1961; Mama, 2001).

2. Literature Review

2.1 Patriarchy and Gendered Socialisation in Northern Nigeria

Patriarchy in northern Nigeria is a deeply entrenched social system in which men play a dominant role in political, economic, and moral power structures. In this system, girls from an early age are socialised to accept subordinate positions in society through the habit of unpaid domestic work, absolute obedience to male authority, and readiness to be married at a young age (Makama, 2013). Education and economic opportunities tend to be allocated to boys, while girls are directed to become domestic servants. Robinson et al. (2013) state that these gender-constructed social roles not only create momentary inequality, but rather reinforce lifelong cycles of inequality (C. Robinson, 2002). In the context of Hausa-Fulani society, control over women is further strengthened through religious and cultural narratives about women's purity, obedience, and silence over the sexual violence they experience (Yakubu, 2001). These structures not only survive inside the house, but are also guarded in schools and religious institutions.

These patriarchal norms operate simultaneously through cultural practices, educational systems, and religious interpretations that reinforce women's inferior positions. According to Izugbara et al. (2010), the combination of poverty, illiteracy, and patriarchy makes adolescent girls the most vulnerable group, as they do not have autonomy over their life choices (Izugbara et al., 2010). Even when there is awareness of injustice, fear of social stigma, exclusion, or physical violence leads many young women to choose to remain silent. In this context, silence is not just a form of helplessness, but has become a survival strategy that is socially inherited and reinforced in everyday experience. Some feminist scholars are pushing for the need for resistance strategies through community-based education and empowerment. However, change will be difficult to happen without a systemic overhaul in the power structure that has been normalising male dominance. Therefore, understanding patriarchy in northern Nigeria is not enough just by looking at cultural aspects, but also needs to be studied through the lens of structural and social intersectionality.

2.2 Sexual and Reproductive Health Rights and Cultural Taboos

Sexual and reproductive health (SRH) issues are still a neglected topic in many parts of northern Nigeria, especially for adolescent girls. Rigid cultural norms and religious conservatism limit open discussion about menstruation, contraception, or sexuality, so the information obtained is often misleading and harmful. Ajuwon (2006) notes that many young girls have serious misconceptions, such as the notion that contraception causes infertility or that HIV can be transmitted through mosquito bites (Ajuwon et al., 2006). As a result, this inaccurate understanding leaves them vulnerable to unwanted illnesses and pregnancies. Unfortunately, many parents and teachers avoid this conversation on the grounds of maintaining morality, when the opposite is happening – young women are victims of structured ignorance. In this context, a culture of silence not only perpetuates

ignorance, but also exacerbates vulnerability to sexual violence, infectious diseases, and unaddressed psychological trauma.

One serious consequence of the lack of information about SRH is the practice of unsafe abortion, which is commonly done secretly despite being socially taboo. Many adolescents who experience unwanted pregnancies—often as a result of rape—rely on harmful methods such as poisonous herbal remedies or illegal drugs sold without medical supervision (Envuladu et al., 2017). Espinoza, Samandari, and Andersen (2020) assert that fear of social stigma and moral judgment discourages adolescents from seeking medical care (Espinoza et al., 2020). Plus, limited access to finance narrows their options. In the interview, Dan Kaka stated that in many families, knowledge about sexuality is deliberately withheld under the pretext of maintaining the purity of girls. This seclusion leads to an increase in young maternal mortality, the spread of sexually transmitted infections, and social isolation. Without knowledge and access to safe health services, adolescent girls continue to be trapped in a cycle of preventable harm and suffering.

2.3 The Role of Faith-Based Organisations in Gender Justice

Faith-based organisations (FBOs) play a central role in shaping public opinion and moral values in northern Nigeria, especially in the conservative Muslim community. Although FBOs are often involved in charitable activities such as education and health (Vivien C. Carver; Bonita R. Reinert, n.d.), their involvement in gender equality issues is still very limited. Many of them avoid confrontation with cultural practices that harm women—such as child marriage, domestic violence, or sexual abuse—and focus more on political agendas or strengthening religious orthodoxy. This non-involvement is not neutral; on the contrary, the FBO's silence strengthens the legitimacy of patriarchal norms that silence women. Banda (2022) asserts that FBOs have the moral and social capital to lead change, but often lack a sufficiently inclusive theological framework to challenge gender injustices from within their religious traditions (Banda, 2006). As a result, religious teachings are used to strengthen social structures that discriminate against women and girls.

However, international experience shows that FBOs actually have great potential to be a motor of social change if given the right approach. According to UNFPA (2021), religious leaders who are trained and gender aware can become strong defenders of women's rights and can fight against discriminatory norms in their environment. In the context of northern Nigeria, a transition from a passive and normative religious narrative to an advocacy approach based on human rights is needed. FBOs should not only serve as spiritual moral guardians, but also as social justice agents who defend vulnerable groups, including women and girls (McGrow, 2022). Pastors, priests, and community leaders can be key to reducing gender-based violence if they are willing to revisit religious texts with a more inclusive perspective. Therefore, engaging them in equality education and interfaith dialogue is a strategic step to challenge harmful practices wrapped in the pretext of tradition or piety.

3. Methods

3.1 Material Object

This study explores the lived experiences of girls and young women in northern Nigeria who have been subjected to harmful socio-cultural and religious practices. The focus is on how gendered

oppression—such as child marriage, sexual abuse, restricted access to education, and economic dependency—shapes their daily realities. These experiences are examined within the broader socio-religious contexts of the northeast and northwest regions, where patriarchal norms, conservative religious interpretations, and cultural silence continue to marginalise female voices.

3.2 Research Design

A qualitative phenomenological approach was adopted to understand the deep, subjective experiences of participants. This design allows for the interpretation of individual perceptions and social realities, especially concerning stigmatised issues such as reproductive health, sexual violence, and forced marriages. As Morse and Field (1996) assert, phenomenology is ideal for uncovering how individuals make meaning of social structures, particularly in communities where open discussion about gender and sexuality is constrained by cultural taboos or religious orthodoxy(Morse & Field, 1996).

3.3 Data Sources

Primary data were derived from oral interviews with 30 purposively selected participants, aged between 12 and 73 years, including victims, family members, and community actors. Secondary data included academic literature, NGO and civil society reports, and documentation from faith-based organisations that address gender inequality, reproductive rights, and harmful traditional practices. This combination of data sources ensured both empirical richness and contextual depth to support the study’s analytic scope and thematic development.

3.4 Data Collection Techniques

Data were collected using Key Informant Interviews (KII), which allowed for in-depth, personalised narratives in participants’ settings. Interviews were conducted in English or local languages, depending on participants’ preference, and lasted between 5 and 30 minutes. Informed consent was obtained from adult participants and parents or guardians for minors. Interviews were audio-recorded with permission, transcribed, coded, and anonymised. Confidentiality and voluntary participation were emphasised to build trust and encourage open, honest responses.

Demographic Information of Participants

Table 1. Demographic Information of Participants				
Age Range	Gender	Education Level	Marital Status	Role in Study
12–18	Female	No School / Primary	Mostly Single	Victims of early marriage/abuse
19–35	Mixed	Not Available / Secondary	Mixed (Single/Married)	Siblings, friends, or direct victims
36–53	Male	Not Available	Married	Fathers, neighbors, or aggressors

Age Range	Gender	Education Level	Marital Status	Role in Study
54–73	Female	Not Available	Married	Elderly witnesses/community elders

Note: All participant names were pseudonyms to preserve identity.

This demographic structure ensures diversity in terms of age, gender, and social roles, enriching the dataset with intergenerational perspectives on gender-based oppression in the region.

3.5 Data Analysis

The data were analysed using the Colaizzi method, a seven-step phenomenological approach that emphasises extracting, organising, and synthesising participant narratives into emergent themes. Transcripts were carefully read, coded, and categorised to identify patterns across interviews. This method supports transparency and rigour while maintaining closeness to the participants’ lived voices(Wirihana et al., 2018). Four dominant themes emerged from the analysis: sexual abuse, unsafe abortion, reproductive health ignorance, and increased economic dependence..

4. Result

4.1 Sexual Abuse and Reproductive Harm

Sexual abuse of girls and young women was the most common form of gender-based violence found in the study. Many of the victims were children who were doing informal work such as peddling food on the streets. This situation opens up opportunities for perpetrators of violence to act when children are in vulnerable positions and without supervision. Fatima, 12 years old, recounts: *"I was hawking garri on the streets. My mother asked me to do that. Yakubu is living on my street. He called me to his house because he wanted to buy something. He closed my mouth and raped me. He gave me five hundred naira to shut my mouth."* **(Interview 1)**

Hadiza (15 years old) revealed a similar story when she was left alone at home: "I am most time left at home to do house chores. The son of one of our neighbours, who is doing mechanic close to our house, will come into our room, use his hand to close my mouth and have sex with me. He told me that if I tell anybody, he will tell my father that I am telling lies and that he caught me bringing boys into the house. I could not tell anyone, because my father and my mother trusted the mechanic who forced himself on me." **(Interview 2)**. In this context, perpetrators often use threats or lies to silence the victim. Social norms that make family honour a top value make victims feel guilty and reluctant to disclose their traumatic experiences to parents or authorities.

The fact that most victims did not report the violence they experienced highlights how strong the culture of silence is in northern Nigerian society. Sambala explained: *"Hawkers usually hawk in open and closed places, but are most times raped in closed places."* (Interview 23). In a quiet place, the perpetrator feels free to act because he knows the victim has no strength or protection. Sadau, 18, insists that many parents do not communicate openly with their daughters: *"Most of the girls are forced to engage in that. Unfortunately, parents do not even find time to monitor their children and talk with them, especially mothers. Instead, the child pretends that she is a virgin, because the general culture is that girls cover their bodies and no man can lust after them. Parents fail to understand that some of*

the girls have been raped, and the silence is making abusers continue with their actions. (Interview 3). In a strong patriarchal system, women are taught not to question or voice their discomfort. This exacerbates the victim's helplessness. As a result, sexual violence is not just an individual experience but part of a structural cycle that continues to occur due to a lack of awareness, education, and systemic support.

The impact of sexual violence does not stop at psychological trauma, but also has a direct impact on reproductive health, including unwanted pregnancies and unsafe abortions. Many teens lack medical knowledge or access to formal health services, so they rely on information from peers. Zainab explained: *"I was raped when I was hawking in the street close to our own. It was in the school that my friend, whom I told that I was raped, told me a drug that I bought from a pharmacy close to our house. She told me that the drug will wash away any pregnancy."* (Interview 4). Adisa, 14, recounted that she consumed a traditional potion that landed her in the hospital: *"When I was raped in an unfinished building, in the primary school close to our house, I was afraid I was pregnant. I told my friend, a Christian. She told me that I should drink lemon and salt, and another leaf, that it will take away any pregnancy. That thing disturbed me so much that I was even admitted to the hospital. My parents thought it was malaria, but I knew what I drank was the problem."* (Interview 5). Actions like this show that sexual health education is barely available. Ignorance, shame, and social pressure to hide shame drive girls to make decisions that risk their lives. This shows that sexual violence against girls is not only a social problem, but also an urgent public health problem.

4.2 Health Ignorance and Unsafe Practices

Girls' lack of understanding of reproductive health is a very worrying issue and is a major theme in interviews. Most respondents indicated that families, especially parents, do not provide basic information about women's health. Halima (14 years old) confessed: *"My parents, although educated, still observed the culture of the Hausa people. My mother will never tell me anything about womanhood. I only hear about the menstrual cycle from my friends. Sometimes, I will go to school, and the teacher will call me when she sees blood on the back of my dress. She was the person who taught me about menstruation."* (Interview 6). Health education is not provided at home, and girls are forced to learn from experience or friends. Amina, despite having had sexual intercourse, said: *"I do not know anything about my health. Even though I know that I have had sex before, I do not know if I am infected or not. I cannot tell my parents that I want to take a test. I do not even have the money for a test. Any money I get from hawking is given to my parents."* (Interview 7). Without an understanding of the risks of sexually transmitted infections and fertile periods, they don't know how to take care of their bodies, let alone protect them. Shame, fear, and limited access to information exacerbate this ignorance.

In many cases, religious values are also used to limit the information that girls can access. Dan Kaka explains: *"In Islam, a girl is supposed to be moral and not corrupted with certain teachings."* (Interview 19). Narratives like this are used by some parents to prohibit sexual education, because it is considered to "damage" children's morals. The consequences of this ignorance are very real and dangerous. Hauwa, 16, who was forced to marry without a medical examination, recounts: *"When I was forced to marry my husband, my family did not do any test. We did not do any blood tests. It was when we gave birth to our first child, the child was always sick. My husband took the child to the hospital, and it was told that he was SS. We did test, and it was discovered that my husband was SS. I was not*

happy." (Interview 8). Lack of education about genetic and reproductive diseases leaves many women facing preventable tragedies. When health is politicised by culture and religion, girls become victims of ignorance institutionalised by society itself. This is the reason for the importance of health education that is culturally based, but still scientific and saves.

The health system is also not responsive enough to the needs of girls. Audu said: *"It is only those parents who are educated... who insist on premarital tests."* (Interview 15). This means that access to health services is exclusive, depending on the level of education and family awareness. Even if an inspection is done, the quality is often doubtful. Gwaggo stated: *"Sometimes the test is done in too not-too-equipped hospital, leading to error in results."* (Interview 24). The limited health facilities add to the public's distrust of medical services. As a result, many women choose to remain silent or look for unsafe alternatives. This situation underscores the need for reforms in education and health services that are inclusive and gender-sensitive. Without it, women will continue to be victims of the collective ignorance that is passed down from generation to generation.

4.3 Economic Dependence and Structural Vulnerability

Women's economic dependence in northern Nigeria is at the root of many forms of social vulnerability they face. Women who are not given access to formal education or skills training from childhood grow up without economic independence and without the space to make their own life decisions. Lawal expressed this bitter reality: *"Most parents do not train their girls in school. Some of them do not allow their girls to learn any skills. This is why they are easily led astray by the boys on the streets who give them money to take care of their needs. Do you know some parents do not ask their girl child where she gets money for her sanitary pads? They just feel that she can take care of herself. This makes her an easy catch for girls' molesters on the street."* (Interview 9). Because they do not receive an education, girls are also not equipped with the critical awareness to resist or fight exploitation. On the other hand, boys still get priority for school and work. This pattern makes women only act as 'breadwinners' who have no other choice but to submit. When education is considered unimportant for girls, poverty is not only caused by the economy, but also by social systems that deliberately perpetuate this inequality. The absence of opportunities to learn or try makes them completely dependent on the compassion of the men in the family, whether father, elder brother, or husband. In this context, the economy became an instrument of systematic female conquest.

Furthermore, the relationship between economic dependence and social control over women is particularly visible in the structure of the household. When women do not have their income, they have no bargaining power over men, even for daily affairs such as personal needs. Aisha recounted: *"My mother cannot buy anything for herself. She must ask my father for money. This is because she has no handwork. The father did not train her in school because the father feels that women's education is a waste of time and resources. Also, my father is not training me in school, but I am talking with my mother on how I can go to school."* (Interview 10). This statement shows that economic dependence not only weakens women physically but also psychologically. They are not used to making decisions on their own, and even in many cases, do not dare to convey basic aspirations or needs. When a mother is helpless, she also does not have the capacity to empower her daughter. This pattern is passed down from generation to generation, thus creating a cycle of subordination that is strongly embedded in the culture. In such a society, education for women is not seen as an investment in the future, but as a threat to the stability of men's role as the "head of the family".

Conditions in rural areas exacerbate the situation, where structural poverty and illiteracy are rampant. Sarki and Ruth highlight the power dynamics in the household: *"The man is like a tyrant, with the woman made to have no voice to debate her existence."* (Interviews 22 & 12). This phrase is not just a metaphor, but a reflection of the patriarchal structure that places men as the holders of complete control over women's lives. In many cases, the husband or father not only regulates the household economy but also determines whether the daughter can go to school, work, or get married. Women who try to be independent are considered to violate norms. When women's voices are silenced in private spaces, their opportunities to participate in public spaces become impossible. Without structural reforms that provide access to entrepreneurship education and training from an early age, girls will continue to be victims of a system that never allows them to grow and determine the course of their own lives. They are not only economically poor, but also socially and politically marginalised.

5. Discussion

The study reveals a deeply entrenched pattern of sexual violence and reproductive injustice against girls and women in northern Nigeria. A culture of silence, shaped by religious conservatism, social shame, and patriarchal values, conceals the widespread abuse. The findings confirm that many girls are coerced into sexual acts they cannot comprehend or consent to (Vrolijk-Bosschaart et al., 2018). Abuse often remains unreported due to shame, fear of stigmatisation, and family honour (Tang et al., 2008). Studies indicate that prevalence rates of sexual abuse range from 11% to 36% among girls, with 1.1% to 13.5% reporting penetration (Kloppen et al., 2016). Victims are frequently abused by individuals they know, including neighbours and family members (Abdulkadir et al., 2011). Alongside sexual exploitation, unsafe abortions are rampant due to a lack of awareness and limited access to safe services (Envuladu et al., 2017; Espinoza et al., 2020). Moreover, limited knowledge of reproductive health contributes to dangerous misconceptions, such as beliefs that contraceptives cause infertility (Ajuwon et al., 2006). Economic dependency, worsened by low educational attainment and employment opportunities, places girls at continued risk (Hamid & Sanusi, 2016; Kabeer, 2005).

These findings reflect a multidimensional crisis where cultural, structural, and institutional failures intersect to sustain the vulnerability of girls and women. The concealment of abuse is not incidental but systemic, embedded in societal structures that prioritise silence and obedience over protection and justice. As Edgardh et al. (1999) demonstrated, intrafamilial abuse is common, beginning even before menarche and often repeated (Edgardh et al., 1999). Abusers typically remain in the community, benefiting from the victim's inability to report due to societal pressures. The lack of public education campaigns and pervasive illiteracy further isolates victims, leaving them unaware of legal recourse or support systems (Efetie & Salami, 2007). In many cases, the offenders are not held accountable, thus perpetuating impunity. The structural silence also extends to reproductive rights, where young girls resort to unsafe abortions out of fear and misinformation. This recurring pattern of harm underscores the urgent need for targeted public health and educational interventions, especially in rural and low-income areas where these issues are most acute.

The data suggest that sexual and reproductive injustices in northern Nigeria are perpetuated through institutional neglect and gender norms that undermine female agency. Health illiteracy among adolescent girls stems not only from limited access to information but from a socio-cultural

framework that discourages dialogue around sex and bodily autonomy (Van Den Tillaart et al., 2009). The findings support Aderibigbe et al. (2011), who argue that girls underestimate the consequences of sexual behaviour due to inadequate guidance (Aderibigbe et al., 2011). Furthermore, economic disempowerment is not merely a result of poverty but a systemic mechanism of control. When girls are excluded from education and skill development, they are stripped of autonomy and become susceptible to transactional sex or coerced relationships (Kabeer, 2005; Yahaya, 2002). In this context, abuse is both a cause and a consequence of disempowerment. Women's silence is often strategic—a means of survival in a system that punishes disclosure. Thus, improving legal protections without simultaneously addressing socio-cultural barriers would offer limited relief. What is needed is an integrated approach that includes education, legal reform, healthcare access, and economic empowerment.

The patterns observed in this study align with global research on gender-based violence and reproductive injustice. For instance, similar findings were recorded in Switzerland, where 77% of girls reported abusive genital penetration and 74% reported repeated abuse (Edgardh et al., 1999). However, unlike in some Western contexts where institutional support is more robust, northern Nigeria exhibits acute institutional fragility. As Barker & Rich (1992) and Walters (1993) suggest, socio-economic status, ethnicity, and family structure heavily influence women's health outcomes and access to care. In contexts like Nigeria, religious and cultural codes are often manipulated to justify or ignore abuse, further weakening accountability. Even in historical terms, economic policies post-1970 oil boom significantly reduced women's participation in commercial life in northern Nigeria, reversing their pre-colonial economic agency (Halkias et al., 2011). Thus, while the phenomenon of gendered oppression is global, its expressions and impacts are intensified in regions where governance, infrastructure, and cultural transformation lag. Nigeria's situation illustrates how modern crises are exacerbated by legacy structures that prioritise control over care.

Addressing the findings of this study requires a multi-tiered intervention strategy. First, governments must implement mandatory reproductive health education across schools and provide youth-friendly health services that are free from judgment and accessible in rural areas. Faith-based institutions need to be mobilised not just as moral authorities but as advocates for gender equity through contextual reinterpretation of doctrine (Banda, 2006). NGOs should expand their outreach, especially in hard-to-reach areas, to create safe spaces and reporting channels for victims. On the economic front, targeted programs must support girls and women through vocational training, access to microcredit, and mentorship. As Shokunbi (2022) notes, the absence of a startup ecosystem for young women exacerbates economic dependence (Seun Shokunbi, 2022). Ultimately, societal transformation hinges on disrupting the culture of silence and shifting discourse from shame to support. Public awareness campaigns, community dialogues, and legal reform must occur concurrently to ensure systemic change. Only by integrating efforts across sectors—education, law, religion, health, and economics—can the entrenched cycle of abuse and disempowerment in northern Nigeria be dismantled sustainably.

6. Conclusion

The study reveals that girls and young women in northern Nigeria live under cultural pressures and social structures that systemically limit their freedom. Important findings in the study include the high rates of sexual violence experienced by women, low reproductive health literacy, and

economic dependence that weakens their position in the family and society. The informants' narratives show that this violence and oppression are not incidental, but rather are sustained by patriarchal systems, conservative religious norms, and institutional negligence. In addition, the culture of silence that is perpetuated in the family makes it difficult for victims to report or get support. A combination of poverty, ignorance, and social pressure causes young women to make risky decisions, such as unsafe abortion. These findings suggest that gender-based injustice is a structural crisis that requires a multidisciplinary and collaborative response to address it sustainably.

This study makes a significant contribution to the development of scientific studies in the fields of gender, public health, and sociology of religion. By using a phenomenological approach and listening directly to the voices of victims through in-depth interviews, this study succeeded in presenting authentic narratives that are often overlooked in formal studies. This approach not only enriches perspectives on gender inequality but also emphasises the importance of experiential methodologies in understanding social issues. In addition, this study provides a contextual mapping of how religious and cultural norms can be used to silence women and hinder their access to basic rights. The study also reinforces the argument that women's empowerment is not enough through education programs alone, but must be accompanied by the dismantling of oppressive power structures. Thus, this research becomes an important foundation for evidence-based policy interventions that are more inclusive and responsive to local realities.

This research opens up opportunities for a more in-depth and specific study of gender and cultural issues in Muslim communities in northern Nigeria and similar regions. Further research is recommended to use a participatory approach involving local communities, religious leaders, and women's organisations to formulate culture-based solutions. Comparative studies between regions or interreligions are also needed to understand the extent to which cultural factors and religious interpretations influence gender policy and reproductive health education. In addition, quantitative approaches can complement existing qualitative data to obtain a broader statistical picture of the prevalence of violence and unsafe abortion. Further research can also explore the long-term impact of economic dependence on women's lives after pregnancy or early marriage. By expanding the scope and methods, future studies can strengthen policy advocacy and the design of sustainable community-based interventions.

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