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RESEARCH ARTICLE

HEALTH PROMOTION STRATEGIES FOR REDUCING GENDER- BASED VIOLENCE AGAINST ADOLESCENTS IN NIGERIA

Ejimonu Ngozi Constance¹, Ogbonna Chidozie Bright², Adimuko Prince Obieze³ and Oparaji Joan Chinyere⁴

1. Department of Community Health, School of health sciences, Abia State College of Health Sciences and Management Technology, Aba, Nigeria. **Email:**ngoziejims@gmail.com
2. Department of Public health, School of Health Sciences, Abia State College of Health Sciences and Management Technology, Aba, Nigeria. **Email:**brightchidozie@gmail.com
3. Department of Environmental Health, School of Health Sciences, Abia State College of Health Sciences and Management Technology, Aba, Nigeria. **Email:**adimuobieze@gmail.com
4. Department of human Kinetics and Health Education, Faculty of Education, NnamdiAzikiwe University, Awka, Anambra. **Email:**oparajijoan@yahoo.com

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Abstract

Gender- based violence is fundamentally, a violation of human rights. It is progressively oppressive systemic violence human rights. GBV affects both male and female gender more especially girls and young women more than boys. It occurs in all parts of the globe, cutting across all economic and social groups. This paper therefore, examined gender- based violence against adolescents in Nigeria. It elaborated factors that promulgate this oppressive form of gender inequality which include: cultural practices, patriarchal systems that seek to control the lives and sexuality of girls, emergencies circumstances and societal norms. It also pointed out likely places of GBV occurrences, its agonizing effects on adolescents and the prevailing circumstances in Nigeria. Salutogenic theory was deemed appropriate for the study. The study concluded that every girl and boy deserve to grow up free from harm and violence; as GBV will effectively exacerbate their life cycles and continually risk their futures if un-halted. Thus, health promotion strategies were recommended as a way of reducing gender- based violence against adolescents in Nigeria.

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Introduction:-

Human violence against humans especially violence targeting adolescents, is one of the most prevalent human violations in the world. It knows no social, economic or national boundaries. It involves all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse (UN General Assembly, 2019). Gender-based violence against adolescents is a crime against girls and boys that undermine their health dignity, security and autonomy of its victims (United Nations Population Funds, 2021). GBV is an umbrella term to define the harm perpetrated onto a person based on their gender; an abhorrent human rights violations, with harmful impacts on victims, survivors, families, communities and societies (Hvistendahl, 2018). It is a violence that is directed at an individual based on his or her biological sex or gender identity. A gender-based violence (GBV) against adolescents is a global pandemic that affects 1 in 3 adolescent girls in their lifetime

Corresponding Author:- Ejimonu Ngozi Constance

Address:- Department of Community Health, School of health sciences, Abia State College of Health Sciences and Management Technology, Aba, Nigeria.

(World Bank, 2019). It includes physical, sexual, verbal, emotional and psychological abuse, child marriage, femicide, child trafficking, female genital mutilation (FGM), domestic violence, rape and mental or economic harm inflicted on a person because of socially ascribed power, imbalances between males and females. It could be a threat of violence, coercion and educational deprivation of liberty, whether in public or private (Farran, 2021). These acts are perpetuated physically, sexually, psychologically and/or economically, and seek to deny access to resources or services that may help lift an adolescent victim out of the cycle of violence. It is a global trend without geographical, social-cultural and ethical boundaries.

This phenomena violence is deeply rooted in gender inequality and has continued to be one of the most notable violations of human rights in all societies with less visibility. Boys and girls are violated, coercive and deprived publicly and privately of their liberty (European Institute of Gender Equality, 2021). It is a global public health problem with an epidemic proportion and fundamental violation human rights specifically to the adolescent girls and boys (World Health Organizations, 2021). It has been ingrained into our society, in some countries and regions more than others. In some communities and localities, violence against adolescent is expected and even girls are particularly vulnerable and negatively impacted more than the male gender (United Nation Children Fund, 2020).

An adolescent is someone who is at the phase of life between childhood and adulthood, from ages 10-19 (World Health Organization, 2022). Across the globe, they face greatest risks at every nook and cranny of the world; reason being that the adolescents experiences rapid physical, cognitive and psychosocial growth which affects the way they feel, think, react, make decisions and interact with the world around them. It is a unique stage of human development that requires proper laying of foundations for good health and not violent acts. Adolescent girls face intersecting risks of violence due to their relative lack of power of both their gender, and their status as young people in a world dominated by men. GBV against adolescent girls is rooted in systemic gender inequality, which underpins violence and leads to girls experiencing violence and harmful social norms and practices (like early child marriage, and forced marriage) at higher rates than adolescent boys. Harmful social norms also compound girls' experience of violence, as some girls are considered "defiled" or "ruined" by rape. Hence, GBV against adolescents refers to the violence inflicted on a child due to stereotypes and roles attributed to or expected of them according to their sex or gender identity (Plan International, 2021). A child's vulnerabilities to violence stems from the facts that they are totally catered for; dependent on their parents or relations for upkeep, wellbeing and development. Most times, they are seen as mere properties that can be tossed about, rather than right-holders of their lives making them porous to all sorts of abuse, exploitation and violence. This can happen to both sexes, girls are more likely to experience sexual violence and harassment, as well as harmful practice, such as forced marriage and female genital mutilation (FGM). This nature of violence disproportionately affects girls and women, especially through the basic forms of abuse and violent behaviors such as child marriage, female genital mutilation, child abuse, female infanticide, sexual exploitation and child marriage, honour killings, trafficking for sex, physical punishment and sexual, emotional or psychological violence amongst others. Gender based violence takes a different toll among male genders as they become victims of trafficking, sexual violence and exploitation.

This obnoxious act against adolescents occurs in all places which includes the home, journey to the school, the school, church, market square, streets, public places, public transport and along road paths. According to Plan International, (2021), emergency circumstances heighten the risk of violence, abuse, exploitation to female gender. UNICEF estimated that about 1 in 10 girls (approximately 120 million worlds – wide) have experienced forced intercourse or other sexual acts (UNICEF, 2014). These adolescents are intimidated, harassed, bullied and violated mostly by people in the positions of care or authority over their lives and with silencing threats. Accordingly, these obnoxious acts are largely perpetuated by men, silenced by custom, institutionalized in laws and state systems, and passed from one generation to the next generation (Carrillo, 2000). This also constrained victims to speak up and societal development as adolescents are less likely to earn a living and cater for themselves (United States Agency for International Development, {USAID} 2012). It is critical to address and combat GBV because it is a worldwide phenomenon that has the capability of affecting young boys and girls who are the future leaders of the society as a whole (Futures without Violence, 2017). An adolescent who experiences GBV suffer depression, physical injuries, psychological trauma, low-self esteem, poor self concept, damage personality, persecution, and death as a result. There may be short-term and long-term physical, mental and reproductive health consequences which include sexually transmitted infections, anxiety, depression, suicidal ideation, teenage pregnancy and death in some cases (UNICEF, 2014).

These downward trends have the capability of affecting their lives for life; it disintegrates the young people's personality formation, accelerates sense of insecurity in them, and degrades their self-perceptions. These experiences most times cannot be voiced out, nor do the victims receive adequate emotional support for recovery and further prevention. This obnoxious act is usually precipitated in a country where violence is seen as a normal way of life and where rigid concepts of gender exist. And from the cultural standpoint of some of the ethnic groups in Nigeria, violence towards girls, young women and boys is accepted as a social norm. Nonetheless, boys typically report lower level of child sexual abuse than girls, but levels of child labour against boys are often substantial (Sumner, et al, 2015).

In view of the aforesaid, identifying appropriate health promotion strategies for reducing gender-based violence against adolescents is necessitated.

Concept of Health Promotion

Health promotion is the process of enabling people to increase control over and to improve their health so as to reach state of complete physical, mental and social well being (SA FamPract, 2005). It is "a process of enabling people and groups to increase control over, and to improve their health and quality of life." (Ottawa Charter, World Health Organization, 1986). The global conference in health promotion in Bangkok, (2005) further articulated the concept of health promotion as "a process of enabling people to increase control over their health and its determinants and thereby improve their health". The policy stated the determinants of health encompasses biology and genetics, individual behavior, social and physical environment and health services and explicitly stated that resources for health promotion are humans, technical and financial (Nigerian National Policy on Health Promotion, 2006).

Health promotion is not a new concept. The term "Health Promotion" was coined in 1945 by Henry E. Sigerist, the great medical historian, who defined the four major tasks of medicine as promotion of health, prevention of illness, restoration of the sick and rehabilitation. This found reflections 40 years later in the Ottawa Charter for health promotion (Terra, 1992). Health promotion concept as it is understood today was first internationally adopted during the famous Ottawa conference in 1986, and was primarily a response to growing expectations for a new public health movement around the world. The work in Ottawa built on previous commitments. It launched a series of actions among international organizations, national governments and local communities to achieve the goal of "Health for All" by the year 2000 and beyond. Since then, the WHO Global Health Promotion Conferences have established and developed the global principles and action areas for health promotion. Most recently, the 9th global conference (Shanghai 2016), titled 'Promoting health in the Sustainable Development Goals: Health for all and all for health', highlighted the critical links between promoting health and the 2030 Agenda for Sustainable Development. The health promotion concept was also strongly influenced by an intense debate around inter-sectoral action for health and emerged at the time of a move to "New Public Health", before Ottawa, behavioural models of health focused on individual risk-taking and applied a very medical approach (diagnostic leading to prescription) to solving health problems of population. The Concept of Health Promotion is deeply rooted in the more socio-ecological concept of the determinants of health, where the individual (with the individual determinants of hereditary factors, sex and age) adopts health related behaviours and leads a lifestyle, influenced by social and community networks and wider socio-economic aspects, the physical environment (food, water, home, workspace, etc), and cultural and environmental conditions.

Prevailing Status of Gender based Violence among adolescents in Nigeria

Gender-based violence is one of the most oppressive forms of gender inequality, posing a fundamental barrier to all round development of both sexes in all spheres of life (World Bank Group, 2019). In recent months, according to IPAS Nigeria (2020) in Jigawa state, a girl of 12 years old was raped by 11 men and a 22 years old girl was brutally raped and murdered by unknown men. Several studies revealed that most young girls who were victimized were preyed by people they most trusted and loved. The report of Violence against Children Survey (VACS) by the National Population Commission (2014) showed a high prevalence of violence among adolescents before age 18 of approximately 60 percent (UNICEF 2015; United Nations Population Fund (UNPA) 2019). Also, over half of the VACS study population (13 to 24 year old female and males) experienced their first sexual violence between the ages of 6 and 11, (NPC, UNICEF and CDC, 2015).

Across the nation, it is reported that 30 percent of girls and women aged between 15 and 49 have experienced sexual abuse (NDHS, 2018) which is exacerbated by insurgency occurrences conflict in the North-East. Harmful cultural

practices such as child marriage are pervasive with 43 percent of girls married before the age of 18 (Multiple Indicator Cluster Survey, 2017) 20 percent of girls and women aged 15 to 49 have undergone female genital mutilation (NDHS, 2018). Unfortunately, only 12 percent of these girls who married between the ages 15 to 19 have contraceptive knowledge and as such are predisposed to high levels of early and teenage pregnancy, and ashamedly, they do not disclose their pregnancy because of associated shame and stigmatization. The aftermath of such incidence is that these girls use an unsafe method to terminate the pregnancy which engenders their lives. Also, boys are under reportedly victims of gender based violence such as trafficking and sexual exploitation. A male gender trafficked, above the age 10 is particularly vulnerable of being detained because they are regarded as security threats for their community and families. Most times, they are kept with adult in prisons, tortured and abused, without proper legal support, abandoned in environmental conditions that are against international standards for juvenile justice. The threat of gender-based violence is pervasive and contributes to the end of childhood for millions of children across the globe, as shown by staggering global trends which stated that 30 million girls are at risk of female genital mutilation in the next decade and 1 in 3 girls and women live in countries where marital rape is not an explicit crime (Stop the War on Children, 2021). Findings from the National Survey on Violence against Children (2014) revealed that six out of every 10 children in Nigeria have suffered one form of physical, sexual or emotional abuse before they reach the age of 18. One in four girls and one in 10 boys have experienced sexual violence. According to This-day Newspaper August, (2021) a couple was arrested in Lagos State for neglecting their three children who were between the ages of three and five, "These couples were drunks and take Indian hemp on daily basis, leaving the children to loiter from one street to another. Information reaching This-day newspaper desk from a mandatory reporter who acted based on the child rights law, triggered close monitoring by This-day Newspaper on the parents. They picked up the parents, detained them in Kirikiri Correctional Centre, Lagos, while their children were sent for rehabilitation in a rehabilitation center at Lagos State, Nigeria. There is also, a staggering trend of 72 million children i.e. 17% of the 426 million children living in conflict areas (such as Colombia, Iraq, Somalia, South Sudan, Syria, Yemen) globally, near armed groups that continually perpetrated sexual violence against them (Weapon of War, 2021). The GBV risk for girls remains incredibly high, as they are at heightened risk of child marriage, child labour, commercial sex work to alleviate economic hardship (United Nation Women, 2020).

Magnitude of the Consequence

Acts of violence against adolescents are often intended to intimidate, manipulate, humiliate, threaten, silence and hurt them. Many women and girls die or have their reproductive organs permanently damaged during a practice known as genital mutilation which some believe enables a woman to be more marriage-eligible. Also, some cultures encourage denying young girl's access to education, land and or property inheritance. They often forced girls to drop out of school, preventing them from accessing income-generating opportunities, and ultimately face social exclusion among peer. According to the Charity Girls Not Brides, 43% of girls in Nigeria are married off before their 18th birthday and 17% are married before they turn 15. The United Nations Committee on the Elimination of Discrimination against Women (2017) expressed concern that the Boko Haram insurgency had forcefully displaced women and girls, separated them from families, and exposed them to sexual violence and other kinds of abuse. Survivors of gender-based violence suffer devastating short- and long-term consequences to their physical and mental health. Depression, stigmatization, anxiety, post-traumatic stress disorder (PTSD), and suicidal thoughts are very common among them. Survivors are often subjected to victim-blaming or ostracized from their families and communities; forced to marry their perpetrators. This puts them at significant risk of poverty, isolation and further violence acts. Others adolescents faced retaliation for reporting their experiences to respected authorities and family members in their communities when they experienced sexual violence. The impact is even starker when girls forced ended with unwanted pregnancies, infected by sexually transmitted infections such as HIV/AIDs, and of greater risk of maternal mortality (Stop the War on Children, 2021). They become trapped in a cycle of extreme poverty, increased vulnerability to exploitation, death, like in situations of 'honour killings'.

Salutogenic Theory (1979)

The salutogenic theory originated as a stress and coping model by Antonovsky, A. (1979). Antonovsky referred salutogenic theory to Selye's (1956); Lazarus and Cohen's (1977) work as particularly inspirational. As does the salutogenic model, Lazarus and Cohen's transactional model of stress assumes an interaction between external stressors and a person who evaluates stressors based on the resources available to cope. Antonovsky (1979) propounded the salutogenic theory (ST) as a conceptual basis for the health promotion movement. This theory was also designed to focus on health-enhancing (salutary) rather than risk factors for disease, to view the person in a holistic manner rather than as at risk for a particular disease. It describes the process of enabling individuals, groups, organizations and societies to emphasize abilities, resources, capacities, competences, strengths, and forces in order

to create competences, strengths and forces in order to create a sense of coherence and thus perceive life as comprehensible, manageable, and meaningful).

Two central concepts in Antonovsky's (1979) theory are coherence and generalized resistance resources (GRRs) that help one avoid disease or any undesirable situation. Generalized resistance resources include external and internal resources that help one to cope with and manage life; they facilitate balance, shape health outcomes, create meaning, help one to make sense of the world and result in strong sense of coherence (SOC). Antonovsky suggested that a strong SOC creates movement towards health. When confronted with stresses, people want to be motivated to cope (meaning fullness), to believe the present challenge can be understood (comprehensibility), and to recognize that resources exist that will help them cope with the challenge (manageability). This theory combines cognitive, behavioural, and motivational constructs. Gender based violence against the adolescents', is not "an adolescent issue alone". It is about the families, communities and societies at large. Men and women, whose tomorrow in life depends upon how healthy and secure the future of these children becomes. These young ones die on daily basis, the ones a life, silently echoes their voices in the cool of the night seasons, with no one to listen or lend a shoulder. The survivors suffer serious personality disorders because society is yet to decide their lives as worth saving. This theory will motivate every adolescent child to adapt to both external and internal resources of this theory towards a better health. Internal resources such as parents, guardians, teachers and significant others. These internal resources will help facilitate balance in our younger ones and to keep their generation safe. They must be taught how to remain assertive, take their stand, and ensure they can maintain appropriate boundaries with whomever they are relating with. Adolescents will be encouraged to participate in gender sensitivity activities whereby they will be empowered to know their basic rights. An external resource necessitates creating and promoting safe environment for girls and boys; creating child's parliament for each child to speak out and establishing guidance and counseling units, in all schools to support every child on issues related to violence, increasing awareness among peers of available support services. These resources will help young girls and boys to build their knowledge capacity on personal life skills which will enable them realize their health needs and match them with necessary skills to live through (Violence against Children in Nigeria, 2014).

Health Promotion Strategic action areas

Health promotion strategies of the five key health promotion action areas identified in the Ottawa Charter such as – building healthy public policy, developing personal skills, strengthening community action, creating supportive environments, and re-orient health services

Building healthy public policy:

Building healthy public policy is a key strategy. Creation of healthy public policy as a key strategy in addressing gender based violence. A healthy policy combines diverse but complementary approaches including government investing in legislation, regulations, inter-sectoral and inter-organizational partnerships and collaborations to ensuring that the right of girls and boys are protected. Strengthening access to justice to eliminate extreme threats and challenges to effectively ensure justice and maintain accountability mechanisms for survivors of GBV. Also, Policy responses to GBV must ensure the ability of the justice system and law enforcement to act as mechanisms of accountability, leverage opportunities to create a more transparent justice system, and use technological innovations to protect the rights of adolescents in this society. Health promotion policy requires the identification and ways of removing obstacles to the adoption of healthy public policies in all sectors to protect girls and boys among us (United Nations, 2020).

Develop personal skills:

Develop personal skills such as;

1. Training young girls and boys on life and personal skills that will enable them translate knowledge, attitudes and values into action. Encourage development of a wide range of skills that will help young girls and boys cope effectively with the challenges of everyday life, enabling them to become socially and psychologically competent.
2. Health education counseling sessions on hazardous lifestyles and harmful cultural practices. Raising awareness of the dangers of these practices.
3. Health communication and skills development: training them to be assertive at issues concerning their wellbeing and enhancing access to services.
4. Encouraging in-person discussions, both formal and informal settings.

5. Scaling up community education on GBV awareness and to ensure that girls' and boys' networks play key roles in community awareness and sensitization.
6. Strengthen women's leadership on eliminating violence against women and girls in the immediate response and in long-term recovery phases.
7. Standing up against regressive forces by transforming attitudes towards harmful practices at multiple levels.

Creating supportive environments: It involves creating community resource centers which will control internally, GBV issues at communal bases (World Bank Group, 2019). This project at local area should map services for GBV survivors that include health services—first aid, post exposure prophylaxis, and emergency contraceptives—as well as psychosocial services, legal aid, police aids, civil society organizations, and any other informal structures that could support survivors. Apart from identifying these structures, actors leading the assignment should be given tools to assess minimum service standards. This will ensure that survivors are provided with adequate support. Information on where survivors can seek help should also be made accessible, with special attention given to vulnerable and marginalized groups, including adolescent girls and boys, women and girls living with disabilities, and women and girls living with HIV.

Strengthen Community Actions: Community empowerment / Involvement: Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve safety of adolescents among us. At the heart of this process is the empowerment and involvement of communities – giving communities ownership and control of their own endeavors and activities.

1. Strengthening community structures that promote child protection includes community improvement teams, child protection committees, and school based management committees and local women meetings.
2. Chiefs, youth leaders, and prominent men and women in the community can serve as role models and mentors for young girls and boys. This approach has been taken by partners that have effectively utilized this approach for violence prevention efforts and to improve understanding of the public on GBV-related issues. Similarly, Voices for Change has engaged religious and traditional leaders to promote gender equality to produced change (Voices for Change, 2017).
3. Behavior Change Campaign at community level: The campaign should focus on addressing negative social norms that perpetuates GBV with activities that have demonstrated positive results in reducing GBV risks and incidence in other contexts. Engaging respected community elders to fight against violence and protect girls and boys who face additional risks during fight.
4. Provision of girl child education. The World Bank estimates that for every 1,000 girls who get one additional year of education, it enables them to make informed choices about sex and emboldens them to talk (Nicholas & Sheryl, 2009).
5. Adolescents and youths should be engaged to create awareness on their right to speak out against GBV and other harmful practices such as early and forced marriage among the teen girls.

Re-orient health services: Health services would be re-oriented to become more patient friendly, involving teenage, women and the community in their design. Health workers would be sensitized to the needs of eligibility to avert discriminating treatment given to patients. Providing additional post-exposure prophylaxis as part of the clinical management of rape (including male rape); access to emergency contraceptives, antibiotics and psychosocial services; and access to justice, safety options and security mechanisms.

Opening and closing hours would be re-discussed to make services friendlier. High skilled workers, health counselors and psychologist who are proficient and dutiful should be employed for questions, emotional security and of aversion of suicidal thoughts accruable to gender based violence.

Barriers to the Implementation of Health Promotion Strategies

1. Higher poverty rates in the country that impact negatively on various households subjecting members of the households, adolescents' inclusive to untold hardship and certain activities to in other to eat and live.
2. Culturally, it is not usual for women and girls to speak up in public, so many victims of gender based violence may suffer in silence. Cultural and social norms surrounding violent acts subjects' young girls and boys to permanent silence state. This culture of silence, especially from the mothers who often try to cover up for the fathers who perpetrate this abuse on children is deleterious.
3. Low health literacy skills and poor knowledge level on health matters. There is need to educate our young boys and girls about their body parts and the functions because most parents have failed in their responsibility.

4. There is a lax enforcement of violence against women laws. Women's rights activists believe there is a need for mass enlightenment and strong legal actions against perpetrators.
5. Armed conflicts, natural disasters and humanitarian emergencies can significantly weaken a society's ability to protect girls and boys from gender-based violence. Many armed groups also use sexual violence as a tool of warfare to advance military or political aims.

Conclusion:-

The paper unveiled basic information on GBV and its various forms. It brings to fore who an adolescent is and the obnoxious acts perpetuated against their right to life. These violent acts affect boys as much as girls. Hence, an all-encompassing intervention for both boys and girls is warranted. When boys are helped, this in turn will influence girls' education because boys are ultimately the perpetrators. In addition, teachers, parents and guidance should receive periodic training because they are primary caregivers in schools and at home. There is need to entrench this Act "Violence Against Persons Prohibition (VAPP) Act, which was enacted in 2015 in response to the longstanding problem of gender-based violence in Nigeria, where it is estimated that one in three girls and women will experience sexual abuse by the age of 25. Yet only 16 out of 36 states have thus far adopted legislation needed to implement the VAPP Act at the state level.

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