

Socio-Cultural Risks and the Quality Of Life of Female Children in Africa

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Abstract

This study examines socio-cultural risk factors and the extent to which they affect the quality of life of female children in Africa, by obtaining empirical evidence from Nigeria, one of the prominent countries of the continent. By relying on the cross-sectional survey design, primary data were however obtained from a sample of 225 respondents through a self-structured questionnaire and administered to young female adults and parents of female children (men and women). The research instrument was validated and pre-tested for content and construct validity. The level of reliability of the questionnaire was established by the result of the Cronbach's Alpha test which obtained an overall reliability coefficient of 0.9624. Analysis of the data was done using measures of central tendencies and the structural equation model technique based on the constructs of the stochastic frontier model. Overall, we observe that child and adolescent marriages, adolescent pregnancies and female genital mutilation were among the key socio-cultural risk factors believed to have a significant influence on the quality of life of female adolescents in Africa generally and Nigeria in particular. Additionally, we found that gender-based violence, child labour and trafficking does not exert significant influence on the quality of life of adolescents in the region. Based on the above, it was recommended amongst others that Nigeria and other African countries, though the help and assistance of international bodies should enact strict laws prohibiting child marriages and female genital mutilation. Appropriate strict sanctions should also be placed on offenders.

Keywords: Female Children, Adolescents, Childhood, Quality of Life, Life Style, Gender Violence, Anti-Social Behaviour.

I. Introduction

Recent years have witnessed growing concerns about the social determinants of health (SDH) and life outcomes of children and adolescents in the developing world. Childhood and adolescence are central to human development and growth. The life experiences of humans that have been considered as the most central and critical by prior studies are those of childhood and adolescence years. This is perhaps, the foundation of arguments that the lifestyles and developments of adults depend largely on the outcomes and experiences of their respective early life and adolescent years. In line with this assertion, studies have argued that during the process of development, the exposure of children and adolescents to deleterious and/or noxious factors, most likely will result to ending effects (Lima-Serrano, Lemos & Nunes, 2013). This position is further substantiated with arguments that unhealthy lifestyles or risk and anti-social behaviours are mostly associated with sexually transmitted diseases, teenage pregnancy and pathological disorders.

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No doubt, while we agree that the discourse on the quality of life of individuals must in addition to other issues, assess the physical health, lifestyles, material well being and their respective personal developments (Tella, Gbiri, Osho & Ogunrinu, 2011; Ngammaba & Derby, 2018); we believe that if efforts are needed to prevent socio-cultural risks within the society, such efforts must start with an assessment of the quality of life of individuals, especially when they are at the adolescent age.

Adolescents are persons from age 10 to 19 growing into adulthood and persons in early adulthood. In Africa, adolescents (particularly girls) are believed to be highly exposed to social risks factors or forms of challenges to their well-being (Lalor, 2004). These challenges include early and forced marriages, unwanted pregnancies, educational challenges, genital mutilation, gender violence, social abuse and invariably, health challenges. According to the United Nations Population Fund (UNFPA) (2013a), the highest rates of early and/or child marriages are recorded in the West and Central Africa with worse scenarios of about two (2) out of five (5) young girls getting married before the age of 18 years. Additionally, the UNFPA (2013b) reports that the West and Central Africa also accounts for the largest percentage of women (28%) between the ages of 20 and 24 years who reportedly gave birth before the age of 18 years, whereas, about 6% of the women in this region reportedly gave birth before attaining the age of 15 years. In the same vein, West and Central African Regional Office (WCARO) of the UNFPA (2017), revealed that girls in West and Central Africa face the highest risk of marrying in childhood and emphasised that child marriage and teenage pregnancies are major factors contributing to the high mortality rates in the region.

Noteworthy, reports have also shown that the use of sexual and reproductive health service seems to be lower among adolescents; married or unmarried and this accounts for the high adolescent rate of about 129 live births per 1,000 teenagers (UNFPA, 2017). Furthermore, poor access to sexual and reproductive health services along with low educational levels have also been linked to the high birth rates among adolescents in Africa (Abdsselam, 2011, Were, 2007). Apart from early and forced marriages, other sexually related incidences that account for harm done to adolescent girls include commercial and non-commercial sexual abuse in the form of domestic violence and incest. Africa has continued to experience more alarming occurrences of sexual abuse in homes, neighbourhoods and communities (Pendergrass, Hieftje & Fiellin, 2019; UN, 2017; UNICEF, 2007, Lalor, 2004). Some of the girls involved in such occurrences have been found to have a sexually transmitted disease. Others who got pregnant have been known to suffer numerous consequences which include obstetric, health, economic and social problems (Odimegu and Mkwanzani, 2016). Also observed among urban adolescents is the abuse of sexual stimulants and abortion drugs (Molobe, 2016).

This study is therefore motivated by the need to eliminate the presumed harmful family and cultural practices of early and forced marriage, domestic violence and other socio-cultural risk factors which female adolescents are predominantly exposed to. Given the above, this study, therefore, examines the quality of life of female adolescents by simultaneously analysing the socio-cultural risk factors that are predominant in West and Central Africa in a bid to unveil the statistical linkage they possibly may have on the quality of life of female adolescents in the region.

II. Conceptual and Literature Review

2.1 The Quality of Life of Adolescents

The concept of quality of life which has been used interchangeably with social determinants of health (SDH) and life outcomes; have in recent times, attracted more attention and researchers from various disciplines (like sociology environment, public health and international development amongst others) have made practical efforts at examining the concept (Currie, Elton, Todd and Platt, 1997, Schwartzmann 2003, Ngamabe & Soni, 2018, Amit, Dan & Ziv, 2012). Karimi & Brazier (2016), defined quality of life as a multi-dimensional concept that includes domains related to physical, mental, emotional and social dimensions. Hajiran (2006) gave it a broader definition by describing it as the product of the interaction between an individual's personality and the continuous episodes of life events which occur within a set of domains such as health, economic liberty, environment, social relationships, knowledge, recreation and spiritual. As observed in the outcomes from extant studies (Adebago, 1985; Karimi & Brazier, 2016), the terminology "well-being" has been used to describe the concept "quality of life".

Noteworthy, the quality of life of individuals can better be x-rayed by analysing such factors that are associated with the general well-being of those individuals. Hence Juozas (2014) defined quality of life as a concept of economics, sociology and political services which encompasses an individual's spiritual (emotional) social and physical well-being. Since the quality of life of adolescent girls is presumably dependent on identified socio-cultural factors (Yaya, Gosh & Gosh, 2019), this paper, therefore, focused on examining the extent to which identified socio-cultural risk factors affect the quality of life of adolescent girls in Africa, to proffer mitigation and/or preventive strategies that will help to improve the quality of life of female adolescents generally in Africa and Nigeria in particular.

2.2 Socio-Cultural Risk Factors Affecting Female Adolescents

Social-cultural and behavioural factors are major necessary conditions required for young people to avoid risk factors to maintain healthy lifestyles and well-being (Yaya, Gosh & Gosh, 2019). In this light, this paper reviewed existing literature on prevailing socio-cultural risk factors that may affect the quality of life of adolescent girls in Africa. Specifically, this section takes a cursory look at factors like a child and adolescent marriage, adolescent pregnancy, gender-based violence, female genital mutilation, child labour and child trafficking.

2.2.1 Child and Adolescent Marriage

Child and adolescent marriage primarily affects girls more than boys. Adolescent marriage has been defined as a marriage that involves girls aged between 10 and 15 years while child marriage is any legal or customary union involving a boy or a girl, younger than the age of 18 (Gage, 2013; Mahato, 2016, Parsons, Edmeades, Kes et al, 2015).

Health issues that affect the general population of Africa also affect adolescents but certain health factors affect adolescents disproportionately when compared to the general population. The World Health Organization and other studies identified early pregnancy and childbirth, HIV, violence; and tobacco use as some of such factors (Pendergrass, Tyra, Hieftje et al, 2019, WHO, 2018, Odimegwu & Mkwanaenzi, 2016, Odejimi & Bellingham-Young, 2016). It is estimated that 15 million girls under age 18 marry each year (United

Nations Children's Fund, 2014; Petroniet *al.*, 2018). By obtaining evidence from four countries (Kenya, Senegal, Uganda and Zambia), Petroni *et. al*(2018) reported that the rates of child marriage prevalence ranged from about 23% in Kenya to almost 40% in Uganda. The study also found that the pace of ending child marriage tend to be slow, thus generating great concerns especially for two basic reasons – child marriage violates the basic human rights of the girl child (her rights to mental and physical well-being, equality, education, non-discrimination, live a life that is free from violence, exploitation, servitude and slavery); and it places girls at increased risk of sexually transmitted infections since in most cases, married girls have limited ability to influence decisions on the use of condoms and other contraceptives (Petroni, *et al.*, 2018).

Additionally, it has been observed that when compared to those who marry later, children and adolescents that were involved in early marriages tend to have lower levels of knowledge about HIV and AIDs, and are mostly exposed to a higher risk of HIV infection (Petroni *et al.* 2018). Also, studies have shown that most of the girls involved in these early marriages are usually married to older men, a situation which presents a serious communication problem whereas communication is essential for a happy and successful marriage (Nnadi, 2014; Rodgers, 2012). Again, though not much evidence exists on mental health in this area, research evidence also shows that women who were involved in early marriages are more likely to experience depression and suicidal thoughts and behaviour (Gage, 2013; Le Strat, Dubertret & Le Fall, 2011). Three major drivers of early marriages are poverty, the need to reinforce social ties and the belief that it offers protection (Gynecol, 2012).

Based on the foregoing, this study focused on assessing the extent in which child and adolescent marriages affect the quality of life of female adolescents in Africa, by specifically obtaining evidence from Nigeria, a country that is referred to as the "Giant of Africa". On this note, we, therefore, hypothesize as follows:

H₀₁: Child and adolescent marriages does not have a significant influence on the quality of life of female adolescents in Africa.

2.2.2 Adolescent Pregnancies

The United Nations Child and Adolescent Pregnancy Population Fund (UNFPA) (2013), reported that projections based on the increasing global population of adolescents indicate that adolescent pregnancies will increase globally by 2030 with the greatest proportional increases occurring in sub-Saharan Africa. The sub-Saharan region of Africa constitutes 49 of the 54 countries that make up the African continent (UNFPA, 2013a). In this region, according to Clifton and Hervish (2013), births to teenage mothers account for more than half of all the births; an estimated 101 births per 1000 women aged 15 to 19 which is almost double the global average reported by UNFPA, 2013. Central Africa is reported to have the highest and northern and southern Africa, the lowest occurrences (Clifton & Hervish, 2013, UNFPA, 2013a Odejimi Wellington –Young, 2016). Earlier, WHO (2007) had reported that the average teenage pregnancy rate in developed countries was 29 births per 1000 while in developing countries, the teenage pregnancy rate was as high as 133 births per 1000 females. The World Health Statistics (2011) reported the rate in Africa as 118 per 1000 females and 115 per 1000 in West Africa. Though cases of pregnancies amongst adolescents have become a global problem irrespective of the size and level of industrialisation of countries around the globe, it is believed that adolescent pregnancies occur mostly in marginalized communities, and is mainly driven by the low level of education, poverty and abysmal employment opportunities (UNFPA, 2015).

Factors that have been reported to be responsible for high teenage and adolescent pregnancies in Africa include amongst others, teens education, and family and cultural norms such as early marriage (World Bank, 2010, Chemuru & Srinivas, 2015, Imamura, Tucker, J., Hannaford, et al 2007). It is important to note at this point that though Westoff, Blank & Nyblade (1994) observed that the age of teenage marriage was subsequently increasing in Africa, the World Bank synopsis (2010) had shown that the pace of increase was quite slow. Sharma, Verma, Khatri, et al (2003) explained the continued prevalence of early marriage, stating that it is culturally an acceptable norm in most developing economies. On their part, Dev-Raji, Rabi, Amudha et al (2010) and Shrestha (2002) indicated that the adolescent girls rarely take part in decision making and reported that in 80% of cases, the marriages were decided by the parents without obtaining consent from their daughters.

Some of the factors ascertained to account for adolescent pregnancies include, planned and wanted pregnancies, social pressure to marry and once married to have children, unmet need for modern contraception basically because of barriers to accessing such as well as laws and policies regarding their provision, the stigma surrounding non-marital sexual activity; lack of knowledge on the correct use of contraceptives; and inability to refuse unwanted sex or resist coerced sex (WHO, 2013, 2007). However, again greater emphasis has been placed on inequitable gender norms and social norms that condone violence against women, as factors that put girls at greater risk of unintended pregnancies. As a result, complications during pregnancy and childbirth are the leading causes of death, for 15 -19-year-old girl globally and every year, some 3.9 million girls aged 17-19 years undergo unsafe abortions (WHO, 2013, 2007). Also, pregnant teens have a higher risk of getting high blood pressure (pregnancy-induced hypertension) than pregnant women in their 20s or 30s, and may also be in danger of not receiving the right amount of nutrients (<https://www.com>baby. Teen>, Accessed February 2020).

Based on the aforesaid, this study sets out to ascertain the extent to which adolescent pregnancies affect the quality of female adolescents in Africa, by obtaining evidence from Nigeria, being a prominent country in the region. Thus, we hypothesize that:

H₀₂: Adolescent pregnancies does not exert significant influence on the quality of life of female adolescents in Africa.

2.2.3 Gender-Based Violence

Gender-based violence (GBV) is practically used to explain all forms of violence intended and perpetrated by individuals, and directed at identified persons based on their gender divides. Common examples include rape, domestic violence, sexual harassment, prenatal sex selection, and harmful customary or traditional practices such as genital mutilation. Studies (WHO, 2013, UNFPA, 2013, WHO, 2016) reveal that adolescents are prone to early unwanted pregnancies, septic abortions, and sexual abuse, rape or sexual violence. Sexual violence puts girls at great risk of unwanted pregnancies that result in negative social and economic effects on the girls. They are more likely to face stigma and rejection by parents and peers and to experience threats of violence, and violence within marriage or a partnership (UNFPA, 2013).

The high rates of early sexual activity among girls have been partially explained by high rates of gender-based violence including sexual violence (UNFPA, 2018). The UNFPA demographic and Health Survey (2011) indicated that 65% of women between 15 and 49 years of age, had experienced some forms of domestic violence, including sexual violence. Also, reports have shown that apart from the prevalent cases of commercial sexual abuse of children and abuse by strangers, there are several alarming cases of non-commercial

sexual abuse of children which comes in forms of domestic violence, incest, amongst others.(Lalor, 2004, UNICEF and ANNPCAN, 2001). Accordingly, Lalor (2004) also explained that sexual abuse in the region of Africa can partly be attributed to beliefs on the cleansing nature of sexual intercourse with virgins and young girls. This implies that sexual intercourse with children can cure a disease, or in other ways bring good fortune or financial success. This position is supported by Meursing, Vos,Continho et al (1995) who reiterated that a good number of clients who sought for luck in gambling, farming businesses and financial breakthrough have been advised by traditional healers to have sex with very young lads (girls) and in most cases the client's daughters.

Furthermore, Madu& Pelzer(2000) and Lema (1997), also speculated that major contributing factors to the increase in sexual assaults on young girls/virgins in sub-Saharan Africa are the beliefs that such females are less likely to be infected with HIV or that such intercourse will cure STDs. There are also widely known speculations (no empirical evidence) that some local /traditional medicine men with 'spiritual' power in Nigeria advise clients seeking 'quick' wealth and riches or political positions, to have sex with young virgin girls often the client's daughter or sister. Other trends of child sexual abuse include non-penetrative contact sexual abuse and penetrative sexual abuse, oral, and/or vaginal intercourse by persons known to the child; such as peers, teachers, uncles, nephews and family friend (Madu & Pelzer, 2000). Evidence exists that there is some degree of prevalence of-penetrative child sexual abuse in South Africa (Madu&Pelzer, 2000). The United Nations High Commission for Refugees and Save the Children - the UK in Guinea, Liberia and Sierra Leone (2002) also revealed alarming levels of sexual violence and exploitation of refugee children. This interim report showed that the children most vulnerable to sexual exploitation were those without the care of their parents, children in child-headed households, orphaned children, children in foster care, children living with extended family members and children of single-parent families. Girls who have experienced sexual violence particularly rape, especially with the evidence of unwanted pregnancy, are often vulnerable to emotional abuse that is not physical such as verbal aggression intimidation, manipulation and humiliation

Desanctis (2017) identified blaming, shaming, and name-calling as behaviours that are potentially emotionally abusive and observed that “while emotional abuse does not always lead to physical abuse, physical abuse in relationships is nearly always proceeded and accompanied by emotional abuse” (Desanctis, 2017 p 2). She further emphasized that It is harder to articulate emotional trauma than describing physical wounds adding that the parts of a person that sustained emotional abuse destroys such as identity, dignity and self-worth are abstracts that are almost impossible to picture or measure (Desanctis, 2017).

In light of the above, this study examines the extent to which gender-based violence affects the quality of life of female adolescents in Africa and Nigeria in particular. We, therefore, hypothesize that:

H₀₃: Gender-based violence does not have a significant influence on the quality of life of female adolescents in Africa.

2.2.4 Female Genital Mutilation (FGM)

The practice of female genital mutilation (FGM) is harmful and it is a violation of human rights of girls and women; that is, the right to a good standard of health, protection and sometimes the right to life itself (Siddhanto, 2018). FGM is also a form of violence that is deeply rooted in the tradition, beliefs, and customs of the societies that practice it and it is linked to child marriage. This is because according to Siddhanto (2018), it

is a part of a traditional ceremony or rite of passage into adolescence and invariably an entry into child marriage. Wikipedia (2018) also noted that FGM is a customary family tradition that a young female in Nigeria of age 0-15 would experience, and associated it with ethnicity, culture, prevailing social norms and sometimes religious obligations. For example, most societies that practice FGM, view it as a method of controlling the sexuality of girls and women.

In Nigeria, it is believed that female circumcision increases sexual pleasure among men, women fertility and ability to procreate, as well as child survival; as a result, the older women are in favour of the FGM ritual to justify their own experience of female circumcision and they tend to see any effort to eliminate the practice as a threat to their culture (Wikipedia, 2018). It is therefore not a surprise that the practice is more prevalent in rural areas, except for Nigeria where there are higher rates among urban residents. The Nigerian pattern is attributed to the movement of ethnic groups who practice FGM to urban (Wikipedia, 2018).

Prevalence countries projections indicate that 15 million girls are at risk of experiencing FGM by 2020 (UNFPA, 2018) According to available data, there are 18 countries in West and Central Africa, where FGM is practised (UNFPA, 2018). The data available also revealed prevalence rate for these countries as follows: Mali and Guinea, 80 per cent, Burkina Faso, Chad, Cote d'Ivoire, Gambia, Guinea -Bissau, Mauritania, from 25 to 79 per cent, Cameroon, Ghana, Niger, Nigeria and Togo from 1 per cent to 24 per cent (UNFPA, 2018) However, the UNICEF Press Center (2017) observed a decline in prevalence rates in Cote d'Ivoire, Niger, Nigeria and to a lesser extent, in Sierra Leone (UNFPA, 2018, UNICEF, 2017).

Given the traditions, beliefs, prevailing social norms, customary and religious obligation, and the prevalence of FGM in developing countries and Africa in particular, this study further examines the extent to which FGM affects the quality of life of female adolescents in Africa by obtaining evidence from Nigeria. Based on the aforesaid, this study, therefore, hypothesize as follows:

H₀₄: Female genital mutilation does not exert significant influence on the quality of life of female adolescents in Africa.

2.2.5 Child Labour

According to the International Labour Organization (1996), Child labour is work that deprives children of their livelihood potential, and dignity, and which is harmful to physical and mental development. The African Union (2019) revealed that 1 in 5 children (which is twice as high as in other regions of the world) engage in child labour in Africa with 9 per cent in hazardous work which is also highest in the world regions. The implication of this according to A.U. (African Union), is that a total of 72.1 million African children are estimated to be in child labour and 3.15 million in hazardous work. The agricultural sector accounts for 85% of all child labour in Africa. Reporting on Nigeria ILO (1996) indicated that 15 million children under age 14 were involved in child labour and emphasized that many of them worked for long hours in hazardous conditions. This report went further to indicate that majority of these children worked in the agricultural and semi-formal or informal economy. Those who worked as domestic servants were the least visible and were often sexually harassed (ILO, 1996). In recent times, most domestic workers in the towns are girls; boys are rarely used. Other forms of child labour reported include serving as mechanics, bus conductors and in particular street vendors which accounts for 64% of informal economy and public places employment (ILO, 1996).

On the causes of child labour, ILO (1996) identified poverty as its major cause and explained that the income of the child who engages in child labour was a major part of their impoverished families income. Krauss (2016), and Oryioe & Awana (2018) identified with this position and included other factors such as structure, culture, and social norms that fail to prohibit parental attitudes toward education, and householding practices. However, Andvig (1998) argued that “to understand child labour within an African context, is to understand the family; how it acts as a government structure”, and “how it allocates decision -making power, work and consumption among its members” (Andvig, 1998, p. 333) he further argued that it is the dissolution of family support networks that are interacting with economic forces to reduce the economic value of children and as a result leading to strong pressure on the children to fend for themselves and to supply child labour away from home (Andvig, 1998 p. 334).

On this note, child labour was considered as a variable of concern in this study and efforts have been made to examine the extent in which child labour may have affected the quality of life of female adolescents in Africa, and particularly, Nigeria. On this note, this study postulates as follows:

H₀₅: There is no significant relationship between child labour and the quality of life of female adolescents in Africa.

2.2.6 Child Trafficking

Child trafficking is a form of human trafficking and it poses a threat to the cherished values of humanity. United Nations (2000) defined it as the recruitment, transportation, transfer, harbouring and/or receipt, and kidnapping of a child for slavery forced labour, and exploitation. Also, the child here refers to children below age 18 (UN, 1989). ILO, 1999 estimates show that 1.8 million children are trafficked for commercial sex each year adding that it occurs in every region of the world while UNICEF (2006) reports the number of sexually trafficked children to be 2 million. ILO (1999) also reported that girls involved in domestic service and street vending are at the highest risk of being trafficked into commercial child sex. According to UNICEF (2003), child trafficking exists to a large extent in most West African countries and is a severe problem in a third of them.

Generally, it has been reported that child trafficking is being carried out for child labour, sexual exploitation, child soldiers, drug trafficking, and begging (ILO, 1999, Dottridge, 2002, Truong, 2006). Some of the consequences of these include that: girls used as soldiers are vulnerable to acts of sexual violence; children used as drug couriers often become addicted and if apprehended are often treated as criminals instead of being given legal assistance; and children involved in begging are exposed to exploitative conditions which are similar to slavery, juvenile delinquency, police brutality, and domestic servitude (ILO -IPEC, 2001, Truong, 2006).

Some factors that have been identified to be responsible for child trafficking in Africa are socio-cultural, economic factors as well as political factors. Dottridge (2002) noted some gender-specific patterns of child trafficking whereby girls are placed in prostitution and other gender-based work such as domestic service and street vending. He further observed that some gender-specific traditional practices aggravate the trafficking situation of young women and girls. Among these traditions are the norms of kinship and custom on marriage, gender bias in education that keeps girls at home for domestic work and give preference to the education of boys, and rules that guide women and girls are not only marginalized but are also rendered vulnerable to risky

‘work-placement’ abroad. This strongly suggests that child trafficking is culturally rooted in line with Sidner (2011).

In line with the aforementioned, child trafficking has also been considered in this study and efforts have been made to assess the extent in which it may have affected the quality of life of female adolescents in Africa, and particularly, Nigeria. In this light, the following hypothesis was put forward:

H₀₆: Child trafficking has no significant relationship with the quality of life of female adolescents in Africa

2.3 Theoretical Framework

The study adopted the Socio-Ecological Model commonly used in the field of public health as a way to look at a comprehensive prevention approach for many health issues. This model was first introduced as a conceptual model for understanding human development by Urie Bronfenbrenner in the 1970s and later formalised as a theory in the 1980s (Wikipedia, accessed 10 July 2020). It is a theory that explains the relationship between the people and their social-cultural and physical environment; often the interdependence of people, collectives and institutions (Wikipedia, accessed 10 July 2020).

The socio-ecological frameworks have been developed over time to represent key interdisciplinary issues and questions associated with sustainability and the provisions of ecosystem services (Collins et al 2011). The National Social Violence Resource Centre (NSVRC), 2018 described the socio-ecological model like 4 nested eggs, each egg representing an area in which we can create change. The smallest one represents individuals, the second smallest one represents relationships, the next smallest one represents communities and the largest one represents society (NSVRC, 2018). The centre notes that these are all spheres in which we interact with each other and that effective prevention efforts focus on multiple levels of the social ecology.

Also, the study adopts the nine principles of effective prevention programming framework that they created using a review-of-reviews (substance abuse, risky sexual behaviour, school failure, and juvenile delinquency and violence). According to the NSVRC (2018), these nine principles were consistently associated with effective prevention programmes and this framework is often used in the field of sexual violence prevention to create and evaluate prevention programming. The nine principles consist of comprehensive services targeted at addressing risk and protective factors, varied methods of teaching which must include skills-based components, sufficient dosage of relevant activities, theory-driven and/or logical rationale, positive relationship between adults and children of various ages, timely exposure to impactful programmes and activities, exposure to socio-culturally relevant programmes, systematic outcome evaluation of strategies and the implementation of programmes by well-trained competent and sensitive personnel.

2.4 Conceptual Model

Based on the conceptual and literature review, this study is anchored on the heuristic model which presents the relationship between dimensions of socio-cultural risk factors and the quality of life of female adolescents (see Fig.1). As can be observed, Fig.1 clearly shows that the quality of life of adolescent children (females specifically) is affected by six (6) key variables – child and adolescent (early) marriage, adolescent pregnancies, gender-based violence, female genital mutilation, child labour and child trafficking.

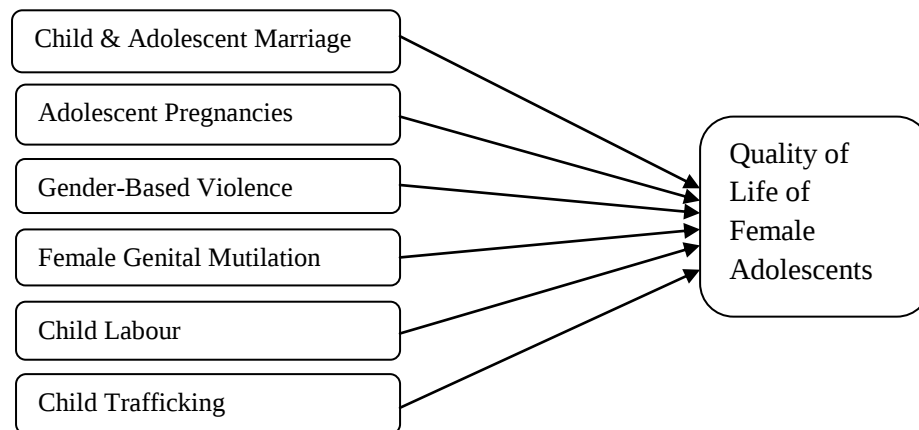


Fig.1: Conceptual Model of the Study

Noteworthy, this study's methods and empirical model specification presented in the next section is based on the conceptual model as displayed in Fig.1

III. Method and Materials

3.1 Design, Sample and Reliability of Instrument

For analysis, this study relied on primary which was drawn from a cross-sectional survey of 225 randomly sampled participants consisting of young female adolescents and parents (male and female) who have female children. On this note, a 25-item self-structured 4-point Likert scale questionnaire was specifically administered to the participants that were drawn from 12 different states of the Federation (2 states were randomly selected from each of the 6 geopolitical zones as shown in Table 1. The research instrument was validated and further pre-tested to establish its level of reliability. For this purpose, a questionnaire was administered in six (6) states (1 from each of the 6 geo-political zones) that were not included in the 12 sampled states. Responses from a total of 30 respondents were subjected to the reliability test which was conducted using the Cronbach's Alpha test.

Table 1: Questionnaire Administration and Retrieval Across Sampled States

S/N	STATE	GEOPOLITICAL ZONES	QUESTIONNAIRE ADMINISTERED	QUESTIONNAIRE RETURNED	PERCENTAGE (%)
1	Benue	North Central	20	18	90
2	Nassarawa	North Central	20	17	85
3	Borno	North Eastern	20	20	100
4	Taraba	North Eastern	20	19	95
5	Kano	North Western	20	17	85

6	Sokoto	North Western	20	18	90
7	Anambra	South Eastern	20	19	95
8	Imo	South Eastern	20	20	100
9	Bayelsa	South-South	20	18	90
10	Delta	South-South	20	20	100
11	Lagos	South Western	20	20	100
12	Osun	South Western	20	19	95
TOTAL			240	225	93.75

Source: Fieldwork, 2020

3.2 Method of Data Analysis and Model Specification

Analysis was done by means of descriptive and inferential statistics. The study's hypothesis was therefore tested using the structural equation modelling (SEM) technique based on the constructs of a stochastic model which can be expressed theoretically as:

$$Y = \alpha_0 + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_n X_n + \mu \quad \text{Eq.1}$$

Where;

Y = Outcome Variable

$X_1, \dots, X_n$ = Explanatory Variable(s)

α_0 = Constant

$\beta_1 \dots \beta_n$ = Parameters to be estimated

μ = Error term

Based on the above, the composite model of this study is specified thus:

$$QltyLife = \alpha_0 + \beta_1 CAM + \beta_2 APREG + \beta_3 GBV + \beta_4 FGM + \beta_5 CLAB + \beta_6 CTRAF + \mu \quad \text{Eq.2}$$

3.3 Variable Description

Table 2 presents a description of variables specified in equation 2.

Table 2: Description of Variables

Variables	Description
QltyLife	Quality of Life of Adolescents.
CAM	Child and Adolescent Marriage
APREG	Adolescent Pregnancies
GBV	Gender-Based Violence
FGM	Female Genital Mutilation
CLAB	Child Labour
CTRAF	Child Trafficking
$\beta_1, \dots, \beta_6$	Regression parameters

Source: Author (2020)

IV. Results and Discussion

The responses from 225 respondents were subjected to descriptive and inferential statistical analysis and the results are presented in the sections following.

4.1 Data Testing

Table 3: Results For Reliability Test

Variable	Ave Interim Cov.	Items in Scale	Alpha Value	Remarks
Quality of Life of Female Adolescents	0.4743	4	0.8864	Reliable
Child and Adolescent Marriage	0.4146	3	0.8495	Reliable
Adolescent Pregnancy	0.3492	4	0.8642	Reliable
Gender-Based Violence	0.5230	4	0.8877	Reliable
Female Genital Mutilation	0.4766	3	0.8581	Reliable
Child Labour	0.5406	3	0.8426	Reliable
Child Trafficking	0.6098	4	0.9084	Reliable

Overall	0.3701	25	0.9624	Reliable
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Source: Fieldwork, 2020

The results in Table 3 presents Alpha values that ranged from approximately 0.8495 (see the child and adolescent marriage) to 0.9084 (see child trafficking) for the various sections of the research instrument. The overall value of the reliability coefficient (all items/sections) is 0.9624. With this result, the study's research instrument is adjudged as reliable since the coefficients obtained are more than the minimum threshold of 0.50 (Jeroh, 2019; Gay & Airasian, 2003).

4.2 Goodness of Fit (GoF)

In establishing whether the specified empirical model (*Eq.2*) is fit, the GoF test was conducted. Note that Jeroh (2020) asserts that GoF tests are used to ascertain whether specified empirical models meet established criteria/rules for statistical analysis. Table 4 however presents the result of the GoF test.

Table 4: GoF Results

Fit Statistic	Value	P-value	Remarks
Likelihood Ratio:			
Chi2_ms (141)	301.118*	0.000	Good Fit
Chi2_bs (168)	3391.045*	0.000	Good Fit
Root Mean Square Error. of Approx. (RMSEA)	0.071	0.001	Good Fit

Source: Author (2020)

*significant at 1%

From Table 4, the Chi2 values obtained are 301.118 and 3,391.045 with corresponding p-values of 0.001 for the model versus saturated likelihood ratio and baseline versus saturated likelihood ratio. Also, the RMSEA result was 0.071 with a close of 0.001. Indications from these results are that the model specified to estimate *Eq.2* is fit and suitable to test the study's hypothesis.

4.3 Effect of Socio-Cultural Risk Factors on Quality of Life of Female Adolescents

Table 5: Socio-Cultural Risk Factors and Quality of Life of Female Adolescents

Dimensions of Socio-Cultural Risk	Obs	Mean	Std.Dev.	Remarks
Child and Adolescent Marriage	225	3.12	0.79	Very High Extent
Adolescent Pregnancies	225	3.28	0.75	Very High Extent

Gender-Based Violence	225	3.16	0.88	Very High Extent
Female Genital Mutilation	225	2.99	0.85	High Extent
Child Labour	225	3.13	0.9	Very High Extent
Child Trafficking	225	3.20	0.92	Very High Extent

Source: Author (2020)

Table 5 presents a summary of the responses of the respondents on the extent to which the six (6) socio-cultural risk factors affect the quality of life of female adolescents. As shown in the result, the respondents perceive child and adolescent marriage, adolescent pregnancies, gender-based violence, child labour and child trafficking as factors that affect the quality of life of female adolescents to a very high extent. Female genital mutilation was however considered as a factor that affects the quality of life of female adolescent to a high extent. This result is an indication that the participants in this study support the results of prior studies by indicating that these factors affect the quality of life of adolescents, at least, to some extent.

4.4 Test of Hypotheses

Table 6: Socio-Cultural Risk Factors and Quality of Life of Female Adolescents

Hypothesis	Relationship	Coeff.	Std.Err.	z	P> z	Decision
H ₀₁	CAM --- > QltyLife	0.2365	0.0591	4.00	0.000	Rejected
H ₀₂	APREG --- > QltyLife	0.4203	0.0623	6.75	0.000	Rejected
H ₀₃	GBV --- > QltyLife	-0.0337	0.0733	-0.46	0.645	Not Rejected
H ₀₄	FGM --- > QltyLife	0.1890	0.0787	2.40	0.016	Rejected
H ₀₅	CLAB --- > QltyLife	-0.0415	0.0796	-0.52	0.602	Not Rejected
H ₀₆	CTRAF --- > QltyLife	0.0360	0.0732	0.49	0.623	Not Rejected

Source: Author (2020)

*Significant at 1%; **Significant at 5%

Table 6 summarizes the results relating to the test of the hypotheses of this study. As observed, the results relating to the test of hypothesis 1 (H₀₁) revealed that on the influence of child and adolescent marriage (CAM) on the quality of life of female adolescents, the value of z score was 4.00, with a corresponding p-value of 0.000. Impliedly, participants strongly believe that CAM has a significant influence on the quality of life of female adolescents in Nigeria and Africa generally. Hence the hypothesis that child and adolescent marriages do not have a significant influence on the quality of life of female adolescents in Africa is rejected. This result is as expected in the literature (see Nour, 2009).

Also, with regards to the test of hypothesis 2 (H_{02}), by obtaining a z_{stat} of 6.75 with a corresponding p-value of 0.000, adolescent pregnancies (APREG) was considered as being a factor that has a significant influence on the quality of life of female adolescents. With this result, the hypothesis that adolescent pregnancies do not exert significant influence on the quality of life of female adolescents in Africa is thus rejected. This result supports earlier findings in prior studies (Dev-Raj, 2010; Loaiza & Liang, 2013; Odimegwu & Mkhwanazi, 2016) which reiterated that despite several interventions by governments and other bodies/groups, teenage pregnancies have increased to alarming proportions within African countries and has so far inflicted negatives consequences on the lives of female children/young adults. Additionally, on the link between female genital mutilation and the quality of life of female adolescents, the z_{stat} obtained was 2.40 with a corresponding p-value of 0.016. This is an indication that female genital mutilation (FGM) is considered as one socio-cultural risk factor that exerts significant influence on the quality of life of female adolescents. This finding corroborates before empirical evidence (Siddhanta, 2018).

Furthermore, on the relationship between gender-based violence (GBV) and the quality of life of female adolescents, the value recorded for z_{stat} was -0.46 and the corresponding p-value was 0.645. Hence, this study could not reject the hypothesis that gender-based violence does not have a significant influence on the quality of life of female adolescents in Africa. This means that gender-based violence is considered as not having a significant influence on the quality of life of female adolescents in Nigeria and Africa generally.

The same is the case for child labour (CLAB) and child trafficking (CTRAF) which recorded z_{stat} of -0.52 and 0.49 respectively, with corresponding p-values of 0.602 and 0.623; thus, indicating that CLAB and CTRAF cannot be considered as factors that have a significant influence on the quality of life of adolescents in the region. With these results for CLAB and CTRAF, this study could not reject hypothesis 5 (H_{05}) and hypothesis 6 (H_{06}). Details of the above result are shown in the SEM estimation output.

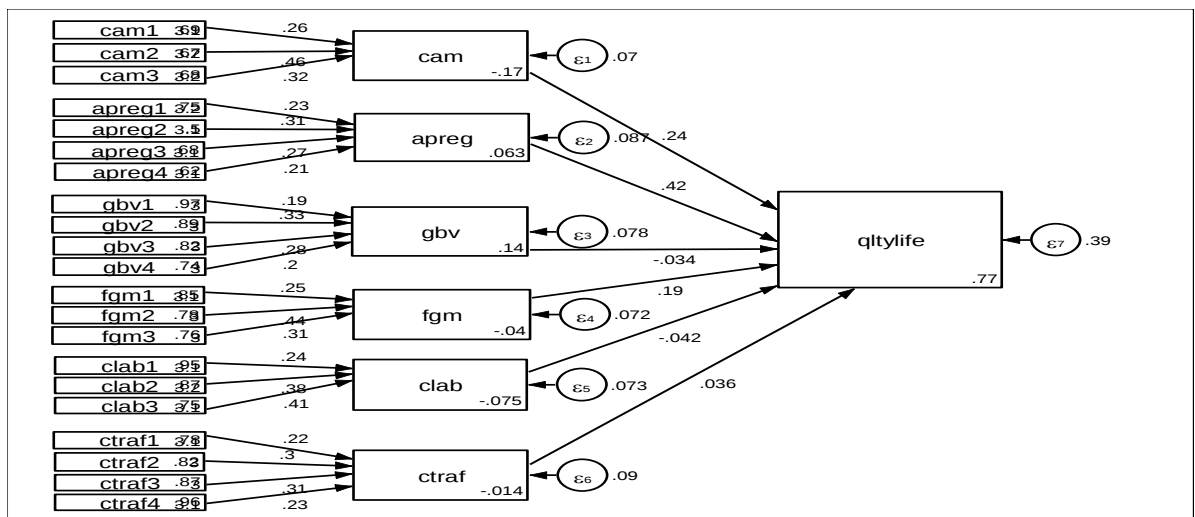


Fig 2: SEM Output

Source: Author (2020)

V. Conclusion and Recommendations

The risk exposures of children and adolescents to socio-cultural factors in their early stages of growth have proved to have multiplier effects on their lifestyles and emotions even in adulthood. Largely, unhealthy lifestyles and anti-social behaviours of identified individuals have mostly been traced to specific socio-cultural factors that may have influenced such individuals at the early stages of their respective lives. No doubt, subsisting evidence from prior studies suggest that in most parts of the African continent, adolescent girls have been exposed to risk factors like early and forced marriages, sexually related incidences, domestic violence, incest, sexual abuse in homes, neighbourhoods and communities. The aftermaths of such exposures are incidences of infections from sexually transmitted diseases, early and unwanted pregnancies resulting to drug abuse, obstetric, health, economic and several social problems which may affect the quality of their lives.

This study was however motivated by the dearth of empirical literature in this area in Africa and the dire need to eliminate the presumed harmful family and cultural practices of early and forced marriage, domestic violence and other socio-cultural risk factors which female adolescents are predominantly exposed to. Additionally, this study assessed the statistical linkage which these risk factors have with the quality of life of female adolescents in Africa generally and Nigeria in particular. The socio-cultural risk factors that predominantly affect female adolescents were therefore grouped in this study into six broad categories – child and adolescent marriage, adolescent pregnancies, gender-based violence, female genital mutilation, child labour and child trafficking.

In the course of this study, a self-structured questionnaire was purposely designed using the 4-point Likert scale format and six (6) hypotheses were developed to link the concept of quality of life of an adolescent with each category of the identified socio-cultural risk factor. In testing the hypotheses, the structural equation model was applied alongside relevant statistical techniques. Overtly, it was found that child and adolescent marriages, adolescent pregnancies and female genital mutilation were among the key socio-cultural risk factors believed to have a significant influence on the quality of life of female adolescents in Africa generally and Nigeria in particular. It was also affirmed that gender-based violence, child labour and trafficking does not exert significant influence on the quality of life of adolescents in the region.

Based on the above, it was recommended that

1. Nigeria and other African countries, through the help and assistance of international bodies, should enact strict laws prohibiting child marriages and female genital mutilation.
2. Appropriate strict sanctions should also be placed on offenders and individuals caught in the act of female genital mutilation.
3. Both government and non-governmental organizations should brace up with sensitization campaigns to continuously enlighten and discourage cultural beliefs and norms associated with malign practices linked to female genital mutilation, child marriages and early pregnancies.

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