

Article

Empirical Evaluation of the Role of African Traditional Religion in Promoting Gender-Based Violence in Southeast Nigeria

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Abstract: The tenets and philosophies of the Igbo traditional religion (ATR) form the bedrock of the Igbo traditional and sociocultural belief system whose principles and practices directly and indirectly influence the perceptions and way of life of the Igbo society. These traditional and sociocultural beliefs are practiced in a way that promotes patriarchy, reducing the women to second-class citizens, and often making room for gender-based violence (GBV) against the women. This study is designed to establish the prevalence, forms, effects, and causes of GBV using results from empirical data. A total of 369 women, selected from 12 villages in Enugu State, South Eastern Nigeria, via single-stage adaptive cluster sampling, were involved in the study. The data were analyzed using means, frequencies, and percentages. This study identified a high presence of all forms of physical, sexual, emotional, and economic violence, as well as violence through harmful traditional religious and widowhood practices. More than 70.0% of physical, sexual, emotional, and economic acts of GBV were perpetrated mainly by intimate partners (husbands and/or boyfriends). There was little evidence of intimate partner violence (IPV) in all the forms of harmful traditional and widowhood practices. Rather, traditional and widowhood acts of violence against women are mainly perpetrated by the female peer group (*Umuada*), family members, and their husbands' kinsmen (*umunna*). This study recommends effective outlets for victims to speak out and an action-oriented legal system to bring offenders to justice.

Keywords: harmful traditional practices; intimate partner violence; Igbo traditional religion; religious practices; violence against women; widowhood practices in ITR



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1. Introduction

The Igbo people of Southeast Nigeria are known for their sociocultural practices, deeply rooted in their traditional religious belief system, dating back to thousands of years prior to the advent of Christianity through European missionaries (Onunwa 2011; Winstock 2020; Nwuba 2021). The Igbo traditional religion (the common name for the Igbo version of the ATR) is rooted in the belief of moral righteousness conserved in the Igbo code of conduct called *Omenala* or *Omenani* (Nkama 2021; Nwuba 2021). The *Omenala* harbors sacred practices and norms, most of which subjugate the women folk, and translates certain female actions, practices, expressions, and rights to taboos (Emeka-Nwobia and Umezurike 2019). Interestingly, violence against women and children are embedded in the tenets of the Igbo traditional religion (ITR), which are manifested in cultural practices, ceremonies, rites, and rituals (Molokwu and Uchime 2020). These could be observed in early marriages, marriage rites, masquerades, widowhood rites and practices, female genital mutilation, naming ceremonies, the right to inheritance, the right to education (preference to train the boys instead of the girls), and the passage into manhood and womanhood, among other

examples (Mbagwu 2019). Unfortunately, women and children are the major targets and victims of these practices, which, in most cases, go unreported, ignored, and/or are viewed from a positive perspective in line with the teachings and views of the traditional religion and belief system.

There is a culture of silence in order not to ‘offend the gods’ or become ostracized, stigmatized, or viewed as a bad woman or child, etc. (Chime et al. 2022). This has led to the under-reporting of the level of violence against women and children in traditional religious Igbo communities. This study presents the results of an on-the-spot assessment and analysis of the impact of gender-based violence on the Igbo women and children with an Igbo traditional religion orientation. Enugu State in Southeast Nigeria was chosen for this study because of its strong background in the Igbo traditional religion, ranking as the Southeast state with a predominance of ITR adherents (Okeke et al. 2017) and high reports of GBV (Chime et al. 2022).

Gender-based violence (GBV) refers to any gender-based act of violence in the form of threats, coercion, or the deprivation of liberty, taking place in private or public life, and which may result in physical, psychological, or sexual harm to the victim (World Bank Group 2019; World Health Organization 2024). GBV is the most oppressive form of gender inequality and is one of the world’s most prevalent human rights violations. It affects both men and women, but the women are the most vulnerable (Collins 2013; Klugman et al. 2014; Hossain and McAlpine 2017; World Bank Group 2019; Di Matteo and Scaramuzzino 2022; UN Women 2023). Forms and types of GBV include intimate partner violence (IPV), domestic violence, sexual abuse, sexual exploitation, rape, physical abuse, female genital mutilation, and human trafficking, among other examples (Agarwal and Golwalkar 2022; Ugowe 2022; United Nations Population Fund 2023; UN Women 2023). In the discourse of violence against women, the husband or male partner constitute intimate partners; violence against women by intimate partners constitutes what is called intimate partner violence (UN Women 2023), and it is the most common form of violence against women (International Rescue Committee 2024).

Statistics have shown that one in every three women globally have experienced a form of gender-based violence; 38% of murdered women were killed by intimate partners; 137 women are killed by partners or family members every day; every 1 min, twenty-eight girls below 18 years are married; one in every four women experience physical or sexual violence during pregnancy, etc. (Zafar 2020). In Nigeria, almost one in every three women have experienced physical violence; one in four girls (including very young ones) experience sexual violence; one in every ten boys experience sexual abuse; two in three women and girls experience violence from husbands or boyfriends; and one in five girls marry before the age of 15, while 43% marry before turning 18 (UN Nigeria 2020; Mshelia 2021; Nigeria Spotlight Initiative 2022). Nigeria has the highest rate of teenage pregnancy in the world; one in every five girls is pregnant or has given birth before the age of 16; and Nigeria has the highest number of female genital mutilations and the highest number of child brides in the world, etc. (Airaoje et al. 2022). These statistics portray consistent acts of GBV targeted mostly at women and children, especially young girls, both globally and in Nigeria in particular.

Africa, especially Nigeria, is made up of multi-cultural and multi-ethnic entities with deep-rooted religious beliefs (Ezenweke and Kanu 2012). Christianity, Islam, and African traditional religion (ATR) are the prominent religions in Nigeria. The Igbo traditional religion (ITR) is the Indigenous religion of the Igbo people of Southeast Nigeria, which was active before the advent of Christianity and Islam. The ITR, as captured by Nweke (2020), is a religion that has no founder and no written literature but is found in almost all the activities of the Indigenous Igbo man, through myths, folklore, songs, ceremonies,

festivals, liturgies, and rituals. The ITR is a way of life for the Igbo people and cannot be separated from their politics, education, social relationships, virtues, values, morality, attitudes, behavior pattern, worldview, etc. (Olikenyi 2001). Christianity was introduced in Igbo land in 1857 by European missionaries (Anizoba and Aande 2021). The Igbo people were not hostile to the new religion, but neither did they convert to it. It was not until the early 1900s that the people started associating with the religion and conversions gradually began (Oguejiofo and Enweonwu 2022). A study by Oguejiofo and Enweonwu (2022) reiterated the coexistence of the ITR and Christianity among the Igbo people, as traditional practices have persisted after many years of Christianity. Islam arrived in the region in the 1930s through the interaction of Igbo merchants with Nupe and Fulani traders and is the religion with the least number of followers among the Igbo people (Rufai 2012). The religion (Islam) has experienced non-violent rejection among the people due to the dominance of Christianity in the region, though there has been a gradual increase in the number of followers in recent years (Uchendu 2010).

Studies have shown that there is a relationship between religion and GBV (Ezenweke and Kanu 2012; Fashola 2015; Koziel 2017; Emeka-Nwobia and Umezurike 2019; Molokwu and Uchime 2020; TEEFAH 2019; McPhillips and Page 2021; Le Roux and Pertek 2023; Pertek et al. 2023). Ellison et al. (1999) examined the correlations of religious affiliations and beliefs with the perpetration of domestic violence. Their findings show, among other things, that partners who share the same denominational affiliations (denominational homogamy) are associated with a lower risk of domestic violence, while frequency of attendance of religious services has an inverse association with intimate partner violence. Those who attend religious programmes at least once a week are less likely to engage in violence compared to those who attend once a year or less. Pertek et al. (2023) interrogated the relationship between religious resources (religious ideologies, practices, experiences, and organizations) and GBV among forced migrants in the UK, Sweden, Turkey, and Australia. Their study revealed religious beliefs as a GBV management asset on one hand, and as agents creating the environment for the perpetration of GBV on the other. While religious practices provided emotional and practical support to affected women, religious leaders also leverage their religious beliefs to encourage at-risk women to stay in abusive relationships. In Nigeria, Fashola (2015) highlighted the systemic use of religion to perpetrate acts of gender-based violence fueled by the patriarchal ideology that women are inferior to men, which enthrones male dominance. Fashola argues that these religious ideologies and the manipulation of sacred texts are used to promote spiritual, economic, physical, and psychological violence against the women. Koziel (2017) examined the intersections of political-religious insurgency in Northern Nigeria and GBV against Hausa Christian and Muslim women living under Sharia law in the region. The high level of GBV against women in the region is deepened by sociocultural practices heavily influenced by the Sharia law.

In Southeast Nigeria, a related study was conducted by Emeka-Nwobia and Umezurike (2019), exploring the practices and legitimization of GBV against women among Christian communities in Southeast Nigeria. This study traced the challenges of GBV against women to the incursion of colonialism and Christianity in Igboland, whereby Christian religious practices eroded the pre-colonial traditional role of women in positions of spiritual, social, and economic empowerment of the Igbo society. This was compounded by the anti-women colonial policies which empowered mainly the men to be educated, trained, and absorbed into active public life, colonial civil service, and colonial businesses to earn a living to support their families, promoting patriarchy (Emeka-Nwobia 2015). Certainly, colonial civilization and Christianity brought drastic restructuring of the Igbo traditional economic system, favoring and enthrone an international capitalist economic

system wherein the men were involved in factories and merchant houses and the women were left to take care of the home (Emeka-Nwobia 2015). These practices set the pace for the demotion of the women to the status of second-class citizens in the Igbo society as the colonial and Christian practices gradually dominated the subconscious mind of the society and their perception towards the women (Molokwu and Uchime 2020). The role of Christianity in reducing the women in the Igbo traditional society to second-class citizens is a clear contradiction to the findings above that Christianity can be a resource by which to challenge GBV. It shows that while Christianity is meant to foster the liberation for the women, it is also being exploited to subjugate women.

Gender-based violence affects both men and women. Though this study focused on violence against women, it is important to note that violence against women is not only perpetrated by men alone. In this study, the roles of *umuada* (kinswomen or daughters of the kindred) and *umunna* (kinsmen) are conceptualized to reflect the femininity and masculinity angles to GBV in the Igbo traditional religious society. In the pre-colonial Igbo society, the *umuada* is a formidable and indispensable force for peace and unity in the kindred, complementing the men's efforts in patrilineal community development (Amaechi and Muoh 2018). The *umuada* play both stabilizing roles and enforce traditional rites (Obasi and Nnamani 2015). Such traditional rites include female genital mutilation, widowhood practices like shaving the hair of the widow, enforcing the mourning period, etc. (Emeka-Nwobia and Umezurike 2019). Amaechi and Muoh (2018) emphasized that the activities of the *umuada* stem from socioreligious obligations to their natal community. The *umuada* concept has been adopted by the Christian bodies in the form of the Christian Women Organization (CWO), the August Meeting and October Returns, etc., to replicate and promote the success of the traditional *umuada* in peace and community development (Emejulu and Umeagudosi 2019; Guardian 2024). The adoption of the *umuada* concept in the Christian religion (like CWO) to promote Christian women's participation in community building and peaceful co-existence is a paradox which reflects a broader approach on the part of Christianity in promoting acculturation. Despite the heavy influence of Christianity in the post-colonial and contemporary Igbo society, the *umuada* sect remains strong and a rallying point for justice, peace, and sociocultural practices.

The *umunna* (kinsmen) are descended from the lineage of the same ancestor (*nna*) and are the custodians of traditional sociocultural values; they are the administrators of the traditional institutions (Njoku et al. 2019). All sociocultural, traditional, and religious practices—including marital rites and relationships—of the community centers around the *umunna*; they are powerful and guard the internal harmony, solidarity, and corporate image of the community (Asike 2024). According to the Igbo custom, the oldest man becomes the spiritual head of the *Umunna*, offering libations, purifications, and other rituals before the kindred shrine for peace, security, and the maintenance of the social order (Njoku et al. 2019). Issues concerning marriages, marriage rites, and associated taboos are the exclusive dictates of the *Umunna* (Ezeifeke 2019). The *umuada* help *umunna* in times of difficult conflict to promote justice and peace (Emeka-Nwobia 2021; Onyesoh 2021). However, the effect of Christianity has diminished the influence of the *Umunna*, especially in the areas of rituals and purifications, while the circular legal system has limited the traditional justice system of the *Umunna*.

Most of the studies on religion and GBV focus on Christianity and Islam and their relationship with GBV (Ellison et al. 1999; Uthman 2007; Barkindo et al. 2013; Duff 2017; Efuntade 2023). The role of ITR and the links with *umuada* and *umunna* in promoting and abating GBV has not been in the spotlight and largely remains unexplored. Little attention has been given to ATR with respect to GBV and VAW and children in Nigeria, particularly in the Southeast region. Molokwu and Uchime (2020) conducted a qualitative analysis

of primary and secondary documents on Igbo traditional religion and GBV. Their study revealed that the ITR and Christianity promote GBV against women through harmful cultural practices, harmful interpretation of scriptural passages, stigmatization, inadequate responses and inactions to GBV, and a culture of silence and denial. The retrospective cross-sectional study by [Chime et al. \(2022\)](#) considered GBV prevalence among Igbo women in Enugu, Southeast Nigeria, from reported cases of GBV at a tertiary hospital in the city. The study revealed an increase in GBV in the study area, with age, gender, and urban dwelling being the key predictors of GBV. Moreover, females in the younger age bracket are more vulnerable to incidents of GBV. However, their work did not put in to perspective the influence of religion, especially ITR, on GBV. Therefore, this present study is aimed at utilizing quantitative methods and distinct on-the-spot primary data collection to examine the role and influence of ITR on GBV and violence against women among the adherents and non-adherents of ATR in Southeast Nigeria. Specifically, this study seeks to ascertain the forms and types of GBV, the level of influence of ATR in promoting GBV, the key predictors of GBV instigated by traditional religion and cultural belief system, and GBV-mitigating factors among the Igbo sociocultural ethnic group of Nigeria.

2. Materials and Methods

2.1. Study Participants and Sample

The study participants comprised 369 adult residents drawn from 23 randomly selected villages in Enugu State, Southeast Nigeria. The 23 villages were drawn from a total of 1305 villages in the state (see [Soluap 2023](#); [Wikiwand 2023](#)) in a single-stage adaptive cluster sampling in which each selected village was considered a cluster of ITR worshippers. Adaptive cluster sampling was considered the most appropriate sampling technique due to the absence of a well-defined enumeration of households, especially of ITR backgrounds in the study area. Therefore, for each selected village, all the households/families/individuals who are adherents of the Igbo traditional religion were adapted into the sample. Only the residents who met the inclusion criteria of being at least 18 years of age and adherents of, or otherwise connected in any way to, the ITR were included in the study. The dominance of the Christian religion in the Southeast region gave rise to some Igbo families with both Christian and ITR beliefs. ITR adherents who are from such families with mixed religious backgrounds were not exempted from the study. The total sample size of 23 villages was obtained using the G-Power software version 3.1.9.4 for sample size determination with an effect size of 0.05 and a power of 0.711. Since there are no official records of the numbers and identities of Igbo traditional religious worshippers in the areas, local guides were used in locating individuals and households for data collection.

2.2. Data Collection

Quantitative data were collected for the study using a cross-sectional survey research design. The quantitative data were obtained using a well-structured questionnaire comprising demographic and psychographic question items. The demographic items included age, gender, academic qualification, sources of income, income level, marital status, and position in the family. The psychographic items were divided into four subsections. The first section sought information on the experiences, exposure, awareness, and knowledge level of the women about gender-based violence (items were drawn from [Ugowe 2022](#)). The second section contains items on the types and forms of gender-based violence practiced among the traditional religious adherents (items in this section were drawn from [UNICEM 2008](#); [Nigeria Spotlight Initiative 2022](#)). The third section contains items on the causes of gender-based violence among the traditional religious communities (items were drawn from [Ugowe 2022](#)). The fourth section contains question items on the effects of cases of GBV

on women (the items in this section were obtained from [World Health Organization 2021](#)). The questionnaire was face-validated, and the test for reliability and internal consistency yielded a Cronbach's alpha value of 0.79.

The questionnaires were distributed to the participants through face-to-face interviews to increase the number of responses, minimize errors and missing data and increase the quality of data. The researchers and a research assistant helped many who could not easily complete the questionnaire on their own. Using local dialects to explain some of the terminologies helped to increase the participants' level of understanding of gender-based violence and their perceptions of the various forms of it. This approach was adopted from the [World Bank Group \(2019\)](#) report of the study of GBV in rural areas of Katsina and Taraba States of Nigeria. Faced with the problem of obtaining accurate data due to language barrier, the researchers were able to communicate the research technicalities in the local language, and in return, the participants were able to cooperate with the researchers using the local terminologies used in referring to and describing the different terms associated with GBV.

The descriptive statistical methods used in the analysis of the data included means, frequencies, and percentages. The data analysis was facilitated with the use of IBM SPSS version 26 software. The results of the statistical analysis are summarized in this study in tables.

2.3. Ethical Consideration

This study was conducted with the approval of the Research Ethics Committee of the Department of Religion and Cultural Studies, University of Nigeria, Nsukka, Nigeria, with the unique approval number REC/DRCS/2024/REL.556. The nature, objectives, and benefits of this study were properly explained to each of the participants before the questionnaire was administered. Then, the oral consents of the participants were obtained, and those who declined their consent were excluded from the study. Furthermore, the participants were assured of confidentiality and the protection of their privacy. Therefore, the questionnaire was made anonymous such that the names and addresses of the participants, along with all other private information, were omitted from the questionnaire. This study was planned and conducted in accordance with the guidelines of the Helsinki Declaration.

3. Results

This section presents the results of the quantitative analysis of data (see Table S1, Supplementary Materials) on GBV in the Igbo traditional religious belief system. The results are summarized in Tables 1–7. The questionnaire of one respondent could not be retrieved during data collection. Therefore, only the information from the remaining 368 respondents were used in the analysis. It is important to further specify that the missing values of some items were not considered in further analysis of data.

3.1. SocioDemographic Characteristics of the Respondents

The sociodemographic characteristics of the research respondents are summarized in Table 1. The age distribution of the respondents shows that 63.0% of the respondents fall between 35 to 65 years of age, which represents a well-experienced population of respondents who could bear witness to the precepts of ATR and the associated issues of GBV. This is also reflected in the mean age of the respondents, which is 47.9 years. Among these respondents, 62.0% are currently married, while 12.0% are divorced or separated, 9.8% are widowed, 5.4% are living with a man but not married, 7.6% have regular sex partners but they do not live together, and only 3.3% are not yet married and do not have sex partners. Among the participants who are currently married, 75.4% are the only wives

in the marriage, 19.3% are second wives, while 5.3% are third wives. As many as 17.4% of the women had no formal education, while only 9.8% attained tertiary education. The majority of the respondents (72.8%) had either a primary or a secondary education.

The major occupation of the study participants is trading (56.0%), while 20.9% are farmers. The civil servants among the women constitute only 6.6%, while 9.9% are housewives. Only 6.6% are students or do not have any job yet. The distribution of the women's religious orientation shows that the majority are purely from ATR families, while 31.6% are from families with a mixed ATR and Christianity background. Only 1.3% of the respondents indicated no attachment to any religion.

Table 1. Distribution of the sociodemographic characteristics of the respondents.

Sociodemographic Factors		Frequency	Percentage	Cumulative Percentage
Age of respondents	18–25 years	20	5.4	5.4
	26–35 years	68	18.5	23.9
	35–50 years	116	31.5	55.4
	51–65 years	116	31.5	87.0
	Greater than 65 years	48	13.0	100.0
	Mean age (Std Dev.)		47.9 years (14.4 years)	
Marital status	Currently married	228	62.0	62.0
	Divorced/separated	44	12.0	73.9
	Widowed	36	9.8	83.7
	Living with a man, not married	20	5.4	89.1
	Currently have a regular sex partner, living apart	28	7.6	96.7
	Not married and no sexual partner	12	3.3	100.0
Position if married	The only wife	172	75.4	75.4
	Second wife	44	19.3	94.7
	Third wife	12	5.3	100.0
Level of education	No formal education	64	17.4	17.4
	Primary education	116	31.5	48.9
	Secondary education	152	41.3	90.2
	Tertiary education	36	9.8	100.0
Major occupation	Trader	204	56.0	56.0
	Farmer	76	20.9	76.9
	Civil servant	24	6.6	83.5
	Student	12	3.3	86.8
	Housewife	36	9.9	96.7
	No job	12	3.3	100.0
Family religion	African traditional religion (ATR)	204	67.1	67.1
	ATR and Christianity	96	31.6	98.7
	No particular religious identity	4	1.3	100.0

3.2. Reasons for Divorce/Separation

From the marital status of the respondents, it was revealed that 11 (12.3%) of the respondents indicated that they are currently divorced or separated from their spouses. The frequency and percentage analysis of the reasons are presented in Table 2. From the table, 90.9% of the women identified a lack of love and care, regular threats from the husband/partner, and constant quarreling and fighting with the husband/partner as the reasons for their divorce or separation. Those rejected by their in-laws (in this case, the relations of the spouse), where the rejection led to divorce or separation, and those who could not bear children (irrespective of the reasons) constituted 36.4% of the

divorced/separated study participants. All the women (100.0%) identified all forms of abuse, while 63.6% identified accusations of infidelity as the reasons for the divorce or separation. In response to the question ‘who initiated the divorce/separation?’, only one respondent indicated initiating the divorce/separation. The remaining 90.9% of the women indicated that their husbands or partners initiated the divorce or separation.

Table 2. Distribution of respondents’ reasons for divorce or separation.

Reason for Divorce/Separation	Yes	No
Lack of love and care	40 (90.9%)	4 (9.1%)
Rejected by in-laws or partner’s family	16 (36.4%)	28 (63.6%)
Regular threats from husband/partner	40 (90.9%)	4 (9.1%)
Constant quarreling and fighting with husband/partner	40 (90.9%)	4 (9.1%)
All forms of abuse	44 (100.0%)	0 (0.0%)
Accusation of infidelity	28 (63.6%)	16 (36.4%)
No children (I didn’t give birth to any child)	16 (36.4%)	28 (63.6%)
Who initiated the Divorce/Separation?		
You	4 (9.1%)	
Husband/partner	40 (90.9%)	

3.3. Awareness and Source of Information on GBV

The level of awareness of the women with respect to GBV and their sources of information were analyzed, and the results are presented in Table 3. In response to the question, ‘have you heard about or experienced GBV?’, only 22.9% of the women indicated knowledge or experience of GBV. The majority of the women (77.1%) indicated that they had not heard about or experienced GBV before. The women’s sources of information on GBV are through the radio (30.4%) and, to a lesser extent, television (8.7%). The majority of the women (56.5%) do not have access to information on GBV.

Table 3. Analysis of awareness and sources of information on GBV.

Awareness and Source of GBV		Frequency	Percent	Cumulative Percent
Have you heard about or experience GBV?	Yes	76	22.9	22.9
	No	168	50.6	73.5
	Not sure	88	26.5	100.0
What is your major source of information on GBV?	Friends	8	2.9	2.9
	Radio	84	30.4	33.3
	Television	24	8.7	42.0
	Non-governmental organizations	4	1.4	43.5
	No source of awareness of GBV	156	56.5	100.0

3.4. Types of GBV Experienced or Known

Further information was sought from the respondents on the forms and types of unhealthy experiences they had had in their marriages and the relationships or other women within their religious circle who had had unhealthy experiences. These acts and experiences were classified based on existing forms of GBV in the literature, which include physical violence, sexual violence, emotional violence, economic violence, and harmful traditional and widowhood practices. The findings are summarized in Table 4. Beating, punching, and kicking (82.9%); killing/murder (92.0%); and injury/maiming (88.2%) were the major forms of physical violence experienced by or known among the women. Human trafficking (10.4%) and forced labor (12.5%) were the least-considered forms of GBV among

the women. Acts of beating, punching, and kicking are mainly perpetrated by the husband (51.2%) and any other male partner (37.8%). Also, the murder/killing of wives or female partners was mainly undertaken by the male partner (42.0%), husband (30.4%), and to a lesser extent, family members (20.3%). The injuries were also caused by the husband (45.8%) and the male partner (30.1%). The cases of forced labor and human and organ trafficking were perpetrated mainly by strangers. With more than 70.0% of physical violence coming from husband/ male partner, these results indicate strong evidence of physical violence by intimate partners against women in the Igbo traditional religious society.

Table 4. Summary of types of gender-based violence and perpetrators.

Type of GBV	Experienced/Known			Perpetrator						
	Yes	No	Not Sure	Husband	Male Partner	Family Member (s)	Stranger (s)	Umuada	Kinsmen	Self
Physical Violence										
Beating, punching and kicking	82.9%	15.8%	1.3%	51.2%	37.8%	11.0%	0.0%	0.0%	0.0%	0.0%
Killing/Murder	92.0%	5.3%	2.7%	30.4%	42.0%	20.3%	7.2%	0.0%	0.0%	0.0%
Human trafficking	10.4%	50.6%	39.0%	1.6%	22.6%	21.0%	54.8%	0.0%	0.0%	0.0%
Forced labor	12.5%	34.7%	52.8%	15.9%	60.9%	13.0%	10.1%	0.0%	0.0%	0.0%
Maimed/injured	88.2%	5.9%	5.9%	45.8%	30.1%	10.8%	8.4%	4.8%	0.0%	0.0%
Organ trafficking	44.1%	29.4%	26.5%	0.0%	17.6%	7.8%	74.6%	0.0%	0.0%	0.0%
Sexual Violence										
Rape	98.7%	1.3%	0.0%	23.9%	50.0%	6.8%	19.3%	0.0%	0.0%	0.0%
Attempted rape	88.3%	10.2%	1.5%	1.3%	25.3%	20.7%	52.7%	0.0%	0.0%	0.0%
Sexual abuse	96.5%	3.5%	0.0%	40.7%	46.9%	3.7%	8.6%	0.0%	0.0%	0.0%
Sexual exploitation	45.9%	14.9%	39.2%	26.1%	63.8%	4.3%	5.8%	0.0%	0.0%	0.0%
Sexual slavery	30.7%	40.0%	29.3%	45.8%	49.4%	0.0%	4.8%	0.0%	0.0%	0.0%
Sexual harassment (advances, attention, intimidation)	93.3%	6.7%	0.0%	2.6%	23.4%	18.2%	55.8%	0.0%	0.0%	0.0%
Abortion (forced)	47.2%	25.0%	27.8%	22.2%	77.8%	0.0%	0.0%	0.0%	0.0%	0.0%
Incest (forced or coerced into sex with family member)	12.6%	64.1%	23.3%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Emotional Violence										
Verbal abuse/insults	98.6%	1.4%	0.0%	44.6%	30.1%	18.1%	6.0%	1.2%	0.0%	0.0%
Isolation from friends and family	61.5%	28.2%	10.3%	57.7%	32.4%	9.9%	0.0%	0.0%	0.0%	0.0%
Restricted movements	49.2%	12.3%	38.5%	60.5%	36.8%	2.6%	0.0%	0.0%	0.0%	0.0%
Lack of support to the family (fees, bills, medications, etc.)	77.5%	11.3%	11.3%	80.7%	10.5%	8.8%	0.0%	0.0%	0.0%	0.0%
Threat of injury and death	100.0%	0.0%	0.0%	74.4%	19.2%	3.8%	1.3%	1.3%	0.0%	0.0%
Economic Violence										
Denial of right to education	70.3%	20.3%	9.4%	34.3%	5.7%	60.0%	0.0%	0.0%	0.0%	0.0%
Preferred to train male children in school	65.6%	27.9%	6.6%	42.1%	2.6%	55.3%	0.0%	0.0%	0.0%	0.0%
Prevented from working or doing business	71.4%	19.0%	9.5%	57.9%	40.4%	1.8%	0.0%	0.0%	0.0%	0.0%
Takes away salaries/incomes	72.7%	23.6%	3.6%	87.5%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Not allowed to have separate income	79.6%	20.4%	0.0%	90.5%	9.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Working in family business without remunerations	19.3%	77.2%	3.5%	71.4%	17.1%	11.4%	0.0%	0.0%	0.0%	0.0%
Not allowed to do certain jobs	57.6%	42.4%	0.0%	42.9%	39.3%	17.9%	0.0%	0.0%	0.0%	0.0%
Lack of provision of family needs	63.9%	36.1%	0.0%	68.6%	14.3%	17.1%				
Harmful Traditional Practices										
Female genital mutilation	86.1%	9.4%	4.5%	31.8%	1.5%	66.7%	0.0%	0.0%	0.0%	0.0%
Early marriage	84.5%	1.8%	13.6%	26.6%	1.7%	59.7%	0.0%	12.1%	0.0%	0.0%
Forced marriage	45.2%	38.4%	16.4%	10.7%	0.0%	50.0%	0.0%	39.3%	0.0%	0.0%
Marriage by inheritance on the death of spouse	36.0%	60.0%	4.0%	0.0%	0.0%	20.6%	0.0%	26.5%	52.9%	0.0%

Table 4. Cont.

Type of GBV	Experienced/Known			Perpetrator						
	Yes	No	Not Sure	Husband	Male Partner	Family Member (s)	Stranger (s)	Umuada	Kinsmen	Self
Physical Violence										
Punishment for seeing masquerade	60.7%	28.6%	10.7%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Punishment for entering sacred places (forests, streams, groves)	65.3%	34.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Widowhood Practices										
Shaving of hair (with razor, scissors or knife)	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Sleeping with the corpse of dead husband	65.8%	27.8%	6.3%	0.0%	0.0%	0.0%	0.0%	79.2%	20.8%	0.0%
Confined to the house for some weeks	100.0%	0.0%	0.0%	0.0%	0.0%	17.4%	0.0%	60.9%	21.7%	0.0%
Drinking water washed out from the corpse	32.9%	67.1%	0.0%	0.0%	0.0%	25.0%	0.0%	37.5%	37.5%	0.0%
Wearing of rags as mourning clothes	89.6%	7.8%	2.6%	0.0%	0.0%	4.0%	0.0%	10.0%	18.0%	68.0%
Seizing of husband properties and inheritances	23.6%	56.9%	19.4%	0.0%	0.0%	61.5%	0.0%	0.0%	38.5%	0.0%
Forced to marry husband's next of kin	45.8%	54.2%	0.0%	0.0%	0.0%	30.0%	0.0%	10.0%	60.0%	0.0%
Forceful taking away of children	23.8%	48.8%	27.5%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%

Rape (98.7%), attempted rape (88.3%), sexual abuse (96.5%), and sexual harassment which includes sexual advances, undue attention, unauthorized touching, and intimidation to gain sexual advantage (93.3%), are the major forms of sexual violence being experienced by women of the Igbo traditional religious society. Incest (12.6%) was the least-identified form of sexual violence among the women. This is because incest is considered a taboo in the Igbo traditional belief system, and such incidents are treated with utmost disdain, requiring spiritual cleansing before the perpetrators are re-integrated into Igbo society. However, 12.6% reporting occurrences of incest points to the fact that despite the taboo associated with the act, such inhuman treatments are still visited upon women/girls. The cases of rape were perpetrated mainly by male partners (50.0%), followed by the husband (23.9%) and strangers (19.3%). There was also some evidence of rapes by family members (of the husband or male partner). Attempted rape was mainly perpetrated by strangers (52.7%), male partners (25.3%), and family members (20.7%). There were few reports of attempted rape by husbands. Cases of sexual abuses were perpetrated mainly by intimate partners, husbands (40.7%), and male partners (46.9%). Also, sexual exploitation (63.8%), sexual slavery (49.4%), and forced abortion (77.8%) were perpetrated by male partners and, to some extent, by the husbands. Incest was only committed by family members, while sexual harassment was mainly perpetrated by strangers.

Threats of injury and death (100.0%), verbal abuses and insults (98.6%), lack of support to the family (77.5%), and isolation from friends and family (61.5%) are examples of the emotional violence identified by the women in their marriages and relationships. These were also mainly perpetrated by intimate partners, especially the husbands. The types of economic violence identified by the women include denial of right to education (70.3%), preference in training the male child (65.6%), being prevented from working or doing business (71.4%), the taking away of salary and other forms of income (72.7%), and not being permitted or allowed to keep a separate income (79.6%). Others include not being allowed to do certain jobs (57.6%) and a lack of provision of basic family needs (63.9%). From the results, family members—especially the family of the girl/woman—are the major

perpetrators of the denial of the right to education, showing a preference to train the male child instead of the female. The husbands are the main perpetrators of preventing women from working or doing business, of taking away salaries and other incomes, of not allowing women to have a separate income, of forcing women to work in family business without remunerations, and of denying the provision of basic family needs. These clearly indicate that the husbands and family members are the main culprits in economic violence against women. Husbands, as one of the key perpetrators of economic violence, further showcased the role of the intimate partner in economic violence against the women in Igbo traditional religious settings.

Among the harmful traditional practices, female genital mutilation was identified by 86.1% of the women, while early marriage was identified by 84.5% of the respondents. In these two cases of GBV, the perpetrators are mainly the family members and, to a lesser extent, the husbands. Early marriage was also promoted, to some extent, by the female peer group called the *Umuada*. Forced marriages was identified as GBV by 45.2% of the women, being mainly perpetrated by family members and enforced by the *Umuada*. Punishment for seeing a masquerade (60.7%) and for entering sacred forests, streams, groves, and shrines (63.4%) are other prominent harmful traditional practices against women and girls. The results showed that the main perpetrators of these acts are the kinsmen (also called *Umunna*). To some extent, marriage by inheritance on the death of the husband of the woman was identified as one of the traditional practices, and this is mainly perpetrated by the family members of the man and the man's kinsmen (*Umunna*). In the cases of harmful traditional practices, intimate partners are not prominently involved. It could be asserted that harmful traditional practices are not counted among the intimate partner violence among the Igbo traditional religious settings.

Other forms of GBV concern the issues of widowhood practices in the Igbo traditional settings, especially as it concerns the treatment of women after the demise of their spouses. This study revealed that shaving of hair of the widow (with razor blade, scissors, or knife) is one of the key pugnacious practices against women. This practice is the sole responsibility of the *Umuada*, who ensure that the woman's hair was shaved off immediately after the interment of the dead spouse. Sleeping with the corpse of the spouse (65.8%), being confined to the house for some weeks (called period of mourning) (100.0%), and wearing rags as mourning clothes (89.6%) are other traditional widowhood practices highly identified by the respondents. Sleeping with the corpse of the spouse and confinement to the house are enforced by the *Umuada* with the backing of the *Umunna*. The women indicated that the wearing of mourning clothes is undertaken mostly by the widow and, to some extent, enforced by the *Umuada* and *Umunna*. The drinking of water from the corpse of the spouse (32.9%), the seizing of the husband's properties and inheritances, the forceful taking away of the children, and the forceful marriage to the late husband's next of kin are some of the less-prominent widowhood practices identified by the women.

3.5. Reporting GBV

The women were asked to state the efforts they have made to report any form of gender-based violence they have experienced. Table 5 contains a summary of the responses to the issues of reporting GBV. The responses to the question, 'have you made any attempt to report any act of GBV?', revealed that only 34.8% of the women had made attempts to report acts of GBV. As many as 65.2% of the women indicated they had not made any attempt to report known acts of GBV. Further facts were sought on where their reports were made. Only 22.8% reported the act(s) to their own family and kinsmen, while 21.7% reported theirs to the family and kinsmen of the husband. Very few (2.2%) reported the acts to the leaders of their traditional religion, 1.1% reported to the *Umuada*, and none of the women

took their reports or cases to non-governmental organizations. The key reasons for not reporting incidents of GBV include the following: in order not to be subjected to ridicule for previous reports made (98.4%); in order not to be seen as a rebellious wife (96.6%); in order not to be seen as someone who cannot sustain a marriage or keep a home (84.7%); because the traditional belief system teaches that women should endure (71.4%); and because GBV should be treated as a family matter (67.6%).

Table 5. Reporting of GBV by the women.

Reporting GBV		Yes	No
Have you made any attempt to report any act of GBV?		128 (34.8%)	240 (65.2)
Where did you take your report to?	My own family and kinsmen	84 (22.8%)	284 (77.2%)
	My husband's family and kinsmen	80 (21.7%)	288 (78.3%)
	Traditional religious leaders	8 (2.2%)	360 (97.8%)
	Non-government organization	0 (0.0%)	368 (100.0%)
	Women peer group (<i>Umuada</i>)	4 (1.1%)	364 (98.9%)
What are your reasons for not reporting GBV?	My first attempt exposed me to ridicule in my community.	244 (98.4%)	4 (1.6%)
	I don't want to be seen as a rebellious wife.	224 (96.6%)	8 (3.4%)
	According to traditional belief, a woman is supposed to endure.	180 (71.4%)	72 (28.6%)
	I don't want to be seen as one who cannot sustain a marriage or keep a home.	244 (84.7%)	44 (15.3%)
	There is no need, it is a family matter and should be treated as that.	192 (67.6%)	92 (32.4%)
	My traditional/cultural belief and society does not encourage me to complain.	72 (42.9%)	96 (57.1%)

3.6. Causes of GBV

The prevailing causes of GBV against women among the traditional religious system of the Igbo people of Southeast Nigeria were evaluated from the empirical data. The summary is presented in Table 6. The major causes of gender-based violence, in their order of dominance, include the following: marital conflict and dissatisfaction in marriage (98.7%); because it is a male-dominated world (92.6%); alcohol consumption (94.0%); the patriarchal system of the ATR, which enforces male dominance (89.2%); male controlling behaviors towards their female partners (87.7%); the lower level of education among the men (88.1%); that males believe they are entitled to sex (80.0%); witnessing violence in the family while growing up (85.1%); and the lower socioeconomic status of the husband, male partner, or family members (80.6%). Other causes of GBV are a weak legal system which is unable to punish the perpetrators of any form of violent act against women; male control of wealth, income, and decision-making in the family; and the fact that GBV is viewed as a corrective measure for deviant women based on tradition. Other causes of GBV identified by the women include war and displacement, substance abuse, and history of exposure to maltreatment as a child. Poverty—that is, the inability of the man to meet his family's needs and demands—was not considered a major cause of GBV among the traditional Igbo religious society.

Table 6. Summary of causes of GBV among the women of ATR.

Causes of GBV	Yes	No
It is a male-dominated world	252 (92.6%)	20 (7.4%)
The patriarchal system of the ATR enforces male dominance	296 (89.2%)	36 (10.8%)
Poverty (inability to meet up with family demands)	128 (42.1%)	176 (57.9%)
Alcohol consumption	252 (94.0%)	16 (6.0%)
Substance abuse	148 (68.5%)	68 (31.5%)
War and displacement	96 (68.6%)	44 (31.4%)
Low socioeconomic status	200 (80.6%)	48 (19.4%)
It is viewed traditionally as corrective measure	112 (73.7%)	40 (26.3%)
Marital conflict and dissatisfaction	312 (98.7%)	4 (1.3%)
Male control of wealth and decision-making in the family	144 (75.0%)	48 (25.0%)
Lower level of education	208 (88.1%)	28 (11.9%)
History of exposure to maltreatment as a child	192 (64.0%)	108 (36.0%)
Witnessing violence in the family while growing up	252 (85.1%)	44 (14.9%)
Male controlling behaviors towards their partners	256 (87.7%)	36 (12.3%)
Belief that males are entitled to sex	292 (88.0%)	40 (12.0%)
Weak legal system to sanction violence/punish offenders	248 (77.5%)	72 (22.5%)

3.7. Effects of GBV

The effects of GBV experienced by the women are summarized in Table 7. The key effects include the risk of HIV / AIDS (95.9%), forced abortion due to unwanted pregnancy (95.7%), suffering STI (90.7%), teenage pregnancy (82.6%), behavioral and emotional disturbances of children who suffered acts of GBV (80.8%), and victims of murder through acts of GBV (80.3%). Others suffered depression and post-traumatic stress disorder (PTSD), committed suicide or seriously considered suicide, or suffered or nearly had a miscarriage.

Table 7. Summary of effects of GBV.

Effects of GBV	Yes	No
I seriously considered suicide and I know someone who committed suicide due to marital conflict.	172 (62.3%)	104 (37.7%)
I had or nearly had miscarriage	112 (60.9%)	72 (39.1%)
I know someone who was killed through GBV	212 (80.3%)	52 (19.7%)
I suffered or know someone who suffered teenage pregnancy	228 (82.6%)	48 (17.4%)
I was forced to have abortion due to unwanted pregnancy	88 (95.7%)	4 (4.3%)
I suffered or know some who suffered STI	196 (90.7%)	20 (9.3%)
Depression and post-traumatic stress disorder	172 (72.9%)	64 (27.1%)
Risk of HIV/AIDS	284 (95.9%)	12 (4.1%)
Behavioral and emotional disturbances on children who suffered	252 (80.8%)	60 (19.2%)

4. Discussion

The assessment of the level of awareness of the participants of GBV revealed that a small number of the women (22.9%) were aware of GBV. A similar level of awareness (32.0%) was reported on GBV among pregnant women in Southeast Nigeria, as revealed in the study by [Adinma et al. \(2019\)](#). As argued in their study, the slightly higher percentage level of awareness of GBV among pregnant women could be attributed to pregnant women in the Southeast experiencing increased violence compared to the other women. This corroborates the fact that the level of awareness of GBV among the women of the Igbo traditional religious society in Southeast Nigeria is low. Not being aware of GBV, though it exists and experienced, is a cause for concern for both women and society. The findings by [Ameh and Abdul \(2004\)](#) suggests that this could be because it is enshrined in the culture

of the people such that the women see GBV as a traditional means of correction by men, including the spouse and the broader traditional society, and therefore as justifiable. Under this circumstance, seeing GBV for what it is by the women of the Igbo traditional religious society requires orientation and re-orientation to increase their awareness and change their perceptions of GBV.

This study revealed all forms of violence against women, which include physical, emotional, economical, and sexual violence, as well as harmful traditional and widowhood practices. Prominent acts of physical violence include beating, kicking, punching, and murder. Forced labor was not so prominent among the Igbo people. Corroborating the forms of violence against the women, [Mshelia \(2021\)](#) reported rape, sexual abuse, beating, and widowhood practices, among other practices, to be prominent forms of GBV in Nigeria. Similar findings by [Nzeh et al. \(2022\)](#) revealed that women, perceived as the weaker sex, are subjected to all forms of dehumanizing economic, emotional, social, psychological, and physical violence and abuse. They argued that cultural and traditional demands, as well as the religious belief system, have empowered the men over the women, subjecting the women to abuse and dehumanizing treatments. Specifically, [Nzeh et al. \(2022\)](#) reiterated that the Biblical injunction that women should be submissive to their husbands has been blown out of context and has been used as a weapon of violence, suppression, and subjugation of women. Furthermore, the prevalence of physical violence has been such that one in every three women in Nigeria between the ages of 15 and 45 years has experienced physical violence. Unfortunately, this is mainly unreported or under-reported in the society due to the scandal and consequences of such scandal in the sociocultural setting. [Emeka-Nwobia and Umezurike \(2019\)](#) pointed out that Igbo traditional society abhors any form of scandal, and the purveyors of such scandals are systematically stigmatized, isolated, and rejected. This approach of enforcing silence in order to avoid scandal subtly empowers the perpetrators of the violence; the victims are exposed by the traditional system.

More than 70.0% of the physical violent acts against the women were attributed to their husbands and intimate partners. This further confirms the high level of intimate partner violence against women in Nigeria ([Chimah et al. 2015](#)). The majority of the women in the study group suffered intimate partner violence. Supporting this finding, [Benebo et al. \(2018\)](#) revealed in their study that one in every four women in Nigeria has experienced intimate partner violence at least once. This finding also concurs with the existing report that two in every three cases of intimate partner-related violence and homicide are women ([Hindin et al. 2008](#)). Only human trafficking was attributed mainly to strangers. [The Borgen Project \(2020\)](#) reports that one of the highest risks faced by African women today is the risk of human trafficking. Human trafficking endangers the life, rights, and wellbeing of the victim. The form of human trafficking in question requires the woman to be coerced with the promise of a better life, and most of the women, in a bid to escape from all forms of abuse, harassment, and violence, buy into such deceit ([The Borgen Project 2020](#)).

Rape, sexual abuse, sexual harassment, and attempted rape were the main types of sexual violence identified by the women. Sexual slavery and incest, though considered a taboo among the Igbo traditional society, were observed—albeit to a lesser extent—as one of the types of sexual violence acts experienced by the women. These conform to the forms of sexual violence noted in [Nigeria Spotlight Initiative \(2022\)](#) in which sexual violence is described as including all forms of sexual abuse, exploitation, non-consensual completed sex acts like rape, and non-consensual uncompleted sex acts like attempted rape, coercion, inducement, prostitution, and incest. These main types of sexual violence against women were also identified in the study by [Ariche et al. \(2023\)](#). In the cases of rape, incest, and sexual slavery, [Ariche et al.](#) highlighted the cases of fathers raping or having intimate

relationship with their daughters, and brothers raping or having intimate relationship with their sisters, cousins, and/or other family members. Though the study by [Ariche et al. \(2023\)](#) covers the different regions of Nigeria, the findings emphasize the disturbing trend of sexual violence against women in Nigerian societies. Similar findings by [Ndzi \(2007\)](#) show that intimate partners (husband and male partners) were identified to be the main culprits of sexual violence, especially sexual abuse, harassment/assault, exploitation, and abortion. On the other hand, the issues of rape and attempted rape were perpetrated mainly by strangers and, to a lesser extent, by family members, in what is identified in the literature as non-intimate partner violence.

The consequences of rape, sexual abuse, molestation, exploitation, harassment, slavery, subjugation, assault, and abortion have been fatal in some cases. The [Nigeria Spotlight Initiative \(2022\)](#) identified increased risks of suicide, murder, physical injury, and sexually transmitted infections (STI) and HIV/AIDS. There are also the problems of emotional mental and reproductive health challenges, some of which may be long-lasting. Miscarriages, teenage pregnancy, and inability to conceive or bear a child were identified by the women as some of the reproductive health effects of GBV. A study of GBV against women in Southwest Nigeria by [Oluwole et al. \(2020\)](#) revealed similar effects of sexual violence on the females victims, such as unwanted pregnancies, sexually transmitted infections, complications during pregnancy, etc. Unmentioned reproductive health problems are complicated deliveries, unsafe abortions, obstetrics emergencies, and vesicovaginal fistulas, which are likely to increase with every act of sexual violence.

The problems of depression and post-traumatic stress disorder, identified in this study as some of the consequences of GBV, are long-lasting for women who are victims of sexual violence and could lead to suicide, suicide ideation, or mental imbalance. Previous related studies associate psychological health challenges with GBV. A study in Southwest Nigeria identified depression and post-traumatic stress disorder as the most frequently experienced psychological health challenges among the victims of different forms of GBV ([Oluwole et al. 2020](#)). Supporting these findings on psychological challenges, in a WHO multi-country study of GBV, [García-Moreno et al. \(2005\)](#) reported that women who experienced GBV face emotional distress, suicide ideation, and suicide attempts. Further analysis shows that verbal abuse, threats of injury and death, isolation from friends, and lack of support from the family are the other types of psychological and emotional violence recorded among the women. The study by [Oluwole et al. \(2020\)](#) in the Southwest region of Nigeria also revealed that insults/verbal abuse and isolation are forms of emotional violence predominant among female victims of GBV in the region.

The major perpetrators of sexual, emotional, and economic violence against the women were shown to be the husband or male partner. Supporting the results of this study, [Benebo et al. \(2018\)](#) reports that in Nigeria, one in every four women has been subjected to intimate partner violence at least once in their lifetime. Unfortunately, IPV is highly tolerated and, in some cases, classified as a correctional measure in the traditional society. The belief, in line with the findings of [World Bank Group \(2019\)](#), is that the woman must be partially or fully responsible and deserves to be corrected. Following the societal acceptance and support for IPV, women find it difficult to speak out. As this study has revealed, attempt at reporting IPV exposes the woman to ridicule, bringing shame to the woman, the family, and the community. There is a fear of being labeled a rebellious wife or a woman not capable of sustaining her marriage or maintaining peace in her home, which is fueled by the deceit that such violent acts are family matters and must be dealt with privately. Hence, there is silence and a cover up, which empowers the perpetrators and reinforces their impunity. The finding of the study by [Ezeifeka \(2019\)](#) on Igbo gender-related taboos emphasized that

the women in the Igbo traditional society have been covertly and overtly silenced, cowed into submission by disparagement to sustain the culture of silence.

Harmful traditional and widowhood practices, which are all meant to subjugate women and girls, also have a significant presence in Igbo traditional society. The problem of female genital mutilation (FGM) is deeply enshrined in the traditional belief system and has been a subject of international outcry over the years. This has some irreversible and serious long-term health implications for the victims ranging from injuries, hemorrhage, infection, urine retention, transmission of HIV, shock, and even death. [UN Women \(2023\)](#) asserted that FGM does not have any health benefits but rather imposes huge psychological problems such as anxiety, depression, and infertility, as well as complications during childbirth and postpartum hemorrhage for adult girls subjected to FGM.

The death of a spouse comes with untold nightmares for the bereaved woman. As this study revealed, the woman must shave her hair, be confined to the house for some weeks, and wear mourning clothes for months, all in honor of the departed spouse. These practices are imposed on the woman as long-standing traditional funeral rites for a deceased husband, and the woman must comply ([Molokwu and Uchime 2020](#)). A similar study by [Adeyemo \(2016\)](#) revealed similar traditional harmful widowhood practices in Southwest Nigeria, whereby women who lost their spouses are subjected to unimaginable inhuman treatments from the husband's kinsmen. In the Igbo traditional religious society, these traditional practices are implemented and supervised by the powerful women peer group called *umuada*, often against the wishes and desires of the widow ([Akinbi 2015](#)). No bereaved woman would like to face the wrath of the *umuada*. They have the ability to make one's life unbearable for any act of defiance against the institution of traditional rites. They have the backing of the kinsmen (*umunna*) and traditional leaders. Ironically, no member of the *umuada* cult is immune to the traditional rites at the death of her spouse; the same fate awaits each member. The wearing of mourning clothes (often of poor quality) was revealed in this study to be mostly the burden of the widow, and in some cases, this is imposed by the husband's family, kinsmen, and/or *umuada*. Oral inquiries into this strange aspect of the results showed that most widows see the mourning clothes as a perfect traditional means of honoring and maintaining the memory of their beloved spouse for a long period of time.

A widow accused of having a hand in the death of her spouse faces more severe violations of her human rights through highly oppressive traditional acts of gender-based violence. As identified in the study, the woman has to undertake often very shameful and dehumanizing rites to prove her innocence. Such rites include sleeping with the corpse of the deceased overnight, drinking water used to wash the corpse, and swearing an oath, among other examples. [The World Bank \(2019\)](#) revealed that many women are made scapegoats following the death of their husbands and have to face ostracization, banishment, shame, the swearing of an oath, and the stigma. The woman and her children suffer the long-term consequences of these actions, and some of the women do not survive these humiliations and the trauma, while some will never live a normal life again after facing these acts. Corroborating the findings of [World Bank Group \(2019\)](#), this study revealed that often, the widow is usually dispossessed of her husband's monies, properties, assets, and inheritances, leaving the woman nothing to use to care for herself and the children. In some cases, the children of the deceased are forcefully taken away from the widow by the husband's family members or kinsmen. These practices are in line with the tenets of the Igbo traditional religion and belief system.

The effects of GBV have severe human rights consequences and lasting economic impacts on the growth and development of the society and the nation at large. Denying women education, employment, or business opportunities and access to income and

economic decision-making affects the family income and economic stability of the family. [The World Bank \(2019\)](#) has emphasized the consequences of GBV and has indicated that such consequences should be of concern to any government. They argue in their report that GBV deprives women from making contributions to development initiatives in society and government by limiting their choices and abilities to act. The economic costs of GBV due to injuries, pains, depression, PTSD, suicide, and other health complications manifest in decreased productivity, human capital development, and economic development. This is more burdensome for the highly business economy-oriented Igbo people and in a developing economy like Nigeria. This is also reflected in the foregone services and income for the women and their families ([World Bank Group 2019](#)). [Hossain and McAlpine \(2017\)](#), corroborating the findings of this study on the effects of GBV, observed that acts of GBV have severe health outcomes for the women, such as poor mental health, adverse reproductive and sexual health problems, chronic pains, disabilities, severe brain damage, sexually transmitted infection (STI), and death.

As many as 65.2% of the respondents had not made any attempt to report acts of GBV. This implies that the majority of the respondents avoid reporting or seeking redress against acts of GBV. The major reasons by the women for not reporting their experiences of violence include the following: to avoid being ridiculed; and so as not to be labeled a rebellious wife; by tradition, a woman ought to endure in her home and not be labeled as one who cannot maintain a home or marriage. This indicates that reporting acts of GBV comes with social consequences such as stigma and rejection for reporting incidences of gender-based violence. [Thomas et al. \(2019\)](#), corroborating these findings, report the issues of social, psychological, cultural, and structural barriers experienced by women in reporting cases of GBV, creating a culture of silence as a survival strategy. A similar study by [Krause \(2015\)](#) also revealed that the fear of social stigma and repercussions and the lack of faith in the justice system have caused women in refugee camps not to report or seek redress against sexual and gender-based violence. This implies that reporting or sharing incidents and experiences of GBV requires the building of trust in the legal system, assurances of safety, and a fair hearing.

The relationship between Christianity and GBV presents a serious contradiction. While studies have shown that Christianity has helped to reduce acts of GBV among the Christian faithful, as reported in the findings of [Ellison et al. \(1999\)](#) and [Pertek et al. \(2023\)](#), in the Igbo traditional religious society, the dawn of Christianity birthed the emasculation of the Igbo women, as indicated by [Molokwu and Uchime \(2020\)](#). These could explain why the dominance of Christianity in the study area has not positively impacted the attempts to eliminate GBV among the ITR adherents.

5. Conclusions

The Igbo sociocultural and traditional belief system was built and operates on the principles and tenets of the Igbo traditional religion. These principles have elements of gender stereotyping, which form the bases of female subjugation and fans the embers of GBV against women in the Igbo traditional society. This study identified the different forms of physical, emotional, sexual, and economic violence against women, as well as the harmful traditional and widowhood practices which target women. Beating, murder, injury, forced labor, rape, attempted rape, sexual abuse, exploitation, harassment, abortion, insults and verbal abuse, threats, isolation, the taking away of salaries/income, the denial of a right to education, and the prevention of women from working or doing specific jobs are some examples of the GBV against Igbo women of an ATR background. Others include female genital mutilation, forced marriage, teenage pregnancy, forced abortion, early marriage, and other harmful widowhood practices.

Most of the physical, sexual, emotional, and economic examples of GBV were perpetrated by intimate partners. There is a prevalence of intimate partner violence in the traditional marriage and relationship belief system, including rape, sexual harassment, and forced abortion perpetrated by male partners and strangers. However, harmful and demeaning traditional and widowhood practices were not perpetrated by intimate partners but by family members, *Umuada*, and kinsmen. The seizing of the husband's properties and inheritance is perpetrated by the husband's family members, while the denial of access to education is perpetrated by the woman's family members.

There is an absence of a legal system through which to seek redress. The traditional system prevents the woman from speaking out. Attempts to do so are met with grave consequences such as public ridicule, isolation, and stigma. The woman is forced to accept that she should keep quiet because if she does not, the traditional society will believe she is not capable of keeping a home and sustaining her marriage and she will be branded a rebellious wife. Most often, the woman will be accused of lacking proper parental upbringing, hence her challenges in the marriage and inability to endure. The woman is forced to keep quiet to protect the image of her own family, which would otherwise be ridiculed for not bringing her up properly according to traditional religious beliefs and values. These practices are going on despite different policies of the federal and state governments to stop acts of GBV against the women. Policies are not enough; actions are needed. Perpetrators always go unpunished but deserve to be held accountable for their actions. There is a need to foster more action-based sustainable approaches to control and stop the problems of gender-based violence against women in Igbo traditional religious communities.

The relationship of Christianity to GBV in the Igbo traditional society presented clear complexities and contradictions. The existing literature shows that while Christianity has helped to reduce incidences of GBV among the adherents, its role in the Igbo traditional society may also have enhanced the systematic demotion of women to the status of second-class citizens.

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