

**UNICAF UNIVERISTY ZAMBIA**

**MASTERS OF SCIENCE IN HEALTH CARE MANAGEMENT**

**THE IMPACTS OF TOXIC CULTURE ON MENTAL HEALTH OF YOUNG PEOPLE IN  
SUB-SAHARAN AFRICA.**

**BY**

**TSHEPHANG NDUBIWA NDUBIWA**

**12344496**

**A RESEARCH PROJECT PRESENTED IN PARTIAL FULLFILLMENT OF THE  
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTERS OF SCIENCE  
IN HEALTHCARE MANAGEMENT**

**ZAMBIA**

**30 APRIL 2023**

**OAR2301**

INFORMATION TO ALL USERS

This work was published entirely as it was submitted, but for the addition of this page.  
No page was altered or edited.

Published by Orapuh Academic Repository (2023). Copyright in this Work is held by the Author.



**ACADREP.ORAPUH.ORG**

Orapuh Academic Repository (Orap. Acad. Rep.) is an entity of Orapuh, Inc., a charity registered in the Republic of The Gambia, No: C10443.  
Learn more about the organisation at [www.orapuh.org](http://www.orapuh.org)

This original work is distributed under the Creative Commons Attribution Non-Commercial (CC BY- NC 4.0) license. Anyone can distribute, remix, adapt, build upon this work and license the product of their efforts on different terms provided the original work is properly cited, appropriate credit is given, any changes made are indicated and the use is non-commercial (<https://creativecommons.org/licenses/by-nc/4.0/>).

## **ACKNOWLEDGEMENTS**

I offer my sincerest gratitude to Dr Victor Adamu my adviser as this work is possible through his guidance.

A very special thank you to my Wife Kealopa Kelly Ndubiwa for her unwavering support, sacrifices and encouragement throughout this research project. Your love and support made this dream come true.

Lastly I thank God for his protection and enlightenment throughout this journey.

## **DECLARATION**

I hereby declare that the work being presented in this thesis titled “The impacts of harmful cultural practices on mental health of young people in Sub Saharan Africa’ in fulfillment of the requirements for an award of the Masters of science degree of healthcare management is an authentic record of my original research work.

The information embodied in this thesis has not formed basis for an award of any other degree or scholarly institution.

Ndubiwa, Tshephang Ndubiwa

30 April 2023

## **DEDICATION**

I dedicate this dissertation to Kealopa Kelly Ndubiwa- My Wife, Anaya Ahn Khuruta- my Daughter and Bogosi Raphael Ndubiwa – my Son for the sacrifices they made to make this project a success.

## Table of Contents

LIST OF TABLES.....	8
LIST OF FIGURES.....	9
ABBREVIATIONS.....	10
ABSTRACT.....	11
CHAPTER 1.....	13
INTRODUCTION.....	13
STATEMENT OF THE PROBLEM.....	13
SIGNIFICANCE OF THE STUDY.....	14
PURPOSE OF THE STUDY.....	14
AIM.....	14
OBJECTIVES.....	14
RESEARCH QUESTIONS.....	15
HYPOTHESIS.....	15
LIMITATIONS.....	15
CHAPTER 2.....	16
LITERATURE REVIEW.....	16
INTRODUCTION.....	16
BODY.....	18
MARRIAGES.....	18
CHILD MARRIAGES.....	18
FORCED MARRIAGES AND BRIDE PRICE.....	19
INITIATION SCHOOLS.....	20
GENDER BASED VIOLENCE.....	21
THEORETICAL FRAMEWORK.....	22
CONCEPTUAL FRAMEWORK.....	25
CONCLUSION.....	25
REVIEW ON PREVIOUS IMPIRICAL WORK.....	26
CHAPTER 3.....	29

METHODOLOGY .....	29
IDENTIFICATION OF RELEVANT STUDIES.....	30
SEARCH STRATEGY .....	30
INCLUSION CRITERIA.....	30
EXCLUSION CRITERIA.....	30
CHAPTER FOUR.....	32
RESULTS.....	32
CHAPTER FIVE .....	35
DISCUSSION.....	35
CONCLUSION.....	41
RECOMMENDATION.....	42
ETHICAL CONSIDERATION .....	43
BIBLIOGRAPHY.....	44
APPENDIX 1: RESEARCH ETHICS APPROVAL .....	49

## LIST OF TABLES

Table 1: findings of the different studies selected for analysis. Page 33

Table 2: Mental health issues associated with toxic culture page 34



## **LIST OF FIGURES**

Fig 1: Conceptual framework Page 24

Fig 2: Map from identification of relevant studies to studies included. Page 31

## **ABBREVIATIONS**

SSA- Sub Saharan Africa

GBV- gender based violence

IPV – intimate partner violence

WHO- world health organization

AU – African Union

UN – United Nations

## ABSTRACT

Mental health problems affecting youth accounts for 19% of disabilities in Sub Saharan Africa. About 60 000 suicide related deaths of young people are recorded annually due to mental health related issues. Anxiety and depression are the leading causes of high suicide rate and disability in young people in SSA. This study was a secondary study and used empirical studies to draw conclusions. Google scholar, PubMed and JSTOR were used to obtain data from researches conducted in the subject matter. Websites including World Health Organization (WHO) and UNICEF were also used to get data. Key words which were used in the search engines are “toxic culture”, “culture and child marriages”, “forced marriages and mental health”, “bride price and Gender based violence”, “gender inequality + mental health and youth”, “initiation schools and toxic culture”, “negative impacts and culture”, “mental health, and youth and sub Saharan Africa”, Sub Saharan Africa was included in every search. The study population was young people (10 years to 30 years) in Sub Saharan Africa. Snowball search was done in some topics which are under researched and convenience sampling was done to select journals in cases of many journals. Child marriages, Gender based violence, gender inequality and initiation schools are some of the harmful cultural practices that are harming the psychology of young people. The low literacy rate among young girls is directly related to early marriage. The study was aimed at investigating these toxic cultural practices and their impacts on the mental health of young people in SSA. Culture, religion and Poverty were pointed out as the major drivers to these harmful practices. Improving the socio-economic status of households, proper education of young people and women empowerment are pivotal putting an end to these practices.

**Key Words:** Culture, mental health, youth, Africa.

# CHAPTER 1

## INTRODUCTION

### STATEMENT OF THE PROBLEM

Mental health issues are growing worldwide but the situation is worse in the Sub Saharan Africa (SSA) due to limited resources and health systems that are not equipped to address mental health issues. Mental health issues account for about 19% of disability in Africa yet the work force is limited (Royal African Society, 2020). Lack of political interest in mental health issues also contribute to the lack of resources. The stigma tied to mental disorders play a critical role in addressing mental health issues as both patients and policy makers come from the same community. In the Sub Saharan region, stigma towards mental health is deeply rooted in cultural believes and association with witchcraft (Woldetsadick, 2015). Family, social and community support are key facilitators in recovery of mental health issues (Royal African Society, 2020) but sometime the problems of mental health come from the same communities which are part of the cultural background in Africa. There are practices such as arranged marriages and child marriages which can contribute to mental issues such as depression as they are not activities one may engage in out of free will. Due to poverty, some end up in polygamous marriages which can contribute to the spread of HIV. Gender inequality and sexual abuse are some of the issues which are considered culturally correct and contribute to mental issues including depression, anxiety and even psychosis. The biggest challenge is that policy makers cannot change something that is not deemed wrong, as some even call depression a western disease (Royal African Society, 2020).

## **SIGNIFICANCE OF THE STUDY**

This paper intends to unpack toxic cultural practices and their effects on young people in SSA. Young people are to benefit from the study as it intends to raise awareness to different communities and policy makers on issues faced by young people in the region under the umbrella of culture and their detrimental effects on mental health. It intends to make recommendations to policy makers and organisations like African Union and World Health Organisations to advocate for the abolishment of these barbaric practices.

## **PURPOSE OF THE STUDY**

The purpose of this research is to investigate the impact of toxic culture on mental health of young people in Sub Saharan Africa. The intention is to raise awareness on mental health issues faced by the young people in SSA as results of toxic culture. There are very few specific studies that directly point out these problems and this paper intends to fill that gap.

## **AIM**

To investigate the impacts of toxic cultural practices on mental health of young people in Sub Saharan Africa.

## **OBJECTIVES**

- To investigate various toxic cultures that have an impact on mental health among young people in SSA
- To ascertain the effects of toxic cultures on the mental health of young people in SSA
- To assess the extent to which toxic cultures affect the mental health of young people in SSA
- Explore ways to ease the detrimental effects of toxic culture on mental health.

## RESEARCH QUESTIONS

- Which toxic cultures have an impact on mental health of young people in SSA?
- What are the effects of toxic cultures on mental health of young people?
- To what extent do toxic cultures affect the mental health of young people in SSA?
- What are the ways to ease the detrimental effects of toxic culture on mental health of young people?

## HYPOTHESIS

- Toxic cultural practices (child marriages, Gender based violence, initiations schools and Gender inequality) are impacting negatives on mental health of young people in the SSA.
- Depression, anxiety disorder, isolation are mental health issues associated with toxic culture
- Depression leads to suicide and other social ills like alcohol abuse. Gender based violence is also associated with toxic culture.
- Ways to ease the detrimental effects of toxic culture on mental health of young people include improving the health sector to accommodate mental health issues, for policy makers to prioritize mental health issues, education with the aim of eradicating or eliminating these toxic practices and improving people' s socio economic status.

## LIMITATIONS

Limitations of this study include lack of information of some topics and limitation of words as per the regulation of the dissertation.

## CHAPTER 2

### LITERATURE REVIEW

#### INTRODUCTION

Culture is a way of life of people living in a community and that way of life is governed by unwritten laws normally referred to as traditions and norms. These practices are usually imposed on young people by elders. The practices can affect how these young individuals perceive life and how they tackle life challenges faced in future. For example, a boy child is raised to be tough and do manual work while the girl child is raised to take care of home chores such as cooking and cleaning. These practices affect young people when they transition to adult hood. Birukou, *et al.* (2009) Defined culture as;

*The collective integration of backgrounds, knowledge, traditions, norms, values, behaviors, attitudes, principles, faith, spatial relationships and terminology of the universe from generation to generation.*

Modernization can often clash with certain cultural practices like gender equality and it might put pressure on certain individuals when the usual cultural practices are opposed. In some cases people who oppose some cultural practices are treated as outsiders. Some cultural practices are influenced by low socioeconomic status experienced by many countries in the SSA (Royal African Society, 2020). Practices like child marriages are still significantly high in Africa at a prevalence rate of 40% (Edmeades, John, & Murithi, 2019). In this paper, a child is a person of less than 18 years. The practice of child marriages may be high due to the fact that some girls come from poor families and the marriage



offers a means of survival in the form of bride price which help alleviate poverty at home. Bride price might be considered a good thing to the bride's family but often poses dangers to the female child including gender based violence as women are treated as commodities due to this bride price (Rees, et al., 2017). In most cases women may feel trapped in the marriage because they do not have the money to pay back the bride price. Another practice related to marriages that contributes to mental health issues is forced marriage. This is whereby one or both parties are forced in the union due to various circumstances. There are cultural practices in SSA which promote extended family settings. Although these settings are important in child development they also contribute to the deteriorating mental state of young people as they are associated with gender inequality, violence in the form of defilement and rape by close relatives which go unreported. Toxic masculinity is one of the things a male child is taught at a young age (Yu, 2018) which can be a toxic trait when they grow up. In Setswana, an official language spoken in Botswana there is a saying that goes "*Monna ga a lele*" meaning a man does not cry. It is phrases such as these that make males bottle up issues and not seek help leading to the development of psychological issues like depression and suicides. Gender based violence is one of the most leading forms of violence which can be influenced by mental problems faced by both male and females. There are countries or communities which still practice initiation school as a form of rite of passage and this also contribute to child marriages, gender based violence and so on. Gender inequality is one of the issues faced by both young men and women which affect their mental health.

## **BODY**

### **MARRIAGES**

Marriages are considered a good thing and a rite of passage in many communities as it forms a good foundation for family, but when not done in the right way it can actually be a bad thing. There are some communities in SSA practicing customary marriages and these marriages do not favor women as they consider women to be inferior to men (African Union , 2015). In some cases women are denied access to land and other properties as well as child custodies in cases of separation. This type of marriage encourages male superiority than equality. There are instances whereby young people engage in this type of marriage due to various reasons such as low economic status, traditions and so on still knowing the risks it entails. These situations expose young people to various ill treatments including violence, HIV/AIDS and a series of mental problems like depression (African Union , 2015). Customary marriages do not specify age and this encourages child marriages (Barterlink, Le Roux, & Levinga, 2017).

### **CHILD MARRIAGES**

There are countries where child marriages are still practiced like Chad, Ethiopia, Ghana, Kenya, Niger, Somalia, Tanzania and Zambia (African Union , 2015). This practice of child marriages is influenced by the low economic status of many families in those communities whereby the bride price is paid to the girl child's family to alleviate poverty. About 15 Million children are orphaned in the SSA due to the HIV pandemic and other situation like civil wars (African Union , 2015) . This drives many families into poverty and older men take advantage of this situation and marry these orphans promising them a better life. This practice have a negative effect on the girl child because they are forced to transition fast from being a child to being an adult in terms of taking responsibilities in

the house and also exposure to early sexual encounters (Edmeades, John, & Murithi, 2019). In the study conducted by John, Edmeades, & Murithi (2019 in Niger and Ethiopia, indicated that other side effects of child marriages include lack of knowledge on family planning, lack of access to resources because the husband controls everything and gender based violence. These effects lead to the development of psychological issues like depression, anxiety and suicides (Edmeades, John, & Murithi, 2019).

The involvement of policy makers in this practice is making it hard for the development of policies that protect the girl child. This practice also hinders the girl child to go to school because they are facing a task of being wives. This brings about another aspect of social inequality in the sense that girls are becoming wives while boys are going to school therefore leading to a society that is male dominant. It then becomes difficult for women to penetrate a male dominant society as men make policies that favor them not their female counterparts. This makes a male child to grow thinking they are superior to a female child. Even when they are raised, the male child is raised to take control while the girl child is raised to be obedient (African Union , 2015). Situations like these make women to be more susceptible to mental illness as compared to man (Yu, 2018).

### **FORCED MARRIAGES AND BRIDE PRICE**

Just like child marriages, these marriages are also influenced by low socioeconomic status. A forced marriage is a situation whereby one or both parties are forced into a marital union without their consent and some form of duress is involved both physical and emotional (Rele, 2007). Psychological impacts of forced marriages include depression, low self-esteem, rage, difficulty in forming relationships, isolation, Major Depressive Disorder and lack of husband – wife emotional bond (Zhang & Axina, 2021). In most

cases bride price is involved in this kind of marriage which exposes the women or both parties to Intimate Partner violence as it creates a form of entitlement to the women by men. Bride price is a practice done all over the world as a form of appreciating the bride's family for taking care of the women (Rees, et al., 2017) which is a good gesture but in most cases it comes with entitlements as if the Groom is buying a bride.

### INITIATION SCHOOLS

Initiation schools are cultural schools where a male child is taught about how to be a responsible man and take care of his family once he gets married whereas the female child is taught how to be a responsible woman and take care of her family. Through this process tradition is passed from generation to generation citation but it may come with the problem of teaching these young adults toxic things. These schools include children of ages 7 to 14 years (African Union , 2015). At these initiation schools male and female circumcision is practiced and as it is considered a rite of passage those who do not go are excluded socially (boys are considered man and girls are considered women after undergoing through initiation schools) (African Union , 2015). Even though these schools are said to be building our societies, female circumcision is considered dangerous because it has bad side effects which include painful sexual intercourse, keloid formation, infections, infertility due to infections, depression anxiety and mental instability (African Union , 2015).

The male child suffers from mental illness due practices they are exposed to because these schools where they are taught masculinity at a young age (Yu, 2018) which can become toxic. As the Setswana saying goes "*Monna ga a lele*" meaning a man does not cry it is likely that the young male will bottle up issues and may not seek help often leading

to the development of psychological issues like depression and even suicides. In some cases, because it is difficult to get help, men resort to alcohol and substance abuse which is a major contributing factor to gender based violence (Yu, 2018). These kinds of schools also promote gender inequality as it promotes gender roles and male superiority than equality (Rees, et al., 2017). With these kind of practices, the community which is male dominant will treat women as inferior and segregate those that did not go to those schools leading to social exclusion (African Union , 2015) creating more psychological problems for the youth. Gender inequality exposes women both in marriage and outside marriage to Gender based violence.

### **GENDER BASED VIOLENCE.**

GBV is a complex phenomenon often including a combination of physical, sexual and emotional violence and deprivation or neglect (Neil, Annie, & Bev, 2008). Young people are mostly affected by GBV due to various reasons. Intimate Partner Violence (IPV) is one of the most leading forms of gender based violence and it is defined as the behavior within intimate partners that causes physical, sexual, psychological harm including acts of aggression, sexual coercion, psychological abuse and controlling behaviors (Wessells & Kostelny, 2022). Alcohol abuse contribute to IPV which lead to more psychological problems on both partners and in extreme cases may lead to death thus one partner killing another. Alcohol abuse contributes to the spread of HIV/AIDS which currently is a great burden in SSA as young people engages in sexual encounters under the influence of alcohol and fail to properly use a condom while some fail completely to use it. In some cases some do not have a recollection of the sexual activity being committed. Rape is another form of GBV but in this paper the focus will be rape within the family. Amos (2013) defined family particularly extended family as the major source of basic necessities of

health and life, love, tenderness, food, clothing, shelter and security. (Amos, 2013) Was advocating for the extended families system but sometimes that is where the root of the problem is. Because of low economic status of families, people stay in large groups and young men and women do not leave home until they are married (Amos, 2013) . This then exposes them to rape and sexual abuse by the uncles or other relatives and majority of these cases go unreported (African Union , 2015) with the fear of breaking up the family or the perpetrator being the main breadwinner. This makes young people to grow with resentment, depressions even HIV. The rapes may extend even to the under aged (defilement). There are fewer researches that focus more on this field and its effects.

### **THEORETICAL FRAMEWORK**

The theoretical framework of this study is based on the concept of cultural based inequalities and the role they play in mental health of young people in SSA. There are different factors discussed by different studies on the detrimental effects of toxic cultural practices on the mental health of young people and some are interlinked but in this paper they will be unpacked and singled out. These social inequalities have a relatively similar base or denominator which is the socio economic status. Cultural practices such as child marriages, gender based violence and gender inequalities are perpetuated by low economic status as evident by many countries in SSA. In a study conducted by Fatima (2023) in Pakistan it is depicted that poverty plays a role in encouraging child marriages. This study was supported by the study conducted in Ethiopia by Barre *et al* ( 2019) which indicated that in child marriages there is no quality of a marriage since the girl child does not have a say and are introduced to early sexual encounters as well as gender based violence which affects their mental health negatively. In one of the Interviews by Barre *et al* ( 2019) one respondent revealed that she was exposed to sexual abuse and gave

herself to an older man because there was nowhere to report and did not want to be beaten for refusing to have sex, also further revealing that the sexual encounter was rather painful. These are some of the issues that drive young people into depression. The issue of child marriage in SSA is a huge concern and it calls for policy makers to eradicate this barbaric behavior as it violates the rights of a young girls. Further studies show that majority of these young girls who succumb to early marriages are denied the opportunity to go to school which is perpetuated by lack of compelling policies that criminalise these kind of practices. The challenge is when the policy makers are involved in these practices making it difficult to make a change but this study will raise awareness and eventually expose these practices as a human rights violation.

The framework is also based on the notion of looking into gender equality in terms of socio economic opportunities for young women which will reduce many toxic cultural practices. Majority of countries today in SSA, policy makers are males with females having fewer representative at strategic level (AfricanUnion, 2021) . This issue is generational because many cultures in Africa belittle a girl child and exalt a male child. A study conducted in South Africa by Mutyambizi, *et al* ,(2019) showed that young women are twice more likely to have depressive disorder than young males with 82% of women reported to have depressive disorder as opposed to males. The study managed to link the depressive disorder to low economic status which is prominent in many households in SSA. Inequality in education, employment opportunities and access to resources lead to low economic status in women and also power imbalance which shifted to the male side (Robinson , et al., 2017). The second contributor to depressive disorder in young women was linked to childhood adversaries they faced growing up and these adversaries

were not addressed (Robinson , et al., 2017). These low economic status which is prominent in women serves as evidence to opportunity inequalities presented to males and females by our societies and they expose young women to HIV/AIDS and Gender based violence. Single parenting also play a role in the low economic status of women as some laws in various countries do not compel men to take care of their kids.

Gender based violence (GBV) in marriage is another concerning factor as many cases go unreported because women fear stigma, divorce and to be victimised (AfricanUnion, 2021). There are many countries in SSA which does not have laws that criminalise GBV and moreover many African cultures promote men's Hierarchical role in sexual relationships especially in marriage (AfricanUnion, 2021) which gives men power over women. There are some places in SSA where women should seek permission from her husband to access a health facility which oppresses women (AfricanUnion, 2021).

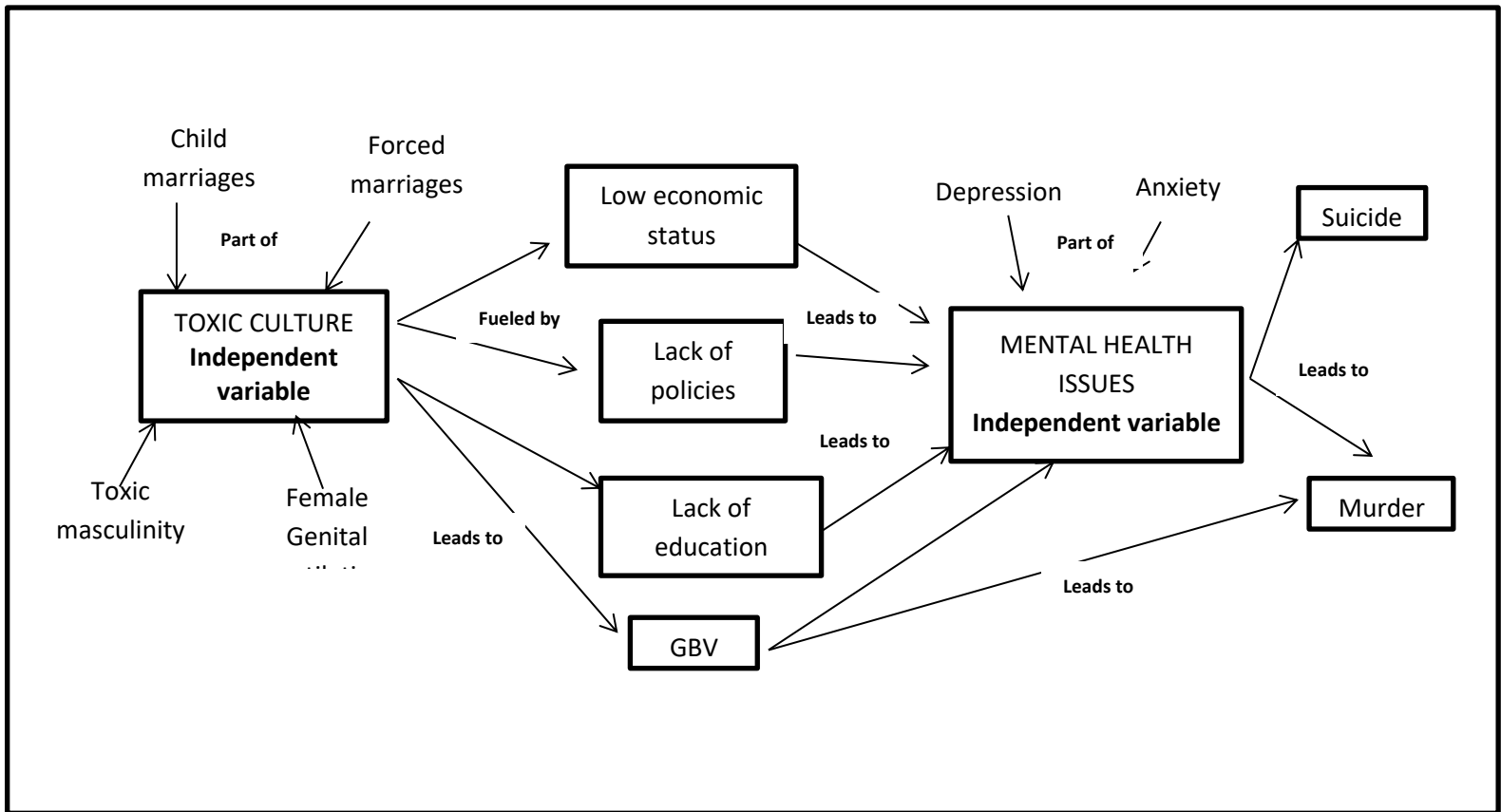
There are other under researched topics such as the effects of toxic masculinity on the mental health of young males especially in the shaping of our communities. toxic masculinity are the major contributors of gender based violence and substance and alcohol abuse among young adults. This paper intends to unpack these factors and make recommendations to policy makers and organisations like African Union and World Health Organisations so that these recommendations can be included in the millenium development goals. Young people are to benefit from the study as it will raise awareness to policy makers on issues affecting young people and to include young people in making policies that affects their lives. Furthermore it will address challenges faced by young people thereby prioritizing improving their economic status.



## CONCEPTUAL FRAMEWORK

Fig 1

Conceptual framework



## CONCLUSION

Marriages, child marriages and forced marriages have been highlighted as part of culture and have a negative relationship with the mental health of young people. Young people are forced to get married before they are ready physically and emotionally. Initiation schools particularly female genital mutilation has more side effects than benefits and it also have dire psychological effects. It is important to note that in many communities, these activities are done on young girls. Gender based violence; sexual violence and intimate partner violence are some of the violence young people are faced with as a result

of toxic culture. Depression, anxiety, isolation, psychosis have been associated with these toxic cultural practices. In some cases, these mental health issues drive young people to suicide. Killings are also associated with gender based violence young people face especially in marriages.

### **REVIEW ON PREVIOUS IMPIRICAL WORK.**

Youth mental health in SSA is a blind spot in both healthcare system and legal system. This is supported by little and selective attention towards mental health issues affecting young people more especially the girl child. Studies shows that these mental health issues if left unattended they pose a threat to lifelong health and socioeconomic problems (Myers, Browne, Corney, Kline, Bonner, & Wechsberg, 2021) thereby dooming the future. Mental health issues hinder young people from reaching their full potential. Toxic cultural practices such as child marriages, initiation schools, gender based violence has been linked to major depressive disorders, anxiety, isolation, psychosis, suicides and so forth in young people in SSA (Barterlink, Le Roux, & Levinga, 2017). Study conducted in Niger and Ethiopia on child marriages by (Edmeades, John, & Murithi, 2019) indicated that there is a negative association between child marriages and mental health issues like depression, anxiety and general well-being. One of the issues highlighted to be causing emotional stress and depression is being given adult responsibilities as a child. This study was done in two different countries being Niger and Ethiopia. The villages were selected by stratified sampling while households were selected by random sampling. Sensitive studies like this, that involves human right violation should be done on a larger scale. All households in all villages of interest should be included so as to reach as many people as possible. All these households in all these villages should be regarded as key

informants because of the high prevalence of the issue in SSA and because the girl child is in danger. In the participation of focus groups discussions, the participants were purposively selected which could bring an element of misinformation and biasness. Despite the challenges mentioned above, this study is in congruent with the study conducted by (Ahmed, Khan, Alia, & Noushad, 2013) which indicated that depression increased from 1.82% to 43.18% in girls married young and highlighted that 90% of these girls married young do not want to be in the marriage. Both these studies used questionnaire as a mode of data collection. This method has its own flaws especially when collecting data from people with low literacy rate. In the study conducted by (Bishwajit, Odisina , & Yaya, 2019) Indicated that out of approximately 89 000 participants, only 5.6% of girls married young have tertiary education. This is an indication that many girls who marry young have low literacy rate therefore a mixture of both the interview and questionnaire will be the preferred method as it stands a high chance of yielding more data and reading none verbal information.

Female genital mutilation (FGM) is one of the toxic cultures affecting the mental health of young people. The practice of FGM is done in cultural initiation schools. Many countries have since made laws that are against the practice. Countries like Central African Republic, Ivory coast, guinea, Eritrea, Togo, Ghana, Ethiopia, Kenya, Senegal have laws that are against the practice but the practice still persist (Aldossary, Chioma, & Udochukwu, 2020) maybe because of turning a blind eye by law enforcement officers, lack of knowledge by law enforcement officers and the community at large and also victims are not reporting fearing segregation (Aldossary, Chioma, & Udochukwu, 2020). FGM victims have reported Post traumatic stress disorder, panic attacks, depression

even suicide (Martinez-Linares, Lopez-Entrambasagus, Fernandez-Medina, Berthe-Kone, & Fernandez-Sola, 2021). (Martinez-Linares, Lopez-Entrambasagus, Fernandez-Medina, Berthe-Kone, & Fernandez-Sola, 2021) interviewed women who lived in Spain but of African origin about their experience on the FGM and they indicated that the experience was rather horrifying. The study interviews 12 people who live in Spain which is a small number to draw conclusions so this study needs to be repeated and done in SSA where the act is being performed, this will also help in raising awareness on the dangers of FGM. Nonetheless the testimonies of the interviewees can be used to create a baseline for further research and advocate for policy implementation since their experiences can be used to represent those did not have the opportunity to escape those environments and those who are not strong enough to talk about it.

Young girls are faced with different sorts of violence including sexual violence at a tender age. Some girls end up pregnant with HIV but the perpetrators walk free. In a study conducted in South Africa by (Appollis, et al., 2021) indicated that sexually abused young girls are prone to suicide especially when they discovered that they were HIV positive. This feeling could be exuberated by the issue that they feel like they cannot talk to anyone. The stress burden is made worse by the fact their bodies are not ready for pregnancy. This study targeted young people of 15 to 24 years and they recruited them as schools which are a good strategy to target these young girls where they will not feel stigmatized by the parents or the environment. The same strategy could be used to help those involved in child marriages and those being sent for initiation schools.

Countries like Malawi are making progress in protecting young people from these dire practices by making sure that people in villages know that practices like child marriages

are an act of crime and attract hefty fines. (Melnikas, Mulauzi, Mkandawire, & Amin, 2021) Concluded that in Malawi, people know that child marriage is a crime but parents and the perpetrators find a way to evade the law and continue with the practice while there are still a number of people who doesn't know. The penalty in Malawi for child marriage is a fine but that is not enough considering the life of a girl child that was robbed from her. The people of Ghana are calling for the arrest of people who impregnate or marry young girls below the age of 18 also they are appealing to the local authorities like local police and chiefs to enforce these laws, lastly they suggesting that school can be used to delay these actions since girls can be protected there (Ahonsi, et al., 2019). These ideas could work if implemented in different part of SSA because they are community based. More education on protecting young people from toxic cultures should be done more and schools should be used as target places for educating young people about these practices.

## **CHAPTER 3**

### **METHODOLOGY**

This research is a secondary research and is qualitative. It uses secondary research to make conclusions. The method in this paper followed a method done by Barterlink, Le Roux, & Levinga, (2017) and Abubakar, et al., (2022) with some changes.

## **IDENTIFICATION OF RELEVANT STUDIES**

Google scholar, PubMed and JSTOR were used to obtain data from researches conducted in the subject matter. Websites including World Health Organization (WHO) and UNICEF were also used to get data.

## **SEARCH STRATEGY**

Key words which were used are “toxic culture”, “culture and child marriages”, “forced marriages and mental health”, “bride price and Gender based violence”, “gender inequality + mental health and youth”, “initiation schools and toxic culture”, “negative impacts and culture”, “mental health, and youth and sub Saharan Africa”, Sub Saharan Africa was included in every search.

## **INCLUSION CRITERIA**

The study population: youth (10 years to 30 years)

Geographical location: Sub Saharan Africa

Study design: Primary studies

## **EXCLUSION CRITERIA**

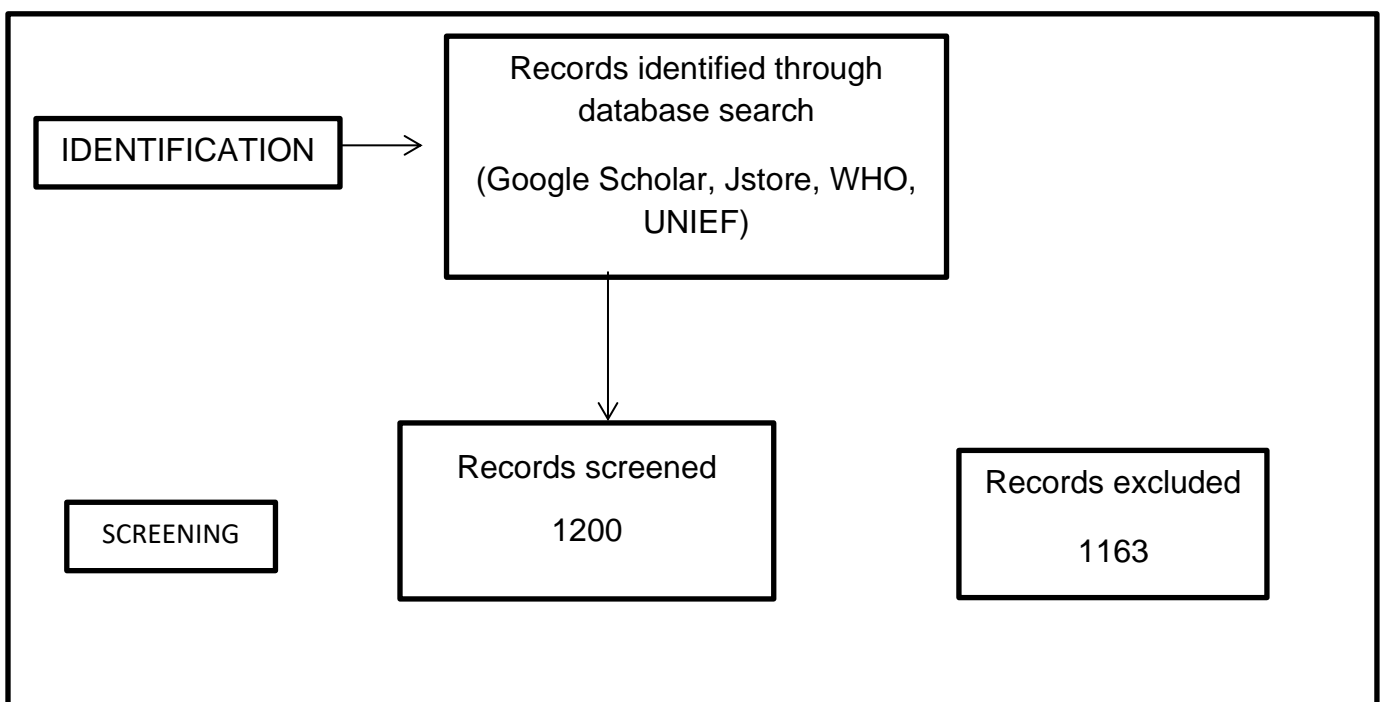
Study types: reviews, minutes, conferences, secondary studies

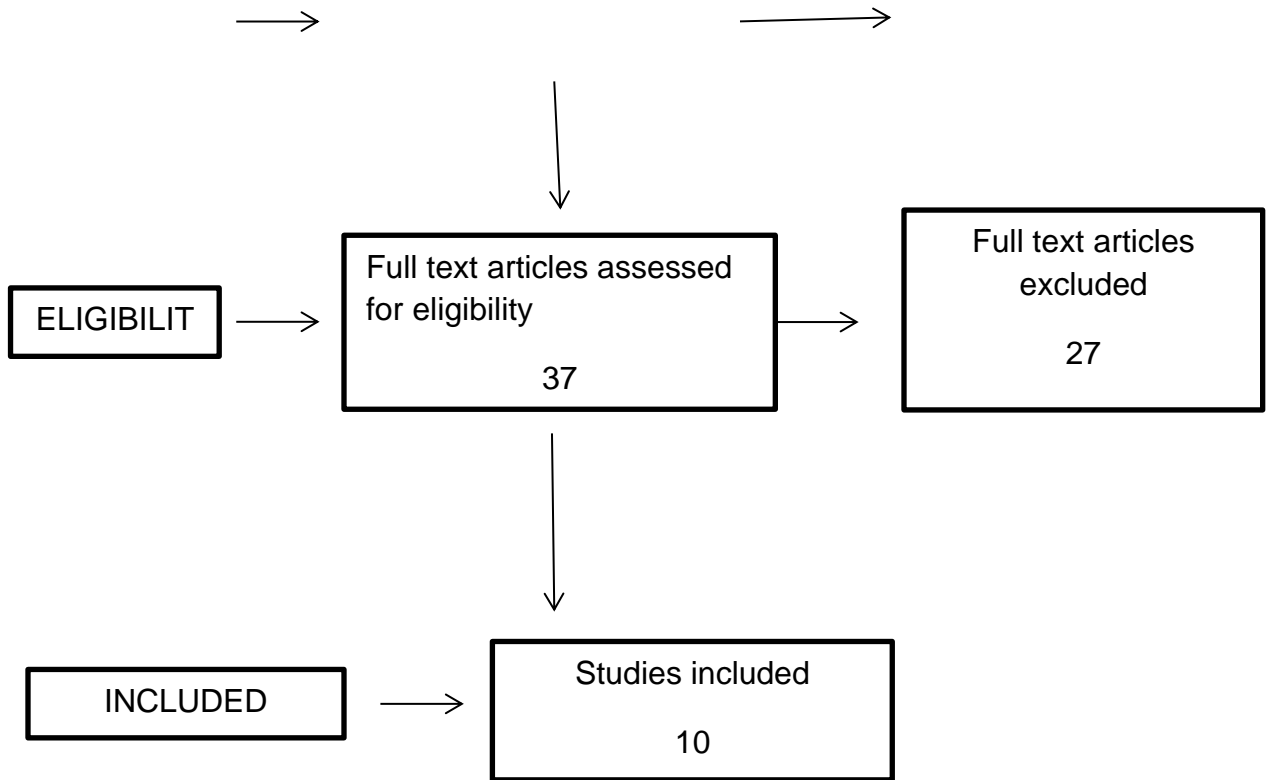
Outcome measures: journals from 2013-2023

Snowball search was done in some topics which are under researched like toxic masculinity and in some searches there was too many journals after satisfying the whole process for selection criteria and convenience sampling was done to select the journals.

**Fig 2:**

*Map from identification of relevant studies to studies included.*





## CHAPTER FOUR

### RESULTS

**Table 1**

*Findings of the different studies selected for analysis*

Author	Country	Subject of study	Outcome of results
(Moroka, 2016)	Botswana	Masculinity, GBV	24% females reported not giving consent for sex the first encounter. Masculinity plays a role in disparities between genders because of the patristic society which leads to high cases of HIV in women



(Lovgren, 2015)	Africa	Masculinity	Understanding different types of masculinity and their effects
(McCloskey, Williams, & Larsen, 2005)	Tanzania	Gender inequality, IPV	Past 12 months of the paper, 21% of young women experienced GBV. 16 % of young women experienced various forms of violence in their lives. Prevalence of GBV in different age groups: 20-24 – 18.4%, 25-29 – 21.4%, 30-34 – 19.4%.
(UN, 2013)	Nigeria	Child marriages	39% of women are married by the age of 18 and 16.4 % are married by the age of 15
	Senegal	Child marriages	39% of women are married by the age of 18 and 9.7% are married by the age of 15 with 2% giving birth by the age of 15.
(Bishwajit, Odisina , & Yaya, 2019)	34 countries in SSA	Prevalence of child marriages	Niger 81.7 Chad 77 Guinea 72.8 Mali 69 Nigeria 64 Sierra Leone 62.4 Burkina Faso 62.2 Liberia 61 Ethiopia 57.0 Madagascar 57.3 Mozambique 57.3 Cote d'vore 55.6 DR Congo 54.9 Comoros 54.2 Senegal 52.9 Angola 52 Malawi 51.9 Gambia 49.6 Benin 49.4 Zambia 49.3 Ghana 49.2 Congo 48.2 Sao Tome 47.7 Zimbabwe 45.7 Uganda 45.7 Tanzania 43.7

			Gabon 43.1 Togo 38.8 Kenya 37.5 Burundi 35.9 Namibia 31.3 Lesotho 29.3 Rwanda 16.5
	SSA	Child marriages	56% of these child marriages end up with pregnancy in less than 1 year of marriage and 79% of these young girls do not use contraception.
(Rees, et al., 2017)		Bride price related IPV	30.6 % reported to have experienced severe psychological abuse while 6.2% reported to have experienced physical abuse due to bride price stress. 29.8% of these women are under the age of 20 years. Those reported to have bride price press in their relationship experienced more IPV as opposed to those who did not (43% vs 18%)

**Table 2**  
*Mental health issues associated with toxic culture*

<b>AUTHOR</b>	<b>OUTCOME OF RESULTS</b>
(Edmeades, John, & Murithi, 2019)	<p>Studies conducted in Niger shows that 70% of girls in child marriages development Anxiety disorder and 74 % develop depressive disorder</p> <p>In Ethiopia, 65% had anxiety disorders while 80% developed depression</p>

(WHO, 2017)	<p>Adolescents vulnerable to mental health include those living with disabilities, HIV, those stigmatized, marginalized, ethnicity, those exposed to violence, living in poverty, fragile and vulnerable setting.</p> <p>Anxiety and depression as the most leading causes of disability in youth some cases leading to suicide.</p>
(Brent & Turcki, 2016)	<p>Statistics show that in 2016 over 60 000 adolescents deaths were due to suicide</p>

## CHAPTER FIVE

### DISCUSSION

Child marriages is one of the most leading toxic cultural practice that is concerning as it violates young girls rights. The most disheartening issue is that child marriage is still practiced today in almost 34 countries out of 55 countries in SSA (Bishwajit, Odisina , & Yaya, 2019). This accounts to 62% if the region with Niger accounting for 81.7 % of girls child getting married before the age of 18 (Bishwajit, Odisina , & Yaya, 2019). This might not even be the true reflection of what is actually happening since some cases in some

countries are not reported. Child marriage has demonstrated to be dangerous in the life of the girl child as 70% of girls who got married early develop anxiety disorder while 74 % of girls develop depressive disorder (Edmeades, John, & Murithi, 2019), this study was conducted in Niger. Another study conducted in Ethiopia is in congruent with the study conducted in Niger indicating that 65% of girls who got married before the age of 18 developed anxiety disorders while 80% developed depression later in their lives (Edmeades, John, & Murithi, 2019). 56% of these marriages end up with pregnancy in the 12 months (Bishwajit, Odisina , & Yaya, 2019) which really put the lives of these girls in danger because their bodies are not yet ready for pregnancy not even ready for sexual intercourse. Study conducted by Nguyen & Wodon, (2014) indicates that only 2% of girls who get married young tend to finish their secondary education while their overall literacy rates accounts to 29% as opposed to 57% of those who did not marry or married over 18. This is concerning as it creates an unbalanced society which is male dominant.

Low socio-economic status is one of the major drivers which subject many young women to many undesirable activities like gender based violence. Sometimes young women are being married with the notion that they will be protected by these men and they will be helping alleviating poverty in their families through bride price but that is not always the case. These young women experience rape and sexual abuse as in some cultures consent is irrelevant in marriage (UN, 2013). McCloskey, Williams, & Larsen, (2005) indicated that 21% of young women experienced GBV while 16 % of young women experienced various forms of violence in their lives. Their study was conducted in Tanzania. Because of the patriarchal society many women are being raped and some do not even report as evident in a study conducted in Botswana by Moroka, (2016) where

by 24% females reported not giving consent for sex the first encounter. The study continued to link masculinity as a contributor to disparities between genders because of the patristic society which leads to high cases of HIV in women (Moroka, 2016).

This cultural justified patriarchy advocates for gender inequality which leads to the abuse of young women and sometimes there is nowhere to report. In some cultures, women are perceived as commodities and they are unable to make proper decisions about whom and when to marry therefore they end up becoming brides not on their terms because that way it is easier to control them (UN, 2013). Religion also plays a part in fortifying these barbaric practices as in Islam marriage is considered a duty (UN, 2013) and this continues to say in some places it is customary (even mandatory) for a perpetrator of rape to marry their victims so as to be excused of their crime (UN, 2013). In that situation, the emotions of the women are not considered. Because women are considered commodities and Men pay bride price for them, men tend to feel entitled over these young women's lives which subjects them to IPV (Rees, et al., 2017). Young males are also subjected to violence at a young ages especially physical violence which makes them grow thinking that is the normal way of live and they might go on and reproduce that behavior on their partners when they grow up which creates an unending circle of violence.

Child marriages, GBV, gender inequality are high in SSA because of lack of political interest in eradicating these behaviors. This may be because majority if not all countries in SSA are governed by customary laws and religious laws and both these two institutions do not prioritize women nor protect a girl child. This makes it harder to address the problem if the people themselves do not see anything wrong with it. Majority of these

behaviors happen in villages where developments are not that advanced and kids are not exposed to many things outside their communities.

In terms of the psychological impacts of initiation schools on young people, there were no studies that actually address the problem which is an area of a research which needs to be explored. Few studies discuss female genital mutilation and its deep relationship with culture and religion but fall short in discussing the psychological effects associated with it. Alshibshoubi et al.,( 2020) made an interesting conclusion that this female circumscion is associated with the high cases of child marriages and also made a relationship between female genital mutilation to anxiety, post traumatic disorder and depression. This is one area that needs gaps filled as this act of mutilating females genitals is rather cruel. International communities like WHO and UN have called for the abolishment of this practice but based on medical (anatomical) reasons not on the psychological impact it carries.

The issue of youth mental health is still a “thorn in the foot” of SSA as evident by the statistics indicating over 60 000 adolescents committed suicide in 2016 (Brent & Turcki, 2016). These numbers are concerning because it is a clear indication that there is a problem that need immediate attention. According to WHO, (2017), Anxiety and depression came out as the most leading causes of disability in youth and some cases lead to suicide. If suicide can account for almost 60 000 deaths in a year, this means that the cases of disability caused by mental health are more and some may not be reported. Young people vulnerable to mental health include those living with disabilities, HIV, those stigmatized, marginalized, ethnicity, those exposed to violence, living in poverty, fragile

and vulnerable setting (WHO, 2017). These numbers are concerning because they have huge economic implications.

### WAYS TO EASE THE DETRIMENTAL EFFECTS OF TOXIC CULTURE

These call for organizations like UNICEF, UN, WHO and AU to intensify the campaigns against GBV, child marriages and gender inequality because they have dire future economic and psychological repercussions. These campaigns will be intended on putting pressure on policy makers to pay more attention to these issues hence enforcing laws that already exist to protect young people and also bridge gaps in the legislature where there is need for improvement. For example, Countries like Nigeria have laws that are against child marriages but the practice is still common (UN, 2013) and this calls for the implementation of these laws to protect the girl child and promote gender equality between the boy and the girl child. The illiteracy rate of the girl child in SSA contributes to the slow development of the region. Advocating to equal rights and opportunities between males and females will see females economic status improve hence reducing their dependency on their male counterparts. This will help women to be able to make decisions about their lives and chose what is best for them not bad circumstances dictating that for them. More attention should be paid to the health sector to invest in mental health care so that these young people have a place to go when they need mental health related help.

### FAMILY BASED INTERVENTION

Family is where the route of the problem is. Community based workshops can be done in communities of interest whereby they are taught that girl empowerment and equality is a

good economic investment of the future thereby shifting the mindset from cultural behaviors to something good for the girl child (Banda & Atansah, 2016). This will also teach a male child to see a female child as an equal thereby creating a harmonious environment where both genders are treated the same.

### SCHOOL BASED INTERVENTION

School can also be used as an institution whereby young people are taught about the side effects of Gender based violence and gender inequality. It can be a place where a girl child is taught independence so that they can make better decisions when they are older. It can also be a place where young people are encouraged to report these barbaric activities of child marriages when they see them happening in their communities

### LIMITATIONS

This study is a secondary study and there is lot of information on the internet search engines like Google scholar but there is lack of pin pointing information which addressed the problems raised except in the topic of child marriages. In some cases, it was difficult to differentiate between culture and religion as they share similar characteristics and similar practices.



## **CONCLUSION**

Child marriages, Gender based violence, gender inequality and initiation schools are the most leading causes of depression and anxiety in young people and in worst case scenario they are linked to high cases of suicide by young people in SSA. These practices are being committed under the umbrella of culture and religion. These practices seem to be driven by low economic status and young females are more affected than young males. Strengthening and enforcing laws that criminalize child marriages and gender based violence will help in reducing the high cases of these harmful practices. Improving the socio-economic situation of young women is important towards women empowerment thereby reducing gender inequality and reducing high cases of gender based violence.

Another conclusion that can be drawn from this study is that there is lack of political interest in stopping these acts. This conclusion is supported by the literature and the fact that even though the international community is against some of these acts, they still persists and there are recorded customary laws that supports these practices like child marriages. Lack of legislative that criminalizes these acts like marriage rapes is another indication that there is lack of political interest. Lastly, lack of funding in healthcare geared towards mental health of young people is another example that indicates lack of political interest in the subject matter.

### **RECOMMENDATION**

This study is a big study and need to be repeated in a way that each problem is addressed individually without word limitation.

More studies like this need to be done aiming at pointing out these harmful cultural practices and highlighting their detrimental effects on the mental health of young people. Hopefully that will put pressure on policy makers across SSA to make policies that aims at eradicating these behaviors. This may also put pressure in policy makers to fund health care in pursuit of addressing mental health issues in young people.

## **ETHICAL CONSIDERATION**

This study has no ethical issues involved.

## BIBLIOGRAPHY

- Abubakar, A., Atukwane, J., Chungwo, E., Mabrouk, A., Mbithi, G., Namuguzi, M., et al. (2022). Mental health intervention for adolescent in Sub Saharan Africa: A scoping review. *Frontiers of psychiatry*.
- African Union . (2015). The effects of traditional & religious practices of child marriages in Africa socio economic development. *Campaign to end child marriages in Africa*.
- AfricanUnion. (2021). Gender Equality, women empowerment (GEWE) and HIV in Africa: the impact of intersecting issues and key continental priorities. *African Union*.

- Ahmed, S., Khan, S., Alia, M., & Noushad, S. (2013). psychological impact evaluation of early marriages. *International journal endorsing health science research*, 1(2), 84-86.
- Ahonsi, B., Fuseini, K., Nai, D., Goldson, E., Owusa, S., Ndifuna, I., et al. (2019). Child marriage in Ghana: Evidence from multi method study. *BMC Womens health*, 19(126), 1-15.
- Aldossary, H., Chioma, N., & Udochukwu, N. (2020). The history, sexual & reproductive consequences of female genital mutilation on women: A focus on sub Saharan Africa. *Sapientia foundation journal of education, science & gender studies*, 2(4), 265-290.
- Alshibshoubi, M., Delia, E., Hamayan, A., Rutkofsky, I. H., & Shakirat, G. (2020). An overview of female genital mutilation in Africa: Are the women beneficiaries or victims. *Cureus*, 9.
- Amos, P. M. (2013). Parenting & Culture- evidence from the some African communities.
- Appollis, T. M., Dietrich, J., Dudy, Z., Kuo, C., Jonas, K., Lovette, A., et al. (2021). 'As a young pregnant girl the challenge you face' exploring the intersection between mental health and sexual and reproductive health among adolescent girls and young women in South Africa. *AIDS & Behaviour*, 25, 344-353.
- Banda, J., & Atansah, P. (2016). *An agenda for harmful cultural practices and girls empowerment*. Center for global development.

- Barre, I., Edmeades, J., John, N., & Murithi, L. (2019). Child marriages and relationship quality in Ethiopia. *Culture health and sexuality, 21*(8), 853-866.
- Barterlink, B. E., Le Roux, E., & Levinga, W. (2017). Harmful traditional practices in the context of faith:a literature review. *Part of the UK Government - funded workingeffectively with faith leaders to challenge harmful traditional practices. Research report.*
- Birukou, A., Blanzieri, E., Giorgini, P., & Giunchigla, F. (2009). A formal defition of culture. *Models for interlectual collaborations & negotiations, 978-94.*
- Bishwajit, G., Odisina , E. K., & Yaya, S. (2019). Prevalence of child marriage and its impact on fertility outcomes in 34 Sub saharan African countries. *BMC international Health & Human rights, 19*(33).
- Brent, D. A., & Turcki, G. (2016). Suicide and suicidal behaviour. *Lancet, 287*(10024), 1227-39.
- Edmeades, J., John, A. N., & Murithi, L. (2019). Child marriages & psychological well being in Niger & Ethopia. *BMC Public health, 1029-41.*
- Fatima, S. (2023). Rural Development & Education: critical stages in ending child marriages. *Journal of collaborative Memory, 1*(1), 1-15.
- Lovgren, R. (2015). Masculinity and mass violence in Africa. *Danish institute of international studies.*
- Martinez-Linares, J. M., Lopez-Entrambasagus, O., Fernandez-Medina, I., Berthe-Kone, O., & Fernandez-Sola, C. (2021). lived experinces and opinions of women of Sub

- saharan origin on female genital mutilation: a phenomenologica study. *Journal of clinical Nursing*, 1-12.
- McCloskey, L. A., Williams, C., & Larsen, U. (2005). Gender inequality and intimate partner violence among women in Moshi, Tanzania. *international family planning perspective*, 124-130.
- Melnikas, J. A., Mulauzi, N., Mkandawire, J., & Amin, J. (2021). Perception of minimum age at marriage laws and their reinforcement: a qualitative evidence from Malawi. *BMC Public health*, 1350-1375.
- Moroka, T. M. (2016). Masculinities, Gender based violence, HIV & AIDS in Botswana. *Pula: Botswana Journal of African studies*, 284-297.
- Mutyambizi, C., Booysen, F., Stornes, P., & Eikemo, T. (2019). Subjective social status and inequalities in depressive symptoms: A gender specific decomposition analysis for South Africa. *International Journal of Equity Health*, 87.
- Myers, B., Browne, F., Corney, T., Kline, T., Bonner, C. p., & Wechsberg, W. (2021). The association of recurrent & multiple types of abuse with adverse mental health, substance use and sexual health outcomes among school adolescent girls and young women in Cape Town, South Africa. *international journal of environmental research and public health*, 1-13.
- Neil, A., Annie, C., & Bev, S. (2008). Gender based violence and HIV: Relevance for HIV prevention in hyperendemic countries of Southern Africa. *AIDS*, 573-586.

- Nguyen, M. C., & Wodon, Q. (2014). Impact of child marriage on literacy and education attainment in Africa. *Unicef & Unesco for statistics*.
- Rees, S., Mohsin, M., Tay, A. K., Elisa, S., Da Costa, Z., Tam, N., et al. (2017). Association between Bride price stress and intimate partner violence among pregnant women in Timour Leste. *Globalization & Health, 13*(66), 1-10.
- Rele, K. (2007). Forced Marriage. *BJ Psych international, 4*(4), 98-100.
- Robinson, J. L., Narasmna, M., Amin, A., Morse, S., Beres, L. K., Yeh, P. T., et al. (2017). Interventions to address unequal gender and power relationships and improve self efficacy and empowerment for sexual and reprocutive health and rights decision making for women living with HIV: A systematic review. *PLos One, 8*.
- Royal African Society. (2020). *A briefing for the all party parliamentary group for Africa*. Retrieved 02 2023, from Mental Health in Africa.
- UN. (2013). *Child, Early & Forced marriage: A multi country study*. UN office of the high commissioner in Human Rights.
- Wessells, M., & Kostelny, K. (2022). The psychosocial impacts of intimate partner violence against women in LMIC context: towards a holstic approach. *International journal of environmental research & public health, 19*(14488), 1-20.
- WHO. (2017). *Global accelerated action for the health of adolescents (AA-HA): Guidance to support country implementation*. Geneva: World Health Organisation.



Woldetsadick, M. A. (2015, March). *Mental health care in Sub Saharan Africa: Challenges and opportunities*. Retrieved 02 12, 2022, from The Rand Blog.

Yu, S. (2018). Uncovering the hidden impacts of inequality on mental health: a global study. *Translational psychiatry*, 8(98), 1-10.

Zhang, Y., & Axina, W. G. (2021). Mental experiences & depression in an arranged marriage setting. *Pub Med*, 6, 1439-1486.

## APPENDIX 1: RESEARCH ETHICS APPROVAL

The postgraduate dissertation study  
THE IMPACTS OF HARMFUL CULTURAL PRACTICES ON MENTAL HEALTH OF  
YOUNG PEOPLE IN SUB SAHARAN AFRICA

Submitted as part requirement for the completion of the program:  
MASTERS OF SCIENCE IN HEALTHCARE MANAGEMENT

Did not require the approval of research ethics committee

To be completed only if the study went through a research ethics committee:

Name of committee:  
.....

Conflict of Interest Declaration Title of postgraduate dissertation:  
.....

.....

Please complete either a) or b)

a) I, TSHEPHANG NDUBIWA NDUBIWA hereby declare **no conflict of interest** for the postgraduate dissertation study submitted today as part requirement for completion of the program MASTERS OF SCIENCE DEGREE OF HEALTHCARE MANAGEMENT

b) I, .....(name of student) hereby **wish to declare conflict of interest** for the postgraduate dissertation study submitted today as part requirement for completion of the program

.....  
.....

Please provide details regarding the conflict of interest declared:

.....  
.....