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GENDER IDENTITY AND THE STIGMATIZATION OF THE GIRL-CHILD

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ABSTRACT

The article being an inferential study examined gender identity and the stigmatization of the girl-child. The sample size was 526 participants. A survey method with the use of questionnaire was adopted for the study and data was analyzed using regression analysis. The results revealed a relationship in the two hypotheses tested. It was therefore recommended that people should refrain from derogatory statements and disdained attitude that debases the girl-child for what she knows nothing about.

Keywords: Gender identify, Prostitution, Witchcraft Practices, The girl child, Stigmatization

Introduction

As the child's gender is biologically assigned from birth, so is the child culturally assigned with gender roles. This has created the foundation for stigmatization, discrimination and violence against the girl child. It has been the push or the gateway for male preference in our culture. The preference for one sex and not the other determines what is bequeathed to one and what is denied the other. This also determines who goes up and who comes down, which child is seen as a good one and which is seen as a bad one. The male-child could be a later born but his position in the family is already pre-determined as he grows up. This has continued to remain the dilemma of the girl-child in the Nigerian culture.

Gender identity is a psychological feeling or belief of an individual. That is the internal belief of accepting oneself, as a boy or girl. It speaks of your internal conviction of the sex you have been biologically assigned. Just as some people do

not accept or believe in the sex they are born with, which is the reason for transgender, society also does not accept people as they are. This leads to unwarranted social behaviour accorded to a particular sex (stereotypes). The attitude towards the girl-child has always been a stereotypic one. Socio-culturally, the girl-child has always been socialized as the second fiddle and positioned as such within and outside the family. Within the family, she has often been treated as if she belongs to another family or she is from another planet.

The socialization the girl-child receives is that which makes her believe that she is like the trader who is never right before the customer. The customer in this instance is the male child who has been made to believe that he is never wrong. The girl's age, beauty, educational background, financial status, her social influence within and outside the family, her position in the family (either as first or later born) and particularly her emotions are never considered in the way she is treated before the male child. There is never a limit or constraint to how she is chided when it comes to issues that affect both sexes. She is maligned and stigmatized with behavioural traits she knows nothing about. When everything goes well, the credit is attributed to the male-child, but the case is the reverse for the girl child even when she is right or has done well. More often than not, society clinches on the tenets and mores of culture to foster or justify gender biases that pave way for stigmatization of the girl child.

She is actively disempowered by discriminatory, violent and unsupportive cultural inclination. (Jejeebhoy & Bott, 2006). The very duty bearers charged with protecting and supporting the rights of girls such as parents, siblings, guardians, teachers or law enforcement officers have often themselves been implicated in this (Fawzy, 2006).

To the girl-child therefore, stigmatization is a total disregard and a scourge that must be corrected. The question that arises from all these is: How long will the girl child continue to endure the setback of wrong labeling? It is to this end that the paper addresses the girl-child's identity and related stigmatizing acts and violations of her rights.

Statement of the Problem

The growing echo of crying in homes, streets, villages and states on the issues of stigmatization, abuse, rejection and neglect of the female child and women in our society calls for immediate attention. Women are not only seen as mere caregivers but as tools to be used and dumped when necessary. There is the ancient saying that “women are only to be seen and not heard”. This discrepancy continues to linger in our families and society, to the extent that even at the birth of a child, the joy of motherhood is saddened by the sex. If it is a female, the sound and joy of the long expected baby is deadened by, “why not a boy?”

The female child is pictured as shameful and full of bad luck to the family and society. The emotion of women is usually threatened and undermined with dangerous, hostile, unpleasant and unfriendly attitudes. She is seen as belonging to another family, and has no place in her father’s house. She is also seen as a second class citizen by her younger siblings who happen to be males. Besides her emotional and psychological torture, the family and society deny her rights to freedom and taking up her responsibilities. When policies are formulated, they are usually not in her benefits. The girl child is abused sexually, raped, seen as a prostitute and sent into prostitution for family upkeep, used for ritual sacrifice, kidnapped and used as tool of enslavement.

The phenomenon of witchcraft is predominantly seen to be orchestrated by the girl child irrespective of its occurrence cutting across both sexes. When such acts associated with evil occur within the home, community and society, the female child is the first to be accused because of her passive, silent and vulnerable nature. Every picture reflecting evil and acts associated with witchcraft carry the image of the girl child. These incidences are alarming and embedded in our system and remain features of the life of the contemporary Nigerian girl-child.

Consequently, the danger of the situation is that these abuses invariably pave the way for further family/societal conflicts and unrest which pose further threats to the girl-child, home, school and society. Attempt to reverse these issues should begin with the identification of the sources of the problem in the family, culture and traditions that hold the society. This study therefore examines gender identity *vis-a-vis* the stigmatization of the girl child. The study shall be guided by the following research hypotheses:

1. There is no significant relationship between the girl-child's identity and prostitution.
2. There is no significant relationship between the girl-child's identity and witchcraft practices.

Conceptual framework / Review of related literature

The concept stigma has different meanings. According to Goffman (1963) it represents a Greek word which is identified to mean a mark or cut used to identify criminal slaves. It also means to label people who have been alienated from society as a result of an inexplicable situation or what they know nothing about and for which they have little or no power to control. Goffman defines stigma as an attribute, behaviour or reputation which is socially discrediting in a particular way. He further defines stigma as the difference between vital social identity and actual social identity. Vital social identity is the self presentation or mark we leave before people we do not see while actual social identity refers to how we relate with people in real situation when they are before us.

Webster (2011) defines stigma as a "mark of shame or discredit, an identifying mark or characteristic, a mark of guilt or disgrace." Society has often categorized people with derogatory attributes and characteristics from the processes of social identity. Social identity is hereby regarded as a primary force that gives rise to stigma. Social identity may include: (1) physical activities, (2) professional roles, and (3) the concept of self.

Types of Stigma

In all societies all over the world, individuals experience stigmatization in one form or the other. There are three clearly distinguished types of stigma. The first is the stigma associated with physical handicap or disability. The stigma in this circumstance is in the defect that has created a deficit between the expectation of a normal and perfect physical condition and the reality of the individual's physical appearance. For instance, many chronic ailments result in physical deformity or disability. The changes these chronic ailments create in the individual's physical appearance often culminate in a difference in self or other perception.

Stigma can arise from even ageing which is a normal physiological process. The normal ageing process creates physical changes that turn the body far different from

the television commercial viable body of youth with physical beauty and the much adored leanness. Some of the yardsticks with which young people differentiate themselves from old people are difference in appearance, physique and mentality. Butler (1975:894) first termed “the process of systemically stereotyping and stigmatizing individuals because they are old” as ageism. Unpleasant consequences often follow as an individual has been tagged “elderly person, senior citizen or aged. For example, an elderly person may have hearing impairment and may refuse to use hearing aid because that may expose him or her to the stigma of “getting old” nomenclature. In a longitudinal qualitative study, it was revealed that hearing loss is often stigmatized in ageing and the use of hearing aid is perceived as a sign of disability (Wallhagen, 2010).

The second type of stigma is that of character deficiency. This type of stigma may be associated with an individual with HIV/AIDS, alcoholism, mental illness or sexually transmitted diseases. For instance, individuals living with HIV/AIDS are prone to stigmatization because many feel the persons got infected through their refusal to tame a certain sexual behaviour (Halevy, 2000; Heckman, Anderson, Sikkena & Kochman, 2004; Herek, Capitino & Widaman, 2003; Weston, 2003).

The third type of stigma is known quite often as prejudice and it is tribal in origin. This type of stigma emanates from one group perceiving another group's characteristics of race, religion or nationality as inferior compared with their own common features. However, these three types of stigma sometimes overlap one another (Kurzban & Leary, 2001). Individuals who already suffer the stigma resulting from race, age or poverty are further hurt by the discrimination of being female.

Other types of stigma identified by Wooden, (2015 include existential and achieved stigma. Existential stigma embraces mental disorder, marital status and sexual segregation. Achieved stigma embraces personality traits, attitudes or situations that make people to socially associate others with stigmatized groups such as destitutes, prostitutes or immigrants. As stigma thrives and continues to be upheld in our society, it also continues to demoralize, debase and isolate people. The cause of the stigma may be eliminated but the effects are not easily overcome. For instance, a person with a record of prostitution, witchcraft, alcoholism or mental illness continues to be associated with that stigma the same way an ex-convict is stigmatized.

Stigmatization of Females as Prostitutes

The epidemic of HIV/AIDS is increasingly associated with young, poor and female individuals. Some reports show that recent incidence of HIV/AIDS is growing at the ratio of eight females to one male among people aged 15-24 (UNAIDS/WHO, 2006). The HIV/AIDS plague is threatening the poorest, youngest and the most vulnerable segments of the society comprising individuals with limited social and economic opportunities who are therefore unable to avoid sexual enticement or even unsafe sexual relations. Women and girls are especially vulnerable to HIV/AIDS because of numerous biological, social, cultural and economic inequalities that they encounter within sexual relationships and marriage. HIV/AIDS is not only propagated by gender inequality; it also entrenches gender inequality (UNAIDS/WHO, 2006). The women are therefore more vulnerable to the effect of HIV/AIDS than men.

Women and girls, including those who are themselves HIV positive, bear the physical and psychological burden of caring for HIV/AIDS victims. In many settings and situations, women and girls living with HIV/AIDS encounter worse discrimination than men. "Good" women are expected to remain virgins until marriage. On the contrary, men are allowed free access to multiple sex partners, sex prior to marriage and sex outside marriage. These double standards in sexual relationships between men and women always bring women to the fore front of blame for the unceasing spread of HIV/AIDS. It is the women who are also labeled "promiscuous" or "vectors of disease". The fact that women can infect their babies during pregnancy or breastfeeding worsens the stigma associated with them as women (Abe, 2007).

The girl-child is perceived as a sex tool to be abused by the male counterpart and as such blame for rape and sexual abuse is often put on the girl-child or the women. The African society has a lot of stereotype and biases against the girl-child and the women, to the extent that when a baby is born and the sex is female, neighbours and friends humorously tell the parents that they have given birth to a prostitute (Weston, 2003). The role played by men in sexual abuse and sexual harassment of the girl-child is often ignored. People capitalize on the negligence, action or inaction of the girl-child to judge her and consequently label her prostitute, whore and spoilt child based on prejudiced cultural standards (Wallhagen, 2010)

The Girl Child and Witchcraft Stigmatization

Witchcraft belief is not a new phenomenon in the Nigerian culture. But it becomes a problem when it is identified with a gender. Associating the girl child, therefore, with witchcraft practices is a very recent development. Such accusation was only levied against elderly women. The manner in which beliefs are distorted plays a role in promoting the abuse and exploitation of vulnerable women and girls (Mesaki, 2010). These beliefs have led more often than not to intimidation, psychological isolation, abuse, violence and, in extreme cases, to the killing of older women and young girls simply because they have been accused of witchcraft whenever disaster happens in the community (Help Age International Tanzania, 2008). Some of those suspected of witchcraft and members of their families have been burned to death in their homes in countries such as Tanzania (Help Age International Tanzania, 2008). People accused of practicing witchcraft have been punished by mob justice, which in many instances has led to the killing of the accused persons (Legal and Human Rights Centre, 2013). Older women and helpless young girls with disfigured bodies and ugly looking seem to be the most affected members of the society as they are the ones likely to be possessed by the spirit of witchcraft (Legal and Human Rights Centre, 2013). For example, red eyes have been perceived to be a sign of one engaging in witchcraft practices. However, this can easily be explained because most elderly women in rural areas use firewood for cooking. The smoke causes their eyes to turn red, particularly if they have cooked over open fires for a long time (Help Age International Tanzania, 2008).

Gender bias associated with this phenomenon seems to be a symptom of the marginalization and stigmatization of girls and by extension women in the society. Targeting women in witchcraft killing is also associated with ownership of property. Elderly women have been forced to leave their houses and villages and run away for fear of persecution. Elderly women who have immovable property such as land and houses, have become vulnerable to attacks and killings with witchcraft used as an excuse to obtain their property (Legal and Human Rights Centre, 2013). Most of the time those who are killed are close relatives of the perpetrators, who are often their own sons (Legal and Human Rights Centre, 2013). Among the people of Tanzania, the Albinos are labeled as witches. This phenomenon is particularly prevalent in the Lake Zone areas. Practitioners of witchcraft search for albino body organs in the

belief that they can be used to create power and wealth, especially in business and politics (Marcom, 2013). Data have shown that most of the albinos who are attacked, killed and mutilated under the guise of being witches are women and children especially young vulnerable girls who are too weak to fight back (IRIN, 2010).

Theoretical Framework

The study is anchored on labeling theory with Becker, (1963) as pioneer of the theory. The theory examines the attribution of a deviant behaviour to another person by either members of a group or members of a society. The theory considers that deviant is ascribed not by the perpetrators of the behaviour but by the response of others to the behaviour itself. Thus what is considered deviant changes over time and vary across cultures.

The theory explains that no act is inherently deviant but it is an issue determined by social definition. It depends on the norms of the society and the reaction of members of the society in different situations and contexts. The theory further explains that deviance exists when some members of a group label others as deviants even when they are not.

Chima (2015) in evaluating the theory opined that it is a matter of social judgment or definitions and is relative. Secondly, labeling theory highlights through concepts such as stigma. Thirdly, it can be applied to mental illness, prostitution, drug dealing and homosexuality and witchcraft. He further reiterated that, one may become a stigma to an identified variable or an outsider to the mainstream society.

It is against this background that the study adopts the theory to explicate the study with an insight into the general objective of the study. Thus, stigma is a mere societal attributive perception of people's behaviour with an intention to disdain and debase their personalities with an indelible scourge.

Research Method

This paper investigated gender identity: stigmatization of the girl child by means of descriptive survey method. Descriptive survey method as opined by Izedonmi (2005) is typically descriptive in nature and could build on paradigm from questionnaires. In the same vein, Osuala (2001) believes that descriptive survey method makes it feasible for researchers to establish a nexus between two or more variable(s).

Besides, this method was utilized given the fact that the study focused on people's perception. Thus, this method provided the needed information for making a rigorous decision devoid of all forms of variables manipulation.

The research instrument (questionnaire) was developed by the researcher on a five-point Likert scale and administered to five hundred and twenty-six (526) respondents who are within the age bracket of 18-30years and resident in south-south region of Nigeria. The study sample was obtained via convenience sampling technique and the data obtained in the socio-demographic section was analyzed using descriptive statistics (frequency counts, simple percentages, mean scores, standard deviation, normality test and correlation matrix); a mean score above 2.50 validates a particular questionnaire item. The hypotheses formulated were validated via the simple regression statistical technique and the regression models are given as:

$$\text{Stigmatization of the Girl Child} = f(\text{Prostitution}) \quad - \text{eq. 1a}$$

$$\text{Stigmatization of the Girl Child} = f(\text{Witchcraft Practices}) \quad - \text{eq. 1b}$$

Equations 1a-b expresses stigmatization of the girl child as a function of prostitution and witchcraft practices in their explicit forms. However, equations 1a-b can be rewritten in their implicit forms as:

$$\text{Girchd} = f(\text{prostn}) \quad - \text{eq. 2a}$$

$$\text{Girchd} = f(\text{witpra}) \quad - \text{eq. 2b}$$

Equations 1a-b and 2a-b are expressed in their implicit and explicit forms; however, equations 1a-b & 2a-b can be rewritten mathematically, by introducing the regression coefficients as:

$$\text{Girchd} = a_0 + \beta_1 \text{prostn} + \mu_t \quad - \text{eq. 3a}$$

$$\text{Girchd} = a_0 + \beta_1 \text{witpra} + \mu_t \quad - \text{eq. 3b}$$

Where: Girchd = Girl child (stigmatization of the girl child); Prostn = Prostitution; Witpra = Witchcraft practices (factors affecting the girl child); a_0 , β_1 = Regression coefficients; μ_t = Error term. The statistical analysis was done with the aid of Microsoft Statistical Software Microsoft Excel (for the coding of the data obtained in the field survey) and STATA 13.0 (for analyzing the data).

Results and Discussion

Table 1: Socio-Demographic Variables of the Respondents

Variable(s)	Frequency	Percentage (%)
Region		
Delta	132	25.10%
Edo	116	22.05%
Bayelsa	102	19.39%
Cross Rivers	32	6.08%
Akwa-Ibom	58	11.03%
Rivers	86	16.35%
Total	526	100.0%
Gender		
Male	104	19.77%
Female	422	80.23%
Total	526	100.0%
Age		
18-21years	212	40.30%
22-25years	116	22.05%
26-29years	138	26.24%
> 29years	60	11.41%
Total	526	100.0%
Educational Qualification		
Primary School	68	12.93%
Certificate	124	23.57%
O' Level Certificate	322	61.22%
NCE/OND Certificate	12	2.28%
B.Sc./HND Certificate	526	100.0%
Total		

Source: Field Survey, 2018

Presented in Table 1 is the socio-demographic variable of the respondents of the study. From the table, it was shown that 132(25.10%) and 116(22.05%) were sampled from Delta and Edo States respectively while 102(19.39%) and 32(6.08%) from Bayelsa and Cross Rivers States respectively. Also, 58(11.03%) and 86(16.35%) were sampled from Akwa-Ibom and Rivers States respectively. On gender, majority of the respondents were female representing 80.23%, being the major unit of analysis as compared to male representing 104(19.77%). The highest age distribution recorded in the study was between 18-21years (40.30%) and 26-29years (26.24%). On educational qualification of the respondents, it was shown that majority of the respondents have obtained O' level certificate (23.57%) and NCE/OND certificate (61.22%), which is an indication that majority of the major unit of analysis (female) are not encouraged to undergo undergraduate programmes.

Table 2: Mean Responses of Prostitution, Witchcraft Practices and the Girl Child

S/ N	Items	Mean	Std. Dev.	Obs .
A	<u>Prostitution</u>			
1	A stigmatized girl child is particularly susceptible to prostitution	2.8935	1.1792	526
2		3.3688	1.0277	526
3	A girl child who is accused of prostitution is stigmatized for life	3.0494	1.4214	526
4	A girl child stigmatized of prostitution is prone to trauma, emotional and psychological suffering	3.1027	1.3270	526
5	A girl child stigmatized of prostitution is unable to reintegrate into family and social life	2.7072	1.2474	526
		3.0243	1.2405	
B	There is relationship between prostitution and the girl child	2.9506	1.1454	526
6				
7	Grand Mean Scores/Std. Dev.	2.9582	1.1457	526
8	<u>Witchcraft Practices</u>	2.5548	1.2125	526
9	A stigmatized child is particularly seen to be practicing witchcraft.	3.0456	1.0537	526
10	A girl child who is accused of witchcraft is stigmatized for life	3.2167	1.1979	526
	A girl child stigmatized of witchcraft practices leads to trauma, psychological and emotional suffering	2.8852	1.1510	
C	A girl child stigmatized of witchcraft practices is unable to reintegrate into family and social life			
11				
12	There is relationship between witchcraft practices and the girl child	3.2015	0.8560	526
13		3.2053	1.2481	526
		2.7795	1.3140	526
	Grand Mean Scores/Std. Dev.	3.0621	1.1394	
	<u>Girl Child</u>			
	The girl child faces one form of stigmatization or the other			
	The girl child is a victim of sexual exploitation, rape and trafficking			
	The girl child faces discrimination and marginalization in the family			
	Grand Mean Scores/Std. Dev.			

Source: Field Survey, 2018

Presented in Table 2 is the mean score and standard deviation of prostitution, witchcraft practices and the girl child. The result revealed that all the items scored above the mean benchmark of 2.50, which suggests the reasons why prostitution, witchcraft practices are associated with the girl child. In addition, the grand mean of 3.0243, 2.8852 and 3.0621 for prostitution, witchcraft practices and the girl child further supports the above position as the grand mean is greater than the mean benchmark of 2.50.

Table 3: Shapiro-Wilk W Test for Normal Data Involving Prostitution, Witchcraft Practices and Girl Child

Variable	Obs	W	V	z	Prob>z
prostrn	526	0.97827	7.650	4.902	0.00000
girchd	526	0.99260	2.606	2.308	0.01050
witpra	526	0.99410	2.078	1.762	0.03904

Source: Field Survey, 2018

Table 3 captures the Shapiro-Wilk W test for normal data involving prostitution, witchcraft and girl child. The Shapiro-Wilk W tests show that the Skewness of the variables are near zero (prostrn = 0.97827, girchd = 0.99260 and witpra = 0.99410) while the Kurtosis are close to three (girchd = 2.606, witpra = 2.078 and prostrn = 7.650). The result suggests that all the variables are normally distributed. Consequently, the variables of the study do not deviate from a normal distribution. The above result is further captured in the normal distribution graph in figure(s) 1-3.

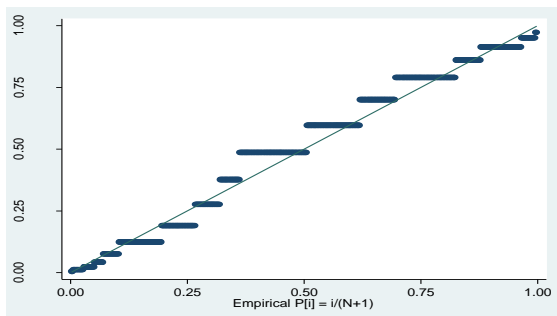


Fig. 1: Normal Distribution for Prostitution Child

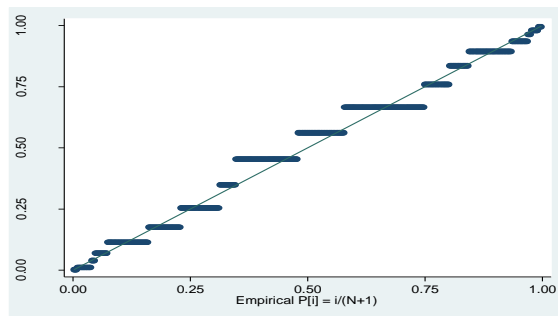


Fig. 2: Normal Distribution for Girl Child

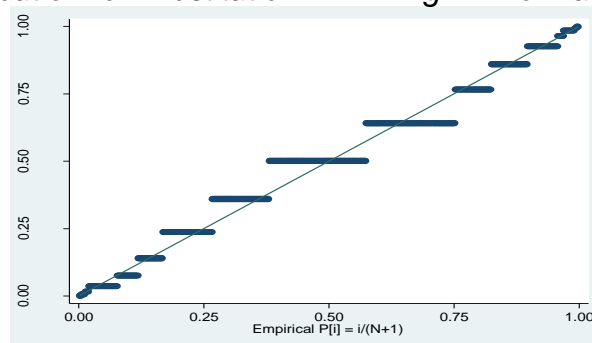


Fig. 3: Normal Distribution for Witchcraft Practices

The normal distribution graphs in figures 1-3 are indications that the data for prostitution, girl child and witchcraft practices are normally distributed.

Table 4: Correlation Matrix of Prostitution, Witchcraft Practices and the Girl Child

	prostn	girchd	witpra
prostn	1.0000		
girchd	0.5301	1.0000	
witpra	0.2934	0.4053	1.0000

Source: Field Survey, 2018

Table 4 shows the correlation matrix which was used to test for the presence or absence of multi-collinearity among the variables of the study. It is an econometric problem that nullifies the result of regression estimates and leads to wrong statistical implications as well as misleading policy decisions in research. The correlation matrix showed that all the variables were positively correlated and none of the correlation coefficients exceed 0.8. The above result implies that there is the absence of multicollinearity between the pairs of independent variables; hence the data is fit for conducting a regression analysis.

Hypothesis I: *There is no significant relationship between prostitution and the girl child.*

Table 5: Regression Result of Prostitution and the Girl Child

Source	SS	df	MS	Number of obs = 526		
Model	81.3568051	1	81.3568051	F(1, 524) = 212.53		
Residual	200.58752	524	.382800611	Prob > F = 0.0000		
Total	281.944325	525	.53703681	R-squared = 0.2886		
				Adj R-squared = 0.2872		
				Root MSE = .61871		

girchd	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
prostn	.5522837	.0378836	14.58	0.000	.4778613	.6267062
_cons	1.41488	.1177059	12.02	0.000	1.183647	1.646114

Source: Field Survey, 2018

Table 5 shows the regression result of prostitution (prostn) and the girl child (girchd). The R-Squared value of 0.2886, suggests that the independent variable (prostitution) explains about 28.86% of the systematic variations in stigmatization of the girl child for the sampled unit of analysis in south-south geopolitical zone of Nigeria. The f-value (f= 212.53; Prob. F = 0.0000) indicates that there is significant relationship

between prostitution and the girl child. Besides, the t-value ($t= 14.58$; $P>/t/ = 0.000$) shows that there is significant positive nexus between prostitution and the girl child; hence, the null hypothesis was rejected and alternate hypothesis was accepted.

Hypothesis II: *There is no significant relationship between witchcraft practices and the girl child.*

Table 6: Regression Result of Witchcraft Practices and the Girl Child

Source	SS	df	MS	Number of obs = 526		
Model	39.8310674	1	39.8310674	F(1, 524) =	86.21	
Residual	242.113258	524	.462048202	Prob > F =	0.0000	
Total	281.944325	525	.53703681	R-squared =	0.1413	
				Adj R-squared =	0.1396	
				Root MSE =	.67974	

girchd	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
witpra	.4959779	.0534189	9.28	0.000	.3910364	.6009195
_cons	1.498796	.1734108	8.64	0.000	1.15813	1.839462

Source: *Field Survey, 2018*

Table 6 shows the regression result of witchcraft practices (witpra) and the girl child (girchd). The R-Squared value of 0.1413, suggests that the independent variable (witchcraft practices) explains about 14.13% of the systematic variations in stigmatization of the girl child for the sampled unit of analysis in south-south geopolitical zone of Nigeria. The f-value ($f= 86.21$; $Prob. F = 0.0000$) indicates that there is significant relationship between witchcraft practices and the girl child. Besides, the t-value ($t= 9.28$; $P>/t/ = 0.000$) shows that there is significant positive nexus between witchcraft practices and the girl child; hence, the null hypothesis was rejected and alternate hypothesis was accepted.

Conclusion and Recommendations

The study empirically investigated gender identity and the stigmatization of the girl child. However, the nexus of prostitution, witchcraft practices and the girl child was validated from survey data administered to respondents. The data analyzed revealed that all the items on prostitution, witchcraft practices and the girl child scored above the mean benchmark of 2.50. This indicates the reason why prostitution and witchcraft practices are concomitant with the girl child in the Nigerian

society. Given the regression outcome of the study, it was concluded that there is the nexus of prostitution, witchcraft practices and the girl child. This implies that prostitution and witchcraft practices are significantly and statistically interconnected with the girl-child in Nigeria. In the light of the findings of the study, it was recommended among others that people should refrain from disdained and stereotypic attitude that could derogate the girl-child

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