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Breast flattening prevalence, psychosocial impacts, and educational implications among young females in Calabar South LGA, Cross-River State, Nigeria

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***Abstract*—** Breast flattening, or breast ironing, is a damaging cultural practice popular in regions of West and Central Africa, especially Nigeria, where it is often conducted secretly. This study evaluated the prevalence and psychological effects of breast flattening on adolescent females in some communities in Calabar South LGA, Cross River State, Nigeria, and its influence on their educational participation. The study was guided by five research questions. The Breast Flattering Practice questionnaire was designed by researchers and validated by experts. The data demonstrated that breast flattening is a frequent practice in the study communities (mean = 3.18 on a 4-point scale; $p < .001$), with 57.1% of respondents reporting awareness of it. It is largely practiced without official medical supervision (mean = 3.07, $p < .001$) and is recognised as a cultural norm (mean = 2.84, $p = .003$). The practice substantially corresponds with lower academic performance ($r = .572$, $p < .001$), and victims encounter severe psychosocial hurdles, including self-consciousness (mean = 3.24, $p < .001$), avoidance of school activities (mean = 2.62, $p = .004$), and anxiety (mean = 2.98, $p = .001$). However, the study demonstrates the effectiveness of counselling interventions, including individual and group therapy and peer support, all of which were perceived as beneficial (weighted mean = 2.90, $p = .002$). Recommendations stress improving legal enforcement, conducting awareness programs (mean = 3.10, $p < .001$), establishing school support policies, and involving community and religious leaders to defend girls' rights and futures.

Keywords: Breast flattening, Educational implications, Prevalence, Psychosocial impacts, Young females

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I. INTRODUCTION

BREAST flattening, or breast ironing, is a cultural practice which involve the pounding, pressing, or massaging of a girl's developing breasts using heated objects such as stones, spatulas, or wooden tools. Resembling the mutilation and agony endured resulting from Female Genital Mutilation (Molokwu & Ogundiran, 2025), Breast Ironing is a harmful cultural practice and child abuse. The intention of this practice is to delay breast development and prevent early sexual attention (United Nations Population Fund [UNFPA], 2020). Though commonly seen as a protective precaution by caregivers, this practice represents a form of gender-based abuse and a violation of the rights of the girl child. Most young girls who are just sprouting breasts experience tenderness and discomfort around the chest area and the breasts. It is unimaginable to think of the agony that such a child is exposed to when a hot object is forcefully pressed on it to flatten and disrupt the natural occurrence of development and growth. This act is especially popular in parts of West and Central Africa, including Cameroon, Nigeria, Togo, and Chad, where it is generally performed in secrecy under the premise of saving girls from early pregnancy, rape, or forced marriage (World Health Organisation [WHO], 2018). Olibamoyo et al. (2026) stated that childhood trauma is the second most serious reason suicide occurs amongst young people between the ages of 10 and 19 years.

The practice of breast flattening is prevalent in several African countries, including Cameroon, Nigeria, Togo, and Chad. Recent reports imply that while breast flattening is more publicly connected with some sections of Cameroon, it is silently performed in portions of Nigeria, particularly rural populations in the North and South (UNICEF, 2020). Although it is more widely documented in Cameroon, it is increasingly being accepted in rural and peri-urban Nigerian communities, including in the North and South (UNICEF, 2021). Reports in Cross River State includes both host communities and refugee settlements that this practice occurred in different parts especially, Calabar South LGA albeit clandestine. The cultural conservatism and traditional gender norms remain strong, anecdotal evidence and emerging data indicate the persistence of this practice, though it is underreported. Cross River remains under-studied in academic literature on breast flattening compared to northern states. The practice may also have permeated bordering host communities, such as Anantigha. The presence of junior and senior secondary schools and higher institutions in Calabar Metropolis and neighboring LGAs provides an easy-to-get-to sampling frame for measuring prevalence and educational implications. Unlike the North West, breast flattening in Cross River is associated with refugee/displacement dynamic forces and cross-border cultural transfer from Cameroon, where 25% to 50% of girls are affected.

Psychosocial implications of breast flattening include anxiety, humiliation, body image difficulties, and post-traumatic stress. The health ramifications are considerable, ranging from persistent pain and tissue damage to a higher risk of infections and psychological stress such as anxiety, low self-esteem, and body image disorders (Bilewu et al., 2025). Moreover, the educational ramifications of breast flatness are considerable. Victims often suffer from school absenteeism due to pain or shame, lower academic performance, and limited classroom engagement owing to mental anguish and social withdrawal (Ajibade et al., 2024).

The associated psychosocial effects impede girls' motivation and

long-term educational objectives, hence perpetuating cycles of poverty and gender inequity. Despite legal frameworks like Nigeria's Violence against Persons Prohibition (VAPP) Act, which criminalises harmful traditional behaviours, enforcement is inadequate, especially in rural and semi-urban areas where community norms overwhelm statute law (UN Women, 2022). This study explores the frequency of breast flattening in selected communities in Calabar South LGA, Cross River State, Nigeria, its psychosocial implications on adolescent females, and the subsequent influence on their educational engagement and outcomes. It tries to bridge the gap in scientific data while advocating for culturally relevant solutions, including school-based counselling and community sensitisation activities.

II. LITERATURE REVIEW

Breast flattening, an understudied cultural practice, continues to afflict thousands of adolescent girls across Africa, frequently with serious ramifications for their health, mental well-being, and scholastic ability. In Nigeria, breast flattening is conducted secretly, particularly in culturally conservative environments where early female sexual maturity is feared. Literature surrounding this damaging traditional practice is developing but remains scant, especially regarding educational outcomes and psychosocial recovery. Even though widely documented in Cameroon, evidence from Nigeria is inadequate and largely anecdotal. Caregivers, primarily mothers or grandmothers, feel the practice can prevent male attention, delay sexual activity, and avoid early pregnancies or forced marriage (These ideas are rooted in strongly held standards concerning female purity, family honour, and societal control, thereby making the practice resilient to modify despite its damaging nature (Olofinbiyi et al., 2024).

The scholastic ramifications of breast flattening are considerable yet underreported in the mainstream literature. Girls who undergo the procedure often suffer from extended physical pain and psychological suffering, resulting in school absenteeism and poor academic performance (Fotabong et al., 2023). In research by Ajibade et al. (2024), girls who experienced physical trauma associated with cultural traditions such as breast ironing reported a deterioration in academic performance due to attention issues, bullying, and emotional instability. Many students reported a loss of desire, disengagement from academic participation, and a lowered sense of self-worth.

These issues contribute to diminished classroom participation, withdrawal from peer groups, and, in extreme circumstances, full disengagement from school (UN Women, 2022). Girls may avoid physical activities, such as athletics or group presentations, due to fear of scorn or exposure. Williams and Finlay (2020) observed that girls who had received breast flattening were more likely to experience feelings of estrangement and low self-esteem, further restricting their engagement in school-based activities and collaborative learning environments. Olibamoyo et al. (2026) found that highlighting the need for trauma-informed and emotionally focused interventions in schools is pertinent. Additionally, underscoring the importance of gender-sensitive and family-centered approaches in trauma prevention. Further, highlights the urgent need to strengthen mental health initiatives that promote resilience, leverage post-traumatic growth, and social support for recovery and transformation (Molokwu & Akinmosin, 2025), adaptive coping, in a supportive social environment, to reduce trauma risk in this vulnerable population.

The integration of psychological counselling as a remedy to detrimental cultural practices (Fotabong et al., 2023) has shown potential in numerous circumstances. Individual and group therapy sessions, particularly those that address trauma recovery and body image reinforcement, have been demonstrated to increase victims' academic resilience and emotional coping skills (Molokwu & Akinmosin, 2025). Peer support programs in schools have also been found to be effective in rebuilding self-confidence and helping girls reintegrate academically and socially. Campbell et al. (2021) underscore the importance of culturally aware counselling that engages both students and parents, emphasising the need to address harmful ideas at the family and community levels.

Despite Nigeria's VAPP Act criminalising breast flattening, insufficient enforcement and limited public awareness have impeded progress (UNFPA, 2020). Effective intervention needs a multipronged strategy and legal enforcement, school-based counselling programmes, and community information efforts. Schools need to integrate modules on gender-based violence and resilience into their health curricula while training teachers and counsellors to recognise and support victims (Molokwu & Ogundiran, 2025). Additionally, partnerships with religious and traditional leaders are crucial in advocating for behavioural change in conservative communities (UNICEF, 2021). Community sensitisation programs that challenge the myths surrounding breast development and female sexuality can help dismantle the roots of this harmful practice.

Regardless of national and international laws against harmful traditional practices, breast flattening remains hidden and under-reported. In Calabar South LGA, health and social workers have observed cases among Cameroonian refugees in Abiao, but no empirical study has quantified its prevalence or documented its effects. It is also unclear if the practice has spread to host communities like Anantigha through cultural interaction. The absence of data means schools, health facilities, and NGOs lack evidence to design targeted interventions. As a result, victims may continue to go through psychosocial trauma and educational obstacles without support. Educationally, victims may suffer poor concentration, absenteeism, and dropout due to trauma and stigma. Beyond physical concerns such as pain, tissue damage, and abscesses, literature suggests psychosocial effects, including low self-esteem, anxiety, depression, and social withdrawal. For this reason, there is an urgent need to generate pragmatic data on the prevalence, psychosocial impacts, and educational implications of breast flattening. Given the co-existence of refugees from Cameroon, where the practice is high, and host populations, a comparative study is necessary to provide empirical data for intervention. This study, therefore, examines the prevalence, psychosocial impacts, and educational implications of breast flattening among young females.

III. OBJECTIVES OF THE STUDY

The study is guided by the following research questions:

To examine the prevalence of breast flattening in targeted communities and its socio-cultural determinants.

To explore the relationship between breast flattening and academic performance among affected individuals.

To identify the psychosocial barriers faced by survivors of breast flattening in educational settings.

To survey the effectiveness of counselling interventions in addressing the academic implications of breast flattening and promoting resilience among survivors.

To develop recommendations for policy and practice aimed at supporting survivors of breast flattening in educational settings.

IV. METHODS

Research paradigm

In line with the post-positivist paradigm, the study employed a descriptive cross–sectional survey research design. Post-positivism holds that reality exists but can be known only imperfectly and probabilistically. It emphasises objectivity, hypothesis testing, and quantitative methods to approximate truth while acknowledging bias and measurement error. This paradigm is appropriate because the study seeks to objectively measure prevalence, psychosocial impacts, and educational implications using structured instruments and statistical analysis.

Research approach

This study adopted a quantitative research approach underpinned by the post-positivist paradigm. Here, the variables are not

manipulated. The existing and relationships are tested as they naturally occur. The descriptive element enabled the determination of prevalence rates and the description of psychosocial and educational characteristics of respondents, allowing data to be collected from different age cohorts of young females at a single point in time and making it appropriate for establishing existing patterns across selected communities. All data were collected using a structured questionnaire and analysed statistically to ensure objectivity, replicability, and generalisability.

Research design

The study adopted a descriptive survey research design. This design was chosen to enable a robust assessment of statistical trends about the lived experiences of survivors of breast flattening. It enabled the collection of quantitative data on the prevalence of breast flattening and its statistical relationship with psychosocial and educational variables from a large sample at one point in time.

Population

The study population comprised female students in secondary schools and tertiary institutions, teachers, school counselors, parents, community leaders, and healthcare workers who have direct or indirect contact and involvement in the education of female students within selected urban and rural communities in Calabar South LGA, Cross River State, Nigeria. Since this population is not documented, the Cochran's formula for determining the sample size for an unknown population was used to arrive at a sample size of 385, using a 0.05 confidence level. This size comprised female secondary school students, female students of higher educational institutions, and teachers. Others included in the sample are school counselors, parents, community leaders, and healthcare workers. Stratified random sampling was used to ensure adequate representation across educational levels, socio-economic backgrounds, and geographical locations.

Data collection instruments

Data for the study were collected using a questionnaire on Breast Flattering Practice designed by researchers. The face and construct validity of the instrument were achieved with the assistance of two experts in Educational Psychology and Research, Measurement, and Evaluation. The instrument's reliability was established by administering it to a sample of 20 individuals with characteristics like those of the study participants, but outside the geopolitical zone, at two different times. A test-retest 0.81 coefficient was derived. The Breast Flattering Practice is a 35-item questionnaire that has six major sections. Section A deals with demographic information about the respondents, including age, education level, religion, and ethnicity. Section B focuses on the prevalence and socio-cultural determinants of breast flattening, and Section C deals with academic performance and breast flattening. Section D of the instrument deals with psychosocial barriers in the education setting for victims of breast flattening, Section E deals with counseling intervention and resilience for victims of breast flattening, while Section F of the instrument taps into recommendations and policy supports for breast flattening victims.

Procedures

The researchers, with the assistance of two research assistants, collected data for the study. Approval to conduct this study was requested and obtained from the appropriate authorities. Copies of the questionnaire were administered to respondents and retrieved upon completion.

Research sites

This study was delimited to Calabar South LGA in Cross River State due to documented evidence of breast flattening among Cameroonian refugees and Anantigha (a host community). The state was selected because it provides access to the target population of females aged 10–19 years. The delineation ensures manageability, aligns with documented prevalence, and allows triangulation of data across victims, perpetrators, and service providers within one geographic and administrative unit. The population was first stratified into the seven categories to ensure representation. Proportional allocation was used to distribute the sample across strata. Simple random sampling was then applied within each stratum. This addresses a knowledge gap and reduces respondent fatigue from research saturation.

Data analysis

Data were analysed using descriptive statistics, including frequencies, means, and percentages, to summarise prevalence and socio-demographic data. Pearson moment correlation and regression analyses were used to examine relationships among breast flattening, academic performance, and psychosocial indicators. Descriptive statistics, particularly mean and standard deviation, were used to survey and identify recommendations and policy support for victims of breast flattery.

Ethical considerations

Ethical principles were strictly followed throughout the study. Informed consent was secured from all participants, and for minors, parental consent and participant assent were obtained. Participants were assured of confidentiality and anonymity and were given permission to withdraw at any time. Confidentiality and anonymity were ensured through coding and aggregate reporting to prevent stigmatisation. Female research assistants and school counselors were used to minimise distress. The population was selected because its inclusion was essential to addressing the research objectives, even though participation was voluntary.

V. RESULTS

Socio-demographic results of the respondents

Variable	N	%	Mean	SD
Gender				
Male	131	34.1		
Female	253	65.9	1.66	.475
Total	354	100		
Age (in years)				
16-25	44	11.4		
26-35	85	22.1		
36-45	190	49.4	2.72	.880
46 & above	66	17.1		
Total	355	100.0		
Educational Qualifications				
None	39	10.1		
JSS	108	28.1		
SSS	71	18.4	2.98	1.058
Tertiary	167	43.4		
Total	385	100.0		
Residence Location				
Rural	207	53.8		
Urban	178	46.2	1.46	.499
Total	385	100.0		
Religion				
Christianity	190	49.4		
Traditional	87	22.6		
Others	43	11.2	2.72	.873
Total	385	100.0		
Ethnicity				
Efik	107	27.6		
Pidgin	70	18.2		
Qua(Ekin)	41	10.6	2.94	1.066
Others	166	43.1		
Total	385	100.0		
Heard of Breast flattening				
Yes	220	57.1		
No	163	42.3	1.54	.495
Missing	2	.5		
Total	385	100.0		

Table 1 displays the socio-demographic characteristics of the respondents. Out of 354 participants who gave gender data, 34.1% were male, and 65.9% were female (Mean = 1.66, SD = 0.475), showing a female-dominated sample. Regarding age, the majority (49.4%) were within the 36–45 years age group, with a mean age group score of 2.72 (SD = 0.880), suggesting a reasonably mature population. Regarding educational qualifications, 43.4% had tertiary education, while 28.1% had junior secondary education. The mean education level was 2.98 (SD

= 1.058), indicating a moderate to high level of education among respondents. On residency, a majority (53.8%) lived in rural areas, while 46.2% resided in urban locations (Mean = 1.46, SD = 0.499).

Religion-wise, over half of the respondents (49.4%) practiced Christianity, followed by (22.6%) other religions (11.2%) Islam, with a mean score of 2.72 (SD = 0.873). Ethnically, 43.1% came from different ethnic groups beyond Efik, Igbo, and Yoruba, revealing a diversified sample, with a mean ethnic category score of 2.94 (SD = 1.066).

Regarding awareness of breast plastering, 57.1% reported having heard of it, while 42.3% had not (Mean = 1.54, SD = 0.495), indicating considerable public awareness.

Table 2: Prevalence of breast flattening (BF) and socio-cultural determinants (n = 385, Criterion Mean = 2.50)

SN	Variable	N	Mean	SD	p
1.	Breast flattening is a common practice among girls in my community.	385	3.18	.919	.000
2.	I personally know girls who have undergone breast flattening.	385	2.88	1.015	.003
3.	Breast flattening is still being practiced in my community today.	385	3.00	.892	.001
4.	Girls in my community often undergo breast flattening without formal medical supervision.	385	3.07	1.003	.001
5.	Breast flattening is generally accepted as a cultural norm in my environment.	385	2.84	.940	.003
	Weighted mean	385	2.99	.954	.002

Table 2 reveals a high prevalence of breast flattening (BF) and strong socio-cultural acceptance within the studied community (n = 385). All item means exceed the criterion mean of 2.50, indicating general agreement with the statements. The highest mean (3.18) suggests that BF is commonly practiced, while the lower mean (3.07) indicates it often occurs without medical supervision. The weighted mean of 2.99 confirms a widespread and culturally embedded practice. Additionally, knowing girls who have undergone BF (M = 2.88) and the perception of it as a cultural norm (M = 2.84) support the idea that BF remains a socially tolerated practice. The low p-values ($p < .01$) across all items indicate statistical significance, reinforcing the reliability of these perceptions. Overall, the data suggest BF is both prevalent and culturally entrenched, posing challenges for intervention and public health efforts.

Table 3: Relationship between academic performance and BF victims (items 6-11)

Variable	N	Mean	SD	r	Sig.	Remark
Academic Performance	385	34.64	4.702	.572	.000	Significant difference exists
Breast Flattering	385	35.15	5.019			

Table 3 presents the relationship between academic performance and breast flattering. It shows that academic performance (Mean = 34.64, SD = 4.702) significantly correlated with breast flattering (Mean = 35.15, SD = 5.019), with a correlation coefficient of r = .572. This provides an answer to Research Question 2.

Table 3: Psychosocial barriers affecting victims of BF in educational setting (n = 385, Criterion Mean = 2.50)

SN	Variable	N	Mean	SD	p
12.	BF makes girls feel self-conscious or ashamed about their bodies due to breast flattening.	385	3.24	.897	.000
13.	BF makes girls avoid participating in school activities because of my experience.	385	2.62	1.118	.004
14.	BF makes girls experience being bullied or teased about their chest or body.	385	2.92	.849	.002
15.	BF makes girls feel anxious or fearful in school environments.	385	2.98	1.009	.001
16.	BF makes girls distrust adults and peers at school, whom I can talk to.	385	2.79	.920	.005
	Weighted mean	385	2.91	.959	.002

Table 3 presents the psychosocial barriers affecting victims of BF, as perceived by 385 respondents, with a mean score of 2.50. It shows that BF makes the victim lose self-esteem (Mean = 3.24, SD = .897), make them avoid participation in school activities (Mean = 2.62, SD = 1.118), make them experience bully (Mean = 2.92, SD = .849), leads to anxiety in the victim (Mean = 2.79, SD = .920) and loss of trust in adults and peers (Mean = 2.91, SD = .959). The weight mean shows significance (Mean = 2.91, SD = .959; $p = .000 < .05$). This provides an answer to Research Question 3.

Table 4: Effectiveness of counselling interventions in addressing the academic implications of the BF setting (n = 385, Criterion Mean = 2.50)

SN	Variable	N	Mean	SD	p
18.	Counselling support can help breast flattening victims.	385	2.81	1.085	.002
19.	Individual counselling that helps BF victims cope.	385	2.75	.878	.004
20.	Group counselling or peer support activities can help the BF victim to adjust.	385	2.93	1.067	.002
21.	Emotional or religious support from the community can help the BF victim adjust.	385	2.87	.816	.002
22.	Counselling can help the BF victim cope emotionally with the experience.	385	2.96	1.091	.002
23.	A BF victim can still develop confidence in overcoming academic and personal challenges.	385	3.10	.907	.000
	Weighted mean		2.90	.974	.002

Table 4 presents the impact of counselling intervention on victims of BF as perceived by 385 respondents, with a criterion mean of 2.50. It shows that counselling services are helpful to BF victims (Mean = 2.81, SD = 1.085) and that individual counselling helps them to cope (Mean = 2.75, SD = .878). The table also shows that group counselling and peer support (Mean = 2.93, SD = 1.067), as well as emotional or religious support from the community (Mean = 2.87, SD = .816), are helpful in this regard. The table also shows that counselling helps BF victims cope emotionally with the experience (Mean = 2.96, SD = 1.091) and can help them develop self-confidence if well attended to (Mean = 3.10, SD = .907). The weight mean shows a significant impact of counselling intervention (Mean = 2.90, SD = .974; $p = .00 < .05$). These provide answers to Research Question 4.

Table 5: Recommendations for policy and practice aimed at supporting survivors of BF in educational settings (n = 385, Criterion Mean = 2.50)

SN	Variable	N	Mean	SD	p
24.	Psychological counselling should be made available for girls who have experienced breast flattening.	385	2.83	1.015	.003
25.	Awareness campaigns are needed to educate the public about breast flattening.	385	3.10	.893	.000
26.	Legal protections should be enforced to prevent breast flattening.	385	3.24	.897	.000
27.	Communities should be sensitised about the negative impacts of the practice.	385	2.63	1.103	.002
28.	Breast flattening survivors should be included in school health programs.	385	2.91	.876	.002
29.	Schools should implement policies and support systems for survivors.	385	2.96	1.004	.002
30.	Community and religious leaders should help end the practice of breast flattening.	385	2.79	.940	.004
	Weighted mean				

Table 5 presents recommendations for ameliorating the plight of

victims of BF as perceived by 385 respondents. These are legal protection (Mean = 3.24, SD = .897), awareness campaign against BF practice (Mean = 3.10, SD = .893), school policy implementation in favour of victims of BF (Mean = 2.96, SD = 1.004) and inclusion of the victims in school health programme (Mean = 2.91, SD = .876), psychological counselling (Mean = 2.83, SD = 1.015), community sensitisation (Mean = 2.63, SD = 1.103) and assistance from community and religious leaders (Mean = 2.79, SD = .940).

VI. DISCUSSION

The data imply that breast flattening is a very common practice and culturally accepted in the communities investigated, with respondents acknowledging its common practice, constant presence, and absence of medical oversight. As this survey found, behaviour is seen as a societal norm, and many respondents know victims personally. These findings align with those of Fotabong et al. (2023), who found that, owing to cultural conservatism and conventional gender standards, breast flattery is a persistent behaviour that is not well acknowledged and has been disregarded in public health and educational discourse. Olofinbiyi et al. (2024) also observed that BF is grounded in the customs of female purity, family honor, and social control, thereby making the practice resilient to change despite its destructive nature. It is regretful because, as Bilewu et al. (2025) mentioned, the outcome of breast flattery is tissue damage, which increases the risk of infections and psychological trauma, such as anxiety, low self-esteem (Olibamoyo et al., 2026), and body image problems.

Academic performance was found to substantially correlate with breast flatness, suggesting a detrimental impact on students' educational outcomes. Ajibade et al. (2024) also found profound academic implications of breast flattening, remarking that the victims usually suffer from school absenteeism due to pain or shame, subsequently resulting in a decline in academic performance, limited classroom participation, emotional distress, and social withdrawal. These psychosocial impacts limit girl-child motivation and long-term educational pursuit and aspirations (Molokwu & Ogundiran, 2025), thereby prolonging cycles of poverty and gender inequality (UN Women, 2022).

Psychosocial barriers experienced by victims include loss of self-esteem, avoidance of school activities, bullying, anxiety, and lack of confidence in adults and peers. This finding lends support to the position of UN Women (2022) that the psychosocial repercussions of breast flattening include anxiety, embarrassment, body image issues, and post-traumatic stress. These concerns contribute to lower classroom involvement, departure from peer groups, and, in severe instances, full disengagement from school (UN Women, 2022). As a result of the ensuing trauma (Molokwu & Ogundiran, 2025), girls may avoid physical activities, such as athletics or group presentations, due to fear of contempt or exposure. Williams and Finlay (2020) also discovered that girls who had received breast flattening were more likely to experience emotions of estrangement and low self-esteem, thereby restricting their involvement in school-based activities and collaborative learning environments.

Counselling interventions were considered useful, with individual and group counselling, peer support, emotional and religious support, and community involvement helping victims cope and rebuild self-confidence. Falana (2020) stated that psychological counseling is a vital response to harmful cultural practices, and this intervention has demonstrated potential across different contexts. These counselling solutions contain individual and group therapy sessions for persons who are experiencing trauma and in need of body image reinforcement. Counselling treatments have also assisted in increasing victims' academic resilience and emotional coping skills (Falana, 2020). Campbell et al. (2021) emphasised the importance of peer support groups in schools for restoring self-confidence and helping girls adjust academically and socially.

Recommendations to address the issue include legal protection, awareness campaigns, and school policies supporting victims, incorporation into school health programmes, access to psychiatric counselling, community sensitisation, and support from religious and community leaders. This is in line with the position of Nigeria's VAPP Act, which criminalises breast flattening; insufficient enforcement and low public awareness have hampered growth (UNPF, 2020). As stressed by UNICEF (2021), successful interventions require a multipronged strategy that includes legal enforcement, school-based counseling programs, and community information activities. Schools should integrate modules on gender-based violence and resilience into their health curricula while training teachers and counselors to recognie and support victims. UN Women (2022) also emphasised the importance of engaging religious and traditional leaders to advocate for behavioural change in conservative communities. Community sensitisation efforts that question the ideas around breast growth and female sexuality can assist in deconstructing the sources of this damaging practice.

VII. CONCLUSION

In conclusion, breast flattening remains a deeply ingrained cultural practice in the investigated community, posing substantial dangers to the physical, emotional, and educational well-being of adolescent females. The practice is not only ubiquitous but also socially condoned, causing severe emotional anguish and poor academic performance among victims. Despite legal frameworks, enforcement is weak, and cultural attitudes continue to sustain the practice. However, the study underscores the possibility of counselling interventions and community-based support systems in minimising these consequences. Addressing breast flattening requires a comprehensive and culturally sensitive approach encompassing legal enforcement, education, emotional assistance, and community outreach to defend the rights and futures of vulnerable girls. Based on the findings, the following recommendations are proposed to address the prevalence and impact of breast flattening:

Firstly, there is a need for government authorities to ensure the effective implementation of laws prohibiting harmful traditional practices, such as breast flattening, with specific penalties and protection mechanisms for victims. Secondly, there should be public enlightenment initiatives launched mainly to educate communities on the physical, psychological, and educational harm associated with breast flattening, using culturally sensitive approaches. Thirdly, schools should adopt policies that support victims, including incorporating anti-breast flattening modules into health education curricula and establishing safe reporting channels for affected students. Meanwhile, educational institutions and health centers should provide accessible individual and group counseling, peer support programmes, and trauma-informed care to help victims recover and regain self-confidence. Efforts should be made to integrate victims of breast flattening into comprehensive school health services that address both physical and mental well-being. Lastly, traditional and religious figures should be actively involved in advocacy efforts to challenge and change entrenched cultural norms supporting breast flattening.

VIII. CONFLICTS OF INTEREST

There are no conflicts of interest in this study.

REFERENCES

Ajibade, B. O., Ubah, P., Kainesie, J., Suleiman, U., Omoruyi, M., & Adediran-Ibegbunam, T. O. (2024). *Mapping the shadows: A comprehensive exploration of breast ironing's effects on women and girls through a systematic and scoping review,* 1–41. https://doi.org/10.1101/2024.06.24.24309436

Bilewu, O. O., Raimi, M. O., Adegboyegba, O., Taiye, I., Sulayman, S. B., & Alake, I. D. (2025). *The quest for fairness: Unravelling the health risks and societal influences of skin breast ironing among young adults in Ilorin West, Nigeria (Preprint).* https://doi.org/10.2196/preprints.70941

Campbell, G., Roberts, K. A., & Sarkaria, N. (n.d.). *Breast Ironing*. https://doi.org/10.1057/978-1-137-53312-8_6

Falana, T. C. (2020). *Breast ironing: a rape of the girl-child's personality integrity and sexual autonomy*. *1*(3), 93–102. https://doi.org/10.25273/she.v1i3.7596

Fotabong, M., Obajimi, G., Lawal, T., & Morhason-Bello, I. (2023). Prevalence, awareness, and adverse outcomes of breast ironing among Cameroonian women in Buea Health District. *Medical Journal of Zambia*, 49, 328–336. https://doi.org/10.55320/mjz.49.4.391

Molokwu, A. N., & Akinmosin, K. A (2025). PTSD and Resilience Triads: Leveraging Post- Traumatic Growth, Mindfulness, and Social-Support for Recovery and Transformation. *Turkish International Journal of Special Education and Guidance & Counselling, 14*(2), 258–266. https://www.tijseg.org/index.php/tijseg/article/view/304

Molokwu, A. N., & Ogundiran, F. (2025). Impact of Social Media and COVID-19 on Female Genital Mutilation Culture Among Market Women in Osun State, Nigeria. *Journal of Educational Research in Developing Areas,* 6(1), 36–46. https://doi.org/10,47434/Jereda.6.1.2025

Olibamoyo, O., Adewuya, A., Atilola, O., Fatusi, A., Akeju, K., Abodunrin, I., & Oladipo, O. (2026). Associations between childhood trauma, emotional regulation, and self-esteem in predicting suicidal behaviour among adolescents in secondary schools in Lagos, Nigeria. *BMC Psychiatry, 26*(1), 169–174. https://doi.org/10.1186/s12888-026-07833-4

Olofinbiyi, B. A., Enoch, O. O., Olofinbiyi, R. O., & Awoleke, J. O. (2024). *Breast ironing: A clandestine variant of gender-based violence in Africa*. *1*(2), 57–63. https://doi.org/10.69524/sljm.v1i2.37

United Nations (UN). Women. (2022). *Implementation of the Violence Against Persons (Prohibition) Act in Nigeria: Challenges and recommendations*. Retrieved from https://www.unwomen.org

United Nations Children's Fund (UNICEF). (2021). *Harmful traditional practices in Nigeria: Data and implications*. United Nations Children's Fund. Retrieved from https://www.unicef.org/nigeria

United Nations Population Fund (UNFPA). (2020). *Breast flattening: A form of gender-based violence*. United Nations Population Fund. Retrieved from https://www.unfpa.org

Williams, A. G., & Finlay, F. (2020). Breast ironing: an under-recognised form of gender-based violence. *Archives of Disease in Childhood*, *105*(1), 90–91. https://doi.org/10.1136/ARCHDISCHILD-2019-317441

World Health Organisation (WHO). (2018). *Breast flattening and other harmful traditional practices*. World Health Organization. Retrieved from https://www.who.int

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