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Implications of the *Dipo* rites for adolescent sexual and reproductive health and rights in Ghana

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Abstract

Background *Dipo* ceremony is not only a rite of passage but also a form of social regulation. However, girls who underwent the *Dipo* rites are perceived as being sexually mature immediately after the rites, which can expose them to early sexual initiation, pressure to marry, or abuse, threatening their rights to education, bodily autonomy, and health. This study explores community perceptions of the *Dipo* womanhood rites and their implications for adolescent girls' sexual and reproductive health and rights (SRHR) in Ghana's Yilo Krobo Municipality.

Methods This study used qualitative data from 30 purposively sampled participants, comprising youth, traditional leaders, women who had undergone the rite, and other community members. In-depth interviews were conducted with participants and the transcripts were analysed thematically. The sample was drawn from a single Municipality, and findings reflect context-specific experiences rather than nationally generalisable experiences.

Results Six sub-themes emerged relating to the implications of the *Dipo* rites on adolescent girls' SRHR : violation of consent, public sexual objectification, reinforcement of gender norms, physical discomfort, early marriage risks, and the absence of sexual health education. Interpreting these findings through Amartya Sen's Capability Approach, the study suggests that, as described by participants, the *Dipo* rites in its current form may constrain girls' freedoms and undermine their well-being. While some community members defended the *Dipo* rites as a vital cultural institution, many called for reform to align traditional practices with contemporary human rights principles.

Conclusions The study concludes by recommending culturally sensitive policy interventions, including the integration of sexual and reproductive health education into the *Dipo* rites, strengthened legal safeguards for girls, and broader community dialogues on child rights and tradition. These recommendations are informed by qualitative insights from the Yilo Krobo Municipality and should be interpreted within this contextual scope.

Keywords *Dipo* rites, Rites of passage, Adolescent girls, Sexual and reproductive health and rights, Ghana

1 Background

Ghana is rich in diverse cultural traditions that reflect the values, identity, and worldview of its many ethnic groups [1]. Among these, rites of passage remain especially significant, as they serve to demarcate essential transitions in the life course and maintain societal cohesion. One such rite is the *Dipo* womanhood ceremony, practised by the Krobo ethnic group in the Eastern Region. The *Dipo* rite/ceremony is a vibrant, ritualistic process that traditionally marks the transition of virgin girls, typically aged between 14 and 20 years, into socially recognised womanhood [2, 3]. Rooted in the spiritual traditions of the Krobo people, the *Dipo* ceremony is attributed to Nana Kloweki, the deity of fertility [4, 5]. It emphasises chastity and sexual morality, aligning with wider Ghanaian socio-cultural norms that frown upon pre-marital sex [2, 6].

Within contemporary scholarship, sexual and reproductive health and rights (SRHR) are broadly understood as encompassing the rights of individuals, including adolescents, to bodily autonomy, informed decision-making, access to accurate sexual and reproductive health information and services, and protection from harmful practices that compromise their physical, psychological, and social well-being [7, 8]. These rights are grounded in international human rights and public health frameworks, which recognise adolescents as rights-bearing individuals entitled to dignity, privacy, equality, and agency in matters concerning sexuality and reproduction. Situating *Dipo* rite within this broader SRR discourse enables a more nuanced examination of how cultural rites intersect with evolving global and national rights norms.

Historically, the *Dipo* ceremony functioned not only as a rite of passage but also as a mechanism of social regulation. Girls who did not undergo the rite were often stigmatised and excluded from marriage opportunities or full community participation. Adherence to the practice was reinforced through a system of sanctions and rewards, ensuring conformity and respect for tradition [4, 5, 9]. The rite also functioned as a mechanism through which the Krobo community transmitted cultural knowledge, values, and gender expectations across generations. The *Dipo* rite is typically held annually between March and May in the Yilo and Manya Krobo Municipalities in the Eastern Region of Ghana, drawing large crowds in celebrations marked by drumming, dancing, and symbolic rituals [5, 10, 11]. These events reinforce communal identity and attract diasporic and non-Krobo observers, contributing to cultural tourism and heritage preservation [4, 11].

Across the globe, similar rites of passage exist among indigenous societies. For example, the Unyago initiation among the Swahili in Tanzania and the Nankani puberty rites in northern Ghana also mark transitions to womanhood, often incorporating themes of chastity, fertility, and communal acceptance [4, 12, 13]. While these practices are deeply rooted in cultural identity, they often intersect with issues of bodily autonomy, reproductive health, and gender equity. Proponents of the *Dipo* rites highlight positive values embedded in the rite, discipline, community belonging, identity formation, and the transmission of indigenous knowledge. Participation often fosters pride and a sense of maturity among girls, and in some cases, provides a platform for intergenerational bonding [5]. These cultural functions are critical for strengthening local cohesion and preserving heritage.

However, the practice also raises complex questions about the SRHR of adolescent girls. Critics point to the compulsory nature of participation in some families, the lack

of informed consent, and the exposure of semi-nude girls during parts of the ritual as potentially violating their dignity and privacy [3, 14, 15]. Moreover, in some instances, girls who underwent the *Dipo* rites are perceived as being sexually mature immediately after the rites, which can expose them to early sexual initiation, pressure to marry, or abuse, threatening their rights to education, bodily autonomy, and health [2].

Broader demographic and public health evidence from Ghana and sub-Saharan Africa indicates that early sexual debut is associated with increased risks of unintended pregnancy, school dropout, and exposure to sexually transmitted infections [16, 17]. National survey data further show that adolescent girls in rural and culturally conservative settings often experience limited autonomy in sexual and reproductive decision-making, with implications for contraceptive uptake and educational continuity [16]. Although such datasets do not isolate the *Dipo* rites specifically, they provide an empirical backdrop for understanding how initiation rites that symbolically mark sexual maturity may intersect with measurable reproductive health outcomes. Studies in West Africa have similarly documented associations between puberty rites, early marriage expectations, and transitions into sexual activity [18–21], underscoring the need for context-specific empirical investigation.

These concerns align with international frameworks such as the Convention on the Rights of the Child (CRC) and the Maputo Protocol, which Ghana has ratified and which call for protection from harmful cultural practices. Beyond these, broader international and regional instruments, including the Universal Declaration of Human Rights (UDHR) [22], the International Covenant on Civil and Political Rights (ICCPR) [23], the International Covenant on Economic, Social and Cultural Rights (ICESCR) [24], the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) [25], and the African Charter on the Rights and Welfare of the Child (ACRWC) [26], affirm children's rights to dignity, equality, education, health, and protection from harmful practices. Together, these frameworks provide normative guidance for balancing cultural traditions with girls' SRHR.

At the national level, Ghana's 1992 Constitution guarantees fundamental rights, including dignity and equality before the law. The Children's Act, 1998 (Act 560) [27], the Juvenile Justice Act, 2003 (Act 653) [28], the Domestic Violence Act, 2007 (Act 732) [29], and provisions of the Criminal Offences Act, 1960 (Act 29) [30], collectively safeguard the girl-child from harmful practices and abuse. These legal instruments reinforce Ghana's treaty obligations and underscore the state's responsibility to ensure cultural practices do not undermine children's rights.

Despite these robust legal and policy frameworks, implementation gaps have been noted in Ghana's child protection and adolescent reproductive health systems, particularly in rural districts where customary authority remains influential [31, 32]. Existing scholarship has examined national strategies on adolescent reproductive health and harmful cultural practices, yet there is limited empirical interrogation of how such policies are interpreted, enforced, or negotiated in communities where rites such as *Dipo* are practised. This gap justifies the study's second research question concerning national responses, as understanding policy presence alone is insufficient without examining its translation into lived realities.

Research on the *Dipo* rite in Ghana has primarily focused on its cultural relevance and role in heritage preservation [5, 10]. There is, however, a critical gap in empirical

knowledge regarding how the practice affects the SRHR of adolescent girls. There is limited understanding of how girls subjected to these rites perceive their bodily autonomy, or how national systems address potential violations of their rights.

This paper addresses this knowledge gap by asking two central questions: What are the negative implications of the *Dipo* rites for adolescent girls' SRHR? And what are the national responses to mitigate these challenges? Through a qualitative case study in the Yilo Krobo Municipality, this study amplifies the voices of affected girls, caregivers, and traditional leaders, offering insights into how cultural rites interface with evolving understandings of gender and health rights. Ultimately, this paper contributes to the broader debate on cultural continuity and children's rights in Ghana. While affirming the cultural relevance of the *Dipo* rite, it advocates for dialogue and reform that centres the dignity, consent, and well-being of adolescent girls.

1.1 Theoretical foundation: the capability approach

This paper adopts Amartya Sen's Capability Approach (CA) as its theoretical foundation to critically examine how the *Dipo* rite impacts the SRHR and agency of adolescent girls in the Yilo Krobo Municipality. The CA centres on the actual freedoms individuals possess to lead lives they value, highlighting capabilities, what people are genuinely able to do and become, rather than merely the resources or rights they hold [33]. The CA is particularly valuable for examining the intersection between cultural practices and human rights, as it takes into account both individual well-being and the broader social context. This framework facilitates a nuanced analysis of how the *Dipo* rite may limit girls' substantive freedoms, such as their ability to make informed choices regarding their bodies, access reproductive health information, or evade early marriage, even when the practice is culturally endorsed. By shifting the emphasis from mere ritual participation to the actual outcomes in the lives of girls, the framework supports an evaluation that is both rights-based and culturally sensitive [34].

To enhance analytical clarity, this study operationalises selected core capabilities relevant to adolescent sexual and reproductive health. First, *bodily integrity* is understood as girls' freedom from coercion, forced exposure, early sexual initiation, and pressure to marry, as well as their ability to make voluntary decisions regarding participation in the rite. Second, *agency* refers to girls' capacity to voice preferences, provide or withhold informed consent, and participate meaningfully in decisions affecting their education, sexuality, and life trajectories. Third, the capability for *education* is examined in terms of continued school attendance, freedom from ritual-related interruption, and protection from social pressures that may curtail academic progression. These capabilities are assessed through observable indicators within participants' narratives, including accounts of consent processes, decision-making autonomy, schooling continuity, and perceived post-rite expectations. By explicitly linking empirical themes to defined capabilities, the CA functions not only as a normative lens but also as an analytical tool guiding interpretation.

Furthermore, this approach aligns with international human rights instruments, such as the Convention on the Rights of the Child (CRC) and the Maputo Protocol, both of which emphasise the need to promote bodily integrity, non-discrimination, and informed consent as fundamental to the rights of adolescent girls [35, 36]. It is also consistent with broader international and regional frameworks, including the UDHR,

ICCPR, ICESCR, CEDAW, and ACRWC. These frameworks collectively affirm children's rights to dignity, equality, education, health, and protection from harmful cultural practices [22–26]. This establishes a conceptual link between global norms and local realities by posing the critical question: Does the *Dipo* rite enhance or limit opportunities for girls?

A significant limitation of the CA is its abstract nature and the lack of explicit operational guidance. Although it identifies essential capabilities, such as bodily integrity, education, and autonomy, it often fails to clarify how these capabilities should be prioritised or measured within culturally specific contexts. This ambiguity can complicate its application to traditional practices, particularly in settings where community values, spirituality, and identity are intricately linked to concepts of personhood and well-being [37]. Furthermore, the approach has been critiqued for placing excessive emphasis on individual freedoms in environments where collective identity is paramount.

In response to these critiques, this study adopts a context-sensitive application of the CA, recognising both individual capabilities and the communal structures that shape them. Rather than imposing externally defined thresholds, the analysis draws on participants lived experiences to identify capability constraints and expansions within the local cultural setting.

Despite its limitations, the CA is well-suited for this study because it allows for a balanced analysis that respects cultural traditions while foregrounding girls' lived experiences, dignity, and health rights. It enables the paper to critically assess whether *Dipo* rite promotes or hinders girls' capabilities, particularly their agency over reproductive choices. Given the paper's aim to inform rights-sensitive cultural reform, the CA provides a strong normative and analytical framework.

2 Methods

2.1 Study design

A qualitative research design was employed to explore the contemporary relevance and reproductive health implications of the *Dipo* womanhood rites in the Yilo Krobo Municipality. This approach was selected because it facilitates an in-depth understanding of how participants make sense of and interpret a culturally embedded practice [38].

In-depth interviews were used to capture the lived experiences and situated knowledge of individuals involved in or familiar with the *Dipo* practice. This method enabled the study not only to understand what participants said but also how they behaved and interacted around the practice, particularly concerning adolescent girls' rights and protection.

2.2 Study setting

This study was conducted in the Yilo Krobo Municipality in Ghana's Eastern Region, one of the traditional homelands of the Krobo people. Other traditional Krobo lands include the Manya Krobo area (Lower Krobo) and surrounding settlements across the Eastern Region, which together constitute the historical and cultural territory of the Krobo [4]. According to oral tradition, the term "Krobo" is derived from the Akan phrase Krobo-so-foo, meaning "the people dwelling on the mountain or rock." The British colonial administration later anglicised this name for easier pronunciation, and it has since become the recognised designation for the ethnic group. The Krobo, part of the larger

Dangme ethnic group, are Ghana's fourth-largest ethnic population [39]. Their ancestors are believed to have migrated from the east and settled on Krobo Hill around 1450 [40].

Historically, the Krobo people, comprising the Yilo and Manya subdivisions, trace their origins to northern regions outside present-day Ghana, extending into the ancient Near East (including areas associated with Ancient Palestine), according to the Orientalist school of thought [41, 42], with subsequent migrations through Sudan and Niger. They are believed to have first settled on the Krobo Mountain, from where they were forcibly evicted by the British in 1892 [5]. Of particular cultural and historical significance is Yilo Krobo, considered the origin of the *Dipo* rite as well as other Krobo institutions, including chieftaincy and traditional governance [3, 9]. The Yilo Krobo Municipality spans approximately 805 square kilometres and is predominantly rural. It is governed under a traditional paramountcy led by the Konor (meaning "the champion" or "one carried on shoulders"), whose stool is located at Sra [43].

The Yilo Krobo Municipality was purposively selected for this study due to its central role in preserving the traditional form of the *Dipo* womanhood rites, even in the face of colonial attempts to suppress the practice. Both anecdotal accounts and historical documentation suggest that the rite, locally known as *Yiewi ahe dumi* (literally "bathing for young ladies"), originated in this Municipality before becoming institutionalised and widely referred to as *Dipo* in the 17th century [3, 5].

2.3 Sampling and data collection

Primary data were gathered through key informant interviews (KIIs) using a semi-structured interview guide developed in line with the study objectives and existing literature on rites of passage and cultural continuity. The guide featured open-ended questions designed to elicit rich, detailed narratives regarding participants' knowledge, experiences, and perspectives on the *Dipo* rite. A total of 30 key informants were purposively selected to ensure diverse viewpoints. These included traditional leaders, youth, women who had undergone the *Dipo* rite, and other community members, as detailed in Table 1. The sample size of 30 was justified using the principle of thematic saturation, whereby data collection continues until no new substantive themes emerge [44]. Additionally, the concept of "information power" guided sampling decisions; when participants possess strong experiential knowledge and the study aim is focused, smaller samples can yield sufficient analytical depth [45]. Recruitment ceased once thematic redundancy was observed across participant categories. Women who had undergone the *Dipo* rites were treated as primary experiential participants rather than solely as key informants, given their direct lived experience of the practice [46]. Other participants, including traditional leaders and community stakeholders, provided contextual and interpretive insights. This purposive sampling strategy enabled the study to capture a wide range of insights from individuals with varying levels of involvement and authority.

Many informants were indigenes of Yilo Krobo Municipality, and they included traditional leaders (such as chiefs, queen mothers, and elders), youth, women who had undergone the *Dipo* rite, and other community members. Although the practice is gendered, the inclusion of male traditional authorities was methodologically deliberate. In patriarchal customary governance systems, male leaders often exercise significant influence over ritual regulation and reform [47]. Capturing their perspectives was therefore necessary to understand institutional power dynamics and decision-making processes

Table 1 Participant demographic characteristics

Participant demographic characteristics	Frequency	Percent
Sex		
Male	18	60
Female	12	40
Age		
15–24	8	26.7
25–34	4	13.3
35–44	6	20.0
45–54	6	20.0
55+	6	20.0
Religion		
Christianity	14	46.6
Islam	2	6.7
African Traditionalist	8	26.7
No religion	6	20.0
Type of participants		
Traditional leaders	4	13.3
Youth	8	26.7
Women who had undergone the *Dipo* rite	6	20.0
Other Community members	12	40.0
Total	**30**	**100.0**

affecting adolescent girls. The numerical distribution reflects this structural authority context rather than privileging male experiences.

Interviews were conducted in either Twi or Krobo, depending on participants' preference, and were audio-recorded with informed consent, later translated into English. Sessions were held in private community settings to ensure comfort and confidentiality. The shortest interview lasted 45 min, while the longest lasted one hour. Where culturally specific idioms were used, literal translations were applied to preserve the original meaning. Ethical approval was sought and granted by the University of Cape Coast's Institutional Review Board prior to the commencement of the study. Data were collected through one-on-one in-depth interviews, during which participants were given ample time to elaborate on their views. All adult participants provided informed consents prior to being interviewed. For participants aged 15 to 17 years, a dual-consent procedure was implemented: written consent from a parent or guardian was first obtained, followed by voluntary assent from the adolescents. Ethical guidelines emphasise that minors should provide meaningful assent alongside parental consent, particularly in non-clinical social research [48]. The assent process included explaining the study's purpose, voluntary participation, confidentiality safeguards, and the right to withdraw at any time without consequence. Interviews were conducted in neutral settings without parental presence to reduce power imbalances and minimise the risk of coercion [49]. These procedures adhere to international ethical standards for research involving children and adolescents. This study did not involve a clinical trial. Clinical trial number: not applicable.

2.4 Data analysis

Data were analysed thematically using an inductive approach. Interview transcripts were read multiple times to identify recurring patterns and emergent categories. Initial codes were generated from participants' narratives and subsequently grouped into overarching themes aligned with the research objectives. Thematic analysis followed the

six-phase approach outlined by Braun and Clarke [50], including familiarisation, initial coding, theme development, review, definition, and reporting. Coding was conducted manually by the lead researcher and independently reviewed by a second researcher to enhance credibility and reduce individual bias [51]. Discrepancies were resolved through discussion until consensus was reached. A reflexive memoing process was maintained throughout the analytic phase to document interpretive decisions, researcher positionality, and evolving analytical insights [52]. This practice enhanced transparency and reflexive rigour.

The analysis paid special attention to the contrasting arguments presented by proponents and critics of the *Dipo* rite. This enabled the study to reflect the ongoing debate within the community. Themes were further linked to the study's two central concerns: (1) the negative implications of the *Dipo* rites for adolescent girls' SRHR , and (2) national responses to address these challenges.

To enhance credibility, the analysis incorporated epistemic vigilance, which involves critically evaluating participants' statements and remaining attentive to potential misinformation or social desirability bias [53]. In practice, this entailed cross-checking claims across participant groups, identifying internal inconsistencies, and assessing statements against contextual plausibility [53]. Accounts corroborated by multiple independent participants were given greater interpretive weight, while isolated claims were treated cautiously. Such triangulation strengthens trustworthiness in qualitative research [54].

3 Results

3.1 Demographic characteristics of participants

A total of 30 individuals participated in the study, comprising both males and females (Table 1). Males constituted the majority, accounting for 60%, while females made up the remaining 40%. The age distribution of participants was relatively diverse. The largest age group was those aged 15–24 years, representing 26.7% of the sample. This was followed by three age categories, 35–44 years, 45–54 years, and 55 years and above, which were equally represented, each contributing 20% to the total. The smallest group was those aged 25–34 years, comprising 13.3%.

In terms of religious affiliation, Christianity emerged as the dominant religion among participants, with 46.6% identifying as Christians. African Traditionalists made up 26.7%, while 20% reported no religious affiliation. Muslims constituted the smallest religious group, accounting for only 6.7%.

The study also involved participants from varied segments of the community, enabling a broad range of perspectives on the *Dipo* rite. Traditional leaders comprised 13.3% of the sample, while youth participants formed 26.7%. Women who had undergone the *Dipo* rite represented 20%, and the largest subgroup was other community members, who made up 40%.

3.2 Theme 1: Negative implications of the *Dipo* rites for adolescent girls' SRHR

While some participants acknowledged the cultural and moral values of the *Dipo* rites, others highlighted critical concerns regarding their impact on the bodily autonomy, mental health, and reproductive rights of adolescent girls. These concerns clustered around six key themes. The quotes supporting each theme are presented in Table 2.

Table 2 Negative implications of the *Dipo* rites for adolescent girls' SRHR

Quote ID	Quote sample
Q01	"The same society that says girls should be pure turns around and parades them half-naked. Men gather and stare, and some even start proposing. What message does that send?" [KII 1, Uninitiated Female, Labour].
Q02	"My cousin cried through the whole process. She didn't want it, but her mother said she had no choice. Now she avoids public gatherings because she feels ashamed." [KII 2, Initiated Woman, Somanya].
Q03	"Many of us are not able to protect our bodies and rights because the *Dipo* rites stress purity without teaching us about reproductive health or how to deal with sexual pressure."[KII 3, Initiated Girl, Somanya].
Q04	"The *Dipo* rites stress obedience and silence, which makes girls afraid to speak out against traditional practices that make them feel bad. If they don't, they could face shame from their families, which hurts their independence and confidence." [KII 4, Official, Yilo Krobo Municipal Assembly].
Q05	"Some girls bleed and hurt when they wear their waist beads too tightly during the *Dipo* rite. They go through long periods of pain without anyone noticing or talking about it, which further undermines their physical autonomy and well-being." [KII 5, Municipal Health Directorate Official].
Q06	"Post-*Dipo* rites, girls are frequently considered 'ripe' for marriage, garnering attention from older men. Families may not always safeguard them, raising the dangers of early unions and reproductive health issues." [KII 6, A Pastor, Somanya].

3.2.1 Sub-theme 1: Violation of consent and bodily autonomy

A recurring theme in participants' accounts was the absence of voluntary participation among some initiated girls in the rites. Thus, more often than not, the girls who were initiated as toddlers were compelled by parents or guardians to undergo the rite, with little regard for their consent or personal readiness. Such coercion was perceived as infringing upon their rights to bodily autonomy, informed consent, and personal agency, thereby intensifying their vulnerability to reproductive health risks (Q02 & Q04).

3.2.2 Sub-theme 2: Public exposure and sexual objectification

Participants expressed discomfort with the public nature of the rites, which often involve the partial nudity of adolescent girls. This ceremonial display was seen as contributing to the sexual objectification of girls, exposing them to early sexual attention and potentially undermining the protective intent traditionally attributed to the practice (Q01).

3.2.3 Sub-theme 3: Reinforcement of harmful gender norms

Some viewed the *Dipo* rite as reinforcing patriarchal gender expectations. Participants described how the rites promote submissiveness, discourage girls from reporting abuse, and undermine their confidence to assert reproductive rights and autonomy in adulthood (Q04).

3.2.4 Sub-theme 4: Exposure to physical harm and discomfort

Beyond psychological effects, participants also cited instances of physical harm associated with the rites. Girls reported discomfort and pain caused by traditional adornments such as tightly worn waist beads, which could lead to skin irritations, bruising, or restricted circulation. Moreover, initiates are given body marks by older adults as an identity. These include *bemi-bo* (i.e., sweeping mark), aplamde, and yisi wombo, administered at the initiate's waist and belly parts, respectively. This is not only excruciating, but it can also be an avenue for spreading HIV and AIDS. This is possible, especially if the razor and other sharp objects used for the body marks are not hygienically sterilised or treated (Q05).

Table 3 Community reflections on national and local interventions

Quote ID	Quote sample
Q01	"There are laws, but here, the chiefs have more influence than the police, making it hard to stop harmful traditional practices." [KII 7, Gender Desk Officer of the Assembly].
Q02	"Community norms prioritise custom over legal protections, so laws to protect girls don't have much impact." [KII 8, An Officer, Municipal Assembly].
Q03	"At school, we learned about the importance of the *Dipo* rites. It helped us understand our rights and make informed choices." [KII 9, Initiated Girl, Ogome].
Q04	"We're not ending the *Dipo* rites, but it can be done in a way that respects girls' dignity and protects their rights." [KII 10, Educationalist, Somanya].
Q05	"Health workers come sometimes, but without parents and regular visits, it's hard to build awareness about girls' rights." [KII 11, Ghana AIDS Commission Official].
Q06	"The Assembly tried talking to chiefs about changes, but the elders resist because they want to keep the traditions." [KII 12, Yilo Krobo Municipal Assembly official].
Q07	"NGOs come and go. Once they leave, we're back to square one. We need ongoing support to sustain the changes." [KII 13, Traditional Leader, Somanya].

3.2.5 Sub-theme 5: Increased vulnerability to early marriage and sexual proposals

Another key concern was the societal perception that completion of the *Dipo* rite signifies readiness for marriage. This framing often disregards the actual age, emotional maturity, or consent of the girls involved. Participants emphasised that post-ritual, girls face increased risks of early marriage, coerced relationships, and unwanted sexual advances (Q06).

3.2.6 Sub-theme 6: Absence of comprehensive sexual and reproductive health education

Despite the *Dipo* rite's emphasis on the transition into womanhood, participants highlighted a glaring gap in sexual and reproductive health education. Rather than equipping girls with knowledge to make informed decisions, the rites often stress chastity without addressing topics such as menstruation management, contraception, consent, or sexual agency (Q03).

3.3 Theme 2: National and community responses to mitigate harmful aspects of *Dipo* rites

Stakeholders, including traditional leaders, youth, women who underwent the *Dipo* rites, NGOs, and local officials, reported efforts to reform the *Dipo* practices, addressing challenges to protect girls' SRHR. Six key themes emerged, and the quotes supporting each theme are presented in Table 3.

3.3.1 Sub-theme 1: Strengthening legal protections and enforcement

Although Ghana's legal framework protects children from harmful traditional practices, participants noted that enforcement in Krobo communities remains limited due to the powerful authority of traditional leaders (Q01 & Q02).

3.3.2 Sub-theme 2: Promoting school-based education and girls' clubs

Several girls discussed the importance of school-based interventions, such as girls' clubs and education on SRHR, which helped them understand their rights and available options. However, these programmes are not universally accessible (Q03).

3.3.3 Sub-theme 3: Cultural reform initiatives from within the community

Community members propose modifying the *Dipo* rites with less invasive practices, preserving cultural traditions while prioritising girls' reproductive health, autonomy, and protection from coercion and harm (Q04).

3.3.4 Sub-theme 4: Addressing gaps in health education outreach

Irregular school visits by health professionals and limited parental involvement have constrained the impact of reproductive health education, reducing its effectiveness as a tool for change (Q05).

3.3.5 Sub-theme 5: Local government engagement with traditional authorities

The District Assembly has made attempts to collaborate with traditional leaders to revise harmful *Dipo* practices. However, such efforts face significant resistance rooted in cultural preservation (Q06).

3.3.6 Sub-theme 6: Inconsistent support from NGOs and lack of sustainability

While NGOs have played a role in promoting *Dipo* rites' reforms, their involvement is often short-lived, and the absence of sustained, community-driven follow-up undermines long-term impact (Q07).

4 Discussion

The findings of this study reveal critical tensions between the preservation of cultural identity through the *Dipo* rites and the protection of adolescent girls' SRHR . Framed within the CA [33, 55], the analysis highlights how the *Dipo* rites, in its contemporary form, often limits rather than expands girls' fundamental freedoms to live lives they value. Central to this concern is the curtailment of agency, bodily autonomy, and access to vital health knowledge.

A prominent theme emerging from the study is the lack of voluntary participation in the *Dipo* rites, particularly for girls who are still minors. The ritual is often imposed by parents or guardians without the girl's consent, reflecting the dominance of communal authority over individual agency. The issue of consent is especially critical when minors are involved, as children may lack the legal and developmental capacity to provide fully informed and voluntary agreement. In such contexts, parental authorisation often substitutes for the child's assent, raising ethical concerns regarding coercion, psychological pressure, and limited avenues for refusal. The consequences of this imposed participation may include emotional distress, internalised stigma, diminished self-determination, and constrained educational or life choices, particularly where refusal is socially sanctioned. This practice aligns with earlier critiques in the Ghanaian context [10, 56], where traditional norms frequently override the rights of girls, especially in rural settings. Under the CA , such imposition undermines girls' autonomy, an essential freedom, and their ability to assess and shape their life trajectories critically.

Closely related to the lack of voluntary participation in the *Dipo* rites is the ritual's treatment of the female body, where semi-nudity in public spaces is not uncommon. This exposes girls to intense psychological discomfort and violates their right to privacy and dignity. While proponents claim this display is symbolic and spiritually significant, its effect often reduces the female body to an object of public scrutiny. Comparatively,

similar concerns have been raised in studies on initiation rites in Zambia and Malawi [57], where public performances of femininity have been critiqued for sexualising adolescent girls prematurely. These comparative cases are referenced to situate the findings within broader African scholarship rather than to extend empirical claims beyond the present study context.

The *Dipo* rites emphasis on obedience, submission, and preparation for marriage continues to reinforce patriarchal gender roles. The rite prioritises teaching girls to be submissive wives, focusing on domestic roles and sexual purity rather than education, career aspirations, or equal partnership [14]. This framing of womanhood, documented in Ghana's Krobo communities, idealises subservience, limiting girls' decision-making, equality, and freedom from domination. Within the context of Yilo Krobo Municipality, participants in this study frequently described these gendered expectations as shaping girls' life trajectories, and these interpretations should be understood as grounded in this specific Municipal setting rather than as a claim of national uniformity. Similar patterns have been observed in other African initiation rites. For instance, the Xhosa female initiation rites (*intonjane*) in South Africa emphasise preparing girls for marriage and motherhood, reinforcing male authority and domestic roles over personal agency [58]. Likewise, the *Sande* society rites in Sierra Leone and Liberia *teachã* teach girls to prioritise male satisfaction and traditional gender roles, perpetuating patriarchal hierarchies under the guise of cultural morality [59]. These comparative examples are presented illustratively to situate the Yilo Krobo Municaplity findings within broader African scholarship and are not intended as direct empirical parallels or extensions of the present study's data. These practices, like the *Dipo* rites, reproduce gender inequalities by framing womanhood within patriarchal norms, restricting girls' capabilities and autonomy.

An additional concern is the physical and emotional distress that some girls endure during the process. Though usually framed as a sacred tradition, reports of physical punishment, harsh rules, and emotional intimidation point to coercive elements that may have long-term effects on their mental health. This resonates with findings from Nigeria's fattening room practices [60], where girls are secluded and subjected to disciplinary routines deemed spiritually necessary but psychologically harmful. This finding also supports Abbey et al.'s [61] study in Ghana, which found that girls who had participated in the *Dipo* rites experienced higher psychological distress than those who had not. Within the CA framework, such experiences compromise a girl's ability to achieve emotional development and bodily integrity, fundamental to a dignified life.

Also noteworthy is the association of the *Dipo* rites with early marriage and social expectations of sexual readiness [4]. Girls who complete the *Dipo* rites are often perceived as eligible for marriage, even when they are below the legal age [2, 62]. This dynamic contributes to child marriage and exposes girls to early pregnancies, limiting their access to continued education and increasing vulnerability to health risks, issues echoed in studies on traditional rites in northern Ghana [56] and parts of Ethiopia [63]. These outcomes are particularly alarming given the global and national commitments to end child marriage and ensure universal access to adolescent reproductive health services. While this study documents these perceptions within the Yilo Krobo Municaplity, it does not establish a direct causal relationship between the *Dipo* rites participation and early marriage outcomes.

A further point of concern is the absence of structured sexuality education within the *Dipo* initiation process. While the rite emphasises chastity and sexual restraint, it largely fails to equip girls with comprehensive knowledge about reproductive health, contraception, or sexual consent. This missed opportunity weakens their capability to make informed sexual and reproductive decisions, a gap also identified in prior studies on similar rites in Ghana and Nigeria [60, 64]. Without such information, girls are ill-prepared to navigate the complex realities of adolescent sexuality in the modern world.

Yet, despite these limitations, the *Dipo* rites still holds cultural significance for many. For some participants, it represents a moral compass and a cherished marker of identity. It is often perceived as a tool for social cohesion and a means of upholding values such as sexual discipline and communal belonging. However, the question posed by the CA is not whether culture matters; it certainly does, but whether cultural practices enhance or constrain individuals' fundamental freedoms. In its current form, the *Dipo* rites appears to constrain more than it empowers, particularly for girls who are most vulnerable to the adverse effects of ritual coercion and gendered expectations.

In sum, while the *Dipo* rites remains a potent cultural symbol, its contemporary application often conflicts with national laws on children's rights and with international human rights instruments such as the ACRWC . If retained, the practice requires urgent reform, toward a model that celebrates identity and tradition while affirming the evolving rights, health, and agency of adolescent girls.

4.1 Implications for policy and practice

The findings of this study hold significant implications for reproductive rights, child protection, and cultural reform policies in Ghana.

First, policymakers should consider initiating a national dialogue on the reform of traditional womanhood rites, encouraging community leaders, traditional authorities, and women's rights organisations to participate. Such dialogue should prioritise participatory engagement with youth and former initiates to ensure that reform conversations reflect lived experiences rather than solely institutional perspectives.

Second, the Ghana Health Service and the Ministry of Gender, Children and Social Protection should collaborate with local traditional councils to integrate comprehensive sexuality education into initiation rites. This could include modules on menstruation, sexual consent, reproductive health, and gender equality, framed in culturally acceptable ways. Any integration of health education should be co-designed with traditional leaders to enhance community legitimacy and sustainability.

Third, legal and child protection frameworks must address coercion, age-inappropriate exposure, and early marriage implications arising from rites like the *Dipo* rites. While respecting culture, there should be clear guidelines that protect girls' rights to informed consent and bodily autonomy. Strengthening community-level monitoring and awareness mechanisms may improve the practical implementation of these protections.

Finally, empowering adolescent girls through education and leadership initiatives can equip them to question harmful norms and advocate for rights-based reforms from within their communities. These recommendations are presented as informed proposals derived from qualitative insights rather than as direct evidence-based outcomes, given the study's single-municipality scope.

5 Limitations and strengths of the study

This study, while offering rich insights, is subject to some limitations. The most notable limitation concerns the scope of the sample. With a total of 30 participants drawn from a single Municipality, the findings cannot be generalised to all Krobo communities or similar rites practised elsewhere in Ghana. Additionally, the qualitative nature of the data relies on self-reported accounts, which may be affected by recall bias or social desirability, especially when discussing sensitive cultural topics. Participants may have downplayed or exaggerated certain aspects of the *Dipo* rite based on their perceptions of what the researcher wanted to hear or how they wished to be viewed.

Another limitation relates to the absence of observational data. The study relied entirely on interviews and did not include direct observations of the *Dipo* rites, which may have provided additional context to validate or challenge the reported experiences. Furthermore, the findings represent the perspectives of a limited set of stakeholders. However, the sample included youth, elders, and former initiates. Perspectives from key actors such as ritual facilitators and district health or education officials were not explicitly included.

Despite these limitations, the study has several notable strengths. First, it prioritised community voices, including both proponents and critics of the *Dipo* rite, thereby providing a balanced and contextually grounded understanding of the issues. The use of direct quotes enhanced the credibility and authenticity of the findings, giving texture to abstract themes. Moreover, the application of the CA as a theoretical lens offered a novel way of interpreting how cultural practices intersect with human development and rights. Rather than imposing a Western human rights critique, the framework allowed for a nuanced analysis that respects culture while still advocating for girls' freedoms and well-being.

Finally, the study contributes to a relatively underexplored area in the literature by focusing not just on the physical outcomes of rites of passage but on how they shape adolescents' lived experiences and future opportunities. This approach has implications for rights-based policy and practice in Ghana and beyond.

6 Conclusion

This study explored community perceptions of the *Dipo* womanhood rites and their implications for adolescent girls' SRHR in the Yilo Krobo Municipality of Ghana. Drawing on qualitative data from 30 diverse participants and interpreted through the lens of the CA , the study identified critical tensions between cultural preservation and the promotion of girls' autonomy and well-being. The findings demonstrate that while some aspects of the *Dipo* rite are valued for reinforcing identity, morality, and social integration, others are increasingly viewed as harmful. These include the violation of bodily autonomy, sexual objectification, reinforcement of patriarchal norms, physical discomfort, and increased vulnerability to early marriage. Perhaps most concerning is the absence of comprehensive sexual and reproductive health education within the rite, which leaves girls ill-equipped to protect their rights and health. The CA helps explain how these rites may constrain girls' capabilities, especially their ability to live with dignity, make informed choices, and develop bodily integrity. From this perspective, reform efforts must go beyond eliminating harmful practices to ensuring that girls are empowered with the knowledge, freedom, and support needed to thrive.

In conclusion, safeguarding girls' SRHR in the context of the *Dipo* rites demands a culturally sensitive yet rights-based approach. While outright abolition of traditional practices may not be practical or acceptable to communities, reform through dialogue, inclusive participation, and integration of sexual health education could offer a middle ground. Such an approach respects cultural heritage while also promoting the freedoms necessary for girls to live flourishing lives.

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Accordance
This study was conducted with the ethical standards of the University of Cape Coast Institutional Review Board and the principles of the Declaration of Helsinki.

Author contributions
EA-M conceptualised, designed and collected the data for the study. EA-M, and SK-G analysed the data for the study. FK-A supervised and validated the data for the study. EA-M, SK-G, and FK-A wrote the draft of the manuscript. All authors revised and proofread the manuscript and approved for submission.

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Data availability
Datasets generated and analysed in this study are available from the corresponding author upon reasonable request.

Declarations

Ethics approval and consent to participate
The Institutional Review Board of the University of Cape Coast approved this study.

Informed consent
Written informed consent was obtained from all participants before data collection. Also, parents or guardians gave their written informed consent before their daughters were interviewed. Furthermore, participation in the study was voluntary. The data collection adhered to the principles of the Declaration of Helsinki.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

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