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LITERACY, WOMEN'S AUTONOMY AND FEMALE GENITAL MUTILATION IN OSOGBO, OSUN STATE.

A dissertation submitted By

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To

DEPARTMENT OF COMMUNITY HEALTH, FACULTY OF CLINICAL SCIENCES, COLLEGE OF HEALTH SCIENCES, OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE, OSUN STATE.

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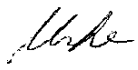
CERTIFICATION

This is to certify that AKINKUNMI GRACE EGBINOLA carried out this research work during the course of her study in the Department of Community Health, Faculty of Clinical Science, Obafemi Awolowo University, Ile-Ife, Nigeria.



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DEDICATION

This project is dedicated to Almighty God.

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GLOSSARY OF TERMS

Ante-natal Care(ANC)	Is the care received from healthcare professionals during pregnancy.
Autonomy	Individual's capacity for self-determination or self-governance. It is the state of existing or acting separately from others.
Circumcision	Is the surgical removal of the skin covering the tip of the penis. When done on external female genitalia it is female genital mutilation.
Focus Group Discussion(FGD)	Is a small-group discussion usually about 8-12 people, guided by a trained leader. It is used to learn more about opinion on a designated topic and then to guide future action.
Female Genital Mutilation (FGM)	Is any procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural, religious or other non-therapeutic reason.
In-depth Interview (IDI)	Is a qualitative research technique, conducted by a researcher. It usually collects specific information from one person

ABSTRACT

The study assessed the influence of literacy and women's autonomy on the practice of Female Genital Mutilation in Osogbo, Osun State, and identified the main factors responsible for persistence of the practice, determined the relationship between women's autonomy and decision-making on female genital mutilation with a view to provide information on how literacy amongst women and their autonomy would help stop the practice of female genital mutilation and provide policy makers strategies for its elimination in the community.

It was a descriptive, cross sectional study of 420 women of reproductive age (15-49 years) who have at least one female child below 5 years.Multi stage sampling technique was used to select respondents. The questionnaire was adapted from women's questionnaire on female genital cutting, NDHS 2008 and modified. Data was analysed with Stata Software, version 12.0. Pearson chi square was used to determine association between dependent and independent variables with p-value set at 0.05. Ethical approval was obtained from the Research Committee of the Institute of Public Health, O.A.U, Ile-Ife.

The result of the study showed that the prevalence of FGM among women of reproductive age group (15-49 years) in Osogbo was 51.7% and 25.7% in children below five years respectively.

Type 1 FGM featured more than the other types and 49.1% of the circumcisions were carried out by traditional circumciser/excisors. There was a significant association between mothers' level of education and decision-making on their personal health (p-value less than 0.05). Mother's level of education significantly influenced circumcision of their daughters ($p < 0.05$). Women autonomy have no significant relationship with the practice of FGM (OR 1.43, CI 0.48-4.44, p value 0.511.

This study concluded that access to education is a key strategy to eliminate the practice of FGM and therefore recommends to the Ministry of Education to integrate the issues of FGM into school curriculum, national curricula and teacher training programmes.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Female genital mutilation comprises any procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural, religious or other non-therapeutic reason (WHO, 2014). FGM is a fundamental violation of the rights of girls and women. It categorically violates the right to health, security, physical integrity, freedom from torture and cruelty, inhuman or degrading treatment and the right to life when the procedure results in death (WHO, 2014). Furthermore, girls usually undergo the practice without their informed consent, depriving them of the opportunity to make independent decision about their bodies.

The procedure known as Female Genital Mutilation was referred to as female circumcision until the early 1980's, when the term "Female Genital Mutilation" came into use (Rahman and Toubia 2000) The term *female genital mutilation* was coined in the 1970s by Austrian-American feminist Fran Hosken (Boyle, 2002). The term was adopted at the third conference of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, in Addis Ababa, Ethiopia. In 1991 the World Health Organisation recommended its use to the United Nations (WHO, 2008). It has since become the dominant term within the medical literature to differentiate the severity of the procedures from male circumcision, which involves removal of the foreskin. The use of the word "mutilation" reinforces the idea that this practice is a violation of girls and women's human rights, and thereby helps promote national and international advocacy towards its abandonment. At the community level, however, the term can

be problematic. Local languages generally use the less judgmental term "cutting" to describe the practice; parents understandably resent the suggestion that they are "mutilating" their daughters. Other terms apart from female circumcision include Female Genital Cutting, Female Genital Surgeries, Female Genital Alterations, Female Genital Excision, Female Genital Modification (Momoh, 2005).

Female autonomy is the ability of women to make choices/decisions within the household relative to their husbands. If women are confined to the domestic sphere, they suffer a decline in status and decision-making power relative to their spouse. Female autonomy is "the capacity to maximise one's personal environment. Autonomy indicates the ability-technical, social, and psychological - to obtain information and to use it as a basis for making decisions about one's private concerns and those of one's intimates" (Dyson and Moore, 1982) . Female autonomy is "processes by which those who have been denied the ability to make strategic life choices acquire such an ability" (Kabeer, 1999). Educating a woman and increasing her decision making capacity will help curb FGM and reduce infertility, increase child survival rates, and allocation of resources within the household.

1.2 STATEMENT OF PROBLEM

The World Health Organization estimates that, more than one hundred and twenty-five (125) million girls and women alive today have been cut, and every year more than three million girls are at risk (WHO, 2014). Every 10 seconds, somewhere in the world, a little girl is a victim of genital mutilation. In the past, Nigeria had the highest number of cases in the world, but now bears the burden of about one quarter of the estimated circumcised women in the world with a prevalence of 30% (NDHS, 2008). The practice is mostly carried out by an elderly woman or traditional circumcisers, who often play other central roles in the community, such as attending

childbirths. However, 18% of all FGM is performed by health care providers, and this trend is increasing (WHO, 2014).

The procedure is carried out using special knives, scissors, razors, or pieces of glass (WHO, 2001). On rare occasions sharp stones have been reported to be used (e.g. in eastern Sudan), and cauterization (burning) is practised in some parts of Ethiopia. Finger nails have been used to pluck out the clitoris of babies in some areas in Gambia. The instruments may be re-used without being cleaned (leading to increased risk of HIV and Hepatitis). Anaesthesia is rarely used and the girl is held down by a number of women frequently including her relatives. The procedure may take 15 to 20 minutes, depending on the skill of the operator, the extent of excision and the amount of resistance put up by the girl. The wound is dabbed with anything from alcohol or lemon juice to ash, herb mixtures, porridge or cow dung, and the girl's legs may be bound together until healing is completed (Momoh, 2005).

The age at which it is done varies from infancy to 15 years and even during childbirth. Although there is evidence of FGM decline, it is still widely practiced among many ethnic groups in Nigeria (Slander *et al.,* 2002, Snow, 2002, Abubakar *et al.,* 2004, WHO 2010), and varied prevalence rate exists among the various regions in Nigeria. This range from 58% in Southwest, and 51% in Southeast, the irony is that the southern states that have higher literacy levels are more involved in this primitive socio-cultural practice (NDHS, 2008). The practice of FGM have deleterious effects on the physical, psychological, sexual and reproductive health of women, severely deteriorating their present and future quality of life.

1.3 JUSTIFICATION

The need for this study is due to the high prevalence of FGM in Osun State of 58% and a national prevalence of 30% (NDHS, 2008). FGM does not reduce promiscuity, the circumcised

females experience depression more than the uncircumcised and, circumcised females have more difficulty than their uncircumcised counterparts in becoming sexually aroused and attaining orgasm (Sipsma *et al.*, 2012). FGM have no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girl's and women's bodies (WHO, 2014). The social issue associated female genital mutilation such as, rite of passage to adulthood, also play a large role in the prevalence of this practice. In most African countries, the odds of females being circumcised increased with being older and having less education, male preference for circumcised women is an important factor associated with the perpetuation of the practice (Okonofua, 2006). Despite its numerous complications, this harmful practice has continued unabated, not withstanding that Nigeria ratified the Maputo Protocols and was one of the countries that sponsored a resolution at the 46th World Health Assembly calling for the eradication of female genital mutilation in all nations. The Committee on the Elimination of Discrimination against women, issued several recommendations in 1990 urging States to take appropriate and effective measures with a view to abolishing traditional practices prejudicial to the health of women and children. Various health regulations and laws have also been put in place in many nations prohibiting all forms of traditional practices injurious to health and well-being of female persons. Accurate information is necessary for its eradication and to dispel the tradition, myths and beliefs about FGM. The role of women in decision making as well as their education is paramount to stopping this act.

This study provides information on how literacy amongst women and their autonomy would help to stop the practice of female genital mutilation. Other