Introduction

The World Health Organization estimates that more than 100 million of women and girls have undergone female genital cutting (FGC) and 2 million more are at risk of undergoing the practice every year, particularly in sub-Saharan Africa. Reasons cited for the practice include preservation of culture and morals, religion, family honor, maintenance of cleanliness or hygiene, maintenance of female virginity, and insurance of female sexual fidelity. Although it is recognized that FGC is closely linked with the position of women in society, little attention has been directed to examining the relationship between women's status and attitudinal support for the discontinuation of FGC.

The persistence of FGC in sub-Saharan Africa in spite of numerous interventions to curtail the practice (including the promulgation of laws outlawing the practice, the development of alternative rights of passage, the utilization of a positive deviance approach, public declarations, etc.) calls for an exploration of how eradication efforts might be intertwined with the widespread promotion of new social roles and identities for women. Using data from the 2005 Ethiopia Demographic and Health Survey (DHS), this paper examines how (1) beliefs and attitudes about women's sexual empowerment and domestic violence; (2) power dynamics in marital/cohabiting unions; and (3) women's access to intellectual and financial resources are intertwined with women's attitudes toward the discontinuation of FGC. It is hoped that the results of this study will inform the development of interventions to reduce gender inequality and promote attitudinal support of FGC eradication efforts.

Data and Methods

Data

The 2005 Ethiopia DHS was a nationally-representative survey and utilized a two-stage sampling design and face-to-face interviews to collect data on a wide range of social and health issues. Questions on FGC pertained to women's knowledge and experience of the practice: whether the genital area was sewn close, daughters' experience of FGC (whether they had undergone the practice, whether the genital area was sewn close, age at FGC and type of practitioner) and whether the respondent felt that the practice should be continued or discontinued. The latter question was restricted to women who had heard of FGC. Unfortunately, the survey did not collect on women's perceptions about the positive and negative aspects of FGC.

Measures

The outcome variable is dichotomous and measures whether the woman believes that FGC should be discontinued. Measures of gender inequality and women's empowerment were categorized into four groups: (1) inequality in sexual relationships; (2) inequitable power dynamics; (3) inequitable reproductive preferences; and (4) women's access to resources.

Methods

The analysis was conducted separately for urban and rural areas using STATA (version 9.0) SVY procedures, with the estimates adjusted for the multi-stage cluster sampling design and homogeneity within sampling clusters. The analytical sample consisted of 7400 currently married women who had heard about FGC and had no missing data for any of the covariates or for the dependent variable.

Results

Bivariate Analysis

Slightly more than half of currently married women agreed that FGC should be discontinued. Measures of inequality in sexual relationships showed that support for the discontinuation of FGC was strongest among women with lower levels of acceptance of wife beating and who supported a wife's right to negotiate safer sex by refusing to have sexual intercourse with her husband if he had an STD or other women, especially in rural areas. In urban areas, agreement with the following reasons for refusing sex was unrelated to the level of support for the discontinuation of FGC: (a) "husband has other women"; (b) "she [wife] is tired or not in the mood". The higher was women's level of self-efficacy in sexual interactions in marriage, the higher was the level of support for FGC discontinuation. For example, the percentage of women who agreed that FGC should be discontinued increased from 50 percent among those with low levels of self-efficacy to 59 percent and 75 percent among those with medium and high levels, respectively.

Power imbalances in the union also affected women's level of support for the discontinuation of FGC, but more so in rural than in urban areas. In rural areas, the relationship between pattern of decision-making and attitudinal support for the discontinuation of FGC varied with the type of decision. For decisions about large household purchases, support was highest among women who usually made those decisions alone whereas for decisions about how to use the husband's earnings, the highest level of support for the discontinuation of FGC was found among women who made the decision jointly with their husband/partner or who reported that the decision was made by someone else. In urban areas, levels of support for FGC discontinuation were lowest among women who reported that their husbands made sole decisions about the use of their earnings.

There was no clear relationship between spousal imbalance in educational attainment and husband-wife differences in family size desires and the prevalence of support for FGC discontinuation among women. In rural areas, for example, support was lowest among women who believed their husbands wanted more children than they did or who did not know their husband's fertility preferences. In urban areas, the lowest level of support was found among women who reported that their husbands desired fewer children and the highest level, in unions characterized by equitable reproductive preferences. As expected, there was a positive relationship between women's education and support for FGC. However, the level of agreement that FGC should be discontinued did not vary by

women's employment and type of earnings. In general, there was substantially stronger support for the discontinuation of FGC in urban than in rural areas but among women with secondary or higher education, levels of support for FGC discontinuation did not vary much by type of place of residence.

Multivariate Analysis

Table 3 presents the results of multivariate regression models of the likelihood of supporting the discontinuation of FGC. All measures of sexual inequality in marital unions were related to the likelihood of supporting the discontinuation of FGC. Regardless of type of place of residence, increased acceptance of domestic violence was associated with lower odds of supporting the discontinuation of FGC. Significantly lower odds were also found among urban women whose husbands desired fewer children and among rural women who did not know their husband's family size preferences as compared to those whose husbands had similar family size preferences. The age at first marriage, the age gap between spouses and type of employment were unrelated to the odds of agreeing that FGC should be discontinued.

When analyzed separately by place of residence, high levels of sexual empowerment increased rural women's odds but were unrelated to urban women's odds of supporting the discontinuation of FGC. In both settings, self efficacy in sexual interactions was associated with stronger odds of agreeing that FGC should be discontinued (urban areas: OR = 3.520;; rural areas: OR = 1.544). Controls for women's experience and type of FGC did not influence the relationship between measures of sexual inequality in the union and the odds of supporting the discontinuation of FGC. In urban and rural areas combined, female dominated decision making was associated with stronger odds of agreement but separate models by type of residence show that this effect was insignificant for urban women.

Education was unrelated to urban women's odds of supporting the discontinuation of FGC. However, in rural areas, women with secondary or higher levels of education were 6 times as likely as women who were uneducated to support the discontinuation of the practice. As expected, higher household wealth was associated with greater odds of support. It is hoped that the results of this study will inform the development of interventions to reduce gender inequality and promote attitudinal support of FGC eradication efforts.

Results of logistic regression models of agreement that FGC should be discontinued, currently married women, Ethiopia 2005

	Urban		Rural		Total	
Background Characteristics	Odds Ratio	Std. Err.	Odds Ratio	Std. Err.	Odds Ratio	Std. Err.
Inequality in Sexual Relationships						
IPV acceptance index	0.257 ***	0.101	0.706 **	0.087	0.683 ***	0.081
Sexual empowerment index	0.792	0.185	1.246 ***	0.067	1.222 ***	0.063
Self-efficacy in sexual interactions						
Low [r]						
Medium	1.991	0.844	1.007	0.089	1.026	0.089
High	3.520 ***	1.145	1.544 ***	0.186	1.584 ***	0.179
Inequitable Power Dynamics						
Decision making about large HH purchases						
Woman alone	0.457	0.218	1.516 **	0.205	1.372 *	0.179
Husband alone [r]						
Both spouses/other	0.664	0.194	1.007	0.087	0.982	0.081
Age at first marriage	1.183	0.210	1.048	0.056	1.060	0.054
Age gap between spouses	0.978	0.019	1.007	0.005	1.006	0.005
Spouses' relative level of education						
Neither educated [r]						
Woman same	2.177	1.335	0.936	0.289	1.197	0.307
Woman less	1.626	0.710	1.368 **	0.135	1.372 ***	0.132
Woman more	2.196	1.905	0.978	0.338	1.236	0.377
Inequitable Reproductive Preferences						
Husband same [r]						
Husband higher	1.234	0.536	0.898	0.107	0.895	0.102
Husband fewer	0.337 **	0.139	1.085	0.196	0.996	0.170
Husband's desires unknown	0.527	0.178	0.747 **	0.076	0.736 **	0.071
Access to Resources						
Woman's education						
Uneducated [r]						
Primary	0.763	0.400	1.652	0.449	1.293	0.288
Secondary or higher	0.817	0.508	6.059 **	3.465	2.947 **	1.186
Employment						
Unemployed [r]						
Unpaid/paid in kind	1.469	0.845	0.949	0.110	0.945	0.108
Cash work	1.512	0.500	0.912	0.161	1.012	0.163
N					7600	

Notes: Regressions control for FGC status, respondent's age, household wealth, and region of residence.
[r] Reference group ; Std. Err Standard error
* p < .05; ** p < .01; *** p < .001