

**COMPARATIVE ANALYSIS OF CHRISTIAN AND
MUSLIM WOMEN'S VIEWS ABOUT AUTONOMY IN
BREAST CANCER GENOMICS RESEARCH
PARTICIPATION IN IBADAN, NIGERIA**

BY

AHMED, MUHAMMAD KAMALDEEN

Matriculation Number: 173051

**DEPARTMENT OF SURGERY, FACULTY OF CLINICAL SCIENCES, COLLEGE OF MEDICINE,
UNIVERSITY OF IBADAN, IBADAN, OYO STATE**

muhammadahmed@westafricanbioethics.net

+2348039644219

B.Sc., MPA, DCS, PGDE

SUPERVISORS:

PROFESSOR ADEMOLA JOHNSON AJUWON

**DEPARTMENT OF HEALTH PROMOTION AND EDUCATION, COLLEGE OF MEDICINE,
UNIVERSITY OF IBADAN, IBADAN, OYO STATE**

DR. (MRS.) EBUNOLUWA OLUFEMI ODUWOLE

**DEPARTMENT OF PHILOSOPHY, FACULTY OF ARTS, OLABISI ONABANJO UNIVERSITY,
AGO-IWOYE, OGUN STATE**

DR. TEMIDAYO O. OGUNDIRAN

**ONCOLOGY DIVISION, DEPARTMENT OF SURGERY, FACULTY OF CLINICAL SCIENCES,
COLLEGE OF MEDICINE, UNIVERSITY OF IBADAN, IBADAN, OYO STATE**

ATTESTATION

This is to testify to the fact that this proposal was written by AHMED, Muhammad Kamaldeen Matriculation Number 173051, and has been read and approved as meeting the requirements for submission for ethical approval, in pursuit of Master's Degree (M.Sc.) in Bioethics from the Department of Surgery, Faculty of Clinical Sciences, College of Medicine, University of Ibadan, Ibadan, Oyo State, Nigeria.

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PROFESSOR A.J. AJUWON
Supervisor

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DATE

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DR. (MRS.) E.O. ODUWOLE
Supervisor

.....
DATE

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DR. T.O. OGUNDIRAN
Supervisor

.....
DATE

SUMMARY

Comparative Analysis of Christian and Muslim Women's Views about Autonomy in Breast Cancer Genomics Research Participation in Ibadan, Nigeria

The aim of this study is to compare the views of Christian women with those of Muslim women about their autonomy in breast cancer genomics research participation in Ibadan, Nigeria. This study would be carried out in the Oncology Clinic, University College Hospital, Ibadan, Oyo State. The proposed participants are breast cancer genomics research participants attending the Oncology clinic of the University College Hospital, Ibadan, Oyo State, as well as some Christian and Muslim religious leaders in Ibadan, Nigeria.

A Cross-Sectional Descriptive Observational Study Design, in which the study participants would be seen and information collected from them at a single point in time would be used for this study. A simple random sampling technique would be used to select participants to respond to structured questionnaires for the quantitative study, while the qualitative study would be carried out by purposively selecting participants for Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs).

About 106 participants would be given questionnaires which contains questions that are divided into four (4) sections: Section A would request information on Respondents' Demographic Characteristics; Sections B would request information on Respondents' Partners'/Fathers' Demographic Characteristics, Section C would request information on Autonomy of Respondents' General/Household Activities, while Section D would request information on Autonomy of Respondents' Breast Cancer Genomics Research Participation. Also, 8 Focus Group Discussions (FGDs) with 8 breast cancer genomics research participants each, and 2 Key Informant Interviews (KIIs) with 2 Christian and 2 Muslim religious leaders, in their various offices/places of worship, would be conducted. The participants would not be exposed to any form of injury/harm during and after the study. Participation would be voluntary and highly confidential.

Findings from the study would generate useful information that would lead to efficient consideration of women autonomy, as vulnerable population, particularly taking note of their religious differences, by clinicians, in particular, and researchers, in general.

INTRODUCTION

BACKGROUND TO THE STUDY

The emergence of Bioethics as a discipline brought up the development of the influential principlist approach to it (Beauchamp and Childress 2013). This approach is hinged on the application of four cardinal moral principles to ethical problems (1979; CIOMS 2002; 2013). These principles are: Autonomy, Justice, Beneficence and Non-maleficence (1979; CIOMS 2002; 2013). The principles are well grounded in the theory of Kantian deontology (Kant 1996; Kant 1996; Kant 1996; Kant 1998), Justice (Rawls 1971), Judeo-Christian morality of tradition (Beauchamp and Childress 2013), Islamic Ethics (Afifi 2007), Utilitarianism (Mill 1859), as well as the physicians' Hippocratic Oath (Miles 2004).

Autonomy refers to the personal rule of the self that is free from both controlling interferences by others and from personal limitation that prevent meaningful choice, such as inadequate understanding (Beauchamp and Childress 2013). The principle of respect for autonomy requires respecting those choices made by individuals whose decisions are free from external interference or personal limitations.

Immanuel Kant holds that autonomy is the foundation of human dignity and the source of all morality (Kant 1996; Kant 1996; Kant 1996; Kant 1998), while contemporary philosophers dissatisfied with utilitarianism are developing a variety of new theories that could be credited to Kantianism (Shell 2009; Robert 2013). Autonomy has been argued as the essential aim of education, and feminist philosophers have championed women's rights under the banner of seeking autonomy (Baehr 2004).

Women are traditionally referred to as weaker vessels (1982; Noronha 2013). They are seen as feeble, indecisive, lacking self-confidence, capacity for self-determination and independence (Karanga 1983; Olawoye, Adeyemo et al. 2001; Jegede and Odumosu 2003; Jegede and Odumosu 2003; Jegede 2009; Jegede 2009; Aluko-Arowolo and Jegede 2012). Anecdotal reports suggest that women's autonomy is limited by the influence of their partners – husbands, and fathers, based on the norms of their society, culture and religion (Karanga 1983; Olawoye, Adeyemo et al. 2001; Jegede and Odumosu 2003; Jegede and Odumosu 2003; Jegede 2009; Jegede 2009; Omodu 2011; Aluko-Arowolo and Jegede 2012).

From the scriptures (Bible and Qur'an), women are said not only to have been created (originated) from (the rib) men (Eve, created from Adam), but also to be their companion, who

not only live under their confinement, but are respectful, obedient and submissive to their decisions and instructions; failure to which they are “disliked and punishable” in the sight of God (2009; al-Hilali and Khan 2012).

Breast cancer ranks second in global cancer incidence and is among the two cancers diagnosed among African women (Adebamowo and Adekunle 1999; Adebamowo and Ajayi 2000; 2007; Ogundiran, Huo et al. 2012; 2013), being the second leading cause of cancer mortality in the United States (Bandera, Chandran et al. 2013; ACS 2014; ACS 2014; DeSantis, Ma et al. 2014; Siegel, Ma et al. 2014). In recent years, breast cancer incidence has stabilized or decreased in some Western countries after decades of increase, but it has steadily increased in many developing countries, including Nigeria (Jemal, Ward et al. 2007; Parkin, Sitas et al. 2008; ACS 2011). It is now the most common cancer in Nigeria (Adebamowo and Ajayi 2000). Some of this increase in incidence may be due to demographic changes such as longer life expectancy, better reporting of disease and improved access to clinical care (Adebamowo, Ogundiran et al. 2003; Adebamowo, Ogundiran et al. 2003; Ogundiran, Huo et al. 2010; Akarolo-Anthony, Ogundiran et al. 2012). Hence, the justification of breast cancer research participants for this autonomy view study among women; comparing Christian and Muslim women’s views, the two religions being the most populous religions in the world (2014; Wikipedia 2014; Wikipedia 2014). Furthermore, they share common views on several ethical principles, ranging from honesty to objectivity, truthfulness, justice, openness and beneficence. Notwithstanding, the extent to which these and many more other principles are emphatically expressed differ, particularly in the context of modernisation and modern day practice of religions.

STATEMENT OF THE PROBLEM

Researches conducted have revealed that African women have difficulties in making autonomous decisions because of the environments and conditions in which they find themselves (Karanga 1983; Olawoye, Adeyemo et al. 2001; Jegede and Odumosu 2003; Jegede and Odumosu 2003; Jegede 2009; Jegede 2009; Omodu 2011; Aluko-Arowolo and Jegede 2012). In Africa, patriarchy is well grounded to the extent that some African culture conceive women as mere material means by using female (wives) for receiving visitors, using them to satisfy the sexual hunger of their visitors, while others do not consider them to inherit their dead ones, instead they are inherited – like the case of Orangun of Ila, who inherited the wives of his father – Oduduwa, the founder of Yoruba race (Johnson 2010). Hence, most African women do not have right to make decisions on their own or even be consulted on issues bothering on their persons (Jegede 1998). Consequently, they (whether married or single) need

the permission of their husbands, fathers or family heads (usually a man) before taking any decisions about participation in research, or otherwise. The woman is usually treated as someone incapable of making and taking decisions on her own. As mentioned above, studies on women autonomy have revealed this much (Karanga 1983; Jegede 1998; Olawoye, Adeyemo et al. 2001; Jegede and Odumosu 2003; Jegede and Odumosu 2003; Jegede 2009; Jegede 2009; Johnson 2010; Omodu 2011; Aluko-Arowolo and Jegede 2012), but none has compared views of Christian and Muslim women about autonomy. Hence, the purpose of this study is to assess the extent to which the autonomy of Ibadan breast cancer genomics research participating women is influenced and affected by external factors, patriarchal, societal and cultural. Also, this study seeks to compare the relationships between the views about self-decision-making capacity – Autonomy of Christian and Muslim women who participate in breast cancer genomics research in Ibadan, and identify factors influencing both groups.

OBJECTIVES OF THE STUDY

The main aim of this study is to compare the views of Christian women with those of Muslim women about their autonomy in breast cancer genomics research participation in Ibadan, Nigeria.

Specifically, the objectives of this study are to:

1. Determine Christian women's views about their autonomy in breast cancer genomics research participation in Ibadan, Nigeria.
2. Determine Muslim women's views about their autonomy in breast cancer genomics research participation in Ibadan, Nigeria.
3. Identify the factors that influence Christian women's autonomy in breast cancer genomics research participation in Ibadan, Nigeria.
4. Identify the factors that influence Muslim women's autonomy in breast cancer genomics research participation in Ibadan, Nigeria.

RESEARCH QUESTIONS

This study aims at answering these research questions:

1. How do Christian and Muslim women who participate in breast cancer genomics research in Ibadan, Nigeria perceive their autonomy?
2. What is the impact of patriarchy on the autonomy of Christian and Muslim women who participate in breast cancer genomics research in Ibadan, Nigeria?
3. What are the social and cultural factors affecting the autonomy of Christian and Muslim women who participate in breast cancer genomics research in Ibadan, Nigeria?
4. Does religion influence the autonomy views of Christian and Muslim women who participate in breast cancer genomics research in Ibadan, Nigeria?
5. Does marital status influence the autonomy views of Christian and Muslim women who participate in breast cancer genomics research in Ibadan, Nigeria?
6. Does literacy level influence the autonomy views of Christian and Muslim women who participate in breast cancer genomics research in Ibadan, Nigeria?
7. How does religion differ in the influence of Ibadan breast cancer genomics research participating Christian and Muslim women's views about autonomy?

RESEARCH HYPOTHESES

This study aims at testing these research hypotheses:

1. There is no significant difference between Ibadan breast cancer genomics research participating women's views about autonomy and their religion?
2. There is no significant difference between Ibadan breast cancer genomics research participating women's views about autonomy and their marital status?
3. There is no significant difference between Ibadan breast cancer genomics research participating women's views about autonomy and their literacy level?
4. There is no significant relationship between Ibadan breast cancer genomics research participating Christian and Muslim women's views about their autonomy.

JUSTIFICATION OF THE STUDY

Research ethics has been frequently criticized for failing to address how women's participation in research is affected by patriarchy. The question of the implications of autonomy for research participation has been asked frequently. This question is central to this study. However, the idea of using research participation as the point to assess autonomy in women might seem dubious from the outset, but one important stand in the feminist critique of research participation comes from the observation that women's participation in research undermines their autonomy. Many theories for instance have pointed out that research participation is

inculcated in women through socialization process that curb their ambitions and abilities, making them excessively dependent on the approbation of others and induce them to over-identify with the goals of others to the neglect of their own (Kim 2004). The result has been loss of women's autonomy, particularly women's personal autonomy. Many have attributed this claim to divinity, simply put, religion. This study is hence necessitated by the need to ascertain the extent to which women's autonomy is influenced by men, culture, society, and particularly religion; and make comparison between the influence made by Christianity and Islam on women's autonomy, as viewed by them.

LIMITATION OF THE STUDY

Firstly, the time limit of the study is not long, since it is a research project for the award of M.Sc. Bioethics in the University of Ibadan, Ibadan, which has a non-flexible limited time for such. Secondly, there could be some delay in the response of the participants, since the study is not their primary objective of visiting the hospital. Furthermore, the hospital environment characterised with busy official activities of physicians and other health workers might also pose some challenges in the activism of the venue planned to be used for the study. Finally, anxiety to quickly seek medical intervention by participants may also affect the data collection process, particularly the interview aspect of the information collection. Nevertheless, since the researcher is looking for depth and richness rather than breadth of information, I believe that the objectives of the study would be achieved.

CONCEPTUAL DEFINITIONS

Some words, frequently used and particular to this study are defined, as follows:

Christian:

A Christian is a person who adheres to Christianity, an Abrahamic, monotheistic religion based on the life and teachings of Jesus of Nazareth. "Christian" derives from the koine Greek word "Christ", a translation of the biblical Hebrew term Messiah.

Christianity:

Christianity (from the Ancient Greek translation Christos of the Hebrew Masiah, meaning "the anointed one" and the Latin suffixes *ian* and *itas*) is a monotheistic, Abrahamic religion based on the life and teachings of Jesus Christ as presented in the New Testament. Christianity is the world's largest religion, with approximately 2.2 billion adherents, known as Christians. Most Christians believe that Jesus is the Son of God, fully divine and fully human, and the saviour

of humanity prophesied in the Old Testament. Consequentially, Christians refer to Jesus as Christ or Messiah.

Islam:

Islam is a monotheistic and Abrahamic religion articulated by the Qur'an, a book considered by its adherents to be the verbatim word of God and by the teachings and normative example of Muhammad, considered by them to be the last prophet of God. With about 1.57 billion followers or 23% of earth's population, Islam is the second-largest religion and one of the fastest-growing religions in the world.

Muslim:

A Muslim, sometimes spelled Moslem, is an adherent of Islam. Muslims believe in Qur'an as their Holy book and also follow the teachings and practices of Muhammad as recorded in traditional accounts called "Hadith". Muslim is an Arabic word meaning: "one who submits to God".

Religious Leader:

A religious leader is a person who rules or guides or inspires a religious order. For this study, meanwhile, a religious leader may not necessarily be a pastor or an Imam.

Woman:

A woman is a female human. For this study, any female, whether married or unmarried, old or young, who participates in the breast cancer genomics research is considered a woman.

Autonomy

Autonomy refers to the personal rule of the self that is free from both controlling interferences by others and from personal limitation that prevent meaningful choice, such as inadequate understanding (Beauchamp and Childress 2013). The principle of respect for autonomy requires respecting those choices made by individuals whose decisions are free from external interference or personal limitations.

RESEARCH METHODOLOGY

STUDY DESIGN

The design to be used for this study is a cross-sectional descriptive observational survey, in which the study participants would be seen and information collected from them at a single point in time. This survey would be supplemented with qualitative methods which would be conducted to gain insights into the context in which patriarchy; social, cultural and religious, affect the autonomy of women.

STUDY POPULATION

The study population would be women participating in the breast cancer genomics research carried out by a team of researchers in the Oncology Division of the Department of Surgery, University College Hospital, Ibadan, Oyo State. The breast cancer genomics research is a multi-disciplinary collaborative study between Surgery Department, University College Hospital, Ibadan, Oyo State, Nigeria and University of Chicago, USA. It involves professionals like Oncologists, Pharmacists, Pathologists, Gynaecologists, etc. The research started in March, 1998 and is still on-going. It is a case-controlled study that involves breast cancer patients of the Oncology Clinic, University College Hospital, Ibadan, Oyo State, as well as non-patient control groups, usually obtained from the urban communities of Ibadan, outside the hospital premises. Ethical approval is being obtained from the Institutional Review Board (IRB) of University of Chicago, Illinois, USA, as well as the Health Research Ethics Committee (HREC) of University of Ibadan and University College Hospital, Ibadan, Nigeria. After clinical diagnosis, clinic-attending patients are discussed with concerning the study. Consenting patients are then recruited into the study. They then fill questionnaires, and donate blood samples and breast tissues for the study. DNA tests are carried out on the samples, before they are being sent abroad (University of Chicago, USA) for further investigations. Necessary cases are being fed back. The research has produced a number of internationally published articles (Adebamowo and Adekunle 1999; Adebamowo and Ajayi 2000; Adebamowo, Ogundiran et al. 2003; Adebamowo, Ogundiran et al. 2003; Ogundiran, Huo et al. 2010; Ogundiran, Huo et al. 2012).

STUDY SITE

The study site would be the Oncology Clinic, Surgery Department, University College Hospital, Ibadan, Oyo State. The University College Hospital, (UCH) Ibadan was established by an act of parliament in November 1952 in response to the need for the training of medical personnel and other healthcare professionals for the country and the West African Sub-Region. The University College Hospital (UCH) is strategically located in Ibadan, then the largest city in West Africa which is also the seat of the first University in Nigeria. The University College Hospital, Ibadan was initially commissioned with 500 bed spaces. Currently, the hospital has 850 bed spaces and 163 examination couches, current bed occupancy rates ranges from 55-60%. The Hospital, at inception in 1948, prior to the Act of parliament, had two clinical Departments (Medicine and Surgery). However, the Hospital has evolved to accommodate about 60 Departments among which is the first Department of Nuclear Medicine in Nigeria commissioned by the Honourable Minister of health, Professor Eyitayo Lambo on 27 April 2006. The Hospital and the University of Ibadan function in excellent symbiosis and it is impossible to think of one without the other, in the areas of health manpower training, research and clinical service. The hospital is primarily a tertiary institution with appendages of community-based outreach activities at Igbo-Ora, Abedo, Okuku, Sepeteri, Elesu, and Jago, where it offers primary and secondary health care services. The Hospital has 56 service and clinical departments and runs 96 consultative out-patient clinics a week in 50 specialty and sub-specialty disciplines. Its vision is: “To be the flagship tertiary health care institution in the West African sub-region, offering world-class training, research and services, and the first choice for seeking specialist health care in a conducive atmosphere, renowned for a culture of continuing and compassionate care”, while its mission is: “Rendering excellent, prompt, affordable and accessible health care in an environment that promotes hope and dignity, irrespective of status, and developing high quality health personnel in an atmosphere that stimulates excellent and relevant research” (UCH 2014; Wikipedia 2014).

SAMPLE SIZE

This study comprises of both qualitative and quantitative aspects.

Qualitative

For the qualitative aspect of this study, a sample size of sixty-eight (68) participants would be used to collect qualitative information for the study. This consists of sixty-four (64) breast cancer genomics research participants, who are made up of eight (8) Focus Group Discussions (FGDs) of eight (8) breast cancer genomics research participants each. Additionally, four (4)

religious leaders, who are made up of two (2) Key Informant Interviews (KIIs) of two (2) Christian and two (2) Muslim religious leaders each.

Quantitative

For the quantitative aspect of the study, the following process is taken to arrive at the sample size:

Table 1: Number of Not-Less-Than 2 Weeks Breast Cancer Genomics Research Participants Recruited from January, 2014 to April, 2014.

S/NO.	MONTH, YEAR	NUMBER OF PARTICIPANTS
1	January, 2014	94
2	February, 2014	116
3	March, 2014	162
4	April, 2014	136
TOTAL		508

Source: Oncology Clinic/SOP, University College Hospital, Ibadan.

The table above shows the number of not-less-than 2 weeks breast cancer genomics research participants recruited for each of the months of January, February, March and April, 2014; and their total.

Since the quantitative information is expected to be collected for a span of one (1) month, the average monthly recruited breast cancer genomics research participants is computed thus:

Average Monthly Recruited breast Cancer Genomics Research Participants = $508/4 = 127$.

Hence, Estimated Study Population, N is 127.

Since our Error of Tolerance, $e = 5\%$ or 0.05

Therefore, our Estimated Sample Size, $n = N / [1 + N (e^2)]$ (Araoye 2004)

$$= 127 / [1 + 127 (0.05)^2]$$

$$= \underline{96.39468691}$$

Since there is the need to cater for attrition (10% of Estimated Sample Size), the Actual Sample Size is thus calculated:

Firstly, 10% Attrition is 10% of 96.39468691 = $(10 / 100) \times 96.39468691$

$$= \underline{9.639468691}$$

Hence, Actual Sample Size = Estimated Sample Size + 10% Attrition

$$= 96.39468691 + 9.639468691$$

$$= 106.034155601$$

$$\approx \underline{\underline{106 \text{ participants}}}$$

SAMPLING TECHNIQUE

This study comprises of both qualitative and quantitative aspects.

Qualitative

For the qualitative aspect of this study, a convenience sampling technique, a type of non-probabilistic sampling technique (Wordpress 2014), which is based on participants' availability or convenient accessibility would be used to select breast cancer research participants, who are willing to partake in the study (Wikipedia 2014). The same convenience sampling technique would be used to select Christian and Muslim religious leaders.

Quantitative

For the quantitative aspect of this study, a simple random sampling technique would be utilized to select a fair and an unbiased sample of consenting breast cancer genomics research participants.

INCLUSION/EXCLUSION CRITERIA

Inclusion Criteria:

- All consenting Christian and Muslim women who have been enrolled for not less than two (2) weeks and have participated in the breast cancer genomics research in Ibadan, Nigeria.
- Christian and Muslim religious leaders in Ibadan, Nigeria.

Exclusion Criteria:

- All women not participating in the breast cancer genomics research in Ibadan, Nigeria.
- All women participating in the breast cancer genomics research in Ibadan, Nigeria who has not spent a minimum of two (2) weeks after enrolment.
- All non-Christian and non-Muslim women participating in the breast cancer genomics research in Ibadan, Nigeria.
- All non-consenting women participating in the breast cancer genomics research in Ibadan, Nigeria.
- All non-Christian and non-Muslim religious leaders.
- All Christian and Muslim religious leaders that are not in Ibadan, Nigeria.

DATA COLLECTION INSTRUMENT

Qualitative

For the qualitative aspect of this study, Focus Group Discussion (FGD) Guide and Key Informant Interview (KII) Guide would be used. These would guide the data collection process of the study. Both instruments would give a general background to the study, stating its aims and objectives, methodology and ethical considerations of the study. They would also raise questions to be discussed during the discussions and interviews, respectively.

Quantitative

For the quantitative data, well-structured questionnaires would be used to collect information from the respondents. This questionnaire would be divided into four (4) sections – Section A would request information on Respondents' Demographic Characteristics; Sections B would request information on Respondents' Partners'/Fathers' Demographic Characteristics, Section C would request information on Autonomy of Respondents' General/Household Activities, while Section D would request information on Autonomy of Respondents' Breast Cancer Genomics Research Participation. The Questionnaire would be validated.

DATA COLLECTION PROCEDURE

Consent would be obtained from the Principal Investigator of the breast cancer research to use his research participants. Approval would also be sought from the HOD, Surgery Department, as well as the University of Ibadan/University College Hospital (UI/UCH) Health Research Ethics Committee (HREC). After these, written informed consent would be sought from all potential participants – breast cancer genomics research participants and Christian and Muslim religious leaders, by explaining to them the purpose of the research, the risk(s) involved, time to be spent and benefits of the research. Required information would be collected from those that voluntarily enrol in the study.

Qualitative Data Collection Procedure

Firstly, Focus Group Discussions (FGDs) of 8 participants each would be conducted for 4 groups each of Christian and Muslim women; making 8 groups of 8 participants each. These groups of 8 participants each are:

- ✚ Christian Married Literates.
- ✚ Christian Married Illiterates.
- ✚ Christian Unmarried Literates.
- ✚ Christian Unmarried Illiterates.
- ✚ Muslim Married Literates.
- ✚ Muslim Married Illiterates.
- ✚ Muslim Unmarried Literates.

✚ Muslim Unmarried Illiterates.

Table 2: Cellular Description of the Eight (8) Groups of Breast Cancer Genomics Research Participants to be Discussed With.

Religion / Marital Status / Literacy Level		Religion			
		Christian		Muslim	
		Marital Status		Marital Status	
		Married	Unmarried	Married	Unmarried
Literacy Level	Literate	Christian Married Literates	Christian Unmarried Literates	Muslim Married Literates	Muslim Unmarried Literates
	Illiterate	Christian Married Illiterates	Christian Unmarried Illiterates	Muslim Married Illiterates	Muslim Unmarried Illiterates

The table above shows the eight (8) groups of breast cancer genomics research participants that would be discussed with, in their respective cells.

Secondly, Key Informant Interviews (KIIs) would be conducted with each of the 2 Christian and Muslim religious leaders, in their various offices/places of worship, in Ibadan. Information collected would be taped using an audio tape recorder powered by batteries. Notes would be taken as interviews and group discussions are going on. The researcher would hire three (3) Research Assistants who would serve as Translators, interpreting the discussions, interviews and questionnaires to the respondents, as well as recording the discussions and interviews. The translators would be proficient speakers of both the national (lingua franca – English) and local (native – Yoruba) language of the respondents.

Quantitative Data Collection Procedure

For the quantitative data, 106 well-structured Questionnaires would be distributed, administered and collected back from the 106 proposed breast cancer research participants that would have been earlier discussed with and consent obtained from. Interpretations and clarifications would be made for any areas of concern to any willing respondent who needs it. Upon collection, the questionnaires would be checked for their completeness.

Each consenting participant would be provided with a bottle of a non-alcoholic drink, as an incentive for participating in the research.

DATA ANALYSIS PROCEDURE

Both qualitative and quantitative data analyses would be utilized for this study.

Qualitative Data Analysis Procedure

Information obtained from the interviews as well as those from the group discussions would be analysed manually. The researcher and his research assistants would transcribe and translate the recorded interviews and group discussions. Content analysis and comments from participants would be used to analyse qualitative data and summarize distinctive results, and the effect of patriarchy, society, culture, as well as religion on women's autonomy. Comparisons would be made between Christian and Muslim women's views about autonomy, with respect to their marital status and literacy level. Where it would be deemed necessary, interesting statements would be quoted verbatim. The style of presentation would be narrative and descriptive in nature.

Quantitative Data Analysis Procedure

Information obtained from the questionnaires distributed and administered to the respondents would be collated, coded, tabulated and input into the Statistical Package for Social Sciences (SPSS) application software Version 15 for data analysis. Frequency Count and Percentage Tables would be generated to describe the distribution of respondents with respect to their demographic characteristics. Student t-test of difference of two means would be used to determine significant differences between Christian and Muslim women's views about autonomy. Chi-Square (X^2) Descriptive Statistical Test of Dependence would be further utilized to determine the significant dependence of women – Christian/Muslim, married/unmarried and literate/illiterate, and their level of autonomy. Pearson Product Moment Correlation Coefficient would be calculated to determine the relationship(s) between Christian and Muslim women's views about autonomy. All tests would be carried out at 5% level of significance.

ETHICAL CONSIDERATIONS

CONFIDENTIALITY OF DATA

No identifier information would be obtained from the participants in the research. In addition, each respondent would be provided an assurance of confidentiality of information he/she has provided both in the questionnaire and the record of discussions and interviews conducted. To ensure confidentiality, all information/data obtained would be stored in computer under password that will be accessible to only the researcher and his supervisors. Also, all filled questionnaires, and printed or recorded tapes would be stored in a cabinet with lock. Only the researcher and his supervisors would have access to these information/data.

During the questionnaire administration, no sharing of information would be allowed among respondents, as one respondent would be contacted by the researcher or any of his research assistants at a time. Meanwhile, efforts would be made so as to reduce the influence of others on any respondent's answer during the discussions and interviews.

TRANSLATION OF PROTOCOL TO THE LOCAL LANGUAGE

The researcher would hire three (3) research assistants who would explain both the original English-written and the Yoruba-translated research instruments (discussion, interview and questionnaire guides) to the respondents, as each respondent demands; as well as record the discussions and interviews. The three (3) research assistants would be proficient in both English and Yoruba languages.

BENEFICENCE TO PARTICIPANTS

Participants may not benefit directly from the outcome of this study but the result would be used to develop educational policies and interventions on women autonomy, which would benefit many in this community and beyond. Meanwhile, participants would be informed about the results of the research on request, as the findings of the research would be confined to the University of Ibadan libraries and West African Bioethics (WAB) library, for future academic purposes.

Each participant would be given a bottle of a non-alcoholic drink as an inducement or incentive for participating in the study.

NON-MALEFICENCE TO PARTICIPANTS

Given the nature of this study, no injury or harm whatsoever is envisaged in its course on the research participants, but in case of any indirect ailment at the instance of the study, the

researcher will be responsible for directing the affected participant(s) to the health facility available at the venue of the study.

VOLUNTARINESS

No participant would be compelled, coerced or intimidated to participate in this study. Participation is highly voluntary and/or optional. Hence, any non-consenting or declining approached breast cancer genomics research participant and/or Christian and Muslim religious leader would be let be, without any compulsion, coercion or intimidation whatsoever.

Also, participants would not suffer any maltreatment for not being part of this research, as non-participation in this study does not attract any punishment.

Participants are also free to terminate their participation at any point in time without any consequences and may communicate such a decision to the researcher either by speech or by writing.

INFORMED CONSENT FORM

IRB Research Approval Number:

This Approval will elapse on:

Title of Research:

Comparative Analysis of Christian and Muslim Women's Views about Autonomy in Breast Cancer Genomics Research Participation in Ibadan, Nigeria

Name and Affiliation of Researcher/Applicant:

This study is being conducted by Mr. AHMED, Muhammad Kamaldeen of the Department of Surgery, Faculty of Clinical Sciences, University of Ibadan, Ibadan, Nigeria.

Sponsor of Research:

This study is self-sponsored.

Purpose of Research:

The broad aim of this study is to compare the views of Christian women with those of Muslim women about their autonomy in breast cancer genomics research participation in Ibadan, Nigeria.

This study would specifically:

1. Determine Christian women's views about their autonomy in breast cancer genomics research participation in Ibadan, Nigeria.

2. Determine Muslim women's views about their autonomy in breast cancer genomics research participation in Ibadan, Nigeria.
3. Determine the factors that influence Christian women's autonomy in breast cancer genomics research participation in Ibadan, Nigeria.
4. Determine the factors that influence Muslim women's autonomy in breast cancer genomics research participation in Ibadan, Nigeria.

Procedure of the Research:

Consent would be obtained from the Principal Investigator of the breast cancer genomics research in Ibadan, Nigeria to use his research participants. Approval would also be sought from the HOD, Surgery Department, as well as the University of Ibadan/University College Hospital (UI/UCH) Health Research Ethics Committee (HREC). After these, written informed consent would be sought from all potential participants – breast cancer genomics research participants and Christian and Muslim religious leaders, by explaining to them the purpose of the research, the risk(s) involved, time to be spent and benefits of the research. Required information would be collected from those that voluntarily enrol in the study.

For the qualitative procedure, Focus Group Discussions (FGDs) of 8 participants each would be conducted for 4 groups each of Christian and Muslim women; making 8 groups of 8 participants each. These groups of 8 participants each are:

- ✚ Christian Married Literates.
- ✚ Christian Married Illiterates.
- ✚ Christian Unmarried Literates.
- ✚ Christian Unmarried Illiterates.
- ✚ Muslim Married Literates.
- ✚ Muslim Married Illiterates.
- ✚ Muslim Unmarried Literates.
- ✚ Muslim Unmarried Illiterates.

Secondly, Key Informant Interviews (KIIs) would be conducted with each of the 2 Christian and Muslim religious leaders, in their various offices/places of worship, in Ibadan. Information collected would be taped using an audio tape recorder powered by batteries. Notes would be taken as interviews and group discussions are going on. The researcher would hire three (3) Research Assistants who would serve as Translators, interpreting the discussions, interviews and questionnaires to the respondents, as well as recording the discussions and interviews. The

translators would be proficient speakers of both the national (lingua franca – English) and local (native – Yoruba) language of the respondents.

For the quantitative procedure, 106 well-structured Questionnaires would be distributed, administered and collected back from the 106 proposed breast cancer research participants that would have been earlier discussed with and consent obtained from. Interpretations and clarifications would be made for any areas of concern to any willing respondent who needs it. Upon collection, the questionnaires would be checked for their completeness.

Each consenting participant would be provided with a bottle of a non-alcoholic drink as an incentive for participating in the research.

Focus Group Discussions (FGDs) would be carried out for each of eight (8) groups of breast cancer genomics research participants in the University of Ibadan, Ibadan. Each group would comprise of eight (8) persons, making it a total of sixty-four (64) breast cancer genomics research participants in University of Ibadan, Ibadan. Well structured questionnaires would also be distributed among this category of research participants, to obtain data that would be analyzed quantitatively. Key Informant Interviews (KIIs) would be conducted for each of two (2) groups of religious leaders – Christian and Muslim religious leaders in Ibadan. Hence, a total number of sixty-eight (68) research participants would be required for the study.

Qualitative information collected would be taped using an audio tape recorder powered by batteries. Notes would be taken as the Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) are going on. Also, quantitative information would be collected from same Focus Group Discussion (FGD) groups through the use of questionnaires. Three (3) research assistants would be hired to help in the study.

Expected Duration of Research:

Participants are expected to participate in this study for a maximum of ten (10) weeks but the study is hoped to finish in eight (8) weeks, all things being equal.

Risk(s):

This study is both qualitative and quantitative in nature. It may involve the risk of confidentiality due to the nature of some questions. Notwithstanding, it has been designed in a way that participants would not be identified by name or any identification that would be traceable to them.

Costs to the Participants, if any, of joining the Research:

Participants would bear NO COST in participating in this research.

Benefit(s):

Participants may not benefit directly from the outcome of this study but the result would be used to develop educational policies and interventions on women autonomy, which would benefit many in this community and beyond. Meanwhile, participants would be informed about the results of the research on request, as the findings of the research would be confined to the University of Ibadan libraries and West African Bioethics (WAB) library, for future academic purposes.

Each participant would be given a bottle of a non-alcoholic drink as an inducement or incentive for participating in the study.

Confidentiality:

No identifier information would be obtained from the participants in the research. In addition, each respondent would be provided an assurance of confidentiality of information he/she has provided both in the questionnaire and the record of discussions and interviews conducted. To ensure confidentiality, all information/data obtained would be stored in computer under password that will be accessible to only the researcher and his supervisors. Also, all filled questionnaires, and printed or recorded tapes would be stored in a cabinet with lock. Only the researcher and his supervisors would have access to these information/data.

During the questionnaire administration, no sharing of information would be allowed among respondents, as one respondent would be contacted by the researcher or any of his research assistants at a time. Meanwhile, efforts would be made so as to reduce the influence of others on any respondent's answer during the discussions and interviews.

Voluntariness:

No participant would be compelled, coerced or intimidated to participate in this study. Participation is highly voluntary and/or optional. Hence, any non-consenting or declining approached breast cancer genomics research participant and/or Christian and Muslim religious leader would be let be, without any compulsion, coercion or intimidation whatsoever.

Also, participants would not suffer any maltreatment for not being part of this research, as non-participation in this study does not attract any punishment.

Participants are also free to terminate their participation at any point in time without any consequences and may communicate such a decision to the researcher either by speech or by writing.

Alternatives to Participation:

Participants would not suffer any maltreatment for not being part of this research, as non-participation in this study does not attract any punishment.

Due Inducement(s):

Each participant would be given a bottle of a non-alcoholic drink as an inducement or incentive for participating in the study.

Consequences of Participants' Decision to Withdraw from Research and Procedure for Orderly Termination of Participation:

Participants are free to terminate their participation at any point in time without any consequences and may communicate such a decision to the researcher either by speech or by writing.

Modality of Providing Treatments and Action(s) to be taken in case of Injury or Adverse Event(s):

Given its nature, no injury or harm whatsoever is envisaged in the course of this study on the research participants, but in case of any indirect ailment at the instance of the study, the researcher will be responsible for directing the affected participant(s) to the health facility available at the venue of the study.

What Happens to Research Participants and Communities when the Research is Over:

Participants would be informed about the results of the research only on request, as the findings of the research would be confined to the University of Ibadan libraries and West African Bioethics (WAB) library, for future academic purposes.

Statement about Sharing of Benefits among Researchers and Whether this includes or excludes Research Participants:

This research cannot be commercialized in any way. Hence, there is no plan to share any of its proceeds with anybody, including research participants.

Any Apparent or Potential Conflict of Interest:

The views, opinions or abilities of all participants is hoped to be respected. Furthermore, this research is not intended to witch-hunt anybody as it is purely an academic exercise. Hence, there is no obvious or potential conflict of interest associated with this study.

Statement of Person Obtaining Informed Consent:

I have fully explained this research to my potential research participants and have given sufficient information about risks and benefits of the research, for them to make an informed decision.

DATE:SIGNATURE.....

NAME: **AHMED, Muhammad Kamaldeen**

Statement of Person Giving Consent:

I have read the description of the research or have had it translated into the language I understand. I have also talked it over with the researcher to my satisfaction. I understand that my participation is voluntary. I know enough about the purpose, methods, risks and benefits of the research to judge that I want to take part in it. I understand that I may freely stop being part of this study at any time. I have received a copy of this consent form and additional information sheet to keep for myself. I therefore give my consent to participate in this study titled: **COMPARATIVE ANALYSIS OF CHRISTIAN AND MUSLIM WOMEN'S VIEWS ABOUT AUTONOMY IN BREAST CANCER GENOMICS RESEARCH PARTICIPATION IN IBADAN, NIGERIA.** My agreement to participate in this study was voluntary without any coercion, undue influence or intimidation.

DATE: SIGNATURE.....

NAME:

WITNESS' SIGNATURE (if applicable):

WITNESS' NAME (if applicable):

NB: Participant's name is for the purpose of consent only and would not be linked to his/her responses in the discussions or interviews or questionnaires. Additionally, the consent form does not have participant's demographic information which makes it

difficult to trace the name to the actual participant. The form would also be kept confidential and would only be made accessible to the Researcher.

In case participants need further clarifications, please contact the researcher:

AHMED, Muhammad Kamaldeen

West African Bioethics Training Program

Department of Surgery,

Faculty of Clinical Sciences,

University of Ibadan,

Ibadan,

Oyo State.

e-mail: muhammadvkmaldeen@yahoo.com

muhammadahmed@westafricanbioethics.net

Mobile: +2348039644219, +2348058760207, +2348097574720, +2348123763290.

DISCUSSION AND INTERVIEW GUIDES

FOCUS GROUP DISCUSSION (FGD) GUIDE

Background

Thank you for accepting to participate in this discussion group. This study is interested in knowing your views about your autonomy in breast cancer genomics research participation.

To start with, genomics is the study of genes and their functions. It is the study not just of single genes, but of the functions and interactions of all the genes in the genome.

Genomics test is the test that analyzes human genes in order to detect heritable disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes. It is capable of revealing a lot of information such as the presence of heritable disease(s) and whether an individual is carrying any future risk(s) of a disease, or not. Hence, simply put, breast cancer genomics test is a test that analyzes genes in order to detect breast cancer heredity for clinical purposes. It is therefore capable of revealing a lot of information on breast cancer heredity, and whether or not an individual is carrying any future risk(s) of breast cancer.

We would like to hear your views on the few questions we shall ask you about your autonomy on breast cancer genomics research participation. Feel free to express your views even if you disagree with the general view. We are happy to let you know that all comments, whether positive or negative are important. The discussion would be recorded in order not to omit your comments, and a report would be prepared from the transcripts, but the report would not identify anyone (including you) by name. Every effort would be made to make sure that your personal information is kept confidential.

Questions

- Who initiated your participation in the breast cancer genomics research?
- Did you inform anyone before participating in this research? If yes, who?
- Did you take permission from anyone before participating in this research? If yes, who?
- Are you the sole recipient of your research result? If no, who else?
- Would you bear the consequences of your breast cancer genomics research result alone?
If not, who else?
- What factors influence your participation in the breast cancer genomics research?
- To what extent can you manoeuvre these factors?

KEY INFORMANT INTERVIEW (KII) GUIDE

Background

Thank you for accepting to participate in this Interview. This study is interested to know your views about women's autonomy (in breast cancer genomics research).

To start with, genomics is the study of genes and their functions. It is the study not just of single genes, but of the functions and interactions of all the genes in the genome.

Genomics test is the test that analyzes human genes in order to detect heritable disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes. It is capable of revealing a lot of information such as the presence of heritable disease(s) and whether an individual is carrying any future risk(s) of a disease, or not. Hence, simply put, breast cancer genomics test is a test that analyzes genes in order to detect breast cancer heredity for clinical purposes. It is therefore capable of revealing a lot of information on breast cancer heredity, and whether or not an individual is carrying any future risk(s) of breast cancer.

We would like to hear your views on the few questions we shall ask you about women's autonomy on breast cancer genomics research participation. Feel free to express your views even if you disagree with the general view. We are happy to let you know that all comments, whether positive or negative are important. The interview would be recorded in order not to omit your comments, and a report would be prepared from the transcripts, but the report would not identify anyone (including you) by name. Every effort would be made to make sure that your personal information is kept confidential.

Questions

- Does your religion regulate the freedom/autonomy of women?
- Is it religiously right for a woman to make certain decision(s) about her home, e.g., where to live, who stays with her, etc.?
- Is it religiously right for a woman to take certain decision(s) about her person, e.g., what to eat, what type of cloth to wear, what style of hair to do, what job to do, etc.?
- According to your religion, can a woman be the final decider of affairs in her home?
- According to your religion, can a woman take a final decision in participating in a research of this kind – breast cancer genomics research?
- According to your religion, can a woman be the sole recipient of the result of her breast cancer genomics research?
- According to your religion, can a woman be the sole bearer of the consequences of her breast cancer genomics research result?
- According to your religion, can a woman be the sole determinant of possible action(s) to follow her breast cancer genomics research result?

QUESTIONNAIRE

**SURGERY DEPARTMENT,
FACULTY OF CLINICAL SCIENCES,
UNIVERSITY OF IBADAN,**

**IBADAN,
NIGERIA.**

**Questionnaire on Women's Views about Autonomy in Breast Cancer Genomics
Research Participation in Ibadan, Nigeria**

Dear Respondent,

This questionnaire is designed to obtain relevant information on your views about autonomy in breast cancer genomics research participation in Ibadan, Nigeria. The study is purely for academic purpose, and you are kindly required to answer the questions as honest as possible. Even though you will not be paid for your participation, the study will surely contribute to knowledge in this community and beyond. You are not compelled, coerced or intimidated to participate in this study. Hence, your participation is highly voluntary. It does not require your name. Hence, all information provided shall be treated with utmost confidentiality.

Yours faithfully,

AHMED, Muhammad Kamaldeen

SECTION A: Respondent's Demographic Characteristics

1. Religion: Christianity ☐ Islam ☐
2. Marital Status: Single ☐ Married ☐
Divorced/Separated ☐ Widowed ☐
3. Literate: Yes ☐ No ☐
4. Education Level: None ☐ Primary ☐ Secondary ☐
Tertiary ☐
5. Currently Working: Yes ☐ No ☐
6. Occupation: Not working ☐ Agriculture ☐ Unskilled Manual ☐
Skilled Manual ☐ Non-manual ☐ Professional ☐
7. Residence: Rural ☐ Urban ☐

8. Average Monthly Income (N'000): 1 – 20 21 – 40
41 – 60 61 and above

9. Age:

10. Number of Births:

11. Household Size:

SECTION B: Respondent's Partner's (Husband's)/Father's (Guardian's) Demographic Characteristics

12. I am filling this section for my: Partner (Husband) Father (Guardian)

13. Literate: Yes No Do not Know

14. Education Level: None Primary Secondary
Tertiary Do not Know

15. Currently Working: Yes No Do not Know

16. Occupation: Not working Agriculture Unskilled Manual
Skilled Manual Non-manual Professional
Do not Know

17. Average Monthly Income (N'000): 1 – 25 26 – 50
51 – 75 76 – 100
101 and above Do not Know

18. Polygynous: Yes No Do not Know

19. Living in Household: Yes No Not Always

20. Age: Do not Know

SECTION C: Autonomy of Respondent's General/Household Activities

Below are questions on your views about autonomy in General/Household Activities. Kindly respond by ticking (like this: “√”) the response that best agrees with your view out of the

following options: W/R = Woman/Respondent, P/F = Partner/Father, J = Joint (both Respondent and Partner/Father), E = External and NA = Not Applicable.

S/NO.	QUESTIONS	OPTIONS				
		W/R	P/F	J	E	NA
21	Who gives final say over your number of children?					
22	Who gives final say over when you have children?					
23	Who gives final say over what you cook and eat?					
24	Who gives final say over what you wear?					
25	Who gives final say over when you visit your relatives?					
26	Who gives final say over your choice of healthcare?					
27	Who gives final say over your daily household needs?					
28	Who gives final say over your major household purchases?					
29	Who gives final say over your job status/choice?					
30	Who gives final say over your sexual relationship?					

SECTION D: Autonomy of Respondent's Breast Cancer Genomics Research Participation

Below are statements on your views about autonomy in Breast Cancer Genomics Research. Kindly respond by ticking (like this: “√”) the response that best agrees with your view out of the following options: SA = Strongly Agree, A = Agree, DK = Don't Know, D = Disagree and SD = Strongly Disagree.

S/NO.	STATEMENTS	OPTIONS				
		SA	A	DK	D	SD
31	You solely initiated your participation in the breast cancer genomics research					
32	You finally chose to participate in the breast cancer genomics research					
33	You would be the sole recipient of your breast cancer genomics research result					
34	You would be the sole bearer of the consequences of your breast cancer genomics research result					
35	You would be the sole determinant of possible actions to follow your breast cancer genomics research result					

Thank you, very much!!!

YORUBA-TRANSLATED INSTRUMENTS (DISCUSSION AND INTERVIEW GUIDES, AS WELL AS QUESTIONNAIRE) ÌTÓNISỌNÀ FÚN ÌJÍRÒRÒ ÀTÌ ÌFÒRÒWÁNILÉNUWÒ

ÌTÓNISÓNÀ FÚN ÌJÍRÒRÒ TÍ A FOJÚSÙN

ÌFÁÀRÀ

A dúpẹ fún gbígbà tí ẹ gbà láti kópa nínú ìjíròrò yíí. Ohun tí iwádíí yíí dá lé nì láti mọ ìhà tí ẹ kọ sí iwádíí lórí àisàn jejerẹ oyàn. Lákòókò náà, imọ *genomics* dá lé ohun tí ń ẹ okùnfà àjẹbí (genes) àti isẹ wọn. Kí I ẹ ẹyọ kan bí kò ẹ ọpọ ohun tí ó ń ẹ okùnfà gbogbo àjẹbí (genes) àti gbogbo ohun yòókù tí ó ní í ẹ pẹlú rẹ.

Ìdànrawò okùnfà àjẹbí nì ìdànrawò tí o máa ń ẹ àyèwò àjẹbí lára ẹdà èyàn láti lè sàwárí àwọn àrùn tí a lè jogun lára ọbí ẹni, dídáyàtò ẹnikan láàárín ọpọ àwọn yòókù (mutation) àti àwọn ohun mìíràn bẹẹ, fún ilò isẹ isẹgùn. Iwádíí yíí lè tọka oríṣíríṣí nńkan bíi àrùn àjẹbí àti bóyá èyàn kan nì ohun kan lára tí ó le léwu fún un lójó iwájú, tàbí bẹẹ kọ.

Nípa báyyí, a lè sọ léréfè pé, iwádíí nípa jejerẹ oyàn wà láti ẹ iwádíí bóyá àisàn jejerẹ oyàn jẹ nńkan àjẹbí. Èyí yóò jẹ kí a ní imọ tí ó kún lórí bóyá bí ọbí kan bá ní àisàn jejerẹ, ọmọ tí ó ba ti ara rẹ jáde náà lè ní I lójó iwájú.

Yóò wù wá láti mọ ìhà tí ẹ kọ sí àwọn ibèèrè diẹ tí a ó máa bi yín gégé bí akópa nínú isẹ iwádíí tí ó dá lé àjẹbí nípa àisàn jejerẹ oyàn. Ẹ fi ọkàn balẹ láti sọ ohun tí ó ba wà lókàn yín, kòdà bí ẹ kò bá fara mọ àlàyé gbogboogbo. Inú wa dùn láti jẹ kí ẹ mọ pé mọ̀nù nì a ó fi gbogbo èsì àti ojúwòye yín ẹ, kòdà bi wón bá tako èrò wa. A ó gba ohùn yín sínú fónràn, kí á má ba pàdánú àwọn àlàyé yín gbogbo, èyí nì a ọ̀ò wá kọ sílẹ gégé bí àbò iwádíí wa. Àmọ́ sá o, àbò iwádíí náà kò ní ẹ àfihàn ẹnikẹni (àti èyin pẹlú) nípa dídá orúkọ yín. A ó sa gbogbo ipá wa láti rí i pé a pa gbogbo ohun tí ó bá dúró fún idánimọ yín mọ pátápátá.

ÀWỌN ÌBÉÈRÈ

- Ta nì ó ta yín lólobó nípa isẹ iwádíí yíí?
- Njẹ ó sọ fún ẹnikẹni kí ó tó darapọ mọ isẹ iwádíí yíí? Bí bẹẹ bá nì, ta nì onítòhún?
- Njẹ o gbàyè lówọ ẹnikẹni láti kópa nínú iwádíí yíí? Bí bẹẹ nì, ta nì onítòhún?
- Ẹ iwọ nikan nì yòò gba àbò iwádíí yíí? Bí bẹẹ kọ, ta nì onítòhún?
- Ẹ iwọ nikan nì yòò dàyà kọ ohun tí ó bá jẹ àbájáde iwádíí yíí? Bí bẹẹ kọ, ta nì onítòhún?
- Kí nì àwọn ohun tí ó mú ọ gbà láti darapọ mọ isẹ iwádíí àisàn jejerẹ oyàn gégé bí ohun àjẹbí?
- Báwo nì ó ẹ lè ẹ àyípadà sí àwọn ohun tí ó mú ọ ẹ ipinnu láti darapọ mọ isẹ iwádíí náà?

ÌLÀNÀ ÌFÒRỌWÁNILÉNUWÒ

ÌFÁÀRÀ

A dúpẹ lówọ yín tí ẹ gbà láti kó pa nínú ifẹ̀ròwánilẹ̀nuwò yìí. Ìwádíí yìí jẹ mọ mímo èrò yín lórí ihà tí ẹ kọ sí àisàn jejeje inú oyàn.

Lákòókò, ó jẹ iwádíí tó jẹ mọ ohun tó kéré jù nínú ara àti isẹ tí wón n ẹ. Kíi ẹ iwádíí tó jẹ mọ ẹyọ ohun tó kéré jù nínú ara nìkan, sùgbón àwọn isẹ tó n ẹ àti ibáse ẹyà tó kéré jù yìí ní pàtó.

Írú iwádíí yìí tó n sàtupalẹ àwọn ohun tó kéré jùlọ lára èniyàn lònà kí a lè kẹfún àwọn àisàn m̀ìràn tí a lè jogún tí ó lè jẹ mọ nípase ipinsísòrì èjẹ, àyipadà tó n wáyé, àyipadà tí a lè fojú rí, àwọn ǹnkan așeralóore fún ti gbogbo rẹ jẹ mọ itójú ara. Ìwádíí yìí tún ni pé yóò sẹfihàn àwọn ǹnkan m̀ìràn bíi irú onítoun bá ní àisàn tí a jogún nípase ebí tí a ti bí wa, àti pé bóyá àisàn wà lára ẹnikan tó n gbé káàkiri èyí tó léwu fún ojọ iwájú tàbí bẹẹ kọ.

Nítórí idí èyí, isẹ iwádíí yìí tó dá lórí àisàn jejeje inú oyàn jẹ èyí tó n sàtupalẹ ohun tó kéré jùlọ nínú ara lònà àti wo bóyá ẹnikan jogún àisàn náà nínú idílẹ tí onítoun ti jáde wá lònà àti bójú tó irú àisàn bẹẹ.

Isẹ iwádíí yìí lágbára láti sáfihàn oríșìrìșìí ǹnkan lórí àisàn jejeje inú oyàn tí èniyàn jogún lára idílẹ tí ó ti jáde wà àti pé bóyá ó ẹ ẹ kí ẹnikan máa ní àrùn náà tó sí lè léwu fún ojọ iwájú.

A fẹ mọ èrò yín lórí àwọn ibéèrè diẹ tí a ó béèrè lówọ yín lórí ihà tí àwọn obinrin kọ sí iwádíí tó jẹ mọ àisàn jejeje inú oyàn. E ní ànfààní láti sọ èrò yín, kódà bí irú èrò yìí bá tako ohun tí a ní lókàn. A ní dídùn láti jẹ kí ẹ mọ pé bóyá ẹ fara mọ tàbí ẹ kò fara mọ-ọn ẹ pàtàkì fún wa nínú isẹ iwádíí yìí. A ó gba ọrọ yín sílẹ nípa lílo ẹrọ tí a ó fí gba ohùn yín sílẹ kí á má ba à pàdànu ohun tí ẹ lè sọ, nítórí nínú ẹrọ tí a fí gba ohùn yín sílẹ yìí ni a ó ti gbé àbò iwádíí yìí jáde. Sùgbón àbò iwádíí yìí kò ní gbé orúkọ ẹnikẹni jáde. Gbogbo agbára ni a ó láti rí í pé a pa gbogbo ohun tí ẹ bá ẹ fún wa mọ láijẹ kí ó tú síta.

ÀWỌN IBÉÈRÈ

- N jẹ ẹsìn yín n ẹ ọ̀diwọ̀n ominira àwọn obinrin bí?
- N jẹ ó bá ilàna ẹsìn yín mu kí obinrin dá pinnu lórí igbésẹ tó jẹ mọ idílẹ rẹ, bí àpẹrẹ ibi tó yẹ láti gbé, tani ó yẹ kó máa gbé pèlú rẹ àti bẹẹ lọ?
- N jẹ ó bá ilàna ẹsìn yín mu kí obinrin dá gbé igbésẹ tàbí àwọn igbésẹ fún ra rẹ bí àpẹrẹ lórí ohun tó yẹ ní jíjẹ, irú așọ tó yẹ láti wọ, irú àrà wo ló yẹ kí ó fí irun orí rẹ dá, irú isẹ tó yẹ ní sise àti bẹẹ bẹẹ lọ.
- Gégẹ bí ilàna ẹsìn yín, n jẹ obinrin lè jẹ ẹni tí yóò má dá gbé igbésẹ lórí ǹnkan tó jẹ mọ idílẹ rẹ?

- Gégé bí ilàna ẹ̀sìn yìn, n jẹ obìnrin lẹ́ dá gbé ìgbésẹ̀ láti kópa nínú ìwádíí tó jẹ mọ̀ àìsàn jejeṛẹ inú oyàn rẹ?
- Gégé bí ilàna ẹ̀sìn yìn, n jẹ obìnrin lẹ́ jẹ ẹni tó jẹ pé òun nìkan ni yóò mọ̀ àbájáde ìwádíí àyèwò tó jẹ mọ̀ àìsàn jejeṛẹ inú oyàn rẹ?
- Gégé bí ilàna ẹ̀sìn yìn, n jẹ ó ẹ́ ẹ́ kí obìnrin nìkan jẹ ẹni tí yóò máa nìkan bójútó gbogbo wàhálà tó bá súyọ lórí àbájáde àìsàn jejeṛẹ inú oyàn rẹ?
- Gégé bí ilàna ẹ̀sìn yìn, n jẹ obìnrin lẹ́ jẹ ẹni tí yóò nìkan máa gbé ìgbésẹ̀ lórí ọ̀nà àbáyọ̀ nípa àbájáde èsì ìwádíí tó jẹ mọ̀ àìsàn jejeṛẹ inú oyàn rẹ?

**ÀWỌN ÌBÉÈRÈ LÓRÍ ÌHÀ TÍ ÀWỌN OBÌNRIN KỌ SÍ ÌWÁDÍÍ NÍPA ÀÌSÀN
JEJEṚẸ INÚ OYÀN ÈYÍ TÍ A Ẹ NÍ ÌLÚ ÌBÀDÀN, ORÍLÈ ÈDÈ NÀÍJÍRÌÀ**

ẸKA ÌMỌ ÌṢÈGÙN TÓ JẸ MỌ ÌṢẸ ABẸ
YUNIFÁSÍTÌ ÌBÀDÀÑ,
ORÍLẸ ÈDÈ NÀÍJÍRÌÀ

Àwọn ibéèrè lórí ìhà tí àwọn obìnrin kọ sí iwádíí àìsàn jejeṛẹ inú ọyàn èyí tí a ṣe ní ilú
Ìbàdàñ, orílẹ̀ èdè Nàìjíríà

Ẹyin Olùdáhùn ibéèrè yìí,

A ṣètò àwọn ibéèrè yìí láti mọ nípa èrò yín lórí ìhà tí ẹ kọ sí iwádíí yìí, èyí tó jẹ mọ àìsàn jejeṛẹ inú ọyàn. Àfikún ìmọ̀ nì iwádíí yìí wà fún, a sì rò yín láti ṣe olóòótó sí àwọn ibéèrè yìí gégé bó ti yẹ. Bí ó tilẹ̀ jẹ pé a lè má fún yín ní owó fún ìṣe yìí, ṣùgbón iwádíí yìí yóò jẹ àfikún ìmọ̀ ní àgbègbè yìí àti káàkiri. A kó fí tipátipá paá láṣe tàbí dẹrùbà yín láti kópa nínú ìdáhùn ìṣe iwádíí yìí, nítorí nàà ó tẹ̀ yín lórùn nì ẹ̀ ṣe ẹ̀ èyí. Kò nílò orúkọ yín rára. Gbogbo ohun tí ẹ̀ bá sọ nì a ó pa mọ̀ tí a kò nì jẹ kó lu síta.

Tiyín nitòótó,

AHMED, Muhammad Kamaldeen

ABALA ÀKÓKÓ: Ìdáhùn sí àwọn ibéèrè nípa aráàyín

1. Ẹ̀sin tí à n ṣe: Onígàgbọ̀ Kristi Mùsùlùmí
2. Lórí Ìgbéyàwó: N kó tìi lẹ́kọ Mo ti lẹ́kọ
Mo ti kọ ọkọ/A ti pín yà Ọkọ mi ti kú
3. Sẹ ẹ kàwé: Bẹ̀ẹ̀ nì Bẹ̀ẹ̀ kọ
4. Iye ìwé tí ẹ̀ kà: N kò kàwé Alákòṣẹ̀bẹ̀rẹ̀ Ilé-Ẹ̀kọ̀ Gíráma
Ilé-Ẹ̀kọ̀ Gíga
5. Sẹ ẹ̀ tì n ṣìṣe bá yìí: Bẹ̀ẹ̀ nì Bẹ̀ẹ̀ kọ
6. Irúfẹ̀ ìṣe tí ẹ̀ n ṣe: N kò ṣìṣe Ìṣe tó jẹ mọ̀ ohun ọ̀gbìn
Ìṣe ọwọ̀ tí a kò kọ Ìṣe ọwọ̀ tí a kọ
Kíi ṣe ìṣe ọwọ̀ Akòṣe-mọ̀ṣe

7. Ibi tí ẹ̀ n gbé: Ìgbèríko Ìgbooro
8. Iye tí ẹ̀ n gbà lósù (₦'000): Ọ̀kan sí Ogún Mọ̀kànlélógún sí Ogójì
Mọ̀kànlélógójì sí Ogóta Mọ̀kànlélógójì sí Òkè
9. Ọ̀jọ̀ orí yín:
10. Iye Ọ̀mọ̀ tí ẹ̀ bí:
11. Iye ẹ̀bí yín nilé:

ABALA ÌKEJÌ: Ìdáhùn sí àwọn ibéèrè tó jẹ mọ̀ tẹ̀nìkẹ̀jì (tọ̀kọ) abí tí baba (alágbatọ̀) yín

12. Mò n dàhùn ibéèrè yí fún: Ẹ̀nìkẹ̀jì mi (Ọ̀kọ̀ mi) Baba mi (Alágbatọ̀ mi)
13. Sẹ̀ wọn kàwé: Bẹ̀ẹ̀ ni Bẹ̀ẹ̀ kọ N kó mọ
14. Iye iwé tí wọn kà: Wọn kò kàwé Alákòòbèrè Ilé-Èkọ̀ Gíráma
Ilé-Èkọ̀ Gígá N kó mọ
15. Sẹ̀ wọn tí n sìsẹ̀ bá yí: Bẹ̀ẹ̀ ni Bẹ̀ẹ̀ kọ N kó mọ
16. Irúfẹ̀ isẹ̀ tí wọn n ẹ̀: Wọn kò sìsẹ̀ Isẹ̀ tó jẹ mọ̀ ohun ọ̀gbìn
Isẹ̀ ọ̀wọ̀ tí wọn kò kó Isẹ̀ ọ̀wọ̀ tí wọn kó
Kí ẹ̀ isẹ̀ ọ̀wọ̀ Akósẹ̀-mọ̀sẹ̀
17. Iye tí wọn n gbà lósù (₦'000): Ọ̀kan sí M̀arùndínlọ̀gbọ̀n
M̀erindínlọ̀gbọ̀n sí Àádọ̀ta Mọ̀kànlélàádọ̀ta sí M̀arùndínlọ̀górìn
M̀erindínlọ̀górìn sí Ọ̀gọ̀rùn-ún Ọ̀gọ̀rùn-ún sọ̀kè
18. Ilé Olórogún: Bẹ̀ẹ̀ ni Bẹ̀ẹ̀ kọ N kó mọ
19. Ẹ̀ni tó n gbé láàrìn ẹ̀bí: Bẹ̀ẹ̀ ni Bẹ̀ẹ̀ kọ
Kí í ẹ̀ nì gbogbo ìgbà N kó mọ
20. Ọ̀jọ̀ orí wọn: N kó mọ

ABALA ÌKÉTA: Ìbéèrè gbogbogbòò àtí èyí tó jẹ mọ̀ isẹ̀lẹ̀ nínú ilé yín

Ní isàlẹ̀ yí nì a tí nì àwọn ibéèrè tó jẹ mọ̀ èròngbà yín lóri gbogbogbòò àtí àwọn ohun tó n sẹ̀lẹ̀ nínú ilé. Ẹ̀ jọ̀wọ̀ dàhùn àwọn ibéèrè nàà pẹ̀lu àmì bá yí “√” fún èyíkeyí tẹ̀bà fara mọ̀ jù nínú

ìdáhùn wònýí: “W/R” tó dúró fún “Obìnrin/Èyin”, “P/F” tó dúró fún “Èníkejí yín/Baba yín”, “J” tó dúró fún “àjòṣe (àpapọ éyin àti èníkejì tàbí baba yín)”, “E” tó dúró fún “látọdọ àrààta” àti “NA” tó dúró fún “kò jẹ mọ”.

ONKA	ÀWỌN ÌBÉÈRÈ	ÌDÁHÙN				
		W/R	P/F	J	E	NA
21	Ta ló ní àṣẹ lórí iye ọmọ tó yẹ fún yín ní bíbí?					
22	Ta ló ní àṣẹ lórí àkókò tó yẹ fún yín láti lóyún?					
23	Ta ló ní àṣẹ lórí ohun tó yẹ fún yín ní jìjẹ?					
24	Ta ló ní àṣẹ lórí àṣọ tó yẹ fún yín ní wíwọ?					
25	Ta ló ní àṣẹ lórí àkókò tó yẹ fún yín láti rí ẹbíi yín?					
26	Ta ló ní àṣẹ lórí ètò ìlera tó yẹ fún yín?					
27	Ta ló ní àṣẹ lórí ohun èlò inú ilé tó yẹ ní lílò fún yín?					
28	Ta ló ní àṣẹ lórí nńkan tí ẹ nílò jù nínú ilé?					
29	Ta ló ní àṣẹ lórí iṣẹ tó yẹ kí ẹ ṣe tàbí yàn láàyò?					
30	Ta ló ní àṣẹ lórí ìbálòpọ yín?					

ABALA ÌKÉRÌN: Ìdáhùn nípa ómínira dídásí ọrọ àisàn jejeje inu oyàn yín

Ní isàlẹ yìí ni a ti ṣe àlákálẹ nípa ìdáhùn òmínira nípa iwádìí tó jẹ mọ àisàn jejeje inu oyàn yín. Ẹ jòwọ ẹ dàhùn nípa fifowóṣí àwọn ibeèrè yì pèlú àmì yìí: “√” fún ìdáhùn tó dára jù lójú yín lórí gbogbo àwọn ibeèrè èyí tí a là kalẹ wònýí: “SA” tó dúró fún “mo fara mọ-ọn gán-an”, “A” tó dúró fún “mo fara mọ-ọn”, “DK” tó dúró fún “n kò mọ” “D” tó dúró fún “n kó fara mọ-ọn” àti “SD” tó dúró fún “mo takòó”.

ONKA	ÀWỌN ỌRỌ	ÌDÁHÙN				
		SA	A	DK	D	SD
31	Èyin nìkan lẹ da fí èrò ọkàn yín hàn lórí iwádìí tó jẹ mọ àisàn jejeje inu oyàn yín					
32	Èyin nìkan lẹ da pínú làti darapọ mọ iwádìí tó jẹ mọ àisàn jejeje inu oyàn yín					
33	Èyin nìkan lẹ mọ àbájáde àyèwò iwádìí tó jẹ mọ àisàn jejeje inu oyàn yín					
34	Èyin nìkan lẹ dojúkọ ohun tó bá súyọ nínú àbájáde iwádìí tó jẹ mọ àisàn jejeje inu oyàn yín					
35	Èyin nìkan lẹ gbé ìgbésè yòówù tó bayẹ lórí àbájáde iwádìí tó jẹ mọ àisàn jejeje inu oyàn yín					

Ẹ ṣe, a dúpẹ gán-an!!!

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