Empirical Assessment of Some Household Related Factors Affecting the Wellbeing of Children in Rural Areas: Particular Study of Two *Gandas* of Dawoo and Becho Districts

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In partial fulfilment of the requirements for Masters of Social Work (MSW)

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June 20 2006

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Acknowledgments

I am very much glad to express my heartfelt gratitude for people have extended their helping hands from the inception of this research to the final product. My advisor Dr. James E. Rollin was committed in technically helping me with statistics, reading and making constructive comments on the draft of this paper. The contribution of Obboo Hailu Benti was crucial in that he was with me not only in the thesis project but also throughout the course of my study by making material, financial, and moral supports. Similarly, Terakegn Garomsa from Facilitator for Change Ethiopia (FCE) has played a key role assisting me in contacting the respondents and collecting the data. The Office of the Associate Vice President, Research and Graduate Program deserves thanks for their research grant. I am also very happy to extend my appreciation for all people whose names are not listed here, but have participated in this project in different ways.

ABSTRACT

A number of factors related to the households in which children grow up influences the wellbeing of children in rural areas. Some of the household related factors known to affect the wellbeing of children are the size of the household, children's parental status, education and health of the parent, household livelihood, and access to services. On the other hand, the children's wellbeing is indicated by status of their education, health, dietary condition and sanitation. Likewise, it was found that the households related factors do not uniformly determine these wellbeing indicators of children. Hence, factors that are relevant to education of children may not necessarily be relevant to health or other wellbeing indicators such as diet and sanitation. The directions of the relationship also vary from one variable to the other and are generally complex. Moreover, some of the findings of this research are consistent with previous studies while others are not.

1. Introduction

The development of children in a given society is influenced both positively and negatively by a complex set of social, economic, cultural, political and environmental factors that will in turn shape the fate of the future generation (UNDP, 2004). The later lives of children mostly depend on the environment in which they grew up as an adult. And it is widely accepted that childhood experience lie a ground stage for lifetime socio-economic potentials (Yaqub, 2002; Harper & Marcus 1999; Harpham, 2003).

Households, in which children grow up, are the nearest social environments to influence the wellbeing of children. Households consists of a person or group of persons, irrespective of their blood relationship, who normally live together in the same housing units or group of housing units and have common cooking and eating arrangements (WMS, 2005). Harper & Marcus (1999) assert that children share the living condition of their households; however may experience differently the effects of poverty depending on the economic, cultural, social and geographic contexts in which they are living. Nevertheless," it is primarily through the household that children - especially young children - experience poverty; and child poverty and welfare are fundamentally related to household livelihood security" (Harper & Marcus 1999: 8). Growing up in poverty deprives children of basic needs such as shelter, water, food, education health and all aspects of needs for psychosocial development (Tekie Alemu, Getachew Asgdom, Liebenberg, J., Alemu Mekonen, Seager, J. and Tessaw Waldehana, 2003).

Ethiopia is one of those African countries where the impact of poverty is intense affecting the lives of the majority of its population in every dimension by any measurement (Dercon, 1999; Dercon, 2000, WMS, 2005; World Bank, 2005). The World Bank (2002) for

example, ranks Ethiopia 169th out of 175 countries in 2002/3 based on different development indexes. The ranking in the status of development is nothing but can be a direct signal for the proportion of population lacking access to basic needs such as food, shelter, clothing, information and the like.

In fact, determinant of poverty and wellbeing indicators of a household are not straightforward and easily determinable given the complexity of the factors and difficulty of measuring their impacts. Based on Welfare Monitoring Survey (WMS) and Household Income Consumption and Expenditure survey (HICES) the (MoFED) (2002) suggested that family size (dependency ratio), household headship, age of the household head, household education, and farm assets and off farm activities are important indicators of household socio economic status where land holding is still a crucial element.

According to MoFED (2002), households with larger family size and/or high dependency ratio tend to lie below the poverty line more often than small household size; and the probability of female-headed household to be poor is much higher as compared to male-headed households in urban areas while it is less significant in rural setting. The age of household head relates to the probability of being poor at earlier household stages and then gradually decreases being responsive to change in the household composition and lifetime capital accumulation. Education of women in women headed households was found more significant than that of men headed households to be free of poverty.

The analysis of Dercon (1999), found a similar trends in some aspects while it is different in some other variables. The finding is consistent with MoFED in that large household size can cause poverty compared to relatively smaller household size. On the other hand despite the fact that about a quarter of rural household are headed by women, no

significant relationships have been found between poverty and headship. However, this analysis establishes a strong link between household education and poverty. For instance, 76% of men with no education lie in the poorest quartile while 93% of women are so, showing the relative importance of education for poverty reduction especially for women. On the other hand, only 6% and 2% of primary school completed men and women respectively were found to lie below the poverty line.

Having this in mind, the 2004/5 Welfare Monitoring Survey (WMS) shows the dependency ratio of 108 in rural and 65 urban areas. This implies every 100 person in the working age, in the rural area has to take for himself and additional 1.05 dependent persons who are not able to work. The same survey reveals that the great majority (48.6%) of dependants are children whose ages lie between 0-14 whereas elders above 65 accounts only for 3.3%. This is a big figure even by African standards (World Bank, 2002). Although the figure in the urban area seems to be smaller than the rural one, precaution has to taken in interpreting the figure provided the fact that children in rural area start contributing to the household labour below the age of ten (UNICEF, 1990). Some surveys even show that about 39.1% of children start working at the age of five and less at country level (MoLSA, 2001).

Children in Ethiopia are born in poor families and poor living condition. They grow up in that milieu to be the new poor generation. Perspectives on child poverty safely argue that childhood poverty affects lifetime opportunities and choices causing regeneration of poverty (Yaqub, 2002; UNDP, 2004: Dercon, 1999). Poverty of children can therefore be viewed as forming vicious circle requiring investment in children in order to break the circle and get out of the problem (UNDP, 2004).

Measuring poverty of children is again a difficult task. The way poverty needs to be measured differs according to the level of development and conception of a particular society given the fact that every country varies in terms of the level of socio-economic development. Harpham noticed, “child poverty needs to be measured in a multi dimensional way because poverty by itself is multidimensional". He contends the need to conceive poverty of children in terms of education, health; the way children are considered in a household, in addition to the income aspects (Harpham, 2003:7). Accepting the importance of income and income related indicators. Harper & Marcus (1999) also go beyond that to add more concepts in the understanding and measurement of poverty such as "social assets, security, independence and self respect".

The United Nations Convention on the Right of Children (UNCRC) also provides necessities for child wellbeing and development, which can be broken into four broad categories. These are: the right for survival, development, protection and participation depending on the real condition of a given nation (UN, 1989). In spite of that, indicators of child wellbeing lie within “the child’s material (household income, assets, state transfers), physiological (nutrition, health care, maternal health, economic status and sanitation) and social (political and cultural factors)” that would influence child development outcomes (Harpham, 2003).

These child wellbeing conditions are general provisions, which actually vary across the economic development of a nation and political as well as legal systems. Ethiopia has signed on to these ambitious views of state of children especially seen within the contextual reality of the country (UNCRC, 2005).

Available literatures indicate that parental education for children is important in that educated parents decide to have fewer children; and who then have enhanced prospects for health and survival. On the other hand, uneducated parents tend to have high fertility that limits the capacity of family to educate their children and in turn resulting in illiterate generation. Similarly, limited family capacity constrains children's access to health facilities and other services (NOP, 2004).

The relationship between household size and child wellbeing is, however, controversial. Because, some studies suggest that large families tend to promote education of children considering the possibility of allowing children to focus on education given the abundant availability of labour for agricultural activities in the household (Tassew Woldehanna, Jones, N. & Bekele Tefera, 2005). The economic asset of the family is another important factor in promoting/deterring children's education, and nutritional condition. Even with improved accessibility of schools, household wealth remained critical for child education and nutritional condition. On the other hand, children in relatively educated families tend to perform better at schools and are less likely to be malnourished (Alemeu et al, & Tessaw et al, 2005).

Accordingly, this study will investigate empirically the relationship between household demographic, social and economic condition on the one hand and wellbeing of children on the other hand measured in terms of education, health, sanitation and dietary conditions. The study will be limited to examination of those factors, which are related to the immediate family conditions rather than holistic environment including parental status of the child, health condition of the parent, educational level of the parent, household size, age structure of the children, some household assets and livelihood activities. Moreover, the research focuses on

rural children because the overwhelming majority of population in Ethiopia is residing in rural areas and disparity of access to basic services between the two environments is significant having a direct meaning for rural children (WMS, 2002; WMS, 2004; Dercon, 1999).

On the other hand, with the assumption that intervening and investing in children could expand the possibility to break the vicious circle of poverty, (UNDP, 2004) this particular research aims to contribute to the national effort of understanding and reducing poverty of children. Following the foundation of the CRC and ratification of the convention by most states of the world including Ethiopia, there are general tendencies to respond to the right of children especially by child focused international institutions like UNICEF and Save the children alliance (Woll, 2001). The research attempts to assess some household related factors, in to which children are born and grow-up, that finally shape their prospective fate. It will contribute to the understanding and documentation of knowledge about family environment of the children that will determine their future life.

2. Data Source and Methodology of the Research

The research is entirely based on quantitative methods and review of pertinent research. The quantitative method of analysis was planned to be done based on data collected from a sample of 100 households selected out of 500 households living in two Gandas of Bacho and Dawo District, which are adjacent Districts along the highway to Jimma. Ganda is the smallest government administrative unit based on geographical boundary. The random sample was selected from 240 households living in Urago and 260 households living in Karsa Adii Gandas of Bacho and Dawoo Districts respectively.

Facilitator for change Ethiopia (FCE) is a non-governmental organization operating in that locality. This organization has played a key role in contacting the enumerator as well as the respondent. The lists of households for each Ganda were available with this collaborating organization. Two Gandas, whose names are indicated above, were selected purposefully by criterion of accessibility. Then, households in each Gandas were separately given a numeric code, out which 20% of them have been included from each by selecting every 5^{th} households starting from one. However, only eighty households for which valid information was acquired were included in the analysis. Some of these households were excluded, as they were not eligible since they do not have primary school-aged children. Primary School aged children are any household members whose age lies between 7 and 14 with no physical and mental impediments to join school of any form. The remaining excluded households are those for which the questionnaire was not filled appropriately.

A structured questionnaire was used to collect information from the head of the households through enumerators. These questionnaires were drawn from the "Young Lives Research Project in Ethiopia" and adapted to the current study. The questionnaire was further translated to the local language, 'Afan Oromo' by the researcher in order to avoid gaps of communication both with the enumerator and respondent. The household head is a person who economically supports or manages a household or for some reason of age or respect is considered as head by the other members of the household. In the absence of the head of the household, the partner of the head of the household was asked to provide the information to fill the gap, since they are presumed to be an appropriate person to have information regarding their household.

Twenty-five enumerators were selected and received orientation on the method of data collection and recording for one day. The orientation has included such issues as how to read questions, record responses, manage contacts with the respondent and handling of data collected. In addition, a one and half page long guideline for the administration of the questionnaire was developed in a local language and distributed along the instruments. The enumerators are Alternative Basic Education facilitators serving FCE.

The analysis of data was based on three basic methods considering the level of measurement of the data at hand and available analytical methods. The first quantitative method of analysis adopted in this research is a simple percentage description and mean calculation based on construction of frequency and distribution tables using SPSS. The second method of analysis that is widely used throughout the paper is cross tabulation of the dependent and independent variables since most of the information collected in this research especially on children can only be measured at a nominal or ordinal level. The SPSS out put of the cross tabulations were further used to carryout chi-square tests where they can fulfil model assumptions. Third, a simple correlation analysis was undertaken where the available data can be measured at an interval or ordinal level.

Literature was reviewed to explore the contextual socio economic situation of the country that has affected the wellbeing of children and to crosscheck the findings of this research against prior studies in the same area. The magnitudes of the problem and related county's development programs as well as policy frameworks are reviewed. Similar studies of children are examined and different findings are presented. Specially, the 2005 reports of "Young Lives Longitudinal Research Project in Ethiopia" served as a point of reference throughout the analysis. The current research is different from "Young Lives Research Project

in Ethiopia" in that it considers very limited geographical area, focuses on household related factors, targets school age children and collects subjective information from the household with out considering the views of the children.

However, this research has some limitations. First, the sample size was very small contributing to difficulty of generalizing. Second, it was not possible to conduct pilot survey due to financial resource limitation and time that would have assisted in the selection of the sample and revision of the questionnaire.

3. Data Presentation and Analysis

Descriptive Statistics

The respondents are required to be heads of the households having children ages between 7 and 14 regardless of sex. However, in the absence of the household head, his/her partner is interviewed to record the necessary information. The logic behind selecting the head of the household lies in the assumption that they are in a better position to deliver the required information about their household and their children. Accordingly, 66(82.5%) and 14 (17.5%) males and females were interviewed respectively. Moreover, the interviewee may not necessarily be father or mother of the children under consideration.

The average age of the respondent is roughly about 41 while that of their partner is 34. All of the respondents have partners who may not necessarily be child’s mother or father. Actually, only about 200 children are either daughter or son of the respondent. The remaining 13 children are related in different ways or they do not have any blood relation with the respondent.

Table 1: Children by level of education of their mother and father

Level of education	Level of educational grades completed by father		Level of educational grades completed by mother	
	Frequency	%	Frequency	%
0	32	17.4	94	50.5
1-4	39	21.2	64	34.4
5-8	71	38.6	22	11.8
9-12	42	22.8	6	3.2
Total	184	100.0	186	100.0
Missing	29		27	
	213		213	

Parental education is the highest level of formal education completed by both or one of the children's parents. On average, fathers have completed 2.7 years of education while mothers have completed only 1.7. The discrepancy between mothers and fathers in terms of education is very wide. For instance, Table 1 shows that 32 fathers who have not completed any years of education account for (17%) of the group while this is true for 94 (50.5%) of mothers. On the other hand, 42 (23%) fathers have completed years of education between 9 and 12 whereas only 6 (3.2%) mothers have gone through the same level of education. The proportion of fathers and mothers who have completed education between 1 and 4 is 39 (21%) and 64 (34%) respectively. Similarity 71 (39%) fathers and 22 (12%) mothers have completed education between grade 5 and 8.

In this research, one or both parents of children are considered healthy if their physical, mental and emotional states are not interrupting their ability to perform the usual activities of a household. With regard to the health condition of the parents, Table 2 shows that about 14 (8%) of children have both parents with health problems whereas 132 (73%) of the children

have parents without any health problems interrupting their ability to fully perform home related or other agricultural activities.

Table 2: Children by health status of their parent

Response	Frequency	%
Both parents are not healthy to perform activities	14	7.8
Only father is not healthy to perform activities	12	6.7
Only mother is not healthy to perform activities	22	12.2
Both parents are healthy to perform activities	132	73.3
Total	180	100.0
Missing	33	
	213	

The remaining 34 (19%) children have one of their parents with health problems. Accordingly, 12 (7%) and 22 (12%) of the children have fathers and mothers respectively whose health status affects their ability to perform activities.

Parental status is the presence or absence of both or one of the parents of children who play an active role in the household activities and leadership.

Table 3: Children by residential status of their parent and sex of the household head in which they live

Response	Child's father residence		Child's mother residence		Response	Household Head	
	Frequency	%	Frequency	%		Frequency	%
Do not live in the household	17	8.0	17	8.0	Female	28	13.1
Live in the household	196	92.0	196	92.0	Male	185	86.9
Total	213	100.0	213	100.0	Total	213	100.0

According to Table 3, the proportions of children whose mother and father are living in the household are equal constituting 196 (92%). However, only 190 children have both parents living in the household, and remaining respondents lacking one of or both of them. Males are the head of households under most circumstances. It is found out that 87% of the households are male headed while only 13% of them are female headed. This proportion of female-headed household is less than the national figure, which is 23% according to MoFED (2002). Similarly, the average household size (8) is far greater than the national datum even by rural standard, which is 4.9 (WMS, 2005). Household size is the total number of people constituting the household as usual members by virtue of staying in that household (See annexed Table 38).

Seventy-eight (92.5%) of the households produces crops for their own consumption where 4(5%) have reported that they purchase all they need. In addition, 66 (82.5%) of the household have engaged in agriculture as the only source of their livelihood; the remaining 14 (17.5%) have engaged in combination of different activities like farming, trade, handicraft, daily labor, and selling child labor (Annexed Table 39). The number of respondents who belief that the amount of their livelihood production is more than their neighbors' production accounts for 12 (19.4%) whereas most of them 42 (68%) consider themselves as producing equal to their neighboring household. Only 8 (13%) of the respondent replied that the amount of their production is less than their neighbors.

Land holding/ownership is the amount of hectares of land owned by the household members for at least six months for any purposes including rented and borrowed land. The average land holding is about 3 hectare where 18 (24%) of the households are holding this amount, followed by 4 hectare held by 15 (20%) of the households. The minimum hectare of

land held is 1 hectare and is reported by 7 (9%); and 2 (3%) households are known to have no hectares of land (Annexed Table 40).

Table 41 in the annex shows access of the household to water. The majority of the household 46 (58%) use unprotected spring source or river for drinking and 9 (11%) of them use open public well for the same purpose that are defined by the UN as unsafe. On the other hand, 8 (10%) and 5 (6.3%) of the households are known to use safe sources; pipe water and public tap respectively. Twenty-nine (36%) of the households required travel on foot for less than 5 minutes to reach the source of drinking water while 18 (23%) need to travel for more than 1 hour for a single trip. The remaining 12 (15%), 14(17.5%) and 7 (8.8%) of the households require traveling for 5 to 15 minutes, 15 to 30 minutes and 30 minutes to 1 hour respectively.

For most of the households the source of washing water is unprotected spring or rivers as reported by 65 (81%) households employ different sources of water for drinking and washing. About 25 (31%) of the household require more than one-hour journey to reach washing sources followed by 15 (19%) households who need only less than 5 minute walk. The rest 14 (18%), 16 (20%) and 10 (13%) require travelling 5 to 15 minutes, 15 to 30 minutes and 30 minutes to 1hour respectively. With regard to accessibility to human waste disposal 72 (90%) of the household use open fields while only 5 (6%) and 3 (4%) correspondingly use private and common pit latrine.

As indicated in Table 4, the age of the children ranges from 7 to 14 and there are 213 primary school-aged children out of whom 114 (53.5%) are male and 99 (46.3%) are female. This averages 3 primary school-aged children in each household. The large numbers of

children (16%) are 7 years old while the least number is observed in 11 years old children. Generally, they appear evenly distributing in different ages.

Table 4: Children by level of their education and age

Age			Level of education		
Response	Frequency	%	Response	Frequency	%
7.00	34	16.0	.00	76	35.7
8.00	32	15.0	1.00	46	21.6
9.00	32	15.0	2.00	30	14.1
10.00	28	13.1	3.00	23	10.8
11.00	17	8.0	4.00	14	6.6
12.00	23	10.8	5.00	14	6.6
13.00	21	9.9	6.00	6	2.8
14.00	26	12.2	7.00	4	1.9
Total	213	100.0	Total	213	100.0

Child education is a composite measure of school attendance; drop out, highest formal school grade completed and rate of absenteeism from school. Out of 213 children, 76(36%) have not completed any level of education. However, this does not mean that not all of them are in school. Rather they are either not in school or they are in grade one during the survey period. What can be seen from the data in Table 4 is the fact that as the number of grades completed increase, the number of children decreases. For instance, the number of children who have completed grade 7 is only 4 (2%) as compared to 46 (22%) children who have completed only grade one.

Based on Table 5, out of 155 children for whom valid information was gained, 37 (24%) have experienced school drop out while the rest 118 (76%) have not, since they have

joined school. It should be noted that it applies to all children whether they are in school or out as long as they have enrolled at any time in their life. The number of children who are currently in school is 145 (72%) while the remaining 56 (28%) are not.

Table 5: Children by school drop out rate, status and absenteeism in school

Response	Child ever drop out of school		Child currently in school		Absent from school in the last two weeks	
	Frequency	%	Frequency	%	Frequency	%
Yes	37	23.9	145	72.1	22	15.8
No	118	76.1	56	27.9	117	84.2
Total	155	100.0	201	100.0	139	100.0
Missing	58		12		74	
	213		213		213	

Children who are not currently in school are either those who drop out of school or those who have never joined school. On the other hand, out of 139 for whom valid responses were acquired to the question whether they have been absent from school in the last two weeks, 22 (16%) have said ‘yes’ and 117 (84%) have said ‘no’.

Child health condition is a variable that include incidence of illness among children, status of permanent health problem, and behaviors of parent in seeking medical treatment for their children. Generally as seen in Table 6 below, the health condition of children living in the respondents’ household is considered to be the same when compared to their peers for 130 (63%) children while it is reported that 48 (23%) children have better health condition as compared their peers. However, 29 (14%) children for whom valid responses are obtained have bad health. Questions were further asked to assess the health condition of children.

Accordingly, 176 (84%) of the children were known to be free of any type of sickness in the last one month. The rest 34 (16%) of the children were sick because of any type of disease. On the other hand, 21(11%) of them are known to have permanent health problem because of physical impairment or other causes.

Table 6: Children by health status, cases of recent sickness, permanent health problem, cases of serious sickness, and medical treatment

Response	Child health status		Response	Sick in the last one month		Permanent health problem		Seriously sick in the last one year		Medical treatment during sickness	
	Freq.	%		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Better	48	23.2	Yes	34	16.2	21	10.6	36	17.6	40	67.8
Same	130	62.8	No	176	83.8	178	89.4	169	82.4	19	32.2
Worse	29	14.0	Total	210	100	199	100	205	100	59	100.0
Total	207	100	Missing	3		14		8		154	
Missing	6			213		213		213		213	
	213										

Freq. = frequency

Thirty-six (18%) children have reported to be seriously sick in the last one-year while the remaining 82% are not. Forty (68%) of the children who have a health problem reported that they have been treated through either traditional healers or any other health facilities. Actually, out of the 40 children who have been treated, 30 (75%), 9 (22.5%) and 1(2.5%) children have used modern health facilities, traditional healers and the combination of the two respectively.

Another area where we can consider the situation of children is their diet. Child dietary condition is amount of food children are served, frequency at which children usually takes

food per day, time of eating food as compared to adult members and reaction of parent to children when they ask for additional food. In this data "day" is defined as a specified period having 12 hours. This was to capture the definition of a "day" widely known by the community. However, it is understood that this can be confusing for the respondent, because the time at which the community in rural areas usually take a meal is not necessarily from the sunrise to sunset to constitute 12 hours. As a result the data should be cautiously interpreted.

Table 7: Children by frequency of food intake per day, eating pattern, amount of food, reaction of caregiver in case of request for additional food

Response	Freq. of food intake		Response	Eating Pattern		Response	Amount of food served		Response	Child treatment	
	Freq.	%		Freq.	%		Freq.	%		Freq.	%
Once	40	18.8	Prior to adults	88	41.3	Enough	18	8.5	Additional food was given	9	12.3
Twice	78	36.6	Along with adults	86	40.4	Moderate	113	53.1	Kept quiet/ignored	60	82.2
Three times	93	43.7	After adults	35	16.4	Not enough	82	38.5	Others	4	5.5
Four times	2	.10	Not regular	4	1.9	Total	213	100	Total	73	100
Total	213	100	Total	213	100						

Freq. = frequency

One questionable area is that 40 (19%) of the children responded they eat food only once per 12 hours as shown in Table 7 above. This is not a likely response given the fact that at a time when this survey was carried out households can have access to breakfast and dinner since it was harvest period. The highest numbers of children take food three times per 12

hours where as 78 (37%) children take food twice per 12 hours. Only one child is reported to have food four times per 12 hours.

In the same table, a fairly equal proportion of children have their meal before adults and along with adults; 88 (41%) and 86 (40%) respectively where 35 (16%) of the children take their meal after the adults. The implication of this according to Poluha (2004) is that giving leftovers to children usually after adult members have had is a sign of child maltreatment. According to the respondent, the amount of food children are being served is enough only for 18 (9%) and moderate for 113 (53%). It is actually not enough for 82 (38.5%) of the children.

Moreover, out of the total 73 (34%) children who have asked for additional food during their meal within the past two weeks of the survey, the need of the majority these children 60 (82%) is ignored while 9 (12.3%) were served additional food. For the remaining 4 (5.5%) there were different reactions including punishment, lying to them and the like.

Sanitation and clothing is also one of the areas selected to assess the living condition of children.

Table 8: Children by practices of taking shower and frequency of changing clothing

Response	Number of times the child took shower		Response	Frequency of changing clothing	
	Frequency	%		Frequency	%
None	40	18.8	Less than weekly	22	10.6
Once	104	48.8	Weekly	38	18.3
Twice	63	29.6	Every two weeks	22	10.6
Three times	5	2.3	Monthly	25	12.0
Do not know	1	.5	When getting old	63	30.3
Total	213	100.0	In more than 6 months	38	18.3
			Total	208	100.0

The descriptive results of the findings are presented in Table 8 and 9. Data in Table 8 shows that, the number of children who took shower once in the past two weeks of the survey period is 104 (50%) and; 40 (19%) of them never took a shower at all. Sixty-three (30%) of the children took shower twice in the specified time implying once per week, which is the minimum standard recommended by Ministry of Health (1991).

Only 5 children have taken shower three times over the indicated period. There is no specific pattern with regard to frequency of changing clothes. The large number of children changes their clothing when getting old, as this is true for 63 (30%) of the children. The proportion of children changing their clothes weekly and in more than 6 months is equal accounting for 38 (18%) for each. Twenty-two children (11%) change their clothes weekly. Generally, this is below the minimum standard, which is recommended by the Ministry of Health (1991).

Table 9: Children by access to alternative clothing and footwear

Response	Alternative clothes for school and work		Response	Have footwear	
	Frequency	%		Frequency	%
Yes	77	44.5	Yes	129	61.1
No	96	55.5	No	82	38.9
Total	173	100.0	Total	211	100.0
Missing	40		Missing	2	
	213			213	

As seen in Table 9, 77 (45%) of children attending school have alternative clothing for school and work at home whereas the remaining has not. Similarly, 129 (61%) children have some type of footwear that could protect their body from physical damage and diseases. About

82 (39%) are reported to lack any type of footwear to protect themselves from different hazards as indicated in the following table.

Cross Tabulations and Correlation Analysis

The wellbeing and development of children can be determined by external and internal factors considering the household in which they grew up as a frame of reference. This study emphasizes some selected home-related variables that determine the education, health, diet and sanitary condition of children. The data could not satisfy statistical assumptions to use advanced models in order to investigate the relationship between home and child related variables. The source of these problems is the fact that sample size in some of the categories of the variables is small undermining the power of the statistical analysis. As a result, the researcher limited the level of analysis to a simple statistical description and used selected statistical tests based on the appropriateness of the model.

3.1 Education of Children

Education of children is described as dependant on various home related factors like prenatal education, health, availability of both families, socioeconomic status of the household, family size and external factors such as availability of schools treatment of children in the school, sex and the general social support for education (Tassew et al, 2005).

My study, which is focused on the analysis of household related factors found a positive relation ship between child's parental status and education of children measured in terms of school enrolment, grade completion, drop out and absenteeism. Nevertheless, the

attempt to analyze the relationship between parental status and education of children is limited due small number of children having only one or none of the parents in the home.

A positive association is observed between the presence of parents and the likelihood of children enrolment at school as shown in Table 10. One hundred forty-six (77%) of the children whose parent live with them in the household have enrolled at school while only 46% of children who have none of their parents living in the household are so. The presence of a father as compared to a mother is more important looking at percentage distribution on the same table. Fortunately, equal number of children are observed who have only mother and only father living in the household; and 5 (83%) children having father have enrolled at school as compared to 4 (67%) of the children only having mothers. This seems a likely result, as female-headed households tend to be poorer than male-headed households and this can directly affect school enrolment of children (MoFED, 2005).

Similarly, out of 5 children who have no parents 3 have dropped out of school as compared to only 31 (22%) of the children having both parents. A similar trend in the effects of parents on school drop out is observed in enrolment. The presence of father has reduced school drop out of children by 50%. Since, out of 5 children having only father, one cases of drop out have occurred while this is true for 2 of the 4 children having only mother.

Children who have both parents living in the household are more likely to be in school currently as compared to the rest categories of the children. One hundred thirty two children (74%) having both parents are currently attending school whereas 4 (36%), 5 (83%), and 4 out of 6 children respectively having none of the parents, only father and only mother are doing so. Contrary to that, 26%, 33%, 17%, and 64% of the children having parents, only mother, only father and none of them respectively are not in school. A similar argument can be drawn

here to that of enrolment as the presence of both parents could contribute to the economic wellbeing of the household hence enhancing education of children.

Table 10: Cross tabulation of child educational situation and their parental status

Dependent variables	Respon se	Child's parent live in the household				Total
		Both	Only mother	Only father	None	
Child ever attended school	Yes	146(77%)	4(67%)	5(83%)	5(45.5%)	160(75.5%)
	No	43(23%)	2(33%)	1(17%)	6(54.5%)	52(24.5%)
	Total	189(100%)	6(100%)	6(100%)	11(100%)	212(100%)
Child ever drop out of school	Yes	31(22%)	2(50%)	1(20%)	3(60%)	37(24%)
	No	110(78%)	2(50%)	4(80%)	2(40%)	118(76%)
	Total	141(100%)	4(100%)	5(100%)	5(100%)	155(100%)
Child currently in school	Yes	132(74%)	4(67%)	5(83%)	4(36%)	145(72%)
	No	46(26%)	2(33%)	1(17%)	7(64%)	56(28%)
	Total	178(100%)	6(100%)	6(100%)	11(100%)	201(100%)
Absent from school in the last two weeks	Yes	21(17%)	1(25%)			22(16%)
	No	105(83%)	3(75%)	5(100%)	4(100%)	117(84%)
	Total	126(100%)	4(100%)	5(100%)	4(100%)	139(100%)

The trend of absenteeism is unique considering 139 children for whom valid information is acquired. As can be seen from the table, for those who have no parents and only father, there are no cases of absenteeism from school within the past two weeks of the survey period. Cases of absenteeism are actually observed in more in those having only mothers 1 (25%) followed by those having both parents 21 (17%) living in the home. However, these percentage figures should be interpreted carefully given the fact that the size of the sample is very small except for those having both parents.

The results of cross tabulation shown in the Table 11 below, illustrates that education of children is not related to the level of education of their father.

Table 11: Chi-square test for education of children and years of education of father

Dependent variable	Model	n	Phi value	Chi-square value	df	Sig (critical level)
School enrolment	Crosstab	183	.201	7.675	3	.053
School drop out	Crosstab	135	.089	1.071	3	.784
Currently school attendance	Crosstab	173	.192	6.617	3	.085
School absenteeism	crosstab	121	.170	3.596	3	.309

The relationship between school enrolment and education of father is indicated by 7.675 value of chi-square where the significance level is .053, which is slightly greater than .05. In the same way, the chi-square value for school drop out, current school attendance, and absenteeism is 1.1, 6.62, and 3.6 at corresponding significance level of .784, .085 and .309 indicating no identifiable relationship between the educational variables of children and the level of education of father. Therefore, the increase or decrease in the level of education of father does not appear to deter or promote the education of their children according to these results.

Since, the expected value, which is less than 5 in some of its cells, is more than 20%, the chi-square test is not carried out for the education of children and level of education of mother. Rather the analysis is carried out depending on comparison of percentage and frequency distribution as shown in Table 12.

The percentage distribution of children ever enrolled in school to attend education varies to some degree across the level of education of mother. Here, enrolments at school does not necessarily mean that they are currently attending school, rather it refers to any experience

of joining school whether they are currently in it or otherwise. The percentage distribution of children ever enrolled at school whose mother did not complete any level of education is 71(76%) while those children whose mother has completed grades between 9 and 12 is 5(83%). On the other hand, large number of children, 20(91%) whose mother's level of education is between 5 and 8 have been reported joining school while the least observation 48(75%) is for those whose mothers have completed education between 1 and 4.

Table 12: Cross tabulation child educational situation and level of education of mother

Dependent variables	Response	Level of education of mother				Total
		0	1-4	5-8	9-12	
Child ever attended school	Yes	71(76%)	48(75%)	20(91%)	5(83%)	144(78%)
	No	22(24%)	16(25%)	2(9%)	1(17%)	41(22%)
	Total	93(100%)	64(100%)	22(100%)	6(100%)	185(100%)
Child ever drop out of school	Yes	12(17%)	15(33%)	6(30%)		33(24%)
	No	57(83%)	30(67%)	14(70%)	5(100%)	106(76%)
	Total	69(100%)	45(100%)	20(100%)	5(100%)	139(100%)
Child currently in school	Yes	62(72%)	45(74%)	19(86%)	5(83%)	131(75%)
	No	24(28%)	16(26%)	3(14%)	1(17%)	44(25%)
	Total	86(100%)	61(100%)	22(100%)	6(100%)	175(100%)

The number of children who have never attended school slightly decreases with increasing level of education of mothers. Accordingly, 22 (24%) of the children are out of school where mothers were not completed any educational level as compared to 16 children whose mothers have completed grades between 1 and 4. This is again visible when we consider 2 children being out of school where the level of education of mothers is 5 to 8 and only 1 child where mother's level of education is between 9 and 12.

But education of mother is not likely to reduce school drop out of their children. Actually, the percent of children who experienced school drop out is observed increasing from 12(17%) to 15 (33%) in children whose mother did not complete any years of education and those who have completed grades 1 to 4 correspondingly. The percent of children who experienced school drop in household where the mother have completed education between 5 and 8 is 6(30%) which is far greater than those whose mother did not complete any level of education. However, no cases of school drop out are observed in households where the level of education of mother is between 9 and 12.

The variation of percent of children currently attending education along the level of education of mother does not seem significant. In spite of that, the percentage distribution of children currently attending school depicts a slight increase from less educated mothers to more educated except that the percent of children whose mother's education is between 9 and 12 (83%) is less than those whose level of education is between 5 and 8 (86%). The difference between percentage of children whose mother's level of education is none and 1 to 4 is 72% and 74% respectively that shows little difference. Hence, the education of mother does not bring variation in whether the child is attending school or not; even though it looks more relevant than in other cases.

Since we have data, which can be measured at an ordinal level, the years of education of fathers, mothers, number of school aged children, household size, amount of hectares of land and amount of livestock are separately correlated with educational completion of children, in order to see which variable is more likely to predict it. Amount of Livestock is the calculated value of the total number of livestock owned by a household based on December 2005 average national Livestock price in Ethiopian Birr (ETB). This is depicted in Table 13.

Table 13: Pearson's correlation analysis for some determinants of children's grade completion

Independent variable	n	r	Sig level
Years of education of fathers	184	.036	.629
Years of education of mother	186	.261	.000
Number of school aged children	213	.166	.015
Household size	213	.211	.002
Hectare of land	205	.026	.715
Amount of livestock	181	.066	.377

According to Table 13, there is no linear relationship between educational completion of children and the years of education of their father. This implies that education of father does not have significant impact on grade completion of children. The level of significance to reject the idea that educational completion of children is not related to years of education of fathers is 0.629, which is very large when the observed value of r is .0.36. Therefore, we accept the hypothesis that education of children is not related to education of father.

Contrary to that, education of mother is significant and influences positively the grade completion of their children. The above-indicated table asserts the need to reject the idea that education of children is not related to education of mother, because the observed value of Pearson's correlation coefficient (r= .261) is significant at probability of less than .0005. The education of mother appears to be more relevant as compared to education of fathers. The implication of this data again should be interpreted in the light of the finding that those mothers who have less education, have more school aged children than who have more level of education increasing the probability that at least one of those children can attain more grades.

The number of school-aged children is also observed to have relation with educational completion of children at an observed value of (r= .166) and 0.015 levels of significance. The correlation coefficient suggests a direct relationship between the number of school-aged children and the likelihood of completing educational grades. However, there is no assurance to conclude that high number of school-aged children promote their level of educational completion; rather should be seen from the other direction that when there are more school-aged children in the household the probability that at least a single child can complete more grades increases while the remaining children may be out of school.

Similarly, the relation between the size of the household and probability of completing education by the children is linear and positive as revealed by the value of r that is .211 when the level of significance is .002. This can actually be related to the availability of labor in the household that may reduce the demand on children's labor that is frequently reported as a cause for school drop out. (Tassew et al, 2005)

The economic status of the household is another factor presumed to determine the grade completion of children. Hence, size of hectares of land and the number of livestock owned by a household are taken as good indictor of the economic status of the household in rural area. The calculated value of livestock is in terms of ETB was used as one of the predicting variable.

Likewise, this statistical analysis indicates that education of children is not dependant on the total amount of land accessed by the household. The observed value of r is .026 at a probability of .715 indicating the need to accept the hypothesis that there is no relationship between amount of land owned by the household and grade completion of the children. On the other hand, relationship between calculated livestock value of the household and grade

completion of children is observed at value of r = .066 and level of significance p=0.377, indicating absence of association between the two mentioned variables.

The health status of the parent is another factor assumed to determine education of children. But, there is no clear observation of relation between health condition of the parent and school attendance of children according Table 14. This is the case as 12 (86%) of the children whose parents are sick have attended school as compared to 138 (77%) of the children having healthy parents. Similarly, 11 (97%) of the children have attended school where only mother is healthy as compared to 100(76%) of children where only father is healthy.

Table 14: Cross tabulation of parent's health status and education of children

Dependent variables	Resp.	Have healthy parent (health status)				Total
		None	Only mother	Only father	Both	
Child ever attended school	Yes	12(86%)	11(97%)	15(68%)	100(76%)	138(77%)
	No	2(14%)	1(8%)	7(32%)	31(24%)	41(23%)
	Total	14(100%)	12(100%)	22(100%)	131(100%)	179(100%)
Child ever drop out of school	Yes	1(8%)	3(30%)	6(40%)	20(21%)	30(23%)
	No	11(92%)	7(70%)	9(60%)	76(79%)	103(77%)
	Total	12(100%)	10(100%)	15(100%)	96(100%)	133(100%)
Child currently in school	Yes	11(85%)	10(83%)	13(62%)	90(74%)	124(74%)
	No	2(15%)	2(17%)	8(38%)	32(26%)	44(26%)
	Total	13(100%)	12(100%)	21(100%)	122(100%)	168(100%)
Absent from school in the last two weeks	Yes	4(40%)	1(11%)	4(33%)	11(13%)	20(17%)
	No	6(60%)	8(89%)	8(67%)	76(87%)	98(83%)
	Total	10(100%)	9(100%)	12(100%)	87(100%)	118(100%)

The same conclusion applies to school drop out; where 1 of out of 12 children whose parents are not healthy and 20(21%) children whose parents are healthy have experienced school drop out. Under normal circumstances, the percent of children who have experienced school drop out should be greater for those whose parents are not healthy since the assumption is the bad health of the parent forces children to stop their education. In contrast, good health of the mother reduces drop out more than fathers as observed as 3 out of 10 and 6 out 15 for those whose mother and fathers are healthy respectively.

According to the Table mentioned above, children who have healthy father but not mother 13 (62%) are less likely to be in school currently as opposed to 10 (83%) children who have healthy mothers but not fathers. Those children 11 (85%) whose parents (both) are not healthy are more likely to be in school as compared to children having healthy parents 90 (74%). This again is against the expectation of this research as attempted to state earlier.

When we consider absenteeism from school, it is more common in children where both parents are not healthy 4 out of 10 followed by those having sick mothers. Still 11 (13%) of children having both healthy parents have been absent from school in the past two weeks of the survey period.

3.2 Health Condition of Children

Health is another area to be considered to assess the wellbeing of children. The health indicator of important to this research is sickness, permanent health problem interrupting children's development, and treatment seeking behaviour for their children. The parental status of the children is cross-tabulated against these indicators and presented in Table 15 below.

According to this Table, the presence of the parent is not associated with the health condition of children in all its indicators. The incidence of child sickness, in the past one-month of the survey period, is common in those having both parents 32 (17%) as compared to 2 out of 22 who lack at least one of their parents. On the other hand, out of 21(11%) children having some permanent health problem, 20 (11%) are from children having both parents whereas 1 out 23 is from children where at least one of their parents is not living in the household.

The proportion of children who have been sick seriously in the past one year of the survey period is also small for those who at least do not live with one of their parents as compared to those having both of their parents in the household. This is indicated by 33 (18%) for those having both parents and 3 of 22 lacking at least one of their parents.

Table 15: Cross tabulation of children's health condition and parental status of the child

Dependent variables	Response	Child's parental status		Total
		Both parents live in the household	At least one of the parents do not live in the household	
Child sick in the last one month	Yes	32(17.0%)	2(9.1%)	34(16.2%)
	No	156(83.0%)	20(90.9%)	176(83.8%)
	Total	188(100.0%)	22(100.0%)	210(100.0%)
Child permanent health problem	Yes	20(11.4%)	1(4.3%)	21(10.6%)
	No	156(88.6%)	22(95.7%)	178(89.4%)
	Total	176(100.0%)	23(100.0%)	199(100.0%)
Child seriously sick in the last one year	Yes	33(18.0%)	3(13.6%)	36(17.6%)
	No	150(82.0%)	19(86.4%)	169(82.4%)
	Total	183(100.0%)	22(100.0%)	205(100.0%)
Child treated during sickness	Yes	37(68.5%)	3(60.0%)	40(67.8%)
	No	17(31.5%)	2(40.0%)	19(32.2%)
	Total	54(100.0%)	5(100.0%)	59(100.0%)

Out of the total number of 59 children who have been sick during any time, 40 (68%) have received treatment while a significant number 19 (32%) have not. The number of children who have been treated medically is more in those living with both parents as reported by 37 (68.5%) children. In households where at least one of the child's parents is not present, 3 out 5 have been medically treated and the remaining 2 have not treated during any episodes of sickness.

Since the number of children who have used traditional healers 9 (22.5%) or combination of traditional healers and modern health facility is small, 1 out of 40 who have been treated, this makes analysis of factors determining behavior of seeking medical treatment inappropriate.

Sickness, having permanent health problem and treatment of the child is not related to fathers' education as indicated in the above Table 16 below.

Table 16: Chi-square test for level of fathers education and health condition of the children

Dependent variable	Model	n	Chi-square	df	Sig (critical level)
Recent sickness	Crosstab	183	1.577	3	0.665
Permanent health problem	Crosstab	172	1.463	3	0.691
Serious sickness	Crosstab	177	0.510	3	0.917
Medical treatment	Crosstab	54	2.390	3	0.496

The assumption that educated fathers better care for their children and reduce morbidity rate is not supported according to this survey. Education of father doesn't appear to predict the health status of the child in that the value of chi-square for sickness, permanent health problem, serious sickness, and medical treatment is 1.577, 1.463, 0.510, and 2.390

respectively and is insignificant at a corresponding probability of 0.665, 0.691, 0.917, and 0.496.

A similar association is evident between mother's education and health condition of the children as that of father. This is presented in Table 17 below. None of the health indicators selected appears related to the education of mother, because all the observed values of chi-square for child sickness (2.22), permanent health problem (2.25), serious sickness (6.44) and medical treatment (5.17) are insignificant.

Table 17: Chi-square test for mother's education and health condition of the child

Dependent variable	Model	n	Chi-square	df	Sig level
Recent sickness	Crosstab	185	2.221	3	.528
Permanent health problem	Crosstab	173	2.246	3	.523
Serious sickness	Crosstab	179	6.445	3	.092
Medical treatment	Crosstab	52	5.171	3	.160

The health situation of the children is expected to be related to the size of the household as some literature suggest that, as the size of the household increases the probability of children to be taken care of decreases, as a result, facing various health problems.

Table 18: Chi-square test for household size and child health

Dependent variable	Model	n	Chi-square	df	Sig level)
Recent sickness	Crosstab	210	.518	2	.772
Permanent health problem	Crosstab	199	.133	2	.936
Serious sickness	Crosstab	205	2.381	2	.304
Medical treatment	Crosstab	59	4.221	2	.121

From Table 18, the level of analysis shows independence of health condition from household size in all its indicators. Cases in which children have been sick in the past one month of the survey period is not related at chi-square value of .518 and significance level of .772 whereas this is the case for children's permanent health problem at .133 and .936 the value of chi-square and level of significance respectively. In the same manner, serious sickness of the child in the last one-year is not related to the size of the household, at chi-square value of 2.381 and level of significance .304; whereas medical treatment is the case at 4.221 and .121 of the value of chi-square and level of significance in that order. This implies that whether the household size is small or large, children can be sick and medically treated in a given health facility.

The relation between selected indicators of health of the children and the health condition of the parent is contradictory as shown Table 19 as follows.

Table 19: Chi-square test for child health condition and parental health

Dependent variable	Model	n	Chi-square value	df	Sig level
Recent sickness	Crosstab	179	4.058	3	.255
Permanent health problem	Crosstab	167	10.508	3	.015
Serious sickness	Crosstab	172	13.625	3	.003

Cases in which the children have been sick recently are not related to the health condition of the parent at significance level of .255 where the value of chi-square is 4.058. Contrary to this, permanent health problem that the children are having is related to the health condition of the parent as indicated by the value of chi-square 10.508, and level of significance .015. Similarly, cases of serious sickness are related to the health condition of the parent at a chi-square value of 13.625 where the significance level is .003. Therefore, in both

cases we can observe a significant relationship between parental health and some indicators of the health condition of the child. It seems more likely that children in health families are more likely to be healthy.

The results of the cross tabulation shown in Table 20, tell us about the relationship between treatment seeking behavior of the children and health condition of the parent. The health condition of the parent does seem to predict medical treatment of children. Even, children who have at least one parent not healthy 13 (68%) are observed to receive more medical treatment as compared to 21(64%) from children whose parents are healthy.

Table 20: Cross tabulation of child medical treatment and health condition of the parent

Dependent variables	Response	Health condition the parent		Total
		Both parents are healthy	At least one has health problem	
Child treated during sickness	Yes	21(63.6%)	13(68.4%)	34(65.4%)
	No	12(36.4%)	6(31.6%)	18(34.6%)
	Total	33(100.0%)	19(100.0%)	52(100.0%)
Used health facility	Modern health facilities	17(81.0%)	9(69.2%)	26(76.5%)
	Traditional healers or both	4(19.0%)	4(30.8%)	8(23.5%)
	Total	21(100.0%)	13(100.0%)	34(100.0%)

However, of children who have both parents who are healthy 17 (81%), tend to get treatment in modern health facilities as compared to those who have at least one of the parents who is not healthy 9(69%). Nevertheless the use of traditional healers or both traditional healers and modern health facility is common for children who have at least one of the parents

who are not healthy. This is indicated by 4 out of 13 and 4 out of 21 respectively for children who have at least one of the parents who is not healthy and both are healthy.

In order to investigate the impact of economic status of the household on the medical treatment seeking behaviour of the children some economic variables are cross-tabulated across child treatment variables. These economic indictors are the amount of livestock and hectares of land owned by the household as presented in Table 21.

Depending on Table 21, practice of child treatment during sickness does not vary significantly along the amount of livestock owned by the household. In spite of the level of variation, children in households with more number of livestock are slightly more likely to be treated medically during sickness. Twenty-three (66%) and 9 (69%) children have been medically treated in households whose amount of livestock lie in the categories of 700-10,499 and 10,500-18,000 respectively.

Table 21: Cross tabulation of amount of livestock and child health seeking behaviour

Dependent	Response	Amount of livestock in ETB		Total
		700-10499	10500-18000	
Child treated during sickness	Yes	23(65.7%)	9(69.2%)	32(66.7%)
	No	12(34.3%)	4(30.8%)	16(33.3%)
	Total	35(100.0%)	13(100.0%)	48(100.0%)
Used health facility	Modern health facilities	16(69.6%)	7(77.8%)	23(71.9%)
	Traditional healers or both	7(30.4%)	2(22.2%)	9(28.1%)
	Total	23(100.0%)	9(100.0%)	32(100.0%)

Households with large amount of livestock tend to use modern health facilities for the treatment of their children as indicated by 7(78%) of children in households whose amounts of

livestock lie between 10,500 and 18,000. Sixteen (70%) children in households having livestock between 700 and 10,499 have used modern health facilities during their illness.

Households also vary with regard to seeking medical treatment for their children during sickness along the amount of land accessed. Table 22 below shows that 25 (73%) children in households having 3 to 5.5 hectare of land have received treatment as compared to 15 (60%) of the children in households whose land range between 0 and 2.5. On the other hand, percent of children who haven't been treated during their illness decrease from (40%) to 26.5% along households having land between 0-2.5 and those having land 3 to 5.5 hectare of land. Nevertheless, the effect of land ownership on the type of health facilities the parents seek for their children is not consistent.

Table 22: Cross tabulation of child health seeking behaviour and amount of land owned by the household

Dependent Variables	Response	Category of land		Total
		0.00-2.50	3.00-5.50	
Child treated during sickness	Yes	15(60.0%)	25(73.5%)	40(67.8%)
	No	10(40.0%)	9(26.5%)	19(32.2%)
	Total	25(100.0%)	34(100.0%)	59(100.0%)
Used health facility	Modern health facilities	13(92.9%)	17(65.4%)	30(75.0%)
	Traditional healers or both	1(7.1%)	9(34.6%)	10(25.0%)
	Total	14(100.0%)	26(100.0%)	40(100.0%)

The same Table shows that 13 (93%) and 17 (65%) of children from households whose amount of land lie between 0 to 2.5 and 3 to 5.5 respectively have been treated in modern health facilities which is out of the expectation. By this data, it is children in rich households that tend to seek treatment with traditional healers or they use both of them alternatively.

3.3 Children's Dietary Condition

The dietary condition of the child is another area we can comment on the wellbeing of the children. The indicators selected to assess the dietary condition of the children are the number of times children usually eat per day, belief of the respondent whether the food is enough, the time at which they have their meal as compared to adult members, and parents reaction to child requesting additional food. These indicators are cross-tabulated against some household variables in order to figure out factors that best determine the dietary condition of children.

When we consider Table 23, it shows some level of relation between child's parental status on the one hand and indicators of child dietary condition in the other hand.

The definition of day in this research is limited to twelve hour in order to match the community understanding so that they can give information on the issue. Likewise, 38 (20%) and 2 out of 23 children having both parents in the households and at least lacking one of them respectively are observed to eat only once per day. Children who eat twice per day constitute 73(39%) and 5(22%) of those whose parents live in the household and at least one of their parents is absent from the household respectively. Similarly, 77(41%) of the children whose both parents are in the household are eating three times per day whereas 16(70%) of those whose parents are absent from the households are eating three times per day. This shows that the availability or absence of parents of the children in the household is not a determining factor for the frequency at which children take food per day. What is actually observed is an increase in this frequency with the absence of the parents. Similarly, there is no specific pattern observed with regard to time of eating as compared to adults.

Table 23: Cross tabulation of child dietary condition and parental status of the children

Dependent variables	Response	Child's parental status		Total
		Both are present	At least one is absent	
Frequency of child food intake per day	Once	38(20.2%)	2(8.7%)	40(19.0%)
	Twice	73(38.8%)	5(21.7%)	78(37.0%)
	Three times	77(41.0%)	16(69.6%)	93(44.1%)
	Total	188(100.0%)	23(100.0%)	211(100.0%)
Eating pattern	Prior to adults	77(40.5%)	11(47.8%)	88(41.3%)
	Along with adults	76(40.0%)	10(43.5%)	86(40.4%)
	After adults had had	33(17.4%)	2(8.7%)	35(16.4%)
	Not regular	4(2.1%)		4(1.9%)
	Total	190(100.0%)	23(100.0%)	213(100.0%)
Amount of food children have served	Enough or moderate	112(58.9%)	19(82.6%)	131(61.5%)
	Not enough	78(41.1%)	4(17.4%)	82(38.5%)
	Total	190(100.0%)	23(100.0%)	213(100.0%)
Reaction to child for additional food	Additional food was given	9(13.0%)		9(12.3%)
	Kept quiet/ignored	56(81.2%)	4(100.0%)	60(82.2%)
	Others	4(5.8%)		4(5.5%)
	Total	69(100.0%)	4(100.0%)	73(100.0%)

This is as important indicator as it is commonly said that if children are given prior to adults, it is a sign of care; and giving left over foods is negligence. The availability of parents in the household is not observed influencing the time at which they eat their meal. Rather, there is a general tendency that children lacking at least one of their parents are given priority.

Children who eat before adult accounts for 77 (40.5%) and 11(48%) where both parents live in the households and at least one of the parents are absent respectively. In the same way 76 (40%) and 10(44%) of children having parents living in the households and at

least one of them missing respectively eat along with adults. Large numbers of children whose parents live in the household actually eat after adults have served meal as indicated by 33 (17%) as compared to those lacking at least one of them 2 out of 23 children.

The amount of food children are given is enough or moderate for those having both parents living in the household and for those lacking at least one of them respectively as reported by 112 (59%) and 19(83%) of the children. Conversely, it was not enough for 78(41%) and 4(17%) of those having both parents and lacking at least one of them in that order. This shows a decrease in the number of children from those who have both parents to those who lack at least one in terms of the insufficiency of the amount of food they are served. This may not indicate that the food is enough for children lacking parent but can be related to the respondents' perception that are not related to the children by blood.

The main response to children when additional food is requested is to ignore or simply keeping quiet. This is indicated as 56 (81%), and all children in households where both parents of the children live in the household and at least one of them is missing respectively. On the other hand, 9 (13%) percent of the children is observed to get additional food in those households where both of the children's parent live and none is observed in those who lack at least one of the parent. The rest 4 of 69 are responded to in different ways including punishment.

From Table 24, the child dietary condition is found to be related to the level of education of the father. The frequency of food intake by a child per day is related at chi-square value of 31.493 where the level of significance is less than 0.005. In addition, the calculated contingency coefficient (phi=0.384) shows a moderate strength of relation between these

variables, which implies that educated fathers are more likely to feed their children frequently than non-educated fathers.

Table 24: Chi-square test for years of education father and child dietary condition

Dependent variable	Model	n	Phi	Chi-square	df	Sig level
Frequency of food intake per day	Crosstab	182	.384	31.493	6	0.000
Eating pattern	Crosstab	184	.512	65.229	9	.000
Amount of food served	Crosstab	184	.275	15.060	6	.020

At the same level of significance and 65.23 calculated chi-square values, the time at which children eat as compared to adult members is observed to relate to the education of father. By implication, educated fathers tend to give priority to their children as compared to less educated fathers along the continuum. The strength of the relationship between the two seems weak at phi value of .275.

Table 25: Cross tabulation of child dietary condition and years of education of mother

Dependent variable	Model	n	Phi	Chi-square	df	Sig level
Frequency of food intake per day	Crosstab	184	.345	24.795	6	.000
Amount of food	Crosstab	186	.287	16.679	6	.011

A similar inference can be drawn as that of father from the relationship between education of mother and the dietary condition of children shown in Table 25 above. Children whose mother are educated seem to have a meal more frequently than those whose mother is not educated as indicated by calculated chi-square value of 24.795 at a significance level of

less than 0.005. However, here the association between the two variables seems weak at phi value of .239. The amount food the child is believed to eat is also related to education of mother. The chi-square value of this association is 16.679 at significance level of less than .005 and contingency coefficient of phi= .287 indicating a weak association between the variables.

The expectation in Table 26 is an increasing percent of children eating prior to adults as the educational level of mother is increasing. Such service is taken as a sign of care for children and said that educated mothers better care for their children.

Table 26: Cross tabulation of child dietary condition and level of education of mother

Dependent variable	Response	Level of education of mother			Total
		0	1-4	5-12	
Eating pattern	Prior to adults	32(34.0%)	32(50.0%)	13(46.4%)	77(41.4%)
	Along with adults	40(42.6%)	19(29.7%)	14(50.0%)	73(39.2%)
	After adults had had	20(21.3%)	11(17.2%)	1(3.6%)	32(17.2%)
	Not regular	2(2.1%)	2(3.1%)		4(2.2%)
	Total	94(100%)	64(100%)	28(100%)	186(100%)

Likewise, as indicated in the Table, a slight percent increase in children who eat prior to adults is observed from those whose mother has completed any year of education 32 (34%) through those whose mother has completed between grades 1 and 4 (32 (50%)) to those whose mother has completed between grades 5 and 12 (3(50%)).

Contrary to that, the percent of children who eat their meal after the adult members of the household had served decreases with increase in the level of education of mothers. This is indicated as 20 (21%), 11 (17%), and 1 out of 28 children whose mothers have not completed

any level of education, 1 to 4 and 5 to 12 respectively. No specific pattern can be observed in the case of those who eat along with adults, as shown by 40(43%), 19(30%) and 14 (50%) of children eating along adult members in households where mothers have not completed any level of education, grades 1 to 4 and 5 to 12 respectively. In all categories the impact of the sampling size, should be not carefully.

Table 27: Chi-square test for child dietary condition and household size

Dependent variables	Model	n	Phi	Chi-square	df	Sig level
Frequency of food intake per day	Crosstab	211	.387	31.248	4	.000
Eating pattern	Crosstab	209	.397	32.879	4	.000
Amount of food served	Crosstab	213	.299	19.078	4	.001

Children's dietary condition is related to the size of the household as indicated in the Table 27 above. The number of times the child have a meal per day relates to the size of the household at a critical value less than .0005 and chi-square value of 31.248; and the degree of association is relatively moderate as indicated by phi value of .385. Contrary to the expectation, the value of gamma is observed to be positive indicating a positive relationship between the two variable which implies, as the size of family increases the number of times the child eat food per day also increases. The time at which children have their meal is also related to the size of the household as indicated by a Chi-square value of 32.879 at significance level less than .005. The strength of association is still moderate with phi value of .397. Except the fact that the associations between the amounts of food children are served and the size of the household is relatively weak, it is related alike the other variables discussed.

This may be related to time of the survey when food is relatively available in the community since it was during the harvest time. When the size of the household is large labor

is available contributing to more crop production satisfying their food need for relatively short time.

Table 28: Chi-square test for child dietary condition and amount of land owned

Dependent variables	Model	n	Phi	Chi-square	df	Sig
Frequency of food intake per day	Crosstab	209	.300	18.892	4	.001
Eating pattern	Crosstab	207	.240	11.956	4	.018
Amount of food served	Crosstab	211	.166	5.806	4	.214

The dietary condition of the children is related to the amount of land owned by the household as shown in Table 28. The frequency of food in take per day by the child is related to the amount of hectares of land owned by the household with a calculated chi-square value of 18.892 and significance level of .001. The value of gamma also shows a positive sign, which implies that as the amount of land of household owned increases the probability of the children to eat more frequently per day increases.

The time at which children have their meal as compared to adults is related to land owned by the household at a chi-square value of 11.956 at a critical value .018. Conversely, the amount of food children are served is not related to the amount of hectares of land owned by the households at chi-square value of 5.806 and level of significance .214. The strength of the relationship in all of the variables is weak as shown by the values of phi which are less than or equal to 0.3.

Table 29, shows relationship between child dietary condition on the one hand and livestock owned by the household. Amount of livestock also seems predictor of child diet as

indicated by the number of times the child eat per day and the time at which the children have their meal in relation to adult household members.

Table 29:Chi-square test for child dietary condition and amount of livestock

Dependent variable	Model	n	Phi	Chi-square	df	Sig level
Frequency of food intake per day	Crosstab	179	.301	16.215	6	.013
Eating pattern	Crosstab	177	.317	17.751	6	.007

In the Table above, the value of chi-square is 16.215 at significance level of .013 indicating dependence of the frequency of child food intake per day on the amount of land owned by the household. Similarly, the time at which the child took a meal in relation to adults is related to the amount of livestock owned by the household. In the same manner as other variables discussed above the degree of relationship is weak and the direction of relationship is positive. This implies that the number of livestock a household has its own contribution in determining the dietary condition of a child.

Nevertheless, the relationship between livestock owned by the household and sufficiency of food the child has served as indicated by the respondent seems difficult to make conclusion.

In Table 30 below, the number of children who are believed to get enough food significantly increases from households having low number of livestock to those having more of them. Households having a cumulative livestock value of ETB between 700-7499, 7500-10499,10500-14499, and 14500-18000 have 5(6%), 4 out of 50, 4 out of 38 and 5 (56%) children for whom the amount of food served is believed to be enough correspondingly.

Table 30: Cross tabulation of amount of food the child served and amount of livestock owned by the household

Dependent variables		Amount of livestock in ETB				Total
		700-7499	7500-10499	10500-14499	14500-18000	
Amount of food served	Enough	5(6%)	4(8%)	4(10.5%)	5(56%)	18(10%)
	Moderate	47(56%)	31(62%)	15(39.5%)	4(44%)	97(54%)
	Not enough	32(38%)	15(30%)	19(50%)		66(36.5%)
	Total	84(100%)	50(100%)	38(100%)	9(100%)	181(100%)

Percent distribution of children who are believed to have moderate or not enough amount of food is random with out any specific pattern along categories of amount livestock.

3.4 Clothing and Sanitation

One of the major wellbeing indicators of children taken this research is the level of clothing and sanitation, which may vary from households to households. Sanitation is the cumulative result of accessibility to clean drinking water, safe sanitation facility and child personal hygiene.

The aim in this research is simply to assess some home-related factors related to the clothing and sanitation of children indicated by the interval at which the child took shower, the frequency of washing clothes, accessibility of the child to alternative clothes for schooling and work, and accessibility of the child to protective footwear.

Children's sanitary practice does not appear to relate to the level of education of father according to Table 31. The percent of children who took shower in the previous two weeks of the survey period does not vary along the level of education of father.

Table 31: Cross tabulation of child sanitary practice and education of father

Dependent variable	Response	Level of educational grades completed by father				Total
		0	1-4	5-8	9-12	
Number of times the child took shower	None	5(28%)	11(38%)	8(16%)	12(33%)	36(27%)
	Once	12(67%)	17(59%)	39(78%)	24(67%)	92(69%)
	Three times	1(6%)	1(3%)	3(6%)		5(4%)
	Total	18(100%)	29(100%)	50(100%)	36(100%)	133(100%
Frequency of changing clothing	Less than weekly		4(10.8%)	4(5.7%)	9(22.0%)	17(9.5%)
	Weekly	8(25.8%)	8(21.6%)	16(22.9%)	5(12.2%)	37(20.7%)
	Two weeks to one months	2(6.5%)	6(16.2%)	24(34.3%)	3(7.3%)	35(19.6%
	When getting old	15(48.4%)	13(35.1%)	8(11.4%)	18(43.9%)	54(30.2%)
	More than six months	6(19.4%)	6(16.2%)	18(25.7%)	6(14.6%)	36(20.1%)
	Total	31(100%)	37(100%)	70(100%)	41(100%)	179(100%)

Those who did not take shower constitute 5 (28%), 11(38%), 8(16%), and 12 (33%) of those whose father's level of education is 0, 1-4, 5-8, and 9-12 respectively. Similarly, those children who took a shower only once over the two weeks accounts for 12 (67%), 17 (59%), 39(78%), and 24 (67%) of children whose fathers' level of education is 0, 1-4, 5-8 and 9-12 in that order.

In fact, the number of children who took shower three times per two weeks is very small for statistical analysis in any direction. Generally, the percentage distribution observed does not tell any thing about the relationship between education of father and practices of the child in taking shower since it does not vary in a specific manner. One important point that can be drawn from this data is that more than 50% of the children in the research area took shower only once within two weeks.

The education of father does not seem to bring any change in the frequency at which children wash their clothes in order to change it. The majority of children 15 (48%), 13 (35%), 8 (11%), 18 (44%) and 54 (30%) in households, where the level of education completed by father is 0, 1-4, 5-8, and 9-12 respectively, change their clothing when it is getting old/stained regardless of the education of father. Next is those who change clean clothing in more than six months irrespective of the level of education of father as in indicated by 6 (19%), 6(16%), 18(26%) and 6(15%) in households where the education of father is 0, 1-4, 5-8 and 9-12 respectively. The remaining percentage distribution of those who change clean clothing weekly, every two weeks, and monthly across each level of education of fathers is insignificant. Hence, most of the children in the research area change their clothing in more than six months depending on the status of the clothing (old/stained) regardless of time and education of father.

Unlike father's level of education, mother's level of education has an impact on the practice of children with regard to sanitation as indicated by Table 32. Here again the overwhelming majority of children took shower once every two weeks with slight increase of percentages across the level of education of mother from low to high; 50(53%), 28(44.4%) and 13(46.4%) in households where the level of education of mother is 0, 1-4, and 5-12 respectively. Contrary to the expectation, percentage of children who didn't take a shower seems to increase across the increasing level of education of mother and those who did twice or three times over the two weeks also tend to increase.

The percentage distribution of those children who did not take shower is 16 (24%) and 17 (35%) for households where the education of mother is 0 and 1-4 respectively. In

households where the level of education of mother is between grades 5 and 12, there are no children who did not take a shower over the specified period.

Table 32: Cross tabulation of child sanitary practice and level of education of mother

		Level of education of mother			
Dependent	Response	0	1-4	5-12	Total
Number of times children took shower	None	16(17.0%)	17(27.0%)		33(17.8%)
	Once	50(53.2%)	28(44.4%)	13(46.4%)	91(49.2%)
	Twice or three times	28(29.8%)	18(28.6%)	15(53.6%)	61(33.0%)
	Total	94(100%)	63(100%)	28(100%)	185(100%)
Frequency of changing clothing	Less than weekly	1(1.1%)	8(12.7%)	9(33.3%)	18(9.9%)
	Weekly	21(22.8%)	8(12.7%)	6(22.2%)	35(19.2%)
	Two weeks to one months	19(20.7%)	12(19.0%)	6(22.2%)	37(20.3%)
	When getting old	32(34.8%)	21(33.3%)	3(11.1%)	56(30.8%)
	More than six months	19(20.7%)	14(22.2%)	3(11.1%)	36(19.8%)
	Total	92(100%)	63(100%)	27(100%)	182(100%)

Fifty (53%) of children take a shower once over the two weeks where mothers did not complete any level of education. Also, 28(44%) and 13(46%) take shower once over two weeks where the level of education of mother is 1-4 and 5-12 in that order. The reaming 28 (30%), 18(29%), and 15(54%) children whose level of education of mother is 0, 1-4 and 5-12 correspondingly take shower twice or three times over two weeks. This generally shows an improvement in such practice with an increasing level of education of mother

As can be seen from the same Table, the effect of education of mother is more likely to bring variation among children in terms of frequency of changing clothing. The number of children who change their clothing less than weekly increases as the level of education of

mother increases, which is observed as 1 out of 92, 8(13%), and 9(33%) where the level of education of mother is 0, 1-4, and 5-12 respectively. Contrary to that, those who change their clothing when getting old accounts for 32 (35%), 21(33%), and 3 out of 27 in the same level of education of mother which implies better practice of the children to change their clothing as the level of education of mother increases.

However, percentage of those who change their clothing weekly, from two weeks to one month and in more than six months across different level of education of mother is inconsistent preventing any type of judgment. For example, the percent distribution of those who change their clothing in more than six months is 19(21%), 14 (22%) and 3 out of 27 for mothers whose level of education is 0, 1-4 and 5-12 correspondingly.

The access of children to alternative clothing for school and household work and protective footwear is related to the level of education of father and mother as seen Table 33 and 34 below.

Table 33 : Chi-square test for level of education of father and child clothing

Dependent variable	Model	n	Phi	Chi-square	df	Sig level
Alternative clothing	Crosstab	153	.195	6.070	3	.008
Wearing shoe	Crosstab	183	.254	12.582	3	.006

Results of the Chi-square test presented shows that access of the children to alternative clothing depends on level of education of father at chi-square value of 6.070 and significance level of .008. Similarly, the access of the child to protective footwear varies along the level of education of father at chi-square value of 12.582 and this is significant at .006. In both cases,

the degree of association between the variables is very week as indicated by the contingency coefficient of .195 and .254 in the Table.

Table 34: Chi-square test for level of education of mother and child clothing

Dependent variable	Model	n	Phi	Chi-square	df	Sig level
Alternative clothing	Crosstab	157	.191	5.939	3	.015
Wearing shoe	Crosstab	184	.191	6.947	3	.074

Even though they a relationship to each other, the association between accessibility of the child to alternative clothing and protective footwear is weaker than it is in the case of education of father. The contingency coefficient (phi) for alternative clothing and footwear is .191 for both. However, access of the children to alternative clothing is related to the education of mother at a chi-square value of 5.939 and the significance value of .015. In the same manner, the chi-square value at which accessibility of the children to a protective footwear depend on is 6.947 where the level of significance is .074. The chi-square value at which accessibility of the children observed not to relate to the level of education of mother is 6.947 at a probability of .074 observing this result.

Table 35: Chi-square test for household size and child clothing

Dependent variable	Model	n	Phi	Chi-square	df	Sig level
Alternative clothing	Crosstab	173	.080	1.127	2	.569
Wearing shoe	Crosstab	211	.118	2.991	2	.224

The household size and the child clothing status are not related to each other as can be seen from Table 35. Since the chi-square value (1.127) is significant at .569 for the status of the child to have alternative clothing. In the same way, the chi-square value for the accessibility of the child to footwear is 2.991 at a significance level of .224. In both cases, we accept the idea that the practice of child clothing shown no relationships to the size of the household.

The amount of land and livestock owned by the household that are indictors of the economic status of the household determines accessibility of children to appropriate clothing. Table 36 and 37 depicts this relationship

Table 36: Chi-square test for amount of land owned by the household and child clothing

Dependent variable	Model	n	Phi	Chi-square	df	Sig level
Alternative clothing	Crosstab	173	.302	17.303	2	.000
Wearing shoe	Crosstab	211	.254	14.523	2	.001

The amount of land owned by the household seems more likely to determine accessibility of the child to appropriate clothing since they show a significant relationship to each other. The observed chi-square value is 17.303 where the significance level is less than .005 for accessibility of the child to alternative clothing and the observed value of chi-square is 14.523 which is significance at a value less .001.for accessibility of the child to protective footwear. Hence, the variables are related to each other and the strength of association is relatively weak at this value of contingency coefficient.

The amount of livestock owned by the household also predicts accessibility of the child to appropriate clothing as seen Table 37 below. The chi-square value at a significance

level of .047 for alternative clothing is 7.947 while it is 13.430 for access to footwear at a significance level of .004, which is less than p= .05 in both cases.

Table 37: Chi-square test for amount of livestock and child clothing

Dependent variable	Model	n	Phi	Chi-square	df	Sig level
Alternative clothing	Crosstab	145	.228	7.947	3	.047
Wearing shoe	Crosstab	211	.264	13.430	3	.004

This indicates that both variables are related to the amount of livestock of the households; and those households with large amount of livestock tend to provide their children with appropriate clothing. The degree of association is still low indicating may be only part of the contribution of this variable.

4. Findings and Discussions

Some of the household factors considered having relevance to the wellbeing conditions of the children are found in this research to have meaning full impact in the intended direction while some of them are not. Moreover, the direction of the relationship under certain circumstance is positive as expected and reversed under other circumstances. Likewise, the effect of these selected household conditions on education of children, health status; dietary and sanitary conditions are presented and discussed one by one here under.

4.1 Children's Education

Regardless of its' intrinsic as well as instrumental importance; the government's nationwide concentration on educational sector to reduce poverty and bring about sustainable development (MoFEDA, 2002), 62.7% of primary school age children (7-14) are known to be

out of school. This was 67.2% in rural area and 22.8% in urban area (WMS, 2005). The finding of this research however does not show a similar percent of children who are out of school in a rural area, which is about 28% as shown in Table 5. This could be due to the fact that the area is not far from the centre of the country and towns of the locality, which can increase awareness of the community and availability of school as compared to remote areas.

At the higher national level, low economic status, social and political unrest, recurrent drought and famine, high population growth, high parents demand of child labour, inaccessibility of schools, poor quality of schools, low education of parents, culture barrier are the most commonly traced factors for the low educational performance of the country (Habtamu, 2002; Mulugeta, 2002). The Ministry of Labour and Social Affairs have also found similar reason for non school attendance: as supporting household activities, inaccessibility of schools, inability to afford school costs etc (MoLSA, 2001)

At the household level, sex of the child, household wealth, household composition, parental education, child labour and caregivers social capital are factors influencing child school completion and scholastic achievements. Household with better wealth are more likely to support their children to complete education and limit drop out of school. Households with large number of children are associated positively with children's school completion and less drop out rate (Tassew, Jones & Bekele, 2005).

Moreover, as discussed earlier the likelihood of households to lie below the poverty line increases with an increasing family size (MoFED, 2002, Dercon, 1999 &2000). Educated parents are more willing to invest in their children's education; hence, promoting school completion and reducing drop out (Tassew et al, 2005). The need for children to contribute labour to household activity is also important in affecting school performance (Tassew et al, 2005; Habtamu, 2002, MoLSA, 2001).

The findings of this research which is focused on the analysis of household related factors found a positive relation ship between child’s parental status and education of children

measured in terms of school enrolment, grade completion, drop out and absenteeism. So, children who have both parents living in the home are more likely to be enrolled at school and complete grades without drop out than those having only one of the parents or none of the parents. Nevertheless, absenteeism is not a factor of the availability of the parents as can be seen in Table 1. However, the presence of a father is generally observed to be more predictive than the presence of the mother mainly due the fact that children will remain out of school to substitute for the absent labor of the father in the agricultural activities if the father is not in the household (MoFED, 2005).

According to the studies of young life, “years of schooling” of both parents promotes education of children reducing rate of drop out (Tassew et al, 2005). But, this study reveals that education of children is not related to the level of education of the father, which means educated fathers in rural area do not facilitate the education of their children. Although, the model of analysis can not assure explicitly this relationship, education of mother is more predictive of education of children than the father in facilitating enrolment, consistent attendance, and reducing absenteeism. Yet, it is does not appear likely to reduce drop out of school. The educational completion of children is determined by the years of education of mother and not father. Grade completion of children in households where the years of education mother is relatively high is not significantly higher as compared to those where the education of father is low. The reverse is true for fathers, in that the higher grade completed by father of the children does not predict higher-grade completion of their children.

Households with large number of members are observed having children completing more levels of education; findings that are inconsistent with some studies and consistent with others. Because, this study suggest that large families tend to promote education of children

considering the possibility of children to focus on education given the abundant availability of labour for agricultural activities in the household (Tessaw, et al, 2005). When there are more working children in the household, families can invest on education of one or two children since the remaining children continue supplying the labour demand of the family.

On the other hand, when the size of the household becomes large, it limits the social and economic capacity of the family influencing the wellbeing of children (NOP, 2004). The conclusion that seems reasonable here is the fact that household size by itself does not deter or promote the level of educational completion of children, but should be seen in conjunction with the economic capacity of the household.

Moreover, this study shows that in households where there are more school-aged children, the probability of completing high level of education is more likely. However, logical inferences cannot be drawn on how high numbers of school-aged children promote their level of educational completion. Rather it should be seen from the other angle that when there are high number of school-aged children in the household the probability that at least some children can complete more grades increase while the remaining children may remain out of school.

The economic status of the household is the other factor presumed to determine the grade completion of children (Tassew et al, 2005). Amount of land and livestock owned by the household are taken as key indices of the economic status of the households in rural area (Dercon, 1999; Yared, 2003; Aklilu and Rahmato, 2000). The result of the analysis shows that households' economic status is not positively associated with the educational completion of children. Therefore, this is inconsistent with the finding of Tassew et al, (2005) which says wealthy families are more likely to invest on the education of their children hence, supporting

the educational completion of their children. However, according to the same study this is not the case in enrolment, as poor households tend to support the education of children expecting them as a way out of poverty (MoLSA, 2001).

The association between parental health and education of children is not unidirectional and smooth. The hypothesis that healthy parents will support education of children is questionable based on these findings. Healthy parents are not observed to facilitate school enrolment, reduce drop out and absenteeism any more than unhealthy parents.

4.2 Children's Health

The relationship between the health status and socio economic development of a given nation is very crucial (Nabiat, 1989). Just like education, health has intrinsic as well as instrumental value for a given nation's wellbeing and socio economic development (World Bank, 2005). A case study in some rural areas by the International Livestock Research Institute (ILRI) has found that " too small landholdings, poor agricultural practices, a lack of potable water, and other factors contribute to a vicious cycle of deteriorating health and environments — and to increasing poverty" (Crawley, 2003:abstrct).

In the same way, the socio economic status of the household highly determines child survival in such away that children in better off households have more chance to survive than those in poor households (Hawah & Zuberi, 2000). In addition to being able to supply nutritious foods to their children, well to do families have the ability and resource to visit health services both for their children and other members of the household.

In Ethiopia, while there is an increasing trend in the utilization of health services, about 50% of the populations do not visit the nearest health centers in times sickness (Dercon, 2000). The accessibility, the quality of care and the costs of health services determine the use of the services (WMS, 2005). According to Alemu, Jones & Bekele (2005) the inaccessibility of the health service is less important than the quality of the services and the perception of the households that it is costly.

According to Table 15, the presence or absence of the parents of the children does not determine the health problems of children. The presence of both parents is not observed reducing the health of the child or the child having permanent health problem. Rather it is relevant to accessibility of medical services in case of sickness in the households where both the mother and father of the child live.

Some literature forwards the importance of parental education for their children in their decision to have fewer numbers of children and therefore, enhance prospects for the health and survival (NOP, 2004). The findings of this research as depicted in Table 16, 17 and 18 are inconsistent with this idea. The education of mother and father do not appear to determine the health condition of the children including sickness, having permanent health problem and behaviours in seeking medical treatment for their children. This is also true in relation to the size of the household. No difference is observed in terms of the health condition of children among households having different household sizes.

Conversely, the health state of the parent better predicts the health condition of the child within certain limitation. According to Table 20, healthy parents are more likely to have healthy children and opt to seek medical treatment for their children than parents having health problems themselves. There are several possibilities to explain this relationship. It can be because parents may have infectious diseases that can transmit from them to their children or that when the health condition of the parent is bad, they may not be able to care for their children then making the health condition of the children bad. Or else, they may not value medical care; they may have less access to; or resources to pay for their own and their children's treatment.

The economic status of the household is another finding of this research determines the medical treatment of the children and used healthy facilities. Accordingly, households with better economic status seek medical treatment for their children; and uses modern health facilities regardless of its cost as suggested by Alemu, Jones & Bekele (2005).

4.3 Children's Dietary Condition

Malnutrition due to limited quantity and quality of food intake plays a central role in affecting the health and economic productivity of an individual (Nabiat, 1989; World Bank, 2005). The World Bank (2005) states that even among the adults, poor nutritional condition reduces ones ability to concentrate and engage in laborious activities to produce crops for consumption. Because, limited quantity and quality of food-energy consumed has to be divided among biological functions and energies for daily activities further making the person vulnerable to disease, damage and death (Nabiat, 1989).

However, child malnutrition in Ethiopia remains among the highest in the world and is high even by African standard confining the following generation in the traps of poverty (Yohannes, 1999). Considering the tremendous and long lasting impacts of child malnutrition through out generation, the current state will put in danger the effort of the country to break out of the poverty cycle (World Bank, 2005). In 2004/5, 8.3%, 49.9% and 37.1% of all Ethiopia children have found to be wasting, stunting and underweight. Measured in terms of any of these three nutritional status indicators, rural children are generally much more affected by the problem (WMS, 2005).

The quantity and quality of food intake in turn depends on availability and access to food, capacity to access, and the eating habits. Education and cultural orientation are factors determining ways of food preparation, and intra household distribution (Nebiat, 1989). However, in Ethiopia there are no updated data for the daily food calorie intake (Alemu et al, 2005).

The most commonly used nutritional status indicators are stunting, wasting and underweight, which can be obtained by the actual measurement of the weight, height and age

of a child (Nebiat, 1989). Along these dimensions, determinants of child nutrition are seasonality of food availability, wealth of the household and caregiver employment (Alemu et al, 2005). Having fewer children below the age of five decreases the likelihood that children will be malnourished. But, parental education/information, the status of being married as well as being wealthy is positively related with the nutritional status indicators (Alemu et al, 2005).

This study however, based itself on proxy indictor of the dietary condition of children under consideration. Accordingly, to Table 23, there is no significant difference between children in terms of their dietary condition based on their parental status. Some other factors may have influenced the number of time the child eat per day and pattern of eating rather than the presence or absence of the parent in the household. Children are reported to eat only once, twice and three times per day from all categories, that is those having parents, only one and none of them. However, children where the respondents were not their father or mother are believed to eat enough amount of food as compared to those children where the respondent were children's father or mother. This can be an indication of the bias of the respondents who are not related to children as mother or father. The reaction to children in case of request additional food is to ignore and this is more significant in those households where at least one of children's parents are not present.

The child's dietary condition is determined by education of parents, the size of the household, amount of land and livestock owned by the household (Table 24-30) with few exceptions. In households where the father is educated, children eat enough food more frequently and priority is given to them in this regard. This is also true for educated mothers except priority given is not statistically significant. The size of the household became one the predictor of the dietary condition of children in all its indicators, in that household.

Fortunately, the relationship is positive meaning large households better fulfill the food requirement of their children than small size households. The possible explanation can be that large households in this study are observed to have better economic status, so that they are capable of feed their children.

Amount of livestock also seems predictor of child diet as indicated by the number of times the child eat per day and the time at which the child have his meal in relation to adult household members. Similarly, the time at which the child took a meal in relation to adults is related to the amount of livestock owned by the household. In the same manner as other variables discussed above the degree of relationship is weak and the direction of relationship is positive. This implies that the number of livestock a household has makes its own contribution in determining the dietary condition of the children.

This finding is further strengthened by the relationship seen between the amount of livestock and land owned by the household on the one hand and child dietary condition on the other. Households having large number of livestock give priority to children on food service and children eat more frequently, than those having less number of livestock. However, beliefs of the respondent about the amount of food children have served do not relate to the amount of livestock. The same condition applies to the amount of land owned by the households in that the dietary condition of children is good in households having more land.

4.4 Children's Clothing and Sanitation

The environmental and individual sanitary conditions could be another important predictor of health condition and wellbeing in a community. About three-quarters of health

problems in Ethiopia are due to communicable diseases, the contribution of utilization of contaminated water being the most important one especially at the early age (Nabiat, 1989)

In 2004 irrespective of its quality, 92% of the rural and 99.9% of the population have the access to water sources in less than 1 km; where as, 25.2% of the rural and 90% of the urban population have accessed safe water within manageable distance (WMS, 2005). The same survey shows that 68.9% of the national population do not use latrine while this is true for 19.2% of the urban and 78% of the rural area.

However, this study shows that 73 (34%) children live in households with access to safe drinking water while the remaining 140 (66%) are in households with unsafe source of drinking water. The majority of the household in which 169 (79%) of the children live use unprotected water source for washing, located at a distance of more than one-hour single trip on foot. Moreover, 188 (88%) of the children are in households using open field for human waste disposal (defecation), whereas only 15 (7%), and 5 (5%) of the children are in households using private pit latrine and common pit latrine respectively for the same purpose (Annexed Tables).

The relationship between children's sanitary practice and education of the parent is in consistent. Father's education is not important to influence the time at which their children took shower and change their washed clothing. Rather, education of mother is more likely to influence the rate at which children take shower and change their clothing over a given time. This means that children in households where the mother is educated up to some level, more often take showers and change their clothing frequently where this is not the case f or fathers. On the other hand, both education of mother and father are important for a children to have access to alternative clothing for school and work as well as protective footwear.

Even though parents have the knowledge of the importance of sanitation, the economic capacity limits them to access these facilities (Alemu, et al, 2005). Accordingly, in households of better economic status children have access to alternative clothing for school and work as well as protective footwear. This economic status is what is indicated by the amount of livestock and land a given household possess. However, accessibility of children to alternative clothing and footwear is limited in large households. Therefore, neither small nor large family size tend to explain the accessibility of children to appropriate clothing, in spite of the finding of this research that established a positive relationship between household size and economic status.

5. Conclusion

Children in Africa as well as Ethiopia are affected by a number of socioeconomic conditions associated with their family or the larger community environment. The household is the immediate social environment where children experience the effects of these multidimensional socioeconomic conditions. A few selected household related socioeconomic conditions considered to have some relation with the wellbeing of children in this research are the size of the family, parental status of the children, health and education of the parent, the household asset and existing services.

In Ethiopia, research on the wellbeing of children is limited and data are scarce. Moreover, there is no researcher's approaching the investigation of the wellbeing of children in a holistic manner. An available research chiefly focus on some aspects of child wellbeing while it is non-existent at all in other aspects. For example, materials are relatively available on education of children and nutrition while it is scarce on areas of health and sanitation.

This research can serve as the starting point to carry out extensive research on the same area. However, the research has limitation in that the areas of coverage and the size of the

sample is small. This is due to limitations of resources and time. As a result, taking these findings as representative of all children in rural areas may be problematic.

Other studies have found a relationship between household size and education of children in many ways (NOP, 2004). The general understanding on this area is that the size of the family affects negatively education of children, which is one of the key wellbeing indicators of children. Hence, large family size is expected to deter school enrolment, grade completion, and consistent follow up of schooling. However, this research have identified a reverse relationship which means that when the size of the family is large children generally tend to perform more in their education. This means, in households with large members, children are more likely to enroll at school at their early age, less probable to drop out, and complete more grades. A similar association is also observed between the number of school-aged children in a household and education of children that can be related to the availability of labor in the household allowing some of the children to attend their education. Alternatively, it can be interpreted as a result of the effectiveness of the government effort to reach all children through education.

The presence of child's mother and father is an important factor to determine education of children measured in any dimension. Children who have both parents living in the home are more probable to register at school, complete higher levels of education and less likely to drop out of school. The impact of education of parent was inconsistent when education of mother is examined and that of father is not significant. In households, where the mother of a child is educated, children perform better at school as compared to those households where children

have educated fathers. However, the health condition of the parent is not associated with the educational performance of their children.

The impacts of economic factors, which are commonly traced, as important determinants of education of children in most literature, are not observed here. This could be due to the small size of the sample. The amount of land and livestock owned by a household which are taken as important indictors of household economy, did not appear as determinants of education of children. So, school enrolment, drop out rates, grade completion and school absenteeism of children do not vary in a significant manner from a well to do family to the poor one in the rural households.

The health condition of children measured in terms of incidence of sickness, permanent health problems and behaviors of parent in seeking treatment for them is another wellbeing indictor. The presence or the absence of the parent and their education is not an important factor in predicting any of the health indicators examined under this research. Neither the parental status of the child nor education of their parents determine the probability of being sick and getting treatment in during sickness.

However, parents who have health problems are observed to have children frequently sick and having permanent health problems. Moreover, indictors of the household economy better predict the practice of child medical treatment. In this case, households having large amount of land and livestock are observed to seek medical treatment for their children more than those having less amount of it. The explicit explanation for the observation is the capability of the household to pay for the medical expenses of their children

Dietary condition of children is also determined by some of the household related factors. The dietary condition indicator of children are the number of times the child eat per

day, beliefs of the respondent in the amount of food served and reaction to children when the children asks for more food. The presence or absence of the parent does not indicate variation of children in terms of their dietary condition, which means children's dietary condition, is not influenced by child's parental status.

However, the educated parents promote conditions in which children better access food in its general sense. In such households, children eat sufficient amount of food more frequently per day and if children like to have more food they can be served at any time. The size of the households, the amount of land and livestock owned by the household are some factors identified to determine the dietary condition of the children as reflected in the number of times they usually eat per day, relative eating time, amount of food and response to children.

The sanitation and clothing of children is areas were this research shows a unexpected result regardless of the household factors assumed to cause variation. Most children are living in households with access to unsafe drinking water and lacking any access to improved defecation facilities. The frequency that the children take showers and change their clothes, their access to alternative clothing and wearing shoes are indicators to assess situation of children on sanitation and clothing. As it was on education of children, education of father is not important to determine sanitation and clothing as opposed to education of mother. Households in which the mother is educated shows better practice with regard to care and sanitation of their children.

Similarly, apart from education, the household economy is important factor determining the sanitary condition of children. Children in households having relatively large amount of land and livestock, children better access alternative clothing and wearing shoe.

Moreover, when the size of the household is large, accessibility of the children to sanitary condition and clothing is limited.

The wellbeing and development of children in rural area can not be explained in terms of a single independent economic and/or social factor but should be seen as a result of interwoven socio economic condition/background of the family where the impact of environment remains the same. Before any development or social work intervention, the role of research is very crucial in understanding the situation of rural children and factors influencing their development.

The complexity of the problem as well as factors causing them demand a separate treatment based on relevant need assessment. According to the current research, rural children have a number of problems related to education, health, nutrition and sanitation; some of which are affected by household related factors. The impact of the social environment should also be considered equally so that relevant intervention program can be developed.

Moreover, the needs of children should be addressed at different levels including family, community and institutional level depending on the nature of the problem to be addressed and the type of intervention model. Within this framework social work can play different roles at different level.

At the family level, education of family and especially that of mothers on family management system and the international rights of children are important. Although, the country has signed the UNCRC, people in Ethiopia are not aware of this law. The right of children to access appropriate services such as education, health, food and sanitation facilities is generally subjected to the interest and will of the parent. Social workers can play a vital role

to create awareness among families about child upbringing and associating laws of the country.

At community level the awareness creation activity at family level should be extended and accompanied by services provisions. Some of the key services, which deserve attention, are building the nearest school system to the children, creating access to basic health service facilities within the reach and capacity of the family, and focusing on clean water supply and sanitation facilities. Moreover, social workers and the discipline should find areas in which it can contribute to the government poverty reduction strategy. Issues of poverty are a central problem of the country and building the economic capacity of the family can contribute to the wellbeing of children since part of their problems are caused by household poverty.

At national level, advocacy work targeting policy makers and implementers is the main focus. The government should be able to respond to the needs of children and facilitate their future development. The implementation of UNCRC should be informed by research and appropriate follow-up mechanisms have to be developed. Other relevant non-governmental organizations should be informed about the living situation of children in rural area and make contributions in the alleviation of the problems.

References

Aklilu Kidanu & Dessalegn Rahmato (2000). Listening to the Poor: A study Based on Selected Rural and Urban Sites in Ethiopia. Forum for Social Studies, Discussion Paper No.3

Alemu Mekonnen, Jones, N. & Bekele Tefera (2005). Tackling Child Malnutrition in Ethiopia: Do the Sustainable Development Poverty Reduction Programme's underlying policy assumptions reflect local realities? Young Lives an International Study of Child Poverty: Working Paper No. 1 9

Bedassa Tade & Sisay Asefa (2002). Empirical analysis of the determinants of demand for children in Jimma City, Ethiopia. Eastern Africa Social Science Research Review, XVIII (2), 43-67.

Crawley, M. (2003). Breaking the Cycle of Poverty in Ethiopia: Agricultural and sanitary practices improve incomes and health, International Livestock Research Institute Retrieved from http://www.idrc.ca/en/ev-29134-201-1-DO_TOPIC.html

Daniel Gamachu (1989). Environment and Mass Poverty issue in Rural Development in Ethiopia.

Dercon, S. (1999). ETHIOPIA: Poverty Assessment Study. Retrieved from http://www.economics.ox.ac.uk/members/stefan.dercon/IFAD1.pdf.

Dercon, S. (2000). Changes In Poverty And Social Indicators In Ethiopia In the 1990s (at last) some good news from Ethiopia. Retrieved from http://www.economics.ox.ac.uk/members/stefan.dercon/CHANGES%20IN%20POVERTY%20AND%20SOCIAL%20INDICATORS.pdf.

Dercon, S. & Krishnan, P. (1998). Changes in Poverty in Rural Ethiopia 1989-1995: Measurement, Robustness, Test and Decomposition. England: University of Oxford.

Dessalegn Rahmato (2003). Some Aspects of Poverty in Ethiopia. Addis Ababa: Forum for Social Studies

ECA (1999). Economic Report on Africa: The challenge of Poverty Reduction and Sustainability. Addis Ababa: UNESC.

George, T. & Gwendonyn, A. (1985). Demand for Children and Spacing in Sub-Saharan Africa. World Bank, Africa Region

Habtamu Wandimu (2002). A study of Drop Outs in Selected Primary Schools of two Regions in Ethiopia. The Ethiopian Journals of Education Vol. XXI. No.2.

Habtamu Wandimu (2002). Progress, Problems and Perplexity of Regional Inequality in Access to Primary Education in Ethiopia with a focus on the South. In Quality of Primary Education in Ethiopia, Proceedings of the National conference (PP. 67-76) Addis Ababa: IER

Harper, C. & Marcus, R. (1999). Child Poverty In Sub-Saharan Africa. Retrieved from http://www.childhoodpoverty.org/index.php?action=publicationdetails&id=42

Harpham, T. (2003). Measuring Child Poverty and Health, A new International Study, Working Paper No.2. An International Study of Child Poverty

Hawah, A. & Tukufu, Z. (2000). Socio-economic Status and Child Mortality. In Population and Health issues in Africa. Dakar: Union for African Population Studies (UAPS).

Makinwa-Adebusoye, P.K. (1997). The African Family in rural and agricultural activities. In A. Adepoju (Ed.), Family, Population and Development in Africa. London: Zed books Ltd.

Ministry of Education (MoE) (1976). Basic Services for Children in Developing Countries. Addis Ababa: MoE

Ministry of Health (MoH) (1996). Manuals for persanal hygiene and saniation. Addis Ababa: Planning and programming department

Ministry of Finance and Economic Development (MoFED) (2002). Ethiopia: Sustainable Development and Poverty Reduction Program. Addis Ababa: MOFED

Ministry of Information (MoI)(2004). Facts about Ethiopia. Addis Ababa: Press of audiovisual Department

Ministry of Labor and Social Labor Affairs (MoLSA)(2001. Ethiopia: Child Labor Survey Report. Addis Ababa: Central Statistical Authority

Nabiat Tefari (1989). Health and Nutritional Problems and their impact on Maternal and child Mortality in Ethiopia, Paper Prepared for the National Conference on: Population issues in Ethiopia National Development. Addis Ababa: UNFPA

National Office of Population (NOP) (2004). Ethiopia Population and Development; Special issues, VOL.9 No. 1, Addis Addis Ababa: UFPA/NOP

Poluha, E (2004). The power of continuity: Ethiopia through the eyes of its children. Stockholm: Nordiska Africaninstituite.

Seyoum Gebre Selassie (1991). Socio cultural Factors, Affecting Fertility in Ethiopia: with reference to Addis Ababa. In Source Book on Population and Family life Education for Ethiopia. Addis Ababa: MoE.

Tassew Woldehanna, Jones, N. & Bekele Tefera (2005). Children's Educational Completion Rates and Achievement: Implications for Ethiopia's Second Poverty Reduction

Strategy (2006-10) Young Lives an International Study of Child Poverty: Working Paper n o. 1 8

Tekie Alemu, Getachew Asgdom, Liebenberg, J., Alemu Mekonen, Seager, J. and Tessaw Waldehana (2003). Young Lives Preliminary Country Report: Ethiopia. Young Lives, an International Study of Child Poverty.

Teklehaimanot Hailesellasie (2002). The Challenge of Education in the Preparation of Citizens: the Role of Primary schooling in Ethiopia. In Quality of Primary Education in Ethiopia, Proceedings of the National conference (PP. 1-6) Addis Ababa: IER

United Nations Convention on the Rights of the Child, 1989

United Nations Convention on the Right of Children (UNCRC) (2005). Ethiopia: The Second five year country report on the implementation of the UN Convention on the Right of the Child. Geneva.

United Nations Development Program (UNDP) (2004). Measuring Child Poverty and Deprivation, Economic Returns to Eliminating Child Labour Rtrieved from http://www.undp-povertycentre.org/newsletters/infocus2mar04eng.pdf.

United Nations Children's Fund (UNICEF) (1990). The impact of famine on displacement of children. Addis Ababa: UNICEF

Welfare Monitoring Survey (WMS) (2004). Welfare Monitoring Survey. Analytical Report. Addis Ababa: Central Statistical Authority (CSA)

Welfare Monitoring Survey (WMS) (2005). Welfare Monitoring Survey. Analytical Report. Addis Ababa: Central Statistical Authority

Woll, L. (2001). Organizational responses to the UN Convention on the Rights of the Children: International lessons for child welfare organizations. *Child Welfare, LXXX* (5), 668-679.

World Bank (2002). World Development Report: Building Institution for Markets. Newyork: Oxford University press.

World Bank (2005). Wellbeing and Poverty in Ethiopia, the role of Agriculture and Agency, Report No.29468-ET

Yaqub, S. (2002). "Poor children grow into poor adults": harmful mechanisms or over-deterministic theory? Sussex University, UK Retrieved from http://www.childhoodpoverty.org/index.php?action=publicationdetails&id=193

Yared Amare (2003). Destitution in the North-Eastern Highlands of Ethiopia: Community and Household Studies in Wag Hamra and south Wello. Addis Ababa: Forum For Social Studies.

Yohannis Kinfu (1999). Child under nutrition in war-torn society: The Ethiopian experience. Journal of Biosocial Science, 31(3), 403-418.

Annexes

Table 38: Children by size of their household, number of school-aged children in the household, and main source of food crop for the households

Household size			Number of school aged Children			Main source of food-crop		
Response	Freq.	%	Response	Freq.	%	Response	Freq.	%
3.00	1	.5	1.00	14	6.6	Own production	197	96.1
4.00	7	3.3	2.00	57	26.8	Purchasing	8	3.9
5.00	15	7.0	3.00	75	35.2	Total	205	100
6.00	26	12.2	4.00	59	27.7	1.04	8	
7.00	24	11.3	5.00	8	3.8		213	
8.00	32	15.0	Total	213	100			
9.00	41	19.2						
10.00	31	14.6						
11.00	14	6.6						
12.00	14	6.6						
13.00	8	3.8						
Total	213	100						

Table 39: Children by their households' level of crop production and main source of livelihood activities

Level of crop production			Main source of Livelihood		
Response	Freq.	%	Response	Freq.	%
It is the best of all our neighbors	36	21.3	Farming only	176	82.6
It is as good as our neighbors	115	68.0	Trade only	7	3.3
It is not as good as our neighbors	18	10.7	Farming and trading	5	2.3
Total	169	100.0	Farming and handcraft	8	3.8
2.22	44		Farming and daily labor	7	3.3
	213		Other combination	10	4.7
			Total	213	100.0

Table 40 : Children by the amount of land held by their households

	Response	Freq.	%
Valid	.00	3	1.5
	1.00	17	8.3
	1.50	21	10.2
	2.00	19	9.3
	2.50	12	5.9
	3.00	49	23.9
	3.12	1	.5
	3.50	7	3.4
	4.00	43	21.0
	4.50	12	5.9
	5.00	13	6.3
	5.50	6	2.9
	10.00	2	1.0
	Total	205	100.0
Missing	3.30	8	
Total		213	

Table 41: Children by their households' source of drinking and washing water and time required to reach this sources

Source of drinking water			Time required to reach source of drinking water			Source of washing water		
	Freq.	%		Freq.	%		Freq.	%
Pipe water	22	10.3	Less than five minutes	85	39.9	Pipe water	6	2.8
Public tap	16	7.5	5 to 15 minutes	25	11.7	Protected well/borehole	27	12.7
Protected public well/borehole/spring	35	16.4	15 to 30 minutes	40	18.8	Unprotected well/river	11	5.2
Open public well	26	12.2	30 minutes to 1 hour	20	9.4	Unprotected spring/river	169	79.3
Unprotected spring/river	114	53.5	More than 1 hour	43	20.2	Total	213	100.0
Total	213	100.0	Total	213	100.0			

Freq. = frequency

The Questionnaire

5.1.1.1.1.1

5.1.1.1.1.2 This is a study of children's wellbeing conducted by a graduating student from Addis Ababa University to full fill requirement in the masters of social work. The research intends to explore the relationship between household socio economic condition and the development of children. You are randomly selected to provide information about your family. We need to interview those families having 7-14 years old children. The provision of information is completely based on volunteerism; and if you are not interested to be interviewed, you can stop at any time or if there are questions that you do not want to answer, we can skip to the next one at any time. Also, any information you provide will be confidential and only used for academic purpose.

So are you willing to participate or you have any question?

Thank the respondent for the cooperation and begin the interview. Tick from the options provided or record responses on the spaces provided.

5.1.1.1.1.3

5.1.1.1.1.4 Section I: About the respondent/household head

FORM-1 Household ID_____	**Reference/ Comment**	Code
1. Are there children of ages between 7 and 14 in the household (include upper and lower limits)? ☐ 1. Yes ☐ 2. No **If there are no children, thank the respondent and end the interview**		
2. If there is/are children Indicate number M. ☐ F. ☐		
3. Tell me your full name Your Name _____Father's Name_____		
4. Sex ☐ 1. Male ☐ 2. Female		
5.1.2	**5.1.3**	**5.**
5. What is your age ☐		
6. What is your marital status ☐ 1. Have permanent partner ☐ 2. Divorced or separated ☐ 3. Widowed ☐ 4. Single		
7. What is the highest grade of education you have completed in formal school? _____		
8. Do you have any health problem that interrupts you to perform forming/ household activities? ☐ 1. Yes ☐ 2. No	If No skip to 10	

9. What is that problem?

☐	1. Physical disability	☐	2. Mental disability
☐	3. Fits/ epilepsy	☐	4. Skin Problem
☐	5. Anemia	☐	6. HIV/AIDS
☐	7. Asthma/respiratory problems	☐	8. Other: specify_____

Now I am going to ask you about your partner (ask only if he/she has a permanent partner)

10. What is his/her name?
    His/her Name _____Fathers Name _____

11. Is he/she currently (within the last one month) living in the household?
    ☐ 1. Yes ☐ 2. No — If yes skip to 13

12. Where does she/he live?
    ☐ 1. Left on temporary basis
    ☐ 2. Left the household for good
    ☐ 3. Live out side the household but keep in touch with us
    ☐ 4. If any other specify_____

13. What is the age of your partner? ☐

14. What is the highest level of grade your partner has completed at formal school?
    _____

15. Do your partner has any health problem that interrupts his/her ability to perform household/farming activity?
    ☐ 1. Yes ☐ 2. No — If No skip to 17

16. What is that problem?

☐	1. Physical disability	☐	2. Mental disability
☐	3. Fits/ epilepsy	☐	4. Skin Problem
☐	5.Asthma/respiratory problem	☐	6. HIV/AIDS
☐	7. Anemia	☐	8. Other specify_____

Now I am going to ask you some questions abut the household

17. Who is the head of this household?

☐	1. Myself	☐	2. My partner
☐	3. Elder son	☐	4. Other specify _____

18. Who decides about farming activities of the household in the last one year?

☐	1. Myself	☐	2. My partner
☐	3. Elder son	☐	4. Other specify _____

19. Who decides about sell of crops/livestock in the last one year?

☐	1. Myself	☐	2. My partner
☐	3. Elder son	☐	4. Other specify _____

20. Who decides more about schooling of the children in the household?

☐	1. Me	☐	2. My partner
☐	3. Both of us	☐	4. Other specify_____

21. Who decides more about what children are to eat in the household?
    1. Me
    2. My partner
    3. Both of us
    4. Other specify_____

22. Who decides more about what children are to do in the household activity
    1. Me
    2. My partner
    3. Both of us
    4. Other specify_____

23. How many people live in this household (within the last six months)?

Total = M		F=	T=
Children below 7=M		F=	T=
Children 7-14 =M		F=	T=
Children 14-18=M		F=	T=
People above18= M		F=	T=

24. What is the main source of food-crop in this household?
    1. Own production
    2. Purchasing
    3. Relatives support
    4. Food aid
    5. Other specify _____

If not '1' skip to 26

25. If the household produces crop, how do you rate the amount of your production as compared to your neighbors?
    1. It is the best of all our neighbors'
    2. It is as good as our neighbors'
    3. It is not good as our neighbors
    4. It is the list of all
    5. Do not know

26. Which of the following activities contribute more to the household livelihood (indicate in order of importance)?
    Farming activities
    Trading
    Handcraft
    Daily laboring
    Child labor selling
    Other specify_____

27. How many member of the household have engaged in the following activities to contribute to the household livelihood?
    1. Farming activities
    2. Trading
    3. Handcraft
    4. Daily laboring

5.1.4.1 5. Others specify_____

5.1.4.2

28. How do you rate the house in which you are living as compared to the neighbors'
    1. It is the best of all our neighbors'
    2. It is as good as our neighbors'
    3. It is not as good as our neighbors
    4. It is the list of all
    5. Do not know

29. Do you have access to land use in the last one-year?
    1. Yes
    2. No

If 'No' skip 33

30. How many hectares is it?

31. How many hectares is
    1. Own ☐ 2. For rent ☐
    3. Sharecropping ☐ 4. Borrowed ☐
    5. Other specify_____

32. How many hectares are used in the last one year for
    1. Crop production ☐ 2. Pasturing ☐
    2. Permanent property ☐ 4. Renting ☐
    5. Other purposes_____

33. Do the members of the household have any livestock?
    ☐ 1. Yes ☐ 2. No

34. Indicate number in the list below
    1. Oxen ☐
    2. Cow ☐
    3. Calves ☐
    4. Heifers ☐
    5. Sheep/goats ☐
    6. Chicken ☐
    7. Horse/mule ☐
    8. Donkey ☐
    9. Others ☐

35. Does any one in the household own the following items now?

	1.Yes (indicate number)	2. No (tick)
1. Working radio	☐	☐
3. Tape recorder	☐	☐
3. Working bicycle	☐	☐
4. Working television	☐	☐
6. Working car/truck etc	☐	☐
9. Working cell/mobile telephone	☐	☐
11. Working sewing machine	☐	☐

36. What is the main source of drinking water for the members of your household during dry season?
    ☐ 1. Pipe water ☐ 2. Public tap
    ☐ 3. Protected public well/borehole ☐ 4. Open public well
    ☐ 5. Unprotected spring/river ☐ 6. Protected spring
    ☐ 7. Others specify_____

37. How much does it take to reach the source of drinking water?
    ☐ 1. Less than 5 minute ☐ 2. 5 to 15 minute
    ☐ 3. 15 to 30 minute ☐ 4. 30 minute to 1 hour
    ☐ 5. Over one hour ☐ 6. Do not know

38. What is the main source of water for washing (clothes, body..) the members of your household during dry season
    ☐ 1. Pipe water ☐ 2. Public tap
    ☐ 3. Protected well ☐ 4. Unprotected well
    ☐ 5. Protected spring ☐ 6. Unprotected spring
    ☐ 7. Others specify_____

If 'No' skip 35	

39. How much does it take to reach the source of water for washing?

☐	1. Less than 5 minute	☐	2. 5 to 15 minute
☐	3. 15 to 30 minute	☐	4. 30 minute to 1 hour
☐	5. Over one hour	☐	6. Do not know

40. Which of the following human waste disposal facilities your household usually uses?

☐	1. Private pit latrine	☐	2. Communal pit latrine
☐	3. Open field	☐	4. Do not know

FORM-2	**Reference/ comment**	**Code**
Household ID _____ Child ID_____		
This is a form to be filled for each of children whose age is between 7 & 14 including upper and lower limits. If there are more than five eligible children leave the youngest ones.		
You told me that, there are/is _____ children whose age is between 7& 14. Therefore, I am going to ask you the same question for each these children starting from the oldest child.		
41. His/her name_____ Father's Name_____		
42. Sex ☐ M ☐ F		
43. What is the age of this child ☐		
44. What is your relation to him/her? ☐ 1. Mother ☐ 2. Father ☐ 3. Brother/Sister ☐ 4. Grand parent ☐ 5. Other: specify _____		
45. Where does the child's mother/father live? ☐ 1. Not in the household ☐ 2. In the household ☐ 3. Died ☐ 4. Other specify _____		
Now I am going to ask you about the child's schooling 46. Has "Name" ever attended formal/non-formal school? ☐ 1.Yes ☐ 2.No	If 'Yes' skip 48	
47. What was the main reason 'Name' didn't attend school ☐ 1. School too far ☐ 2.Quality of school bad ☐ 3.Child disability ☐ 4.Needed to help family ☐ 5. Inability to pay for school fees/uniforms/ex.books ☐ 6. Other: specify_____		
48. What age did "Name" first went to school. ☐		
49. What is the highest grade "Name" completed in formal/non-formal school? ☐		

50. Did "Name" ever drop out of school?
☐ 1. Yes ☐ 2. No — If 'No' skip 54

51. What was the main reason?
☐ 1. Because he/she doesn't like school
☐ 2. Because we could not pay for uniform/school fee/ex. Books
☐ 3. Because of sickness
☐ 4. Need to assist family
☐ 5. Lack of food/cloth
☐ 6. Other: specify_____

52. Is "Name" currently in school?
☐ 1. Yes ☐ 2.No — If 'No' skip 57

53. Did he/she absent from school in the last two weeks?
☐ 1. Yes ☐ 2. No

54. If yes, what was the main reason?
☐ 1. Because he was sick ☐ 2. Needed to help family
☐ 3. Banned from school ☐ 4. Lack of food
☐ 5. Do know ☐ 6. Other: specify_____

55. What is the main reason "Name" is not currently in school?
☐ 1. School too far ☐ 2. Child banned from school
☐ 3. Quality of school bad ☐ 4.Child disability
☐ 5.Needed to help family
☐ 6.Inability to pay for school fees/uniforms/ex.books
☐ 7.Other: specify_____

Now I am going to ask you some questions about child's health

56. Compared to other children of this age would you say 'Name's' health is better, same or worse?
☐ 1. Batter ☐ 2. Same
☐ 3. Worse ☐ 4. If other: Specify_____

57. Has 'Name' been ill/injured in the last one month?
☐ 1. Yes ☐ 2. No — If 'No' skip to 61

58. What were the illnesses?
☐ 1. Malaria ☐ 2. Pneumonia/bad cough
☐ 3. Fits/epilepsy ☐ 4. Skin diseases
☐ 5. Anemia ☐ 6. Tummy ache/diarrhea
☐ 7. Headache ☐ 8. Physical Injury
☐ 9.Traditional illness ☐ 10. Other: specify_____

59. Does 'Name' have any long term health problems that affect how he/she play with friends or work or attend school
☐ 1. Yes ☐ 2. No — If 'No' skip to 63

60. What is the problem
☐ 1. Physical disability ☐ 2. Mental disability

☐ 3. Fits/ epilepsy ☐ 4. Skin Problem
☐ 5. Anemia ☐ 6. HIV/AIDS
☐ 7. Other: specify_____

61. In the last 3 years, has 'Name' any serious illnesses or injuries when you really thought he/she might die?
1. Yes 2. No

62. If he was sick, what was the illness?
☐ 1. Physical Injury ☐ 2. Malaria
☐ 3. Pneumonia/coughs ☐ 4. Fits/epilepsy
☐ 5. Headache ☐ 6.Traditional illness
☐ 7. Others: specify_____

63. At any time during 'Name's illness was he/she taken to health facilities for treatment?
☐ 1. Yes ☐ 2.No

If 'No' skip to 65

64. Where was he/she taken?
☐ 1. Modern health facilities ☐ 2. Traditional healers
☐ 3. Others: specify_____

65. What is the main reason 'Name' was not taken to health facilities?
☐ 1. Health facilities are so far
☐ 2. Services are expensive
☐ 3. Services are poor quality
☐ 4. Do not have many to pay for the services
☐ 5. Didn't think that it will help
☐ 6. Others: specify_____

Now I am going to ask you about the child's diet

66. Do you usually have a meal with 'Name'?
☐ 1. Yes ☐ 2. No

67. How many times does 'Name' have a meal per day?
☐ 1.Once ☐ 2. Twice
☐ 3. Three times ☐ 4. Four times
☐ 5. Do not know ☐ 6. Others: specify_____

68. Is there any special food 'Name' is served because of his child ness?
☐ 1. Yes ☐ 2. No

69. When does 'Name' usually have his/her meal as compared to adult members?
☐ 1. Prior to adult household members
☐ 2. Along with adult household members
☐ 3. After adult household members have had
☐ 4. Other: specify_____

70. Do you think that the food is enough, moderate, or not enough for the child?
☐ 1. Enough
☐ 2. Moderate
☐ 3. Not enough

71. In the last two weeks, were there cases where 'Name' has quarreled because the

food was not enough?

☐ 1. Yes ☐ 2.No

If 'No' skip to 73

72. What was the response?

☐ 1. Additional food was given ☐ 2. Kept quit/ignored

☐ 3. The child was punished ☐ 4. Other: specify_____

73. Do you think that the child is satisfied with the amount of food served?

☐ 1. Yes ☐ 2. No

74. How often does 'Name' take the following food items?

	Daily	Once in a week	Once in a month	During holly days	Not at all
1.Meat	☐	☐	☐	☐	☐
2.Egg	☐	☐	☐	☐	☐
3.Milk	☐	☐	☐	☐	☐
4.Fruits	☐	☐	☐	☐	☐
5.Vegetables	☐	☐	☐	☐	☐
6. Fish	☐	☐	☐	☐	☐

Now I am going to ask you some questions about 'Name's' Sanitation and clothing

75. How often does 'Name' wash his/her hand during the following events?

	Always	Most of the time	Some times	not at all
1. Early morning	☐	☐	☐	☐
2. When to eat	☐	☐	☐	☐
3. After eating	☐	☐	☐	☐
4. After defecation	☐	☐	☐	☐

76. How many times did 'Name' take a shower in the last two weeks?

☐ 1. None ☐ 2. Once

☐ 3. Twice ☐ 4. Three times

☐ 5. Four times ☐ 6. Other specify_____

77. How often does 'Name' change his/her clothes?

☐ 1. Less than weekly ☐ 2. Weekly

☐ 3. Every two weeks ☐ 4. Monthly

☐ 5. When getting old/stained ☐ 6. Other: specify_____

78. How long does 'Name' wear a shirt/T-shirt to get it washed?

☐ 1. Less than a week ☐ 2. A week

☐ 3. Two weeks ☐ 4. Three weeks

☐ 5. A month ☐ 5. More than a month

☐ 6. Other specify _____

79. Does 'Name' have different clothing for school and work?

☐ 1.Yes ☐ 2. No

3. Not applicable (if child is not in school)

80. If 'No' what is the reason 'Name' does not have alternative clothes?

☐ 1. Did not think it is necessary ☐ 2. Do not have money to buy
☐ 3. Other specify_____

81. Does 'Name' have a pair of wearing shoes?
☐ 1.Yes ☐ 2. No

82. If 'No' what is the reason 'Name' does not have pair of shoes?
☐ 1. Did not think it is necessary ☐ 2. Do not have money to buy
☐ 3. Other specify_____

When this form is filled for each of the children, thank the respondent and end the interview
daughter

6. Qaljeelfama Waligalaa (General InstructionInstruction)

Argannon (findings) qoranno kanaa karaa kamiinis ta'u faayidaadhuma ummata kanaatif oolaa, haala naannoo keenyaa hubannoo gaarii akka qabaannu nu taasisa. Haata'u malee garuu, waan akkasii kana hojjechuun hedduu dadhabsiisaa fi nuffisiisadha. Kanaaf obsaa fi jabinni namoota waan kana keessatti hirmaatanii murteessadha. Nus yeroo isin filannu jabnaa fi obsa kana qabaattanii kaayyoo yaadame kana galmaan ni geessu jennee waan isinitti amanneefi. Kana keessatti wanti guddaan odeeffannoo dhugaa ta'e argachuu dha fi isa arganne ammo seeran galmeessu dha. Irra jiraan isaa yoo beekkumsa/dandeettii keessanirratti hundaa'eyyuu, tarii isin gargaaruu danda'a jennee qabxiiwwan yaanne armaan gaditti waan xuqamaniif qalbeeffadhaatii dubbisaa. Galatoomaa!

1. Gaafatamtoonni keessan amma danda'ametti abbaa/haadha warraa ta'uu qabu. Ijoollen ammoo dirqama maatii san keessatti kan dhalatan ta'uun irra hinjiru. Garuu maatii sana keessa kan jiraatan ta'uu qaba. Umuriin ijollee ammoo 7 hanga 14 yemmuu ta'u, 7 fi 14 ni dabalata.

2. Lakkoofsa eenyummaa (LE) gaafataa, maatii, fi ijoollee akkasumas Maqaa Aanaa, fi gandaa bakka duwwaa kennameef hundarratti guuti

3. Gaafatamtoota keessaniif gaaffii dubbisaati deebin isaan kennan filannoo kenname keessaa kan sirrii ta'e ykn kan itti dhiyaatu irratti mallattoo ☑ godhi ykn iddoo ken[ ] (bakkaa duwwaa ___ ykn) irratti

4. deiirraatti deebii siikennamu barreessi. Filannoowwan kennaman gaafatamtootaf dubbisuun hin barbaachi

5. Bakka duwwaa kennameraatti haala jiru akka barbaachisummaa isaatin gabaabinaan ibsuuf yaalaa. Fakkeenyaf, gaaffichi hin ilaallatu, deebisuu dadhaban (wallaalan), ni hirraaffatan,

6. Gaafatamaan kee dhiira ykn dubartii (dhalaa) ta'a. Kanaaf gaaffiwwan jiran keessa "abbaa/haadha" jedha. Kanaafuu yoo gaafatamaan kee dhiira ta'e waa'ee haadha manaa isaanii gaafattaa jechuudha. Akkasumas yoo gaafatamtuun kee dubartii (dhalaa) taate, waa'ee abbaa manaa isaanii gaafatta jechuudha.

7. Guca lammataa (isa ijoollef guutamu) irratti "Maqaan" kan taa'ef bakka isaa maquma ijollee gaafatamaan keessan isinitti himan bakka buuftanii akka dubbiftaniifi. Fakkenyaf, maqaan mucaa gaafattanii Dabalaa dha yoo ta'ee waa'ee umurii isaa maatii gaafachuu barbaaddan, "Umuriin 'Maqaa' meeqa?" bakka jedhutti, "Umuriin Dabalaa meeqa?" jettanii gaafattu jechuudha

8. Bifa wal fakkaatun ijoollen maatii tokko keessa jiran dhiira (dhi) ykn dhalaa (dha) ta'uu danda'u. kanaaf gaaffiwwan jiran bifa filannootin dhiyaatan. Fakeenyaf yoo waa'ee barnoota ijoollee gaafannu "Ebelu ni barataa/tti?" ta'uu danda. Kana jechuun yoo ijoollen gaafannu sun dhiira ta'e "Ebelu ni barataa?" jennee gaafanna yoo durba taate ammoo "Ebelu nii barattii?" jennee gaafanna jechuu dha.

9. Gaaffiwwan tokko tokko fuulduratti (gabatee keessatti) ibsi kennamee jira. Fakkenyaf gaaffii 8^{ffaa} fuulduratti "yoo deebin 'hin qabu' ta'e 10^{ffaa} gaafadhu" jedha. Kana jechuun gaaffii 9^{ffaa} gaafachuun hin barbaachisu jechuu dha. Haaluma wal fakkaatun qajeelfama gaaffiwwan fuldura gabatee keessa jiran sirriitti hordofaa

10. Gaaffiwwan odoo hin dhumin fuula itti aanutti waan darbuuf hubadhaa

11. Gaaffiwwan hin hubatin ykn ifa isinii hin taane gaafatamtootaf osoo hin dubbisin dura ibsa gaafadhaa (Hojjettoota hurufaa (Field workers)

12. Gaaffiwwan irra deddeebii fakkatan nijiru. Garuu kaayyoo adda addatif qindaa’an waan ta’eef seerumaan guutamuu qabu.