# PERCEIVED PSYCHOLOGICAL AND HEALTH CONSEQUENCES OF SOME SELECTED HARMFUL TRADITIONAL PRACTICES ON CHILDREN IN ETHIOPIA: THE CASE OF SULULTA MULO DISTRICT

***BY***

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Perceived Psychological and Health Consequences of Some Selected Harmful Traditional Practices on Children in Ethiopia:

The Case of Sululta Mulo District

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# Acronyms

EGLDAM-----------Ye Ethiopia Goji Limadawi Dirgitoch Aswegag Mahiber

FDRE---------------Federal Democratic Republic of Ethiopia

FGM----------------Female Genital Mutilation

FGD----------------Focus Group Discussion

HTP----------------Harmful Traditional Practice

MOH---------------Ministry of Health

NCTPE--------------National Committee on Traditional Practices of Ethiopia

NORAD-------------Norwegian Agency for Development Cooperation

SNNPR--------------Southern Nations, Nationalities and People Region

SPSS---------------Statistical Package for Social Scientist

UNFPA--------------United Nations Population Fund

UNESCO-----------United Nations Education, Scientific and Cultural Organization

UNICEF------------United Nations International Children's Fund

WHO---------------World Health Organization

## Abstract

*This study examined the psychological and health consequences of harmful traditional practices (HTPs) on children in Ethiopia with specific references to Sululta Mulo District. The instruments used to collect the data were questionnaire, focus group discussion (FGD) and interview. Hundred household heads for questionnaire, six participants in the FGD, and ten interviewees were involved in the study. In selecting the representative sample, stratified random sampling technique was employed. Descriptive statistics, chi-square and percentage were employed to analyze the collected data. The results of the study revealed that the magnitude/prevalence/of female genital mutilation, marriage by abduction and corporal punishment is high. Where as the prevalence of early marriage is moderate. The findings also indicated that although the population accepted the practices for different reasons, neither of the practices are beneficial rather they have negative effects on the psychological and health conditions of children. Moreover, the results showed that exercising HTPs on children is the violation of the fundamental rights of human beings.*

*Finally, it is recommended that intensive intervention activities should be done by governmental and non-governmental organizations to reduce HTPS.*

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background

Ethiopia has more than 80 ethnic groups whose cultures are as rich as their composition. Consequently, Ethiopia has plenty of healthy traditional practices to offer to the world. Her traditions have deep historical roots. However, some traditional practices have long been affecting the livelihood and wellbeing of its population, particularly those of children, especially girls.

Traditional practices are those customary acts transmitted from past generations to the next. According to a joint WHO/UNICEF/UNFPA statement (WHO, 1997), the norms of care and behavior based on age, life stage, gender and social class are often referred to as traditional practices.

Critics assert that it is difficult to judge whether a particular traditional practice is harmful or beneficial. But human beings in the present century are quite knowledgeable about the physical and psychological nature of man. It should be possible therefore to objectively assess and judge whether a traditional practice is beneficial or harmful (National Committee on Traditional Practices of Ethiopia, NCTPE, 1998).

The study also revealed that the first source of information on harmful traditional practices in Ethiopia was obtained from reports by travelers to the country such as Francisco Alvares, James Bruce, E. Cerulli and C. Johnson. They record traditional practices connected with medical practices as well as studies related to general sociological, anthropological and ethnological matters.

According to Pankhurst (1965), Alvares was the first traveler to provide a detailed account of Ethiopian civilization. He reported in the early 16th century that Ethiopians knew, besides various herbs such as purgatives, the use of bleeding and cupping. In an extensive review of studies on the people of South

West Ethiopia, Cerulli (1956) describes bodily mutilations and deformations on the face of the Berta ethnic group. Pankhurst (1965) has documented, among other things, observations of external travelers on disease prevention and treatment.

Pankhurst (1990) stated that tradition in general and traditional religion in particular could be factors negatively affecting outcomes in harmful traditional practices (HTPs) interventions. What people have done over a long period of time has the aura of seemingly having provided its worth over time and is therefore taken for granted. It is difficult for a tradition bound people to accept change and to face the uncertainties that have been implied.

As it is common among societies in developing countries, most ethnic cultures in Ethiopia are interwoven with myths, superstition and a false conception of man with his psychic and sexual life, which contradict the basic findings of sciences (NCTPE, 1998). As a result, there are traditional practices in almost all ethnic cultures, which adversely affect the health of children.

The health of children in particular is threatened by some traditional practices. It may be recalled that the Convention on the Rights of the Child (Article 24.3) states "states parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children" (United Nations, 1989). However, different harmful traditional practices are still affecting the health and wellbeing of children in Ethiopia (NCTE, 1998). This might be true for the study area as well.

The severe harmful traditional practices such as abduction, early marriage, corporal punishment, food taboos, female genital mutilation and other skin cutting practices that affect the health of the population in general and that of children in particular should be discouraged and eradicated from the country (NCTPE, 2000).

Ministry of Health (MOH, 1996) revealed that harmful practices like abduction and female genital mutilation may increase the risk of children to be exposed to

HIV/AIDS. Another study confirmed that nowadays, the spread of HIV/AIDS has been aggravated by HTPs. Hence, fighting against HTPs has a great role in the prevention of HIV/AIDS (Ye Ethiopia Goji Limadawi Dirgitoch Aswegag Mahiber ( EGLDAM, 2001)

Moreover, NCTPE (1998) in its baseline survey on HTPs in Ethiopia, indicated that HTPs end up with psychological stress and sometimes causing disability or even death. Therefore, the present research mainly focuses on the psychological and health consequences of harmful traditional practices on children in Ethiopia with reference to Sululta Mulo District.

## 1.2 Statement of the Problem

The problem of HTPs in our country is a national concern; it is not limited to some regions or districts. Some traditional practices (Example: breast feeding, social gatherings such as Edir, Ekub and Debo, settling quarrel, extended family and sharing of provisions) are beneficial for the health and psychological wellbeing of the society as a whole while others have devastating effects mainly on the health of children. NCTPE (1999) stated that HTPs are national problems because not only they affect the physical, mental, and social life of the majority of the Ethiopian population but also affect the socio-economic development of the country.

The baseline survey on Harmful Traditional Practices in Ethiopia (NCTPE, 1998) reveals that HTPs are highly spread over all the regions of the country. According to the survey, among the regions, the prevalence of HTPs in Oromia region is very high next to SNNPRS and Gambella. However, few researches have been conducted to document the prevalence and negative effects of HTPs in Oromia.

Sululta Mulo district is one of the districts in Oromia where HTPs are common. Nevertheless, there is no research conducted on the strategies how to reduce (eliminate) the devastating effects of HTPs. This implies that many children in the district have been victims of the harm. Therefore, it would be useful to

conduct research on the psychological and health consequences of HTPs on the wellbeing of children in the area and forward suggestions on how to reduce the problem as well.

Thus, this study aims to answer the following basic questions:

1. What is the magnitude (prevalence) of the four predominant HTPs in Sululta Mulo district?
2. What are the underlying reasons why the population accepts the four predominant HTPs?
3. What are the negative impacts/psychological and health consequences/ of the practices on the wellbeing of children?

## 1.3 The Objectives of the Study are:

- To examine the negative impacts of the four predominant HTPs on the psychological and health conditions of children in Sululta Mulo district;
- To discuss the underlying reasons why the population accepts HTPs; and
- To come up with suggestions that would help to devise intervention strategies that may reduce the problem of HTPs.

## 1.4 Justification(Rationale)

The main reason that initiated the researcher to conduct a study on harmful traditional practices in Sululta Mulo District, North Shoa Zone, Oromia Region is the highest prevalence rate of HTPs (for example: female genital mutilation marriage by abduction, early marriage and corporal punishment) he had observed in the area during his fieldwork in the past when he was working as a civil servant in the zone. It is common to see various risk behaviors that are embedded in the existing social and cultural practices. Some of these are religious-based and/or culture-based practices.

## 1.5 Significance of the Study

Although the issue is a crucial concern, the researcher observed that there is extreme shortage of research done on HTPs in the country. Particularly, in Sululta Mulo District there is no research conducted on HTPS which are deep-rooted in the popular psyche and are often linked to the community.

Thus, this study is considered to be significant for the following reasons:

1. The study will shed light on the prevalence of four HTPs in Sululta Mulo district and their negative effects on the wellbeing of children.
2. The results of the study will also extend the existing knowledge on the spread of HTPs and their negative impacts on the wellbeing of children.
3. It will also be helpful for concerned bodies in providing basic information on the means of intervention on HTPs and
4. It will serve as a reference material for further studies on issues concerning HTPs.

## 1.6 Delimitation of the Study

This research intends to identify the prevalence of HTPs in Sululta Mulo district but delimited to probe into the psychological and health consequences of four predominant HTPs (Female Genital Mutilation, Marriage by Abduction, Early marriage, and Corporal punishment). The study did not examine the consequences of other HTPs in the district.

Since it is difficult to examine the negative impacts of all types of HTPs within a short period of time the study is delimited to examining the four most prevalent HTPs mentioned above.

## 1.7 Operational Definition of Terms

- Child: refers to every human being below the age of 18 years.
- Culture: refers to beliefs, attitudes, and customs that may promote or hinder the harmful traditional practices.
- Harmful traditional practices: refers to customary acts transmitted from past generations to the next that hurt or affect the mind and/or body of child.
- Female genital mutilation: refers to female circumcision involves the excision (cutting) of female genitals.
- Marriage by abduction: refers to illegal (unlawful) taking away of a girl for purpose of marriage or defilement.
- Early marriage: refers to marriage concluded by a man or a woman under the age of eighteen years.
- Corporal punishment: refers to an action intended to cause physical discomfort or pain to correct a child's behavior.

# CHAPTER TWO

## LITERATURE REVIEW

### 2.1 Harmful Traditional Practices (HTPs): An overview

Traditional practices are deep-rooted in the cultures and customs of the people and are passed from generation to generation (WHO /UNICEF/UNFPA, 1997). Similarly, NCTPE (1999), in its study on HTPS, revealed that traditional cultural practices reflect values and beliefs held by members of a community for periods often spanning generations. Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group such as women and children. The study reached at the conclusion that HTPs, despite their harmful nature and their violation of international human rights laws, persist because they are not questioned and take on an aura of morality in the eye of those practicing them.

Health professionals world wide struggle to address harmful traditional practices. According WHO (2001), the basic question for whether a practice is harmful or necessary is often hotly debated- debates that sometimes rely on simplistic divisions between " Western" and local medical values. In many cases, this division makes more complicated reasons for defending harmful traditional practices, the victims of which tend to be women and children and others who are less powerful in their society.

Defenders of traditional practices make different kinds of claims about their significance. Some claim that adherence to tradition is necessary if our lives are to be grounded and to have coherence in it (Susan, 1989) Further, others claim that traditional practices are the mechanism that ensures self-preservation, reproduction and regeneration of an ethnic culture (Marcus, 1994).

On the contrary, others claim that though some traditional practices are beneficial to the society, most of them adversely affect the health of women and children (Ministry of Health, 1996).

The complexity and high prevalence of the practice of harmful acts in our society makes the scholars' task an equally complex and difficult one. Another point that deserves some consideration is the attitude of the people who exercise the practice. More often, most people regard HTPs as positive acts that are beneficial to the victims. Ethiopian Women Lawyers' Association (2005) pointed out that most HTPs are deeply entrenched into our society for which reason they are regarded as just and beneficial acts by many. In as much as the practice is harmful to the victims, there are also pockets that benefit from it. However, Article 19 of the Convention on the Right of the Child justifies that those practitioners of HTPs have no scientific as well as legal bases:

> *States parties shall take all appropriate legislative, administrative, social and educational measure to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation including abuse while in the care of parent (s) legal guardian (s) or any other person who has the care of the child* (United Nations, 1989)

Furthermore, the constitution of the Federal Democratic Republic of Ethiopia has provisions containing basic principles that protect victims of HTPs. The most important provision in this regard is Article 16 that ensures the right to the security of any person since most HTPs result in permanent or temporary injuries on the body of the victims.

Despite this constitutional guarantee, the hard reality on the ground reveals a saddening picture. In the Baseline Survey conducted in 1998 by NTCPE on 65 ethnic groups in the country, it was reported that there are some 88 forms of HTPs. Of these, over 90% are found to have detrimental consequences on the physical and mental health of women and children.

Although a list of more than 88 practices referred to as "harmful" has been compiled from a review of the literature, particularly in the baseline survey on HTPs (1998), the present study probed into the psychological and health consequences of four predominant HTPs, namely female genital mutilation, marriage by abduction, early marriage and corporal punishment. The practices were selected based on their severity (causing health, bleeding, disfiguration of the body, physical and mental damage and linkage with HIV transmission).In spite of the fact that the list was reduced to four selected HTPs, the list of additional practices conceived as harmful by the respondents is accommodated in this study.

## 2.2. The four Predominant HTPs

### I. Female Genital Mutilation (FGM)

- **Classification and Prevalence**

Female Genital Mutilation is a custom of tradition synthesized over time from various values, especially religious and cultural values. It comprises all procedures that involve partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reasons (WHO, 2000)

Female genital mutilation, commonly known as female circumcision involves the excision (cutting) of female genitals. It is ritual which has been practiced in 26 African countries and affects more than 80 million women (WHO, 1997). FGM is one of the harmful traditional practices that still prevalent in a number of African countries. In countries such as Ethiopia where FGM is widely practiced, the situation constitutes a major public health problem which puts an additional burden on the already meager health services.

The Baseline Survey on Traditional Practices of Ethiopia (1998) showed that the prevalence of FGM in the country is 73.6% and 79.8% in Oromia region.

Similarly, a preliminary report of the Ethiopian Demographic and Health survey conducted by the Ethiopian Central Statistical Agency in 2005 revealed that the national prevalence of FGM for the age group 15-49 was 74.3 percent. A retrospective survey on Violence Against Girls in Ethiopia, Kenya and Uganda (2006) also reported that more than two fifths of the Ethiopian respondents (42.2 percent) have been subjected to FGM. In general, studies showed that female circumcision is the most prevalent harmful traditional practice in Ethiopia in general and Oromia region in particular.

The study conducted by Oromia Women's Affairs Bureau (2003) reported a prevalence figure of 78.51percent, a prevalence rate that is very close to that of National Baseline Survey on Traditional practices. According to the survey, among the Zones in Oromia, North Shoa Zone was found at the fifth rank (from the highest to the lowest) in the prevalence of FGM.

Prevalence (%) of FGM by Zone, Oromia: 2003

| **No** | **Zone** | **%** | **Remark** |
|---|---|---|---|
| 1 | Arsi | 47.5 | 11 |
| 2 | East Herargie | 78.6 | 8 |
| 3 | West Herergie | 82.2 | 6 |
| 4 | West Welega | 77.5 | 9 |
| 5 | Jimma | 88.8 | 4 |
| 6 | East Welega | 90.7 | 3 |
| 7 | Borena | 40.3 | 12 |
| 8 | North Shoa | 88.2 | 5 |
| 9 | Bale | 81.9 | 7 |
| 10 | Ilubabor | 98.0 | 1 |
| 11 | West Shoa | 96.0 | 2 |
| 12 | East Shoa | 72.4 | 10 |

According to WHO's (2000) classifications of FGM, there are four different types of FGMs in Ethiopia.

Type I - The first feature involves the cutting (incision) of the prepuce with or without excision of part or all of the clitoris, in Muslim Countries it is known as "Suna";

Type II - The incision of the prepuce and clitoris together with partial or total excision of the labia minora;

Type III - Incision of part of or all of the external genitalia and stitching (narrowing) of the vagina opening (infibulations); and

Type IV - Unclassified: pricking, piercing, or incision of the clitoris and /or labia.

The baseline survey on HTPs in Ethiopia confirmed that types I, II and III are prevalent in different regions of the country. However, in Northern part of Ethiopia the most dominant type is type I. Therefore, in North Shoa zone of Oromia region and Sululta Mulo district too, the prevalent FGM is expected to be type I.

The Baseline Survey on Traditional Practices of Ethiopia (1998) revealed that female genital mutilation is carried out at home or sometimes at the circumciser's house. A feast is often organized to mark the occasion and close relatives and neighbors are invited. Depending on the means (Status) of the parents, the ceremony is celebrated by slaughtering sheep or at least chicken. In addition, the circumciser is paid in kind or cash. The circumciser is often a woman who traditionally is experienced in circumcision. In the first process, the young child is held by relative or other two or more women, and the circumciser cuts the parts (without any anesthesia) with a knife, blade, or sharpened stone.

Moreover, WHO (2001) reported that in the second process FGM involves the removal of some or all of the external female genetalia. The operation usually takes place in unhygienic conditions. After the circumcision, a number of

medications (traditional) are put on the wound to reduce bleeding, accelerate the healing process and possibly reduce pain. This often includes mixed butter, honey and various herbs, which is heated and applied to the wound.

### ➢ Harmful Effects of Female Genital Mutilation

Even though the severity of the complications of FGM depends on the type and extent of the mutilation, even the "mildest" forms will definitely leave an impaired organ, which can manifest its inadequacy in a maximum number of psycho-organic aliments (NCTPE/UNFPA, 2001). Furthermore, since hygiene conditions are minimal, such operations are hazardous to the victim's health. Pain, bleeding, tearing; and infections are complications that could arise after first sexual intercourse of the woman. When FGM is carried out at early ages, the practice follows a ritual whereby a number of baby girls are mutilated by the same practitioner and using the same instrument. This practice increases the risk of HIV Virus transmission from one possible carrier to others. In the world it is estimated that more than 130 million girls and women have undergone genital mutilation. Two million more are at risk every year (WHO/UNICEF/UNFPA, 1997). This traditional practice is not only physically and psychologically affecting but also violating human rights. A retrospective survey in Ethiopia, Kenya and Uganda (2006) on violence against girls in Africa identified more than one quarter (27.4 percent) of the interviewed Ethiopian girls have faced health problems as a consequence of FGM. The most common health problems identified by victims of FGM are:

- extreme pain during sexual intercourse;
- vaginal infections;
- loss of sexual interest
- Problems during delivery.

Moreover, WHO (2000) identified additional health outcomes of FGM. These are:

- Obstetric - including antenatal, labor and delivery post- partum, pregnancy outcome, maternal mortality (due to unintentional

additional vaginal or vulval attrition occurring with additional infection, further scarring from FGM type I and type II )

- Gynecological - including menstruation problems
- Immediate problems following FGM -Pain, Hemorrhage, shock , acute urine retention
- psychological morbidity
- Maternal death following FGM performed earlier in life as the results of excessive bleeding.

De Silva (1989) cited in WHO (2000) showed with 167 Sudanese women with FGM (compared to a control group of 1990 women without FGM) that the duration of the second stage of labor was prolonged at greater than 60 minutes. Silva examined that there was no difference found in the duration of the first stage of labor for the women with FGM and those without. Shandall (1967) cited in WHO (2000) stated that more blood loss from the incisions (stiching) at delivery occurs with women with FGM, Sheik (1996) cited in WHO (2000) a senior nurse midwife in an unpublished memo to WHO, suggest that FGM is a cause of prolonged or obstructed labor due to scarring of the perineum leading to reduced elasticity.

Overall the obstruction described by these studies relates to soft tissue dystocia.

### ➢ The Legal Regime on FGM

The baseline survey conducted by the NCTPE (1998) reveals that 73.6 % of the country's female children were subjected to different forms of FGM. The study further shows that the practice is common in all parts of the country and on female children from all social strata as well as from all religious denominations. Depending on the circumstance, the practice causes grave or minor injuries to the physical and mental wellbeing on the victims. The reason for this prevalence is the ill begotten attitude people entertain on the reproductive health organs of female children. The practice results in physical and psychological harms of different dimensions.

Ethiopian Women Lawyers' Association (2005) stated that under Ethiopian laws, whosoever circumcises a woman of any age is punishable with simple imprisonment for not less than three moths, or fine of not less than five hundred birr.

Similarly, the Constitution of Ethiopia Article 16 and Article 35 (4) emphasizes the elimination of harmful customs that oppress or cause bodily or mental harm to female children and/or women. Thus, one can easily observe that FGM is prohibited internationally as well as nationally. Moreover, the Convention on the Rights of the Child, Article (24:3) states that "states parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children."

## II. Marriage by Abduction (MBA)

Marriage is culturally approved relationships of man and woman in which there is cultural endorsement of sexual intercourse between the marital partners of opposite sex with the expectation that children will be born of the relationship /International Encyclopedia of social science 1968:1/. However, the way of contracting marriage varies from one culture to another.

Andargachew (1996:6) defined abduction as "unlawful taking away of a woman for purpose of marriage or defilement; it is a forced marriage without the consent of the girl and/or her parents. Marriage by abduction is one of the most prevalent HTPs in our country. The baseline survey (1998) indicated that the prevalence of MBA in Ethiopia was 69%.

### ➢ Process of Marriage by Abduction

Marriage by abduction can be carried out in a number of ways. In some cases, it is done with the consent of the girl's family or herself. In cases where family has foreknowledge, the abduction might take place after the engagement process has been completed (NCTPE/NORAD, 2003). This study also affirmed

that this kind of abduction occurs very rarely except in families with economic hardships that hinder the usual bride-wealth arrangement. Taye (2004), in his study on abduction, examined the issue in conditions where the girl is in some way party to the abduction. The maltreatment of the girl during abduction is less elaborate and trauma to a girl is less severe. The girl is aware of the will be taken action eventhough she is not aware of the exact date and place. In this case, the risk of inter- family clashes and future revenge are reduced. This is even more so when there is tacit family consent. The legitimization of the subsequent marriage is also much easier.

Researches show that such abduction occurs when the girl's parents are unwilling to give her to the boy whom she like, as the result of social and economic status of the boy and his parents (Teshome, 2003). NCTPE/NORAD (2003) confirmed the opinion raised by different literature. Furthermore, the study elaborated that in the more usual situation where the girl and the family are not party to the abduction, the process becomes more complex and hazardous.

In the abduction process, the would be abductor organizes the group of intimate friends and relatives for act. All plans and preparations are made in strict secrecy so that the girl's family and the gosa would not be alerted. The movements (activities of the girl) are studied and a plan made for abduction. This could be when she goes to fetch water, to collect wood, to attend school or return from the market or from some festival (NCTPE, 1998). The would be husband is often the first to grasp her. If she shows resistance, she is forcedly dragged or carried on the shoulder of the abductor who might beat her to subdue her. If other persons in the vicinity try to stop the abduction, the group will prevent them from intervening, often by using brute force (Taye, 2004).

The baseline survey on traditional practices in Ethiopia (1998) and Taye (2004) agreed that the abducted girl is often taken to either a hide place prepared by the abductor or to a house of an elderly. Sexual intercourse (rape) occurs

almost immediately. Elders are then sent to the girl's family on the morrow to ask for their consent and blessing of the marriage .The family often consents, because the girl who has lost her virginity would be socially unacceptable for marriage to another man

The most common reasons for marriage by abduction as stated in different studies (For example: NCTPE, 1998, 2001, 2003: Taye, 2004) are

- Refusal or anticipated refusal by parents or girls;
- To avoid excessive wedding ceremony expenses and /or other economic burdens related to the conventional marriage process;
- Inability to pay excessive dowry;
- Differences in economic status;
- when the girl has an interest to marry and the parents reject her needs and ;
- If the girl is beautiful and she might be wanted by different individuals.

➢ **Harmful Effects or Health consequences of Marriage by Abduction (MBA)**

Abduction is usually followed by rape. Regardless of age or reason, abduction (rape) is one of the severe forms of violence against girls. A research done by Almaz (1996) revealed that where abduction prevails, the fear of it affects the child girl psychologically; parents are affected as the result of the conflict that may arise as consequence of the abduction. The community and the country at large are affected, because girls cannot go to school and/or for other activities in the forest area and the future women cannot participate in development activities.

National Committee on Traditional Practices of Ethiopia (1998,2003) and Almaz (1996) listed the most harmful effects that result from abduction mostly when there is absence of prior knowledge (arrangement) between families and/or the girl.

These harmful effects are:

- Maltreatment of the girl including beating, inflicting bodily harm, suffocation sometimes causing disability or even death ;
- Conflict between families sometimes degeneration into inter community or ethnic with sometimes losses of life.
- unhappy and unstable marriage, loveless household;
- psychological stress on the girl;
- School drop-out for the girl ;
- Rape and the like.

In addition to the above negative effects, NCTPE/UNFPA (2001) examined other devastating effects of abduction and rape. The health consequence in both cases of rape and abduction are more or less similar. Apart from social rejection perpetrated by it, the immediate risk of HIV/AIDS is also an additional concern to girls who are victims of abduction and rape. The health related consequences can be categorized as physical or psychological as presented below.

**Physical**

- risk of physical injury ;
- damage to the genital organ;
- bleeding
- infection following the laceration;
- Acquisition of sexually transmitted disease and HIV/ AIDS ;
- Unwanted pregnancy that could lead to illicit abortion
- Child birth related complications such as obstructed labor which, if unattended, may lead to fistula or death.

**Psychological**

Almaz (1996) and Taye (2004) reported that abduction and rape are violations to the body and mind of the victim. A girl who has been abducted can go into a deep psychological crisis that no money or jewels are able to heal. She has been traumatized and humiliated. The fear of abduction inhibits her actions

and limits her freedom, influencing the way she dresses, the place (Example, school, market), time and hours she moves and the manner in which she keeps her social contacts.

Some of the most psychological problems include: hopelessness, fear hatred, anger, and guilt (blaming herself saying "I should stay at home"), loss of confidence and self-steem, depression and tendency to commit suicides (Salvaile, 1999).

- **The Legal Regime on Marriage by Abduction**

Abduction is an illegal act of kidnapping or carrying away a girl for marriage. The civil code of the Empire of Ethiopia (1960) article 565 decided that "retrothal shall be no effect unless both future spouses consent to." Similarly, Ethiopian Women Lawyers' Association (2005) in its study on HTPS under Ethiopian laws stated that acts that bring about the marriage of girls out of the prescribed marriage consent entail criminal prosecutions against the perpetrators.

The Constitution of the Federal Democratic Republic of Ethiopia (FDRE) also confirms that marriage needs to be based on the full and free consents of the intending spouse. This is a basic rule espoused under Article 34(2) of the constitution and international human rights conventions ratified by Ethiopia. Likewise, it is clearly spelt out that if marriage is not based on the free and full consent of the spouses, it is susceptible to invalidation. Additional evidence, such as Article 14 (1) of the Revised Family code provides that marriage extorted through violence is not valid in the eyes of the law. Most legal systems do also have rules that work against the practice of marriage by abduction.

The 1957 Penal Code had a provision that criminalizes abduction. According to Article 558, the abductor may be punished with rigorous imprisonment not exceeding one to three years. The article covers both abductions made with a view to marrying the victims and those made with another criminal intent.

Nevertheless, the law specifies that no action for crime may be instituted against the abductor if the girl agrees to conclude marriage with him. But the new criminal code has, in this regard, come up with improvements of a paramount significance. Abduction is now a crime not withstanding conclusion of marriage following the act.

### III. Early Marriage (EM)

According to Article 581(1) of the Civil Code and Family Code, the marriageable age for boys and girls was 18 and 15, respectively. The Civil Code provides that marriages concluded without this requirement may be invalidated. It also provides that persons responsible for its conclusion are liable to penalties prescribed in the Penal Code. The Revised Family Code has now raised the marriageable age of a girl to 18 years. The United Nations Convention on the Rights of the Child Article 1 also suggests that a person below the age of 18 is said to be a child. Non- observance of this requirement has the effect of invalidating the marriage.

However, early marriage is a common occurrence in most parts of Ethiopia (EGLDAM/UNIFEM/ UNFPA, 2005). The baseline survey on HTPs in Ethiopia (1998) revealed that the national prevalence rate of early marriage is 54% and 31.6% in Oromia region. The study conducted by Oromia Women's Affairs Bureau (2003) reported that the prevalence of EM in Oromia is 22.4% which relatively is less than the national prevalence rate.

The prevalence (%) of EM by Zone, Oromia: 2003

| No | Zone | marriage concluded below the age of 15 years |
|---|---|---|
| 1 | Arsi | 37.8 |
| 2 | East Herargie | 15.1 |
| 3 | West Herargie | 20.9 |
| 4 | West Wellega | 8.3 |
| 5 | Jimma | 14.9 |
| 6 | East Wellega | 6.0 |
| 7 | Borena | 13.7 |
| 8 | North Shoa | 37.4 |
| 9 | Bale | 15.6 |
| 10 | Illubalor | 27.0 |
| 11 | West Shoa | 25.4 |
| 12 | East Shoa | 27.8 |

**Source:** *Oromia Women's Affairs Bureau (2003)*

Early marriage is attributable to both economic and cultural causes for its prevalence. In some parts of the country, it is not uncommon for parents to wed their daughters at early age in return for monetary and material benefits they drive by way of dowry. In others, parents agree to early marriage to protect their daughter from abduction. But the girl is not yet physically and mentally prepared to shoulder the consequences of marriage when she is early wed. This exposes her to different harms and abuse (Ethiopian Women Lawyers' Association 2005)

Concerning the process of early marriage, EGLDAM UNICEF/ UNFPA (2005) has identified four kinds of early marriage arrangements. These are:

1. Promissory marriage. This may take place even before the birth of the child;

2. Child marriage. This takes place when the girl child is under 10 years of age. The girl is introduced to wifehood under the guidance of parents in law until she reaches puberty;
3. Early adolescent marriage. This is concluded when the girl is between 10 and 14 years of age. The girl may stay with her parents and may periodically visit her parents- in- laws.
4. Late adolescent marriage. This takes place when the girl is between the age of 15 and 18.

   The possible reasons for early marriage are examined by NCTPE (1998:66). These include

   - Economic reasons --- material gains during the marriage
   - The parents desire to see the marriage of their daughter
   - To avoid the perpetuation of a non- married status.
   - To avoid premarital sex/loss of virginity and its consequence
   - To get wealthy and/or famous; and
   - Fear of abduction.

- **Harmful Effects or Health consequences of Early Marriage**

With a high prevalence rate, the negative effects of early marriage seem to be well recognized in Ethiopia. In the baseline survey conducted by the NCTPE (1998), the trauma of forced intercourse, incidents of running away brides, marriage instability and complications in pregnancy and birth have been mentioned by many people interviewed in the course of the study. In its natural consequence, victims of early marriage are preys for domestic violence for they are unable to leave the marriage owing to economic pressures, lack of family support or absence of meaningful opportunities. This way, early marriage becomes a major contributor to what is sometimes called the feminization of poverty and its resultant impact on children.

People recognize, to a varying degree, a number of harmful effects of early marriage. NCTPE/ Norwegian Agency for Development (2003) approved that a

large group of Ethiopians (over 30 percent) consider EM as a cause of marriage instability. Ethiopian Central Statistical Agency (CSA) Statistics also confirm this. While the separation / divorce rate for girls less than 15 years of age at first marriage is 47 percent it is only 18 percent among those aged 20-21. The study also found that divorce is a direct consequence of early marriage.

The marriage is considered loveless, imposed on an immature girl who only longs to go back home to the protective, familiar parental environment even though a number of measures are taken to weaken this parental attachment. EGLDAM/UNIFM/UNFPA (2005) confirmed that young girls endure a life of misery on account of early marriage. The denial of childhood and deprivation of the girl rights and benefits is one negative effect. Another negative effect is the curtailment of her personal freedom.

Early marriage is also associated with problems in pregnancy and delivery. NCTPE/NORAD (2003) identified the most problems girls encounter as the result of early marriage. Most of these are obstructed labor due, often, to cephalo-pelvic disproportion. That is, the head of the child is too big for the pelvic passage- the birth canal- of the small girl. This, under the conditions of lack of trained assisted delivery, leads to prolonged labour and death of the child in the Uterus. It could also result in the death of the mother through hemorrhage.

On the other hand, EGLDAM/UNIFEM/UNFPA (2005) stated that in early marriage, the immature body is not physically ready to endure sexual relations particularly with an older and more aggressive partner. In addition to the psychological trauma, such activity usually results in genital tearing, lacerations and bleeding. In cases where the partner is a carrier of the virus, the risk of HIV transmission to the girl child is great.

## ➢ The Legal Regime on Early Marriage

The Revised Family Code has now raised the marriageable age of a girl to 18 years. Non-observance of this requirement has the effects of invalidating the marriage (Refer to Article 7 and 31). This is compatible with the provision of Article 35(2) of the constitution of the equality of spouse and with Article 1 of the Convention on the Rights of the Child.

*Article 1:*

> *For the purpose of the present's convention, a child means every human being below the age of 18 years: Unless, under the law applicable to the child, maturity is attained earlier.*

The Convention on the Right of the Child (United Nations, 1989) embodies a wide range of rights and protection measures to the child. For example, article 19(1) is concerned with the right to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse. Similarly, article 3(1) suggests that "In all actions concerning children, whether undertaken by public or private, social welfare institutions, courts of law, administrating authorities or legislative bodies, the best interests of the child shall be a primary consideration."

The 1995 Beijing Declaration and the platform for Action espoused by the Fourth World Conference on women cited in EGLDAM/UNFPA/ (2005) strengthen the above notion. The 1990 African charter on the Right and Welfare of the child-Article 21 (2) also states:

> *Child marriage and the betrothal of girls and boys shall be prohibited and effective action, including legislation shall be taken to specify the minimum age of marriage to be eighteen years and to make registration of all marriages in an official registry compulsory.*

## V. Corporal Punishment

Corporal /physical/ punishment is an action intended to cause physical discomfort or pain to correct a child's behavior. It may be administered with a hand, or may involve the use of objects such as hitting children with a cane, strap, belt or other objects. Kicking, shaking or throwing children, scratching, pinching or pulling their hair and locking them are some of the common forms of physical punishment that have been well demonstrated, and in most societies children are the only people who are not protected (Porteus et al., 2001).

A retrospective survey in Ethiopia, Kenya and Uganda on violence against girls in Africa (2006) confirmed that most of children have been beaten with an object, being hit or punched with a hand and kicked.

Porteus et al; (2001) associated corporal punishment with non-democratic activity. They stated that the use of corporal punishment in society has been historically associated with both authority and non-democratic societies in which citizens are not prepared for civic participation. Mostly, children are expected to be obedient and live as their families will. UNICEF and UNESCO (2001) reported that corporal punishment is in most countries a deeply embedded traditional practice and political and other leaders do not find abolition popular. It is a deeply personal issue. This makes it difficult at first for many people to accept the human rights imperative for challenging and ending all corporal punishment.

This is also true in Ethiopia. Ali (2005) confirmed that, corporal punishment has been practiced in Ethiopia for centuries. Children were thought to become obedient, not critical thinkers, within an authority's ethics. Such strict authoritarian discipline based on social customs and religious rituals has reigned for a long period of time.

Some studies (Abraham, 1996; Habtamu, 1996) cited in Ali (2005) revealed that strict authoritarian control is common in the home. A child is not expected to talk too much, and do not look at people straight in the eyes; but to be shy and serious and his or her opinion is rarely sought or considered. Moreover, the study indicated that corporal punishment is believed to be an irrefutable way to rear and educate children. Thus, for most children, corporal punishment is a daily occurrence in their homes, and for many more it is still used as a routine act in schools and care institutions. A retrospective survey in Ethiopia, Kenya and Uganda (2006:45) similarly revealed that most physical and psychological violence against Ethiopian children is perpetrated within their home.

The most frequent reasons given to the children for the violence by the perpetrators include:

- You did something wrong ;
- You disrupted the home or class;
- You went out of home without permission or you came in late;
- You failed to do the assignment given to you;
- You gave me a confrontational reply;

➢ **Harmful Effects or Health Consequences of Corporal Punishment**

Hitting children is a dangerous practice, which can cause physical and psychological injury /trauma/ and even death. Corporal punishment is identified by research as a significant factor in the development of violent attitudes and actions, both in childhood and later life. It inhibits or prevents positive child development and positive forms of discipline. Hence, promoting positive, non-violent forms of discipline empowers parents and reduces family stress (UNICEF and UNESCO, 2001).

Furthermore, the Global Initiative to end corporal punishment indicated that physical punishment denies children fundamental right to grow-up, to a free society. Similarly, Dandapai (2001) cited in Ali (2005) indicated that corporal punishment is negative, counter productive, because, instead of eliminating

undesirable behavior, it may even reinforce it. Straus (1994) cited in Ali (2005:48) confirmed that corporal /physical/ punishment has consistently been found to lead to anger, aggressive behavior, desire to revenge, nightmares and bedwetting, disrespect for authority, higher state of depression, anxiety, drug use, sadism, etc.

Yet, corporal punishment in the family (home) is still a common practice in most states of the world. In many, corporal punishment remains an accepted form of discipline in schools and other institutions, and in some it is authorized as a sentence for juvenile offenders and as a punishment in penal institutions (UNICEF and UNESCO, 2001).

Porteus (2001) examined that corporal punishment usually leads to rough adult child relationships. He stated that children who are physically punished are more likely to distance themselves from their mothers, even at two years of age. Overtime, parent-child relationships may be impaired, such that by adolescence, a youth with this earlier experience would be less likely to turn to his/her parents for advice.

Another research (Reyonne, 1994) cited in Ali (2005) showed that physically punished children are also psychologically affected; that is they suffer from poor age control and lower self-esteem. They fail to demonstrate self-confidence and assertiveness in their school achievement and interpersonal relationship. They become not complaint to the existing rules or norms of school, home, as well as society. There are also evidences that corporal punishment slows the development of the child's feelings of autonomy and produces some degree of shame and doubt.

- **Legal Regime on Corporal Punishment**

Physical violence (corporal punishment) against children is a fundamental violation of their rights as human beings. Articles in the Convention on the Rights of the Child are relevant to protection of children from all corporal

punishment. Article 3(1) states that in all actions concerning children, "the best interests of the child shall be a primary consideration." Article 6(2) also states "States Parties shall ensure to the maximum extent possible the survival and development of the child". Article 28(2) of the Convention requires States to "take all appropriate measure to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention. Article 37(a) also requires States to ensure that "No child shall be subjected to torture or other cruel or degrading treatment or punishment".

Article 39 of the Convention states that:
"States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of, any form of neglect, exploitation, or abuse; torture of any other form of cruel, inhuman or degrading treatment of punishment...".

In general, different research evidences confirmed that there are harmful traditional practices in almost all ethnic groups of the country which adversely affect the health of children. Based on the literature, this study targets the survey to the psychological and health consequences of four predominant HTPs on children in Sululta Mulo district where there was no specific research done on the issue. Thus, topics and subtopics discussed in the review of literature would give insights as to how to collect objective data and reach at correct conclusions through proper analysis. Hence, it could serve as a good basis in designing and implementing possible intervention strategies to reduce the HTPs.

# CHAPTER THREE

## RESEARCH METHODS

In order to investigate the psychological and health consequences of HTPS on children in Sululta Mulo District, a descriptive survey method was employed.

### 3.1 Sample and Sampling Techniques

The data obtained from Sululta Mulo District Public Mobilization Office reveals that the population of the district is 178,113 (88,038 males and 90,075 females). From this, the number of household heads is 24,623.

The major informants (participants) of this study were household heads of the district because they know well about HTPs as victims and perpetrators of the practices than children and youngsters. In order to select a representative sample of the above 24,623 household heads, stratified random sampling technique was employed. The stratification was by the occupation of the population. Using this technique, 100 household heads (50 civil servants and 50 non-civil servants) were selected. The randomly selected sample distribution by age, sex, religion, occupation and education level is shown in Table 1.

Table 1: The sample distribution by age, sex, religion, educational level and occupation

| Variables | Categories | Frequency | Percent |
|---|---|---|---|
| Age | 20-30 | 31 | 31.0 |
| | 31-40 | 33 | 33.0 |
| | $41^{+}$ | 36 | 36.0 |
| | Total | 100 | 100 |
| Sex | Male | 65 | 65.0 |
| | Female | 35 | 35.0 |
| | Total | 100 | 100 |
| Religion | Orthodox | 80 | 80.0 |
| | Protestant | 16 | 16.0 |
| | Others | 4 | 4 |
| | Total | 100 | 100.0 |
| Educational level | uneducated | 14 | 14.0 |
| | Elementary(1-8) | 20 | 20.0 |
| | Secondary s.(9-12) | 26 | 26.0 |
| | Certificate | 10 | 10.0 |
| | Diploma and above | 30 | 30.0 |
| | Total | 100 | 100 |
| occupation | civil servants | 50 | 50.0 |
| | Non-civil servants | 50 | 50.0 |
| | Total | 100 | 100 |

As shown in Table 1:

- The majority of the respondents are found in an age group of 41 and above, which has a frequency of 36 (36%).
- 100 (65 males and 35 females) subjects participated in the study
- Orthodox Christianity is the religion followed by most of the respondents (80%).

- The educational level of the participants range from "no education" 14 (14%) to college level education 29 (29%).

On average, the educational level of the study participants is secondary school education and above.

- The occupation of the respondents is almost fifty-fifty, 50 (50%) civil servants and 50 (50%) non-civil servants.

## 3.2 Tools of Data Collection

Three types of data gathering tools (namely: questionnaire, interview and focus group discussion) were employed. All the items of the instruments were made as relevant as possible to the issue under investigation (that is, harmful traditional practices).

➢ **Questionnaire**

To secure pertinent information for this study, a questionnaire with open-ended and close-ended items was developed as the main instrument for collecting data. The questionnaire is composed of two parts. The first part was designed to obtain background information about the respondents. The second part was designed to secure relevant information regarding the magnitude /prevalence/ of the four predominant HTPs (namely: FGM, marriage by abduction, early marriage and corporal punishment), the underlying reasons why the population accepts the practices, and the negative impacts of these HTPs on the wellbeing of children.

➢ **Interview**

To obtain factual information, opinion and attitudes of the respondents' semi-structured interview was conducted with five civil servants and five non-civil servants. The interview questions encompassed the issues raised in the questionnaire. It was administered individually. All interviews were held on

one-to-one basis with the researcher asking questions and recording the responses using taperecorder.

➢ **Focus group discussion**

Focus Group Discussion (FGD) was held with community elders, and religious leaders. The number of participants was six. The objective of the FGD is to obtain deep information on the four predominant HTPS in the community and suggest possible intervention strategies.

## 3.3. Pilot study

The purpose of the pilot study was to asses the relevance of the instruments prior to collecting data for the main study. The aim was also to determine and refine ambiguous or unclear items.

Furthermore, it was to see whether each item was working as intended and to estimate the internal consistency reliability of the subscales.

The participants of the pilot study were selected from civil servants and non-civil servants who permanently reside in the district. Sixteen civil servants and sixteen non-civil servants were selected using convenient sampling. Before the administration of the instruments, the researcher told the purpose of the pilot study to the sample respondents and gave illustrations on how to fill it.

After the pilot study was conducted, the responses were scored and the reliability of the instrument was computed. Accordingly, the internal consistency reliability calculated /obtained/ for the subscales using Cronbach Alpha ($\alpha$) was $\alpha = 0.76$.

Finally, the instruments were ready for the main study after possible improvement of at least some of the items. For instance, alternatives two and three of item 22 were improved. Item 24 and 47 were totally changed and some phrases were added to item 50.

## 3.4 Procedures of Data Collection

In order to run the process of data collection smoothly, the following procedures were employed. First, the researcher reported to the District Administration Office to facilitate the process of sample selection. Second, the researcher visited the area where the respondents were selected. After the identification, the prepared questionnaire was administered to the selected sample by both the researcher and the assistant data collectors.

The data collection through the interview was conducted by the researcher asking the respondents face to face. Before conducting the interview, necessary rapport was established with respondents by creating a conducive atmosphere and explaining clearly to them what the purpose of the interview was. The respondents were also assured that responses will be kept confidential.

Similar strategies were also used in conducting focus group discussion. Before conducting the focus group discussion, appropriate rapport was established with the group. The group understood that they had to consider their own views in the context of the questions asked. During the discussion period, the task of the group was to focus individually on questions posed by the researcher. From each focus group member separate responses were collected both by recording their responses in a tape recorder and in writing.

The meeting took two hours. The focus group discussion was conducted where privacy and confidentiality was assured.

## 3.5 Methods of Data Analysis

The data secured from different sources were analyzed and interpreted using both quantitative and qualitative methods. The field data were entered into the SPSS computer program by experienced encoder and the data entered were cleared before analysis and interpretation. Tables have been constructed in order to assist interpretation of the quantitative information. Descriptive statistics, Chi-square and percentage were computed and presented to provide an overall picture of the data obtained. The chi-square test of significance at

0.05 level was used in order to see the relative difference among responses on a given variable.

Analysis of the qualitative data was carried out for the purpose of meeting the objective of the study adequately, and triangulating the findings emerged from the quantitative data.

# CHAPTER FOUR

## RESULTS

This chapter presents the results of the study. All the data gathered through questionnaire, interview and focus group discussion are presented and analyzed based on the following basic research questions.

- What is the magnitude /prevalence/ of the four predominant HTPs in Sululta Mulo District?
- What are the underling reasons why the population accepts the four predominant HTPs?
- What are the negative impacts /psychological and health consequences/of the four predominant HTPs on the wellbeing of children?

Of the total questionnaire distributed to 100 respondents, all 100 (100%) were returned and analyzed. The interview Results (held with 10 interviewees) and that of the focus group discussion (with six participants) were also included in the analysis.

**Table 2: An overview of Harmful Traditional Practices (N=100)**

| No | Item | Responses | | | | | | $\chi^2$ |
|---|---|---|---|---|---|---|---|---|
| | | High | | Medium | | Low | | |
| | | F | % | F | % | F | % | |
| 1 | The magnitude /prevalence/ of HTPs in the district | 49 | 49 | 36 | 36 | 15 | 15 | 17.67* |
| 2 | The extent to which HTPs are affecting children in the district | 80 | 80 | 13 | 13 | 7 | 7 | 107.638* |
| | | Yes | | No | | No opinion | | |
| | | F | % | F | % | F | % | |
| 3. | Lack of awareness is the reason for the spread of HTPs | 86 | 86 | 11 | 11 | 3 | 3 | 125.905* |
| 4 | The reason for the expansion of HTPs is that they have been transmitted from past generation | 81 | 81 | 18 | 18 | 1 | 1 | 106.580* |
| 5 | HTPs often create physical and psychological problems on children | 92 | 92 | 6 | 6 | 2 | 2 | 155.120* |
| 6 | HTPs could be the cause for HIV/AIDS and other STDs | 94 | 94 | 0 | 0 | 6 | 6 | 77.44* |

*P<.05

As shown in Table 2, the majority (49%) of the respondents indicated that the prevalence of HTPs in the district is high. Although some (15%) respondents reported that the prevalence is low, the proportion of respondents with this opinion was significantly lower than those who reported either high or medium rates of prevalence ($\chi^2$ = 17.67, df = 2, p < .05). The results from focus group discussion and interview also confirmed that HTPs are highly prevalent in the district. On average, the FGD participants and the interviewees estimated the magnitude/prevalence/ of HTPs in the district to be 75%.

Concerning the negative impacts of HTPs on the wellbeing of children, 80% of the respondents affirmed that children in the district have been highly affected

by HTPs. Thirteen percent of the participants indicated that there are moderate negative impacts of HTPs on children.

Although the remaining 7% of the respondents replied that HTPs affect the victims to less extent, they did not deny the negative effects of the practices.

Moreover, 81% of the respondents revealed that the major and common underlying reason for the expansion of HTPs is that they have been transmitted from past generation and the population's lack of awareness about the harm.

As can be seen in the Table above, 92% of the responses showed that HTPs create physical and psychological problems on children. Similarly, 94% of the respondents reported that the practices could also expose the children to HIV/AIDS and other STDS. In relation to this, one of the participants in the focus group discussion stated:

> *Since practitioners of FGM use the same instruments (knife or blade) for different children, and the materials are not sterilized, the probability to transmit the disease from one child to the other is very high. Furthermore, the psychological and health problems female children encounter as the result of abduction and early marriage are also other devastating effects of HTPs.*

## *4.1 Female Genital Mutilation*

**Table 3. Magnitude /prevalence/ of Female Genital Mutilation /circumcision/ (N=100)**

| Item | Responses | | | | | | $\chi^2$ |
|---|---|---|---|---|---|---|---|
| | High | | Medium | | Low | | |
| | F | % | F | % | F | % | |
| The magnitude /prevalence/ of female circumcision in the district | 59 | 59 | 21 | 21 | 20 | 20 | 29.660* |

P<.05

As can be seen in Table 3 above, 59% of the respondents indicated that the magnitude /prevalence/ of female circumcision in the district is relatively high. Where as 21% of the participants showed that the prevalence of the practice is medium. On the other hand, 20% of the respondents reported low magnitude of female genital mutilation. Thus, 80% of the respondents reveled that FGM is, more or less, widespread in the district.

The results from focus group discussion and interview responses also strengthen the above finding. The group estimated that almost 75% of the population practices FGM.

Overall, the results suggest that the prevalence of FGM in the district is high ($\chi^2 = 29.66$, df = 2, $p < .05$).

**Table 4. The Underlying Reasons for Female Genital Mutilation**

| № | Item | Responses | | | | | | $\chi^2$ |
|---|---|---|---|---|---|---|---|---|
| | | Yes | | No | | No opinion | | |
| | | F | % | F | % | F | % | |
| 1 | The reason for the spread of female circumcision is that it passed from past generation | 91 | 91 | 7 | 7 | 1 | 1 | 153.455* |
| 2 | Female circumcision could make a woman faithful for her husband | 56 | 56 | 33 | 33 | 11 | 11 | 32.061* |
| 3 | Society disregarded uncircumcised female | 57 | 57 | 37 | 37 | 6 | 6 | 39.620* |
| 4 | Females should be circumcised in order not to be violent and aggressive | 23 | 23 | 70 | 70 | 7 | 7 | 64.340* |

*P<.05

The most underlying reason reported for the spread of female circumcision is that the practice has been transmitted from past generation to the next. As

can be seen from the Table 4, 91% of the responses revealed that female genital mutilation persists because it passes from elders to children without question. Similarly, other most pervasive reasons are to avoid trouble to husband and avoidance of stigmatization. The FGD and interview responses confirmed that, because women who are not circumcised are considered as impure, the population is accustomed to practice it as if it is beneficial to their daughters.

On the other hand, 70% of the participants did not agree on the notion that female should be circumcised in order not to be violent and aggressive. Only 23% of them suggested that, to avoid female aggressiveness, circumcision is essential.

**Table 5: The Negative Impacts/Psychological and health consequences/ of Female Genital Mutilation on children**

| No | Item | Responses | | | | | | $\chi^2$ |
|---|---|---|---|---|---|---|---|---|
| | | High | | Medium | | Low | | |
| | | F | % | F | % | F | % | |
| 1 | The extent to which FGM affects children in the district. | 83 | 83 | 9 | 9 | 8 | 8 | 111.020* |
| 2 | Physical and psychological problems female children encounter as the result of circumcision. | 62 | 62 | 27 | 27 | 11 | 11 | 40.860* |

| No | Item | Responses | | | | | | | | $\chi^2$ |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Any one | | Any two | | Any three | | All | | |
| | | F | % | F | % | F | % | F | % | |
| 3 | Major health problems encountered by female children because of mutilation are:<br>- Hemorrhage and pain<br>- Exposure to HIV/AIDS<br>- Difficulty at delivery<br>- Fistula | 8 | 8 | 13 | 13 | 15 | 15 | 64 | 64 | 82.16* |

*P<.05

As can be observed from Table 5, 83% of the responses revealed that the degree of harmfulness of FGM on female children is high. Most of the respondents reported that the negative effects of circumcision on female children could persist throughout their developmental stages or life.

Similarly, about 62% of the household heads reported that the physical and psychological problems female children encounter as the result of circumcision is high. This does not mean that the remaining 27% and 11% respondents denied the risk behind such practice.

Concerning the major problems (health consequences) of FGM, 64% of the respondents reported; hemorrhage, difficultly at delivery, fistula, infection and exposure to HIV/AIDS. Furthermore, some most frequent harmful effects mentioned by the focus group discussion participants and interviewees were: diminished sexual satisfaction, death due to complication usually bleeding, delivery problem and pain during sexual intercourse.

In general, the proportion of the respondents with the above opinion was significantly higher than who reported either medium or low ($\chi^2$= 111.020, 40.860, and 82.16 for items 1, 2 and 3 respectively, P<.05).

### *4.2. Marriage by Abduction*

**Table 6: Magnitude /Prevalence/ of Marriage by Abduction (N=100)**

| Item | Responses | | | | | | $\chi^2$ |
|---|---|---|---|---|---|---|---|
| | High | | Medium | | Low | | |
| | F | % | F | % | F | % | |
| The magnitude /prevalence/ of marriage by abduction in the district | 53 | 53 | 33 | 33 | 14 | 14 | 22.842* |

*P<.05

Of 100 participants, 53% of the household heads reported that the magnitude /prevalence/ of marriage by abduction in the district is relatively high. The next higher proportion of the respondents (33%) indicated that the magnitude of the practice is medium. Only 14% of them reported that the prevalence is minimal. This shows that the majority (86%) of the respondents agreed that the prevalence or the magnitude of marriage by abduction in the district is high or medium.

Moreover, the data obtained from focus group discussion and interview responses confirmed that the magnitude of the practice is high. The FGD participants and the interviewees estimated the prevalence of the practice to be 20%.

- **The Underlying Reasons for Marriage by Abduction**

The major reasons for the practice of marriage by abduction (and the proportion of respondents endorsing each) as listed by the respondents were:

- Refusal or anticipated refusal by parents or girl (85%)
- To avoid excessive wedding ceremony expenses (32%)
- Parents may not allow their daughter to marry the person who she loved (60%)
- The presence of customary act "ye kenfer wodaj"(40%)
- If the girl is beautiful, she might be wanted by different individuals (64%)
- To avoid the criticism that might occur as the result of being unmarried (komaker)(10%) and
- (68%) of the participants reported that all of the above are the underlying reasons for marriage by abduction.

As can be seen from the above list, each participant was requested to indicate one, two or even six reasons. That is why the percentages did not add up to 100%.

The most frequent reason is refusal or anticipated refusal by parents or girl (85%).

In addition to the data obtained from questionnaire, the results from focus group discussion and interview also revealed that lack of education is another considerable reason for abduction. As stated by the focus group discussion participants, most perpetrators are either illiterate or their level of education is very low (e.g., only primary level).

Moreover, one of the participants of the focus group discussion said

> *"Ye kenfer wodaj" is one of the harmful practices which leads to abduction, although the practice is accepted as if it is beneficial. The population expects and also believes that, except kissing, sexual intercourse among the "wodaj's" is forbidden. Nevertheless, about fifty percent of them proceed their kissing relation to either sexual relation or marriage. The marriage could be formal or abduction. The abduction itself is either by prior knowledge of the girl or not.*

Still another reason stated by the focus group discussion participants is, the prior commitments of the couple and shortening the marriage process.

Overall, the data gathered from different groups revealed that there are several reasons for marriage by abduction as listed above.

**Table 7: The negative impacts /psychological and health consequences/ of marriage by abduction (N=100)**

| No | Item | Responses | | | | | | $\chi^2$ |
|---|---|---|---|---|---|---|---|---|
| | | High | | Medium | | Low | | |
| | | F | % | F | % | F | % | |
| 1 | The degree of psychological and health problems female children encounter as the result of marriage by abduction | 85 | 85 | 11 | 11 | 4 | 4 | 120.580* |
| 2 | The extent to which abduction followed by rape affects female children | 84 | 84 | 8 | 8 | 8 | 8 | 115.533* |
| | | Responses | | | | | | $\chi^2$ |
| | | Yes | | No | | No opinion | | |
| | | F | % | F | % | F | % | |
| 3. | Marriage by abduction is directly related with HIV/AIDS and other STDs | 87 | 87 | 6 | 6 | 7 | 7 | 129.748* |
| 4 | The final result of marriage by abduction is divorce and victims migration to nearby towns or city. | 81 | 81 | 15 | 15 | 4 | 4 | 104.060* |

*P<.05

Most harmful effects of marriage by abduction are presented in Table 7. As the responses indicate, 85% of the respondents reported that the psychological and health problems female children encountered as the result of abduction is high. Moreover, the focus group discussion participants and the interviewees stated that, as the result of end process of abduction, rape and threat, the woman could develop a moral damage and confused state of mind. Such psychological

change accounts on future behavior problem of the woman. Similarly, 87 % of the participants reported that, apart from the life-time psychological and physical trauma and social rejection perpetuated by it, the immediate risk of HIV/ AIDS is also an additional concern to women who are victims of abduction. As can be seen in the Table, 81% of the respondents confirmed that, marriage by abduction is one of the major reasons for divorce. The final result, in most cases, is the victim's migration to nearby towns /Addis Ababa/ to engage in prostitution.

The data obtained from focus group discussion and interviews also support the above findings. The participants added other negative effects of abduction. These were:

- maltreatment of the girl
- Conflict between families of the abductor and the girl.
- school drop out

Even though some (4%) respondents reported that the negative effects of abduction is low, the proportion of respondents with this opinion was significantly lower than those who reported either high or medium negative effects of the practice ( $\chi^2$=120.580, df=2, p< .05).

## *4.3 Early Marriage*

**Table 8: Magnitude /Prevalence/ of Early Marriage (N=100)**

| Item | Responses | | | | | | $\chi^2$ |
|---|---|---|---|---|---|---|---|
| | High | | Medium | | Low | | |
| | F | % | F | % | F | % | |
| The magnitude /prevalence/ of early marriage in the district | 51 | 51 | 29 | 29 | 20 | 20 | 15.275* |

*P<.05

As shown in Table 8, 51% of the respondents said that early marriage is widely spread in the district. Whereas 29% of the respondents indicated that, its magnitude is moderate. Only 20% of the respondents reported that the prevalence of early marriage is low.

In the focus group discussion, there was debate on the magnitude of early marriage. Whereas some participants agreed that the prevalence is medium, others stated that the prevalence is high. The interviewees also confirmed that the magnitude of the practice differs from place to place within the district. On average, they estimated the prevalence of early marriage to be moderate.

The results from focus group discussion and interview responses indicated that among every 100 weddings that take places in the district, 35 constitute early marriage.

➢ **The Underlying Reasons for Early Marriage**

The underlying reasons for early marriage as listed by the participants include:

- The parents desire to see the marriage of their daughter and/or a grand child before they die (78%)
- To avoid sexual relation before marriage, that is parents want to see their daughter married with her virginity (26%)
- Economic reason, that is, improvement of economic status of the family through marriage (60%)
- Because the practice has been passed from generation to generation (32%), without question.
- Some participants reported that all of the above are the underlying reasons for early marriage (4%).

According to 78% of the respondents, the reason for early marriage is families desire to see their daughter married before they pass away.

Additional reasons listed by the focus group discussion participants and interviewees were:

- To avoid the perpetuation of unmarried status ('komaker")
- Lack of awareness that the marriageable age of both male and female is 18 years and above.

**Table 9: Harmful Effects /psychological and health consequences/of Early Marriage (N=100)**

| No | Item | Responses | | | | | | $\chi^2$ |
|---|---|---|---|---|---|---|---|---|
| | | High | | Medium | | Low | | |
| | | F | % | F | % | F | % | |
| 1 | The extent to which early marriage is the cause for child mortality and mothers' death at delivery | 73 | 73 | 14 | 14 | 13 | 13 | 70.890* |
| | | Yes | | No | | No opinion | | |
| | | F | % | F | % | F | % | |
| 2 | Early marriage is loveless marriage often ending in divorce | 81 | 81 | 16 | 16 | 3 | 3 | 102.884* |
| 3 | Early married couples are often exposed to psychological problems | 75 | 75 | 16 | 16 | 9 | 9 | 71.250* |

*P<.05

In Table 9 above, the responses given to the extent to which early marriage could be the cause for child mortality and it is risky for mothers' death at delivery indicates high. Accordingly, 73% of the respondents indicated that early marriage is the highly devastating practice through the life of early married women. The rest 14% and 13% also did not deny the presence of the problem.

The responses in the above Table also revealed that 81% of household heads agreed on the shadow of early marriage on the life of the bride because early marriage often ending in divorce. After all, the future vision of the woman

becomes dark. On the contrary, 16% of the respondents disagreed with the opinion of others. The rest 3% reserved to give response.

Among the participants who reacted to item 3 in the table, 75% of them agree on early married couples are often exposed to psychological problems. Sixteen percent disagreed on the psychological effects of early marriage. On the other hand, 9% of the respondents are reserved to give response.

Similarly, the data obtained from focus group discussion and interview also supplemented the harmful effects of early marriage listed in Table 9. Furthermore, one of the interviewees said that: "The woman married before maturation stage cannot properly manage her home as well as her children. As the result of this, she is extremely exposed to certain psychological problems (worthlessness, hopelessness, depression and anxiety)."

## 4.4 Corporal Punishment

**Table 10: Magnitude /prevalence/ of Corporal Punishment (N=100)**

| Item | Responses | | | | | | $\chi^2$ |
|---|---|---|---|---|---|---|---|
| | High | | Medium | | Low | | |
| | F | % | F | % | F | % | |
| The magnitude /prevalence/ of corporal punishment in the district. | 53 | 53 | 24 | 24 | 23 | 23 | 17.436* |

*P<.05

Corporal Punishment has been practiced in the district to a large degree as reported by 53% of the sample. Even though, 24% and 23% of the participants' responses to the prevalence of the practice indicated medium and low magnitude respectively, the data show that the practice is prevalent through the district.

Similarly, 83% of the focus group discussion participants agreed on the high prevalence /magnitude/ of the practice. The participants widely debated on its expansion through home and schools. The interviewees also confirmed that although corporal punishment is now considered to be a criminal offence in every aspect, it remains a prevalent and pervasive practice. Since the people in the district believe that corporal punishment is an acceptable way to rear and educate children, most households commonly practice it on their children.

Finally, the focus group discussion participants and the interviewees estimated the magnitude of the practice in the district to be 70%.

Overall, the results suggest that the prevalence of corporal punishment in the district is high ($\chi^2$=17.436, df= 2, $p < .05$).

### ➢ The Underlying Reasons for Corporal Punishment

The major reasons listed by the respondents were:

- The deep-rooted belief in the effectiveness of corporal punishment to improve child behavior (64%)
- Since the child could not accept advice, it is important to use corporal punishment (20%)
- To keep school or home principles/rules/ (16%) (Although, nowadays, the regulation of the school does not allow corporal punishment).

The focus group discussion members and the interviewees also agreed on the above notion. Nevertheless, their intention was not to support the practice but only to reveal what has been practiced in the district.

**Table 11: Negative Effects (psychological and health consequences) of Corporal Punishment (N=100)**

| Item | Responses | | | | | | $\chi^2$ |
|---|---|---|---|---|---|---|---|
| | High | | Medium | | Low | | |
| | F | % | F | % | F | % | |
| The extent to which corporal punishment causes psychological and health problems on children in the district | 73 | 73 | 9 | 9 | 18 | 18 | 72.020* |

*P< .05

Of the total (100) participants 73% of them reported that the degree of the devastating impact of corporal punishment on the psychological and health conditions of children in the district is high. The data indicate that most of the children in the district have been suffering from psychological and health problems as the result of physical punishment.

In addition, one of the focus group discussion members said that: "children who are physically punished mostly develop inferiority complex. Corporal punishment slows down the development of a child's feelings of autonomy and produces some degree of shame and doubt".

Overall, corporal punishment creates great psychological and health problems on children in the district. For instance, a 6th grade female student in Weserbi elementary school is one of the victims of the practice who has extremely been depressed and alienated herself from her peers as the result of a serious beat inflicted by her father on her face and other parts of her body. The practice left both physical and psychological scar on the girl which she will never forget throughout her life.

# CHAPTER FIVE

## DISCUSSION

In this section, the major findings/results/ of the psychological and health consequences of HTPs on children are discussed in line with the following basic research questions.

- What is the magnitude /prevalence/ of each of the four predominant HTPs in Sululta Mulo district?
- What are the underlying reasons why the population accepts the four predominant HTPs?
- What are the negative impacts /psychological and health consequences/of the four predominant HTPs on the wellbeing of children?

### An Overview

The results of the present study reveal that the magnitude /prevalence/ of HTPs in the district is high. Nevertheless, some respondents reported that the magnitude /prevalence/ of the practices is minimal. Moreover, the results from focus group discussion and interview also confirmed that HTPs are highly prevalent in the district. It is estimated that almost 75% of the population in the district exercise different HTPs on their children for different reasons.

Furthermore, the negative impacts (psychological and health consequences) of the four predominant HTPs (namely: female genital mutilation, marriage by abduction, early marriage and corporal punishment), as reported by the participants, differ from one HTP to another. Nevertheless, all of them have a negative effect on the wellbeing of children.

## 5.1. Female Genital Mutilation

As indicated in the result of the present study, the prevalence of FGM in the district is high which is estimated to be 75% (the average estimation of FGD participants and interviewees). The baseline survey on traditional practices of Ethiopia (1998) reported that the magnitude /prevalence/ of FGM in Oromia was 79.8% which is substantially high. Moreover, the study conducted by Oromia Women's Affairs Bureau (2003) reported a prevalence figure of 78.51%, a rate that is very close to that of the baseline survey.

According to Oromia Women's Affairs Bureau's Survey on HTPs(2003), among the zones in Oromia, the magnitude/prevalence/ of FGM in North Shoa Zone was 88.2. Therefore, the estimated prevalence figure by the participants of this study is generally reasonable.

Even though some endeavors have been made by the concerned district offices to reduce the practice, the change is not that significant because FGM is often practiced covertly rather than overtly.

The most frequently mentioned underlying reasons why the population accepts FGM as shown in the findings/results/ are: avoidance of trouble to husband, that is, the belief that circumcised woman develops faithful feeling to her husband; to avoid stigmatization, since a woman who is not circumcised is considered impure; to avoid violence and aggressive character, that is, unless a woman is circumcised, she will break utensils and will be wasteful; and because the practice has been passed from past generation to the next.

Most of the above reasons are congruent with the reasons reported by different studies. For instance, EGLDAM (2001) and NCTPE (1998) reported the most pervasive reasons of FGM to be avoidance of sexiness, avoidance of trouble to husband, respect for tradition, to avoid shame, to avoid stigmatization, and to

control the woman's reaction or emotion. Therefore, the underlying reasons for FGM are almost the same in different areas of the country including the district under discussion.

Female genital mutilation results in severe bodily harm and psychological trauma on the victims. Nevertheless, most people in the district do not regard the practice as harmful since it is age-old practice carried out by many generations. Moreover, it is looked up on by many as if it has positive contribution for the future wellbeing of the victims.

On the contrary, the negative impacts of FGM listed by the participants of the present study are diminished sexual satisfaction, problems during delivery, pain during sexual intercourse, fistula problem, death due to complications-bleeding and psychological morbidity.

These psychological and health consequences of FGM are congruent with the negative effects reported by previous studies (WHO, 2000 and NCTPE, 1998). Though the harmful effects of female circumcision listed in these studies are many in number, some of them are prolonged or obstructed labour during delivery, hemorrhage, pain, infection, diminished sexual satisfaction and psychological morbidity.

Similarly, the most common health problems identified by victims of the practice as reported by a retrospective survey conducted in Ethiopia, Kenya, and Uganda (2006) were consistent with the results of the present study. These are extreme pain during sexual intercourse; vaginal infections; loss of sexual interest; and problems during delivery.

Moreover, the focus group discussion participants and the interviewee supplemented the above notion. According to the participants, since the same instruments are used on numerous girls, the practice could increase the risk of diseases caused by blood including HIV/AIDS. In general, the practice causes grave injuries to the physical and psychological wellbeing of the victims.

## 5.2. Marriage by Abduction

Marriage by abduction is one of the most prevalent HTPs in the district. According to the results of the present study, among every 100 weddings that take place in the district, 20 constitute marriage by abduction. The percentage of the prevalence of the practice seems low but beside its harmful effects, 20 percent is considerable. Concerning this, the baseline survey on harmful traditional practice (1998) revealed that the prevalence of the practice in the country is 69%. On the other hand, the recent study conducted by NCTPE/UNFPA (2001) indicated that the magnitude /prevalence /of marriage by abduction found in Oromia was 12.5% which is relatively less than the present finding.

Many reasons for marriage by abduction are listed by the respondents but the major ones are (1) because the practice has been passed from past generation to the next, (2) the prevalence of customary act "ye kenfer wodaj", (3) refusal or anticipated refusal by parents or girl, (4) if the girl is beautiful and wanted by different persons, (5) to avoid the criticism being unmarried (komaker), and (6) to avoid excessive wedding ceremony expenses. Among these reasons, the one that the focus group discussion participants condemned is "ye kenfer wodaj" which has been practiced as cultural practice that is beneficial. The population expects that the relation between wodajs could not exceed kissing but in most cases it has been observed that it paves the way to abduction. "Ye kenfer wodaj" often develops from lip-relation to either sexual relation or marriage. The marriage could be either formal or abduction. Different studies (for instance: NCTPE, 1998, 2001, 2003; Taye, 2004) reported the same underlying reasons for marriage by abduction as the present study except "Ye kenfer wodaj" and the transmission of the practice from past generation to the next. Moreover,

the interviewees said that, the presence of Intoto government forest around the district is also one of the main factors for abduction because it contributes a lot to marriage by abduction and rape.

Female children go to the forest to gather fire wood for their home as well as for sale. It is often during this time that the perpetrators arrange their offence. The perpetrators are not only the individuals come from other place but also the guards of the forest. Specially, rape is practiced as bribe. Female children often bribe the guards to let them freely to gather the fire wood. The bribe is either in cash or in sexual intercourse.

The data obtained from questionnaire, FGD and interviews revealed that the negative impacts of abduction on female children are high. The psychological and physical trauma and social rejection resulting from abduction extremely affects the personality of the abducted girl child.

The most common psychological and health consequence of the practice reported by the respondents are physical injury such as fracture of some parts of the body, conflict between families, psychological stress (worthlessness and hopelessness), and loveless household which could end up with divorce. Furthermore, abduction is followed by rape which most probably exposes the victims to sexually transmitted diseases including HIV/AIDS.

Results from previous research support the above argument. Almaz (1996), NCTPE (1998, 2003) and Taye (2004) included most of the above harmful effects of abduction in their list of negative impacts of the practice. These are maltreatment of the girl including beating, inflicting bodily harm, suffocation sometimes causing disability or even death; conflict between families sometimes degeneration into community which sometimes results in loss of life; psychological stress on the girl; school drop-out for the girl; unhappy and unstable marriage; and rape. The studies are congruent with the present

findings in revealing that the immediate risk of HIV/AIDS is also an additional concern to girls who are victims of abduction and rape.

The focus group discussion participants and the interviewees affirmed that when the abduction is done without any previous, tacit understanding between the parties, the immediate and long term effects could be disastrous. They said, in their area, four individuals were dead as the result of conflict occurred between the two families.

Almaz (1996) and Taye (2004) reported that a girl who has been abducted can go into a deep psychological crisis that money or jewels are unable to heal. Therefore, the results of the present study shows that the devastating effects of marriage by abduction reported in the country are also true in the district under discussion.

The participants also stated that, whatever the reasons, abduction breads both physical and psychological problems on the victims. Above every thing else, it deprives the girl child of her marital joy and pleasure as it mainly stems from violent acts perpetrated upon her. In most cases, she discontinues her education and loss any hope for her future. Her opportunity to conclude another marriage after the abduction is slim.

Hence, abduction is an illegal act which violates the child rights. The Convention on the Right of the Child (United Nations, 1989) embodies a wide range of rights and protection measures to the child. For instance, article 19 (1) is concerned with the right to be protected from all forms of physical and mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse. Nevertheless, it is widespread in the district.

## 5.3. Early marriage

The magnitude of early marriage in the district as reported by the participants is relatively moderate. As shown earlier, the prevalence of early marriage is attributable to both economic and cultural reasons. Its prevalence within the district differs from place to place. In remote kebeles the practice is relatively high and in towns and near by kebeles its prevalence is minimal. On average, the participants estimated its prevalence to be 30%. NCTPE (1998) reported the prevalence of the practice in the country to be 54% and 31.6 % in Oromia region. Similarly, the study conducted by Oromia Women's Affairs Bureau (2003) revealed that the prevalence of early marriage in Oromia is 22.4% and 37.4% in North Shoa Zone.
Therefore, the prevalence rate given by focus group discussion participants and interviewees of the present study is very close to what is reported by previous research.

The most frequently mentioned reasons for early marriage include parents desire to see their daughter married before they pass away; to avoid sexual relation before marriage; because the practice has been passed from generation to generation; and lack of knowledge that the marriageable age is 18 years.

Most of the reasons presented in the findings are almost the same with the reasons listed by NCTPE (1998) except "lack of knowledge about the marriageable age and the reason that the practice has been passed from past generation to the next."

The major reason for early marriage, as stated by the focus group discussion participants and the interviewees is the avoidance of the perpetuation of unmarried status. If a girl is not married at 15 years of age, she is considered as undesirable for marriage (komaker). It is a shame both to the family and herself. To avoid this stigma and ensure that the girl gets a husband families agree to a request, even when they might not consider the girl old enough. Surprisingly, in some areas of the district, early marriage includes not only girls

but also boys. That is, parents desire to see the marriage of their son and then to see their grandchild.

Nevertheless, the African charter on the Right and Welfare of the Child (article 21) states child marriage and the betrothal of girls and boys shall be prohibited and effective action, including legislation shall be taken to specify the minimum age of marriage to be eighteen years. Although Ethiopia is a signatory of the African Charter and the Convention on the Right of the Child, early marriage is still persistent.

According to the FGD participants and interviewees, during the conclusion of early marriage, the interests of the couple are not taken into consideration. This reveals that engaging in the practice is violation of the child right, because the Convention on the Rights of the Child states that "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration (United Nations, 1989).

Therefore, whatever its reasons early marriage is illegal and it bears physical, psychological and social problems on the victims.

The results/findings/indicate that early marriage is often associated with problems in pregnancy and delivery. Traditionally, early married girl is bounded to become pregnant as soon as she reaches puberty (as early as 12-14 years of age). In some cases, of course, pregnancy might delay for two, three or four years. As the result of this, during delivery the head of the child could not easily pass through the small girl reproductive canal which leads to prolonged labour and child mortality. It could also result in the mother's death. Other negative effects mentioned include loveless household often ending in divorce; psychological problems such as worthlessness, helplessness, depression and anxiety, and that the girl is unable to manage home and children. Thus, marriage is burdensome for those girls. Previous research (for example, NCTPE/NORAD, 2003) also identified similar problems that girls encounter as

the result of early marriage which are congruent with the results of the present study.

Most of these are obstructed labour due to cephalo pelvic disproportion, genital tearing, lacerations and bleeding, prolonged labour and death of the child in the uterus. The mother could also die through hemorrhage. The cumulative of these, entire cause psychological traumas on the woman.

Furthermore, the findings reveal that intercourse is often imposed and almost invariably painful for the early married girl. In addition, the girl is not mature enough to manage the household. For all these reasons tension is created in the marriage. Consequently, most of these marriages end up with the girl running back to her family. Since the family often refuses to consent in her idea to divorce and send her back to her husband by force, the girl prefers running to towns and become a prostitute, house maid or street girl. This has its own contribution to the psychological and health problems that the girl encounters. Therefore, early marriage is a harmful practice which affects female children in particular and society in general.

## 5.4. Corporal Punishment

The results indicated that corporal punishment is common in the district. More than 53% of the questionnaire respondents, all of the focus group discussion participants and all interviewees agreed on the high prevalence of the practice. Research evidence also indicates that the prevalence of corporal punishment in our country is high. Ali (2005), for example, confirmed that although corporal punishment is now considered to be a criminal offence in every respect, it remains a prevalent and pervasive practice. According to the respondents, although societal norms supporting corporal punishment is gradually changing, there is evidence that the practice is still widespread in the district.

The main reasons mentioned by the research participants include the deep-rooted belief that children could not accept advice except physical punishment; it is

considered as the only means or mechanism to correct child behavior; and to keep home and school discipline. Similarly, research evidence reported that the most frequent reasons given to the children for the violence by the perpetrators include: you did some thing wrong; you disrupted the home or classes; you went out of home without permission or you came in late; you failed to do the assignment given to you; and you gave me a confrontational reply (a retrospective survey in Ethiopia, Kenya and Uganda, 2006).

Another study also revealed that corporal punishment remains an accepted form of discipline in home, school, and other institutions, and in some it is authorized as a sentence for juvenile offenders and as a punishment in penal institutions (UNICEF and UNESCO,2001).Nevertheless, it creates both psychological and health problems through the child development. The participants of the present study reported that the physical violence that children suffered from had an adverse effect on their mental health. The results/findings/ also revealed that corporal punishment slows down the development of a child's feelings of autonomy and produces some degree of shame and doubt. Furthermore, some corporal punishments lead to physical impairment and mental damage.

The focus group discussion participants stated that the primary perpetrators of most kinds of corporal punishment children experiences are members of their families: mother, father and brothers. This indicates that most of the physical punishment children experience takes place at home. A 6th grade student of "Weserbi" elementary school could be taken as an example of children abused by their fathers. The girl was extremely beaten by her father on her face and other body parts in 1998. As the result of several serious injuries to her face, she feels shame and suffering from psychological stress. The harm affected not only her physical and psychological conditions but also her social and educational participation.

Research evidence supports the negative impacts of corporal punishment already raised by the participants. Reyonne (1994) cited in Ali (2005) showed that physically punished children are also psychologically affected; that is, they suffer from poor age control and lower self-esteem. They fail to demonstrate self-confidence and assertiveness in their school achievement and interpersonal relationship. Porteus (2001) points out that corporal punishment also impairs parent-child relationships.

In general, even though the district is one of the districts found very close to Addis Ababa (the capital city of the country), it is a forgotten area. The reason could be that the focus of government and non-government organizations is often on remote areas (far districts). This might be the reason why there is few or no intervention to reduce HTPS. Therefore, intensive struggle is indispensable to save the children from such devastating practices and government and non-government bodies should also focus on this forgotten district.

# CHAPTER SIX

## SUMMARY, CONCLUSION AND RECOMMENDATIONS

### 6.1 Summary

The objectives of the present study were to examine the psychological and health consequences of HTPs on children. To achieve these objectives three basic questions were formulated for investigation. These are (1) what is the magnitude /prevalence/ of each of the four predominant HTPS in Sululta Mulo District? (2) What are the underlying reasons why the population accepts the four predominant HTPs? and (3) What are the negative impacts/psychological and health consequences/ of the four predominant HTPs on the wellbeing of children?

Prior to collecting data for the main study, pilot study was conducted to assess the relevance of the instruments. The results of the pilot study were useful for modifying and reducing items for the main study.

Participants were selected using stratified random sampling technique to respond to the questionnaire. Moreover, purposeful and convenient sampling techniques were employed to select participants for focus group discussion and interviews. From participants, 100 household heads respond to the questionnaire, six members participated in the focus group discussion and interviews were conducted with 10 household heads.

The collected data were analyzed using descriptive statistics and chi-square. Analysis of the data indicated the following:

- Among the four predominant HTPs; FGM, marriage by abduction and corporal punishment are highly prevalent in the district whereas the magnitude /prevalence/ of early marriage is moderate.

- It was observed that the population has its own reasons for practicing each HTP. Each reason is belief-based and culture-based.
- It was indicated that all HTPs have devastating effects on the psychological and health conditions of children in the district.

## 6.2. Conclusion

From the findings of this study, the following conclusions could be drawn:

- The magnitude/ prevalence/ of each of the predominant harmful traditional practices is relatively high except that of early marriage. The magnitude/prevalence/ of early marriage is moderate perhaps because of some interventions made by concerned district offices.

- The underlying reason why the population practices HTPs is that they consider the practices as beneficial to children. Nevertheless, many children (especially female children) are subjected to psychological and health problems because of the harm.

- Even though the severity and health complications of each HTP depend on its devastating effects on the wellbeing of children, all of them have negative impacts on the life of the victims.

- Violence against children is multi-faceted problems that require many and diverse intervention strategies from all levels of the society including: family, traditional and religious leaders, government, non-government organizations and community at large.

- In the case of marriage by abduction and early marriage, if the girl cannot live with the so called husband, she could migrate to urban centers and become a prostitute, house maid, street woman or look for other means of survival. The final out come is often the victim's exposure to HIV/AIDS.

## 6.3. Recommendations

Based on the findings, the researcher forwards the following recommendations for future researchers and concerned bodies.

- Lack of awareness could be one of the major reasons for the spread of HTPs, therefore, emphasis should be given to develop the awareness of the community through mass education in order not to practice HTPs on their children.
- Government and non-government bodies should give emphasis to reduce the causes/reasons/ of HTPs by organizing seminars, workshops and training of trainers for kebele leaders, traditional birth attendants and other concerned bodies.
- Nowadays, HTPs are serious problems that to be debated up on because they (for instance, FGM and abduction are directly related with HIV/AIDS). Thus, mass media, posters, pamphlets and discussions should be used to propagate the devastating effects of the practices on the psychological and health conditions of children.
- Planned strategies are indispensable in reducing/eliminating/HTPs. Therefore, to teach the future generation about the negative effects of the practices, educational institutions should include the education about HTPS in their curriculum.
- Health services should be expanded in the district in order to reduce the practices.
- It is better if legal measures are taken on individuals who practice HTPs.
- Culture in our country dictates that elders be respected and obeyed. Moreover, religion has a great influence in the life of people, particularly in rural areas. Therefore, emphasis should given to the participation of elders and religious leaders in the eradication of HTPs.
- The present study examined just four predominant HTPs, but the researcher feels that there are also other HTPs to be considered. Therefore, future researchers should assess those other HTPs.

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# Appendices

## Appendix- A

**አዲስ አበባ ዩኒቨርሲቲ**

**የድህረ ምረቃ ፕሮግራም**

**በትምህርት ኮሌጅ**

**ሣይኮሎጂ ትምህርት ክፍል**

**<u>አዲስ አበባ</u>**

**ለጥናቱ በተመረጡት የቤተሰብ ኃላፊዎች የሚሞላ መጠይቅ**

ይህ መጠይቅ ለዚህ ጥናት በተመረጡ ሰዎች የሚሞላ ነው:: ዓላማውም በሕፃናት ላይ የሚደረጉ ጎጂ ልማዳዊ ድርጊቶች ስርጭት/መስፋፋት/ እና ጎጂ ልማዳዊ ድርጊቶቹ በሕፃናት ላይ የሚያስከትሉ አካላዊና ስነልቦናዊ ችግሮች ለማጥናት ነው:: በዚህም መልኩ የተሰበሰቡ መረጃዎች ኅብረተሰቡ ጎጂ ልማዳዊ ድርጊቶችን ለምን በልጆቹ ላይ እንደሚተገብር፣ ድርጊቶቹ በሕፃናት ላይ የሚያሳድሩ ተፅእኖዎች፣ እንዲሁም እነኚህን ድርጊቶች ለወደፊት እንዴት መከላከል እንደሚቻል ግንዛቤ ያስጨብጣል:: በመሆኑም ከዚህ በታች የቀረቡትን ጥያቄዎች በሚገባ ከተረዱ በኃላ በእያንዳንዱ ጥያቄ ሥር የቀረቡትን አማራጮች ሆሄያት ላይ በማክበብ፣ ተጨማሪ አስተያየት በተጠየቁ ቦታዎች ላይ ደግሞ ተገቢ መልስ በመፃፍ ለጥናቱ ስኬታማነት አስተዋፅኦ እንደምያደርጉ በማመን ለሚደረግልኝ ትብብር በቅድሚያ አመሰግናለሁ::

ስም መጻፍ አያስፈልግም::

**ክፍል አንድ: የግል ሁኔታ**

1. ፆታ ሀ) ወንድ ለ) ሴት
2. እድሜ --------------
3. ሃይማኖት ሀ) ኦርቶዶክስ ለ) ካቶሊክ ሐ) ፕሮቴንስታንት
   መ) እስልምና ሠ) ባሕላዊ ረ) ሌላ---
4. ሥራ: ሀ) የመንግሥት ሠራተኛ ለ) ከመንግሥት ሥራ ውጭ
5. ትምህርት: ሀ) ያልተማረ ለ) የተማረ

6. የተማሩ ከሆነ የትምህርት ደረጃዎን ይግለፁ --------------

7. የጋብቻ ሁኔታ   ሀ) ያላገባ(ች)   ለ) ያገባ(ች)   ሐ) የፈታ(ች)

**ክፍል ሁለት: የበለጠ ተፅዕኖ ያለቸው አራት ጎጂ ልማዳዊ ድርጊቶችን የሚመለከቱ ጥያቄዎች**

*መመሪያ:-* **ለሚከተሉት ጥያቄዎች መልስ አማራጮች ተሰጥተዋል:: እባክዎ ለጥያቆዎቹ መልስ ይሆናሉ በምሉት ሆሄያት ላይ ያክብቡ::**

- **አጠቃላይ ጥያቄዎች**

1. ስለ ጎጂ ልማዳዊ ድርጊቶች ምን ያህል ግንዛቤ አለዎት?

   ሀ) ከፍተኛ   ለ) መጠነኛ   ሐ) ዝቅተኛ

2. በወረዳችሁ ውስጥ ጎጂ ልማዳዊ ድርጊቶች ምን ያህል ተስፋፍተው ይገኛሉ?

   ሀ) በከፍተኛ ሁኔታ   ለ) በመጠኑ   ሐ) በዝቅተኛ ሁኔታ

3. ጎጂ ልማዳዊ ድርጊቶቹ በሕፃናት ላይ እያደረሱ ያሉት ጉዳቶች ምን ያህል ናቸው?

   ሀ) ከፍተኛ   ለ) መጠነኛ   ሐ) ዝቅተኛ   መ) ጉዳት አላደረሱም

4. ስለ ጎጂ ልማዳዊ ድርጊቶች ግንዛቤ ማጣት ለጎጂ ልማዳዊ ድርጊቶች መስፋፋት ምክንያት ሊሆን ይችላልን? ሀ) አዎ  ለ) አይደለም  ሐ) ሃሳብ መስጠት አልፈልግም

5. ድህነትስ ለጎጂ ልማዳዊ ድርጊቶች መስፋፋት ምክንያት ሊሆን ይችላል?

   ሀ) አዎ   ለ) አይደለም   ሐ) ሃሳብ መስጠት አልፈልግም

6. ድርጊቶቹ ከትውልድ ወደ ትውልድ ሲተላለፉ የቆዩ በመሆናቸው አሁንም በልጆች ላይ እየተገበሩ ይገኛሉ ብለው ያምናሉ?  ሀ) አዎ  ለ) አይደለም  ሐ) መልስ መስጠት አልፈልግም

7. በሕፃናት ላይ የሚፈጸሙ ጉጂ ልማዳዊ ድርጊቶች በሕጻናቱ ላይ አካላዊና ስነልቦናዊ ችግር ይፈጥራሉን?  ሀ) አዎ  ለ) አይደለም  ሐ) መልስ መስጠት አልፈልግም

8. ጎጂ ልማዳዊ ድርጊቶች ለተላላፊ በሽታዎችና HIV/AIDS ማጋለጥ ይችላሉን?

   ሀ. አዎ   ለ) አይደሉም   ሐ) ሃሳብ መስጠት አልፈልግም

9. በአካባቢዎ የተለመዱ ጎጂ ልማዳዊ ድርጊቶችን ለመቀነስ ወይም ለመከላከል የተደረገ ጥረት አለ?   ሀ) አለ   ለ) የለም  ሐ) ሃሳብ መስጠት አልፈልግም

10. ለተራ ቁጥር 9 መልስዎ "አለ" የሚል ከሆነ በተደረገው ጥረት የተገኘ ውጤት ምን ያህል ነው?

ሀ) ከፍተኛ ለ) መጠነኛ ሐ) ዝቅተኛ

> **የሴት ልጅ ግርዛትን የሚመለከቱ ጥያቄዎች**

11. በወረዳችሁ ውስጥ የሴት ልጅ ግርዛት በምን ደረጃ ላይ ይገኛል?

ሀ) በጣም ተስፋፍቶ ይገኛል ለ) በመጠኑ ተስፋፍቶ ይገኛል ሐ) በጥቂት ሰዎች ብቻ የሚከናወን ነው፡፡

12. ለሴት ልጅ ግርዛት መስፋፋት ምክንያቶች አንዱ ሴሰኛ እንዳትሆን ለመከላከል ነው ተብሎ ይታመናል? ሀ) አዎ ለ) አይደለም ሐ) መልስ መስጠት አልፈልግም

13. ለባሏ ኃለኛና አስቸጋሪ እንዳትሆን መገረዝ አለባትን?

ሀ) አዎ ለ) አይደለም ሐ) መልስ መስጠት አልፈልግም

14. ለሴት ልጅ ግርዛት መስፋፋት አንዱ ምክንያት ድርጊቱ ከትውልድ ወደ ትውልድ ሲተላለፍ የመጣ በመሆኑ ነው? ሀ) አዎ ለ) አይደለም

ሐ) ሃሳብ መስጠት አልፈልግም

15. ያልተገረዘች ሴት በኅብረተቡ ዘንድ ትነቀፋለችን?

ሀ) አዎ ለ) አይደለም ሐ) ሃሳብ መስጠት አልፈልግም

16. የሴት ልጅ ግርዛት ጎጂ ልማዳዊ ድርጊት መሆኑ በአካባቢዎ ይታወቃል?

ሀ) አዎ ለ) አይደለም ሐ) ሃሳብ መስጠት አልፈልግም

17. የሴት ልጅ ግርዛት የሚከናወነው የጤና ባለሙያ ባልሆኑ ሰዎችና ንጽህናው ባልተጠበቀ መሳሪያ በመሆኑ ሴት ልጆች ለተላላፊ በሽታ የመጋለጥ ዕድል ምን ያህል ነው?

ሀ) ከፍተኛ ለ) መጠነኛ ሐ) ዝቅተኛ

18. በወረዳዎ በግርዛት ምክንያት በሴት ልጅ ላይ የሚደርሱ አካላዊና ስነልቦናዊ ጉዳቶች ምን ያህል ናቸው? ሀ) ከፍተኛ ለ) መጠነኛ ሐ) ዝቅተኛ

መ) ምንም ጉዳትአይደርስም

19. በግርዛት ምክንያት በሴት ልጆች ላይ የሚደርሱ ችግሮች እንዴት ይገለጻሉ? (ከአንድ በላይ መልስ መስጠት ይቻላል፡፡)

ሀ) በግርዛት ወቅት ስቃይና የደም መፍሰስ ለ) ከግርዛት በኃላ የሚፈጠር የቁስል መመርቀዝ ሐ) በተላላፊ በሽታዎች መያዝ መ) የወሊድ ችግር ሠ) ሌሎች ካሉ ይዘርዝሩ ----------------

20. የሴት ልጅ ግርዛትን ለመቀነስ በወረዳው የተወሰደ እርምጃ ምን ያህል ነው?

ሀ) ከፍተኛ ለ) መጠነኛ ሐ) ዝቅተኛ መ) ምንም እርምጃ አልተወሰደም

- **የጠለፋ ጋብቻን የሚመለከቱ ጥያቄዎች**

21) የጠለፋ ጋብቻ በወረዳዎ የተለመደ ነው? ሀ) አዎ ለ) አይደለም

ሐ) ሃሳብ መስጠት አልፈልግም

22. ለጥያቄ ተራ ቁጥር 21 መልስዎ "አዎ"የሚል ከሆነ ድርጊቱ ምን ያህል የተለመደ ነው?

ሀ) በጣም የተለመደ ነው ለ) በመጠኑ ሐ) ልምዱ በጣም ጥቂት ነው

23. የጠለፋ ጋብቻ ምክንያቶች ምን ምን ናቸው?(ከአንድ በላይ መልስ መስጠት ይቻላል)

ሀ) የልጅቷ ቤተሰቦች በጋብቻ አለመስማማት ለ) ሌሎች ቀድሞ እንዳያገቧት ለመቅደም ሐ) ልጅቷ የመረጠችውን እንዳታገባ የቤተሰብ ተፅእኖ ሲኖር መ) የሰርግ ወጪን ለመቀነስ ሠ) ልጅቷ ቆማቀረች እንዳትባል ረ/ያላገቡ ልጆች “የከንፈር ወዳጅ” መያዝ የተለመደ በመሆኑ ሰ) ሌሎች ምክንያቶች ካሉ ይግለፁ ---------

24. የጠለፋ ጋብቻ ጎጂ ልማዳዊ ድርጊት መሆኑ በአካባቢዎ ህብረተሰብ ዘንድ ይታወቃል? ሀ) አዎ ለ) አይደለም ሐ) ሃሳብ መስጠት አልፈልግም

25. የጠለፋ ጋብቻ በተጠላፊዋ ልጅ ላይ የሚያስከትለው አካላዊና ስነ ልቦናዊ ችግር ምን ያህል ነው? ሀ) ከፍተኛ ለ) መጠነኛ ሐ) ዝቅተኛ

26. በጠለፋ ወቅት የጠላፊዎች ኃይል መጠቀምና ከጠለፋው ጋር ተያይዞ መደፈር መኖር ችግሩን ምን ያህል አሳሳቢ ያደርገዋል?

ሀ) በከፍተኛ ሁኔታ ለ) በመጠነኛ ሐ) እስከዚህም አያሳስብም

27. የጠለፋ ጋብቻ ከ HIV/AIDS እና ሌሎች ተላላፊ በሽታዎች ጋር ቀጥታ ግንኙነት እንዳለው ያውቃሉ ሀ) አዎ ለ) አይደለም ሐ) ሃሳብ መስጠት አልፈልግም

28. የጠለፋ ጋብቻ የመጨረሻ ውጤቱ በአብዛኛው በአጭር ጊዜ ውስጥ የትዳር መፍረስና የተጠላፊዋ ወደ ከተማ በመኮብለል ለሴተኛ አዳሪነት መጋለጥ መንስኤ ይሆናልን?
ሀ) አዎ ለ) አይደለም ሐ) ሃሳብ መስጠት አልፈልግም

29. በአካባቢዎ ኅብረተሰብ ዘንድ የጠለፋ ጋብቻ ወንጀል መሆኑ ይታወቃል?
ሀ) ይታወቃል ለ) አይታወቅም ሐ) ሃሳብ መስጠት አልፈልግም

30. የጠለፋ ጋብቻን ለመቀነስ የተደረገ ጥረት ምን ያህል ነው?
ሀ) ከፍተኛ ለ) መጠነኛ ሐ) ዝቅተኛ

## ➢ ያለዕድሜ ጋብቻን የሚመለከቱ ጥያቄዎች

31. ያለዕድሜ ጋብቻ በወረዳዎ የተለመደ ነው?
ሀ) አዎ ለ) አይደለም ሐ) ሃሳብ ለመስጠት አልፈልግም

32. ለተራ ቁጥር 31 መልስዎ «አዎ» የሚል ከሆነ ምን ያህል?
ሀ) በጣም የተለመደ ነው ለ) መጠነኛ ነው ሐ) ልምዱ በጣም ጥቂት ነው

33. ያለዕድሜ ጋብቻን ለመፈፀም ምክንያት የሆኑ ጉዳዮች ምን ምን ናቸው? (ከአንድ በላይ መልስ መስጠት ይቻላል)
ሀ) በድህነት ምክንያት ለ) የልጅን ደስታ ቶሎ ለማየት
ሐ) ሴት ልጅ ክብረንጽህናዋ እንደተጠበቀ እንድታገባ መ) ልምድ ስለሆነ
ሠ) ሌላ ምክንያት ከአለ ይጻፉ ----------------------------------------------------------

34. በወረዳዎ ያለዕድሜ ጋብቻ ጎጂ ልማዳዊ ድርጊት መሆኑ ይታወቃል?
ሀ) ይታወቃል ለ) አይታወቅም ሐ) ሃሳብ መስጠት አልፈልግም

35. ያለዕድሜ ጋብቻ በወሊድ ወቅት ለጽንስና ለእናቶች ሞት ዋነኛ ምክንያት መሆኑ ምን ያህል ነው? ሀ) በጣም ለ) በመጠኑ ሐ) ዝቅተኛ

36. ያለዕድሜ ጋብቻ ለትዳር መፍረስ ምክንያት ሊሆን ይችላል?
ሀ) አዎ ለ) አይደለም ሐ) ሃሳብ መስጠት አልፈልግም

37. ያለዕድሜያቸው ያገቡ ልጆች በአብዛኛው ለድህነት ይጋለጣሉ?
ሀ) አዎ ለ) አይደለም ሐ) ሃሳብ መስጠት አልፈልግም

38. ያለዕድሜ ጋብቻ የሚመለከተው ወንዶች ልጆችን ጭምር ነው?
ሀ) አዎ ለ) አይደለም ሐ) ሃሳብ መስጠት አልፈልግም

39. በወረዳዎ ያለዕድሜ ጋብቻ ለመቀነስ የተደረገ ጥረት አለ?
ሀ) አለ ለ) የለም ሐ) ሃሳብ መስጠት አልፈልግም

40. ለጥያቄ 39 መልስዎ «አለ» የሚል ከሆነ ጥረቱ ምን ያህል ለውጥ አምጥቷል?
ሀ) ከፍተኛ ለ) መጠነኛ ሐ) ዝቅተኛ

## ➢ አካላዊ ቅጣትን የሚመለከቱ ጥያቄዎች

41. በአካባቢዎ አካላዊ ቅጣት ምን ያህል ተስፋፍቶ ይገኛል?

    ሀ) በከፍተኛ ሁኔታ ለ) በመጠኑ ሐ) በጥቂቱ

42. በአካላዊ ቅጣት ልጅን ከመጥፎ ድርጊት እንዲመለስና ጥሩ ምግባር እንዲኖረው ማድረግ ይቻላል ብለው ያምናሉ?

    ሀ) አዎ ለ) አይደለም ሐ) ሃሳብ መስጠት አልፈልግም

43. ለጥያቄ ተራ ቁጥር 42 መልስዎ «አዎ» የሚል ከሆነ እንዴት? (ከአንድ በላይ መልስ መስጠት ይቻላል)

    ሀ) ልጅ ካልተቀጣ ባለጌ ስለሚሆን ለ) ልጅን በምክር መመለስ ስለማይቻል

    ሐ) ከጥንት ከአባቶቻችን ሲወርድ ሲዋረድ የመጣ በመሆኑ

    መ) ሌሎች ምክንያቶች ካሉ ይግለጹ -----------------------------------------------------

44. በአካላዊ ቅጣት ምክንያት በልጆች ላይ የሚደርሱ አካላዊና ስነ ልቦናዊ ጉዳቶች ምን ያህል ናቸው? ሀ) ከፍተኛ ለ) መጠነኛ ሐ) ዝቅተኛ

45. የአካባቢዎ ኅብረተሰብ አካላዊ ቅጣት ጎጂ ልማዳዊ ድርጊት መሆኑን ያውቃሉ?

    ሀ) አዎ ለ) አይደለም ሐ) መልስ መስጠት አልፈልግም

46. አካላዊ ቅጣት ምን ምን ጉዳቶችን ያስከትላል? (ከአንድ በላይ መልስ መስጠት ይቻላል)

    ሀ) የአካል ጉድለት ለ) የአእምሮ ችግር ሐ) ከቤተሰብ ተለይቶ ለጎዳና ተዳዳሪነት መጋለጥ መ) ሌላ ካለ ይግለጹ -------------------------------------

47. አካላዊ ቅጣት በብዛት የሚዘወተረው በቤትና በት/ቤት ውስጥ ነው በሚል ሃሳብ ይስማማሉ? ሀ) አዎ ለ) አይደለም ሐ) መልስ መስጠት አልፈልግም

48. አካላዊ ቅጣትን ለመቀነስ የተደረገ ጥረት ምን ያህል ነው?

    ሀ) ከፍተኛ ለ) መጠነኛ ሐ) ዝቅተኛ

49. ጎጂ ልማዳዊ ድርጊቶችን ለመቀነስ የሚመለከታቸው አካላት ምን ማድረግ አለባቸው ይላሉ? እባክዎን በዝርዝር ይግለጹ----------------------

50. እባክዎን ጎጂ ልማዳዊ ድርጊቶች የሚያስከትሉትን አካላዊና ሥነልቦናዊ ችግሮች አስመልክቶ ተጨማሪ ሃሳብዎን ይግለጹ---------------------::

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አመሰግናለሁ

አጥኚው::

**Appendix - B**

## Addis Ababa University
## School of Graduate
## Psychology Department
## Addis Ababa

**Questionnaire to be filled by Houschold Heads**

This questionnaire is to be filled by the individuals selected for the purpose of the study. Its aim is to gather information regarding the psychological and health consequences of HTPs on children. The data collected in this way will help to investigate the underlying reasons why the population exercise the practices on their children and the harmful effects of HTPs on the wellbeing of children. Moreover, it will create the awareness how to reduce the practices. Therefore, after a careful understanding of the following questions, please circle on the alternatives you prefer most and if you have additional opinion concerning the issue, write on the given space.

Thank you !

**Part 1. Personal Information**

1. Sex 1. Male 2. Female

2. Age________________

3. Religion 1. Orthodox 2. Catholic 3. Protestant
4. Muslim 5. Others

4. Occupation 1.Civil servant 2. Non-civil servant

5. Education 1. Uneducated 2. Literate

6. If literate indicate grades completed/level of education/ ________

7. Marital status 1. Single 2. married 3. Divorced 4. Separated

**Part 2. Questions Concerning the Four Predominant HTPs**

Direction: Alternative answers are given for the following questions.

Please circle on the numbers of your choice

General Questions

1. How much are you aware of harmful traditional practices (HTPs) ?

   1. High 2. Medium 3. Low

2. What is the expansion rate of HTPs in your district?

   1. High 2. Medium 3. Low

3. To what extent are HTPs affecting children?

   1. High 2.Medium 3.Low 4. No harm

4. Could lack of awareness be the reason for the spread of HTPs?

   1. Yes 2.No 3. No opinion

5. Could poverty be the reason for the spread of HTPs?

   1. Yes 2.No 3. No opinion

6. Do HTPs sustained because they have been transmitted from past generation to the next? 1. Yes 2.No 3. No opinion

7. Do HTPs create psychological and health problems on children?

   1. Yes 2.No 3. No opinion

8. Could HTPs be the cause for HIV/AIDs and sexually transmitting diseases?

   1. Yes 2.No 3. No opinion

9. Is there any endeavour made to reduce HTPs?

   1. Yes 2.No 3. No opinion

10. If your answer for question number 9 is "yes", how much out come was obtained?

1. High 2. Medium 3. Low

- **Questions Concerning Female Genital Mutilation (FGM)**

11. What is the magnitude/prevalence/ of FGM in your district?

1. High 2. Medium 3. Low

12. Is reducing female sexual desire the reason for FGM?

1. Yes 2.No 3. No opinion

13. Is it believed that FGM could make a woman faithful for her husband?

1. Yes 2.No 3. No opinion

14. Is the transmission of the practice from past generation to the next be the reason for the spread of FGM?

1. Yes 2.No 3. No opinion

15. Does the society disregard uncircumcised female?

1. Yes 2.No 3. No opinion

16. Is the population in your district know that female circumcision is HTP?

1. Yes 2.No 3. No opinion

17. Since FGM is practiced traditionally and by unsterilised instruments, then at what extent FGM exposes female children to transmitting diseases?

1. High 2. Medium 3. Low

18. The degree of physical and psychological problems encountered by female children as the result of circumcision is

1. High 2. Medium 3. Low

19. How could the problems caused by FGM be explained?

1. Pain and bleeding during circumcision

2. Injury and infection after circumcision

3. Exposure to transmitting diseases

4. Delivery problem

5. Fistula

20. What measures are taken to reduce the practices?

1. High 2. Medium 3. Low

➢ **Questions Concerning Marriage by Abduction**

21. Is marriage by abduction common in your district?

1. Yes 2. No 3. No opinion

22. If your answer to question 21 is "yes", what is magnitude?

1. Very common 2. Moderately 3. Scarcely

23. What are the reasons for marriage by abduction?

1. Refusal by girl's parents

2. If the girl is beautiful and wanted by different individuals

3. Parents unwilling to allow their daughter to marry the person whom she loved.

4. To avoid excessive wedding ceremony expenses

5. To avoid the criticism might be occur as the result of being unmarried (Komaker).

6.Others--------------------------

24. Is the population aware that Marriage by abduction is harmful traditional practice?

1. Yes 2. No 3. No opinion

25. How much physical and psychological problems do marriage by abduction cause to female children?

1. High 2. Medium 3. Low

26. How serious does the addition of maltreatment and rape to the problems of abduction? 1. High 2. Medium 3. Low

27. Is marriage by abduction directly related to HIV/AIDS and other STDS?

1. Yes 2. No 3. No opinion

28. Could the final out come of marriage by abduction be divorce within short period of time and the victims' migration to near by towns and subjected to prostitution?

1. Yes 2. No 3. No opinion

29. Is the population in the district knows that abduction is a crime?

1. Yes 2. No 3. No opinion

30. What measures have been taken to reduce the practice?

1. High 2. Medium 3. Low

➢ **Questions Concerning Early Marriage.**

31. Is early marriage common in your district?

1. Yes 2. No 3. No opinion

32. If your answer to question 31 is "yes," to what magnitude?

1. High 2. Medium 3. Low

33. What are the reasons for ealy marriage?

1. Poverty (economic reasons)
2. Parents desire to see the marriage of their daughter before they pass away.
3. Because the practice has been passed from past generation to the next
4. To avoid sexual relation before marriage

34. Is the population in your district know that early marriage is HTP?

1. Yes 2. No 3. No opinion

35. How risk does early marriage for child mortality and maternal mortality during delivery?

1. High 2. Medium 3. Low

36. Could early marriage be a reason for divorce?

1. Yes 2. No 3. No opinion

37. Are early married children mostly subjected to poverty?

1. Yes 2. No 3. No opinion

38. Does early marriage include male children?

1. Yes 2. No 3. No opinion

39. Is there any attempt to reduce the practice?

1. Yes 2. No 3. No opinion

40. If your answer to question 39 is "yes", how far is the change obtained?

1. High 2. Medium 3. Low

➢ **Questions Concerning Corporal Punishment**

41. How far does corporal punishment spread in the district?

1. Highly 2. Moderately 3. Minimally

42. Is it believed that corporal punishment could prevent children from bad behavior?

1. Yes 2. No

43. If your answer to question 42 is "yes" how?(It is possible to give more than one answer)

1. Unless the child is punished he/she would be delinquent
2. Since the child could not accept advice, it is important to use corporal punishment.
3. The practice has been passed from past generation to the next.
4. Others ___________________________

44. How serious are the physical and psychological problems children encounter as the result of corporal punishment?

1. High 2. Medium 3. Low

45. Is the population in your district aware of that corporal punishment is HTP?

1. Yes 2. No 3. No opinion

46. What problems does corporal punishment cause? (It is possible to give more than one answer)

1. Physical injury 2. Psychological problem

3. Exposure to streets 4. Others ___________________

47. Do you agree that corporal punishment is mostly practiced in home and school?

1. Yes 2. No 3. No opinion

48. Are there any attempts made to reduce the practice?

1. Yes 2. No 3. No opinion

49. What strategies do you suggest in order to reduce HTPs?

_______________________

50. Please list additional psychological and health problems of the four predominant HTPs which did not include in the questionnaire.

_____________________________________

## Appendix - C

### Questions Presented to Interviewees

The interview consists of 10 participants (five civil servants and five non-civil servants) those have been living in the district for a long period of time.

**Part 1**. General Information

- Kebele ______________
- House No______________

**Part 2**. Characteristics of the interviewee

- Sex 1. Male 2. Female
- Age __________
- Religion 1. Orthodox 2. Catholic 3. Protestant 4. Muslim 5. Others
- Occupation 1. Civil servant 2. Non-civil servant
- Education 1. Literate 2. No education
- If literate grade ______________
- Marital status 1. Single 2. Married 3. Divorced 4. Widow/er 5. Separated

**Part 3**. Eight interview questions are presented here under. Please give proper response to each of them.

1. What are the four predominant HTPs in the district?
2. What are the underlying reasons for each of these practices?
3. What are the harmful effects (negative consequences) of each of these practices?
4. How much does the magnitude of the occurrence of the practices?
5. What are the main factors contribute to the expansion of HTPs
6. How much does the estimated percentage of the prevalence of the practices?
7. What measures have been taken to reduce the practices?
8. What should be done to reduce the practices?

## Appendix - D

**Focus Group Discussion with Elders and Religions Leaders**

- Region______________________
- District ______________________
- Farmers/Urban Dwellers ____________________
- Characteristics of FGD participants

| No | Name | Sex | Age | Kebele | occupation | Level of Education |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Duration of the discussion _____________________

Date of discussion took place ___________________

**Please identify the four predominant HTPs commonly practiced in the community (those have negative effects on children)**

1. _______________ 2. _______________

3. _______________ 4. _______________

2. Please indicate the reason why the following HTPs are practiced in the district and explain the harmful consequences.

| HTPs extensively discussed up on | Why practiced | Magnitude of occurrence | Harmful consequences | what is being done to reduce the practice | Estimated percentage | measures should be taken |
|---|---|---|---|---|---|---|
| 1.FGM | | | | | | |
| 2. Marriage by Abduction | | | | | | |
| 3.Early marriage | | | | | | |
| 4.Corporal punishment | | | | | | |

If there are comments on (the procedures of the discussion, level of participation and reliability, etc.)

Appendix - E

## List of Harmful Traditional Practices Prevailing in the District (As listed by Focus Group Discussion Participants)

1. Female genital mutilation
2. Marriage by abduction
3. Early marriage
4. Corporal punishment
5. Uvulectomy
6. Milk-teeth extraction
7. Tonsillectomy
8. Incision of the eye lids
9. "Ye Kenfer Wodaj"
10. Polygamy
11. Addiction to local alcohol
12. Excessive ceremony expense.
13. Belief in "Kalicha"
14. Considering children as wealth

## Internal Consistency Reliability for Pilot Study

| NO | Q 11 | Q 12 | Q 13 | Q 14 | Q 15 | Q 16 | Q 17 | Q 18 | Q 19 | Q 20 | Q 23 | Q 24 | Q 25 | Q 26 | Q 27 | Q 28 | Q 29 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3 | 1 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 5 | 3 | 3 | 3 | 1 | 3 | 3 |
| 2 | 3 | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 1 | 2 | 1 | 3 |
| 3 | 1 | 3 | 1 | 3 | 3 | 1 | 2 | 2 | 1 | 4 | 5 | 1 | 2 | 3 | 1 | 2 | 2 |
| 4 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 4 | 3 | 2 | 3 | 2 | 3 | 3 |
| 5 | 2 | 3 | 3 | 2 | 1 | 3 | 3 | 3 | 4 | 3 | 4 | 1 | 2 | 3 | 3 | 3 | 3 |
| 6 | 3 | 1 | 1 | 3 | 1 | 1 | 2 | 4 | 4 | 2 | 4 | 3 | 1 | 3 | 3 | 1 | 2 |
| 7 | 1 | 2 | 3 | 1 | 1 | 3 | 3 | 2 | 3 | 3 | 5 | 1 | 2 | 1 | 1 | 2 | 3 |
| 8 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 4 | 2 | 3 | 3 | 3 | 3 | 3 |
| 9 | 3 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 3 | 3 |
| 10 | 1 | 3 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 1 | 2 | 3 | 2 | 1 | 2 | 1 | 3 |
| 11 | 3 | 3 | 3 | 3 | 1 | 1 | 1 | 2 | 3 | 4 | 3 | 3 | 3 | 3 | 1 | 1 | 3 |
| 12 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 4 | 3 | 3 | 3 | 3 | 3 | 3 |
| 13 | 3 | 3 | 2 | 3 | 1 | 2 | 3 | 3 | 2 | 4 | 4 | 3 | 3 | 3 | 2 | 3 | 3 |
| 14 | 2 | 3 | 3 | 2 | 1 | 1 | 3 | 3 | 3 | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 3 |
| 15 | 3 | 3 | 1 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 4 | 2 | 3 | 3 | 1 | 3 | 3 |
| 16 | 3 | 1 | 3 | 3 | 1 | 3 | 2 | 1 | 3 | 3 | 3 | 1 | 1 | 1 | 2 | 3 | 3 |
| 17 | 3 | 3 | 1 | 3 | 3 | 1 | 3 | 3 | 4 | 1 | 3 | 3 | 3 | 3 | 1 | 2 | 3 |
| 18 | 1 | 3 | 2 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 3 | 2 | 1 | 3 |
| 19 | 3 | 3 | 1 | 3 | 2 | 3 | 2 | 3 | 3 | 3 | 5 | 3 | 3 | 3 | 3 | 1 | 3 |
| 20 | 1 | 2 | 3 | 1 | 1 | 3 | 2 | 2 | 3 | 2 | 3 | 1 | 3 | 3 | 3 | 1 | 2 |
| 21 | 3 | 3 | 1 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 4 | 3 | 3 | 1 | 1 | 3 | 3 |
| 22 | 2 | 3 | 2 | 3 | 3 | 1 | 3 | 3 | 4 | 1 | 5 | 3 | 2 | 3 | 3 | 2 | 3 |
| 23 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 5 | 2 | 3 | 3 | 2 | 3 | - |
| 24 | 3 | 1 | 3 | 1 | 2 | 1 | 2 | 3 | 3 | 1 | 5 | 3 | 1 | 3 | 3 | 1 | 1 |
| 25 | 3 | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 3 | 1 | 3 | 2 | 3 | 1 | 2 | 3 | 3 |
| 26 | 1 | 2 | 3 | 3 | 1 | 3 | 1 | 2 | 2 | 4 | 4 | 3 | 1 | 3 | 2 | 1 | 3 |
| 27 | 3 | 3 | 2 | 3 | 3 | 1 | 3 | 1 | 4 | 3 | 4 | 3 | 2 | 1 | 3 | 2 | 3 |
| 28 | 1 | 1 | 2 | 3 | 2 | 3 | 3 | 2 | 2 | 4 | 4 | 3 | 3 | 3 | 3 | 1 | 1 |
| 29 | 2 | 3 | 3 | 3 | 1 | 3 | 1 | 3 | 3 | 3 | 2 | 1 | 3 | 3 | 3 | 1 | 1 |
| 30 | 2 | 3 | 2 | 2 | 3 | 2 | 3 | 4 | 4 | 3 | 4 | 3 | 3 | 3 | 1 | 3 | 3 |
| 31 | 3 | 3 | 3 | 3 | 1 | 3 | 2 | 3 | 3 | 2 | 5 | 3 | 3 | 3 | 3 | 3 | 1 |
| 32 | 3 | 3 | 3 | 1 | 1 | 3 | 1 | 3 | 4 | 2 | 3 | 3 | 1 | 3 | 2 | 1 | 3 |
|  | **0.75** | **0.65** | **0.72** | **0.66** | **0.90** | **0.71** | **0.58** | **0.52** | **0.65** | **095** | **1.13** | **0.76** | **0.62** | **0.77** | **0.63** | **0.82** | **0.86** |

| NO | Q 30 | Q 31 | Q 33 | Q 34 | Q 35 | Q 36 | Q 37 | Q 41 | Q 42 | Q 43 | Q 44 | Q 45 | Q 46 | Q 47 | Q 48 | Total Score |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3 | 3 | 4 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 4 | 95 |
| 2 | 3 | 3 | 3 | 1 | 3 | 3 | 3 | 1 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 83 |
| 3 | 3 | 3 | 1 | 3 | 3 | 3 | 1 | 3 | 1 | - | 1 | 3 | 3 | 3 | 4 | 72 |
| 4 | 1 | 3 | 4 | 3 | 2 | 1 | 3 | 3 | 3 | 3 | 2 | 1 | 1 | 2 | 3 | 82 |
| 5 | 2 | 3 | 4 | 3 | 1 | 3 | 3 | 3 | 1 | - | 1 | 3 | 3 | 3 | 3 | 82 |
| 6 | 1 | 3 | 2 | 1 | 3 | 3 | 1 | 3 | 1 | - | 3 | 3 | 1 | 1 | 2 | 67 |
| 7 | 2 | 1 | 3 | 3 | 1 | 3 | 3 | 1 | 3 | 1 | 3 | 1 | 3 | 1 | 2 | 68 |
| 8 | 3 | 3 | 4 | 3 | 3 | 3 | 2 | 3 | 1 | - | 3 | 3 | 1 | 3 | 4 | 95 |
| 9 | 1 | 3 | 1 | 3 | 1 | 3 | 1 | 3 | 3 | 1 | 1 | 2 | 3 | 1 | 3 | 64 |
| 10 | 3 | 3 | 3 | 2 | 3 | 1 | 3 | 3 | 1 | - | 1 | 3 | 1 | 3 | 2 | 70 |
| 11 | 2 | 1 | 3 | 1 | 2 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 4 | 80 |
| 12 | 3 | 3 | 4 | 3 | 3 | 1 | 3 | 3 | 3 | 1 | 3 | 1 | 3 | 3 | 2 | 85 |
| 13 | 3 | 3 | 1 | 3 | 3 | 3 | 3 | 1 | 3 | 2 | 3 | 3 | 3 | 2 | 3 | 86 |
| 14 | 1 | 3 | 4 | 1 | 1 | 3 | 2 | 1 | 3 | 1 | 2 | 1 | 2 | 1 | 3 | 64 |
| 15 | 3 | 3 | 3 | 1 | 3 | 2 | 3 | 3 | 1 | - | 3 | 3 | 3 | 3 | 4 | 86 |
| 16 | 2 | 1 | 2 | 1 | 3 | 1 | 3 | 3 | 3 | 2 | 1 | 2 | 1 | 3 | 2 | 67 |
| 17 | 3 | 3 | 4 | 2 | 3 | 3 | 1 | 3 | 3 | 1 | 3 | 3 | 3 | 1 | 3 | 82 |
| 18 | 2 | 3 | 4 | 3 | 1 | 1 | 3 | 3 | 3 | 3 | 1 | 1 | 3 | 1 | 3 | 73 |
| 19 | 3 | 1 | 4 | 3 | 2 | 3 | 2 | 3 | 1 | - | 3 | 1 | 3 | 3 | 4 | 80 |
| 20 | 1 | 3 | 4 | 2 | 2 | 3 | 1 | 2 | 1 | - | 2 | 3 | 1 | 1 | 4 | 66 |
| 21 | 3 | 3 | 3 | 1 | 3 | 3 | 3 | 1 | 3 | 1 | 3 | 3 | 3 | 3 | 4 | 87 |
| 22 | 3 | 3 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 1 | 3 | 3 | 88 |
| 23 | 3 | 1 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 3 | 3 | 3 | 2 | 97 |
| 24 | 2 | 3 | 3 | 1 | 3 | 3 | 1 | 3 | 1 | - | 3 | 1 | 3 | 1 | 2 | 67 |
| 25 | 3 | 3 | 1 | 3 | 2 | 3 | 3 | 3 | 3 | 2 | 1 | 3 | 1 | 3 | 3 | 83 |
| 26 | 1 | 3 | 3 | 3 | 1 | 1 | 3 | 3 | 1 | - | 1 | 2 | 3 | 3 | 1 | 68 |
| 27 | 3 | 3 | 4 | 1 | 3 | 1 | 2 | 3 | 1 | - | 3 | 1 | 1 | 2 | 4 | 76 |
| 28 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 1 | 3 | 1 | 3 | 1 | 2 | 3 | 4 | 80 |
| 29 | 3 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 1 | 3 | 3 | 3 | 2 | 78 |
| 30 | 2 | 1 | 2 | 1 | 3 | 1 | 3 | 3 | 1 | - | 3 | 1 | 3 | 1 | 3 | 77 |
| 31 | 1 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 1 | 3 | 3 | 3 | 3 | 3 | 88 |
| 32 | 3 | 3 | 1 | 2 | 1 | 3 | 1 | 3 | 1 | - | 3 | 3 | 1 | 3 | 3 | 65 |
| **$\sum SD^2 i$** | **0.68** | **0.71** | **1.19** | **0.84** | **0.68** | **0.77** | **0.71** | **0.64** | **1.00** | **0.69** | **0.84** | **0.85** | **0.87** | **0.82** | **0.71** | **93.68** |

**N =32** **$SD^2 t$ = 93.68** **$\sum SD^2 i$ = 24.68** **$\alpha$ = 0.76**

# Declaration

This thesis is my original work and has not been presented for a degree in any other university, and that all sources of materials used for the thesis have been duly acknowledged.

________________________

Tesfaye Angassa

This thesis has been submitted for examination with my approval as a university advisor.

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Dr. Seleshi Zeleke