ADDIS ABEBA UNIVERSITY

FACULITY OF MEDICINE

THE EFFECT OF "MARRIAGE BY ABDUCTION" ON CHILD SURVIVAL IN MESKAN AND MAREKO DISTRICT, BUTAJIRA, ETHIOPIA

THESIS SUBMITTED TO THE DEPARTMENT OF GRADUATE STUDIES

ADDIS ABABA UNIVERSITY

IN PARTIAL FULFILMENT OF THE REQUIRMENTS

FOR THE DEGREE OF MASTER IN PUBLIC HEATH

By

Zelalem Kebede (M.D)

April, 2002

Addis Ababa

Acknowledgements

First of all, I would like to thank the Department of Community Health Addis Ababa University for funding this study. My deepest gratitude goes to Dr. Fikru Tesfaye for his continuous, unreserved and valuable advice from the conception to the completion of the study.

My sincere thanks goes to Professor Yemane Berhane for his support in searching of my thesis topic and valuable advice at special moment of the study.

I very much appreciate Dr. Damen H/Mariam and Dr. Alemayehu Worku for their concern in coordinating the fund for this work.

I also thanks Drs. Abera Kumie, Shabir Ismail,and Ato fikre Enqusilasse for the valuable comments they contributed for this work.

I would like to thank W/R Marta Mebratu, Nigussu Worku and Ato Wondesen Bekele for helping during data entry, and cleaning.

I would like also thank W/R Fate Seide representative of women's affairs for giving information for the over all situation of "Marriage by Abduction" in the area.

Table of contents

List of Tables

Lists of abbreviation

MBA – “Marriage by Abduction”

STD – sexually transmitted diseases

PA – Peasant association

UDA- urban Dweller association

SNNPR- South Nations, Nationalities, and Peoples Regional Government

NCTPE-National Committee on Traditional Practices of Ethiopia

BRHP - Butajira Rural Health Program

Abstract

A retrospective cohort study to assess the effect of "Marriage by Abduction" (MBA) on child survival was conducted from November 2001 to January 2002 in Meskan and Mareko District, Gurage Zone, Southern Nations Nationalities and peoples Regional Government (SNNPR). Data were collected using an anonymous structured questionnaire.

A census has been conducted prior to the actual sample size determination and it produced a prevalence of 6.32% for "Marriage by Abduction" in the total population. A total of 1105 married women participated in the study. The ratio of marriage with and with out abduction was 1:3. Out of the total sample 954(86.3%) were from rural peasant associations(PA) and151(13.7%)from urban dweller association (UDA). Of all respondents 899(81.4%) were Muslims and 206(18.6%) were Christians. Majority of respondents 938(84.9%) were illiterate and 939(85%) were housewives by occupation.

Of the total sample 244(22.1%) were married by abduction(exposed) and 861(77.9%) married with out abduction(non-exposed). The mean age of abduction was found to be 17 $\pm$ 2.5SD. Among the abducted groups 17(7.0%) and among the non abducted 50(5.84%) experienced still birth in their life, and it was found that statistically not significant in biviariate analysis ($p>0.502$) Eighteen (7.4%) of the abducted and 71(8.2%) of the non-abducted women reported history of death of neonate with in 7 days after birth and it was found that statistically not significant in biviariate analysis($p>0.9305$). Sixty seven (27.4%) and 235(27.2%) among those married with and with out abduction respectively,

reported life time Infant death. The proportion of polygamous marriage in the abducted group was found to be 67 (27.5%) as compared to 212 (24.6%) in the non-abducted.

In a focus group discussion conducted with both groups of women who married by or without abduction all of the participants condemned the practice of abduction, and reported that reconciliation by local elders after the act of abduction is one of the main reasons for the perpetuation of the problem. Infant or neonatal mortality was not found to be associated with “Marriage by Abduction” after controlling for possible confounders with logistic regression. Even if dealing with deep-rooted cultural problem is challenging, in this study it is recommended that sensitization and awareness creation addressing each segment of the population would help in alleviating the problem.

Introduction

Around the world at least one woman in every three has been beaten, coerced into sex or otherwise abused in her lifetime. Increasingly, gender based violence is recognized as a major public health concern and a violation of human rights. Violence against women and girls includes physical, sexual, psychological and economical abuse, it is often known as “gender based” violence because it evolves in part from women’s subordinate status in society (1).

Violence against women in Ethiopia takes various forms. Among several forms of violence against women, abduction is the one which is wildly spread in most rural parts of Ethiopia. The practice which entails pain, disability and shame is justified and carried out in the name of culture and tradition (2). A study done in Butajira found out that the over all prevalence of physical violence against married women to be 45%.(3)

Abduction is unlawful kidnapping or carrying away a girl for marriage, in almost all cases, rape follows abduction since this is a guarantee that the girl will remain after negotiation and paying some ransom to the parents will follow through local elders(1).

“Marriage by Abduction”, which comprises both sexual and human right violation, is one of the harmful traditional practices in the country. Despite a difference in the magnitude of the problem from place to place it has a common place in every society (4). Apart from few studies done in the last decade attempts to show the dimensions of

the problem in a systematic research are scarce. The recently organized National Committee on Traditional Practice (NCTPE) has done a significant effort to assess the occurrence of the problem in the country since its establishment in 1987under the umbrella of the Ministry of Health (5). The objectives of the Committee are: -

- To eradicate harmful traditional practices that are detrimental to the health and well being of society in general, particularly women and children
- To promote and encourage traditional practices that have positive effects on the health and psycho-social well being of society

The strategy adopted by the Committee has been the dissemination of information on the harm caused and sensitizing decision makers on the need to eradicate harmful traditional practices. “Marriage by abduction” as one form of sexual violence has multiple health and heath related untoward consequences such as sexually transmitted diseases, early marriage and adverse pregnancy outcomes(1,7).

The study area (Butajira), a typical rural setting in the country, is a place where traditional practices are prevalent. Based on a baseline survey done by (NCTPE), the area belongs to the region with high prevalence of (MBA) (5). On top of the above facts, scares information in the subject and major public health concern of the problem are the rationale of the study. This study tried to show the relationship between “Marriage by Abduction” and child survival.

Literature review

Marriage is universal in every society and culture be it primitive or advanced, it is culturally approved relationship of men and women in which there is cultural endorsement of sexual intercourse between the marital partners of opposite sex, and generally, the expectation that children will be born of the relationship(8). Marriage, whether under customary, religious, or civil law, is the key mechanism by which the family ensures its stability and well being across the generations (8).

Violence affects the lives of millions of women worldwide, in all socio-economic and educational classes. It cuts a cross cultural and religious barriers impending the right of women to participate fully in society (1).

WHO defines gender -based violence as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, as arbitrary deprivation of liberty, whether occurring in public or in private life”(1).

Ethiopia is known for its diversified cultural and traditional practices. Some of these practices are beneficial to the maintenance and perpetuation of the society as a whole, while others have long been affecting the livelihood and well being of its population, particularly those of women and children (5).

Even though youth to day are faced with many other problems which may impact on their future prospects, such as HIV/AIDS, teenage pregnancy, school dropout and unemployment, the issue of violence prevention remains a critical social imperative (9). Many cultures have beliefs, norms and social institutions that legitimize and therefore perpetuate violence against women (1).

Nowadays marriage through abduction is becoming a topic of discussion by every segment of the population. However it looks that there was no systemic attempt towards addressing the magnitude of the problem in a rural setting (7).

Rape and abduction:

Rape

In Ethiopia rape is invariably associated with abduction(10). Many experts define Rape as a sex with out the consent of the victim and is a conscious process of intimidation by which men keep women in "a state of fear" (4).

Types of rape

The three categories of rape are:-

1. Statutory rape: is an unlawful sexual intercourse with a female under the age of consent, with or without her consent.
2. Forcible rape :-the carnal knowledge of a female forcibly and against her will, which includes rape by force and attempts or assaults to rape or while the victim is unconscious.

3. Marital rape (controversial case):when a husband forces his wife to have sex with out her will (10).

Abduction

Abduction as a form of marriage is part of complex social phenomena, which is related to family formation, it is an act of forced marriage against the will of the girl and her parents, it also accomplished by forced sexual relation (rape) that is the most degrading and humiliating act and which violets women's human rights (4). Even though documented information on the magnitude of abduction in Ethiopia is lacking, it is widely accepted that the existence of the problem throughout the country.

The earliest written information of the problem is found in the oldest legal provision of the

Country. "Fetha negest" mentions the following provisions against abduction and rape: "in case a man and a women don't consent to a marriage (arranged)by another, or if the consent is extracted with violence, that is if any kind of constraint is used, such marriage is forbidden. Second, either the chief, nor any of his men, shall bring about the betrothal of any of the women (of that country) by taking them away by force, it is the same if the girl has not reached the age of womanhood."

The "Fetha negest" also provides penalties against those who commit the crime of rape by abducting a women or a girl.

"The one who carries a virgin off by force shall have his nose cut off; a third part of his property shall be given to her. One who carries off a girl before she attains thirteen years of age shall have his nose cut off, half of his belongings shall be given to her.

Those who kidnap a betrothed girl, a girl not yet betrothed, a widow, slave or a manumitted women…shall be punished with the sword if they did this with violence."

The 1957 penal code of Ethiopia also made the following provisions regarding rape and abduction:

"Whosever compels a women to submit to sexual intercourse outside wed lock, whether by the use of violence or grave intimidation, or after having rendered her unconscious or incapable of resistance, is punishable with rigorous imprisonment not exceeding ten years, rigorous imprisonment shall not exceed fifteen years where the rape is committed …on a child under fifteen years of age …(Art.589) (10).

Apart from the above mentioned legal provisions there is no research-based information on the subject in the country. The first and recent quantitative study done in rural district of North West Ethiopia (Estie) found that a prevalence of 6.2 %(72/1168) "Marriage by Abduction" in currently married women. There are some studies that indicates the magnitude of sexual violence (with out the intention of marriage) in the country. In a study conducted in Addis Ababa a prevalence of completed rape and attempted rape among female students was found to be 5%and 10% respectively (11).

According to the qualitative base line study conducted by NCTPE. The practice of "Marriage by Abduction" is more prevalent in certain Regions (Oromia and SNNPR) and low in Tigray, Amhara, Somalia, Harrari and Addis Ababa. The highest prevalence

of MBA is recorded in the SNNPR (26%) followed by Benshagul Gumuz (24.7%) and Oromia twelve percent (5). The above mentioned figures were obtained by NCTPE from focus group discussion with selected opinion makers in the regions. The figures might not represent the true picture of the problem due to the methodology applied in the study.

Abduction can take place in two different ways one kidnapping a girl with out the slightest clue or information to her or her family, relatives or friends, and the other type is arranged abduction, in which abduction indirectly known to the relatives or friends of the girl (4).

Reasons for "Marriage by Abduction"

According to NCTPE the following reasons for MBA are cited:-

1. Fear of rejection: - when a man is convinced that the parents of the girl he would like to marry are not likely to agree to betroth their daughter to him because of his family back ground, his economic status or other reasons.
2. Dowry too high: - once a girl is formally engaged to a man, there are traditionally some duties and responsibilities imposed on him by the girl's parents. One such obligation is the provision of dowry, the forms of which vary. He may also be expected to occasionally assist her family in ploughing and other activities. Thus by abducting the girl he 'frees' him self from such burden, although sometimes and in some communities the money paid as compensation might be more than the dowry.

3. Presence of a Rival:- when a man loves a girl but knows she has too many suitors and/or the inclination of parents and girl are not predictable.
4. To avoid wedding ceremony: to avoid expenses and/or other economic burden related to conventional marriage ceremony.
5. Status Difference: - a man of a stronger or more powerful family, clan or ethnic background is too arrogant to formally request the parents of the beautiful girl, but of an 'inferior' background.
6. False sense of power: - sometimes, men who have a lot of money, have a false sense of power and feel their money can make them any thing they want including abduction.
7. When the girl loves some one and yet she knows that her parents intend to give her hand to some one else. She indicates to the man she loves that she would like to elope with him, and he makes arrangements and abducts her with the help of friends.

The top major reason for MBA forwarded by participants of FGD in base line study of NCTPE was refusal of the parents or the girl followed by in ability to cover wedding expenses (5).

Health related consequence of abduction

- **Sexually transmitted diseases (STD)**

Apart from the socio-economic implication MBA has multiple health related consequences. Since the act of abduction involves rape and physical trauma, women with

a history of physical or sexual abuse are at increased risk for unintended pregnancy, sexually transmitted infections, and adverse pregnancy out comes (1).In the study done in 'Estei' STD was reported by 9.2% of cases of abducted women (7). A Study done in Addis Ababa revealed 24% of among who reported to be raped had vaginal discharge.

- **Early marriage**

The effect of violence can be devastating to a women's reproductive health as well as to other aspects of her physical and mental well being (1). As the greater proportions of the victims of abduction are young girls, the risk of unwanted pregnancy and pregnancy out comes are inevitable in most instances. It was found that the median age at first marriage in study done in 'Estie' was13 years with minimum 7 to maximum 20 (7).

- **Early pregnancy and child birth**

Early marriage has important implications for the poor, already disadvantaged girls as they lack necessary educational achievement and ability to support themselves and their offspring (12).

Victims of sexual abuse in childhood appear more likely than other teens to become pregnant in adolescent (1). The risk of early pregnancy and childbirth are well documented; increased risk of dying, increased risk of premature labor, complication during delivery, low birth weight a higher chance that the newborn will not survive. Evidence shows that infant mortality among the children of very young mothers is higher, sometimes two times higher than among those of older peers (13). Based on the

study undertaken in Addis Ababa, seventeen percent of students out of seventy two among who were raped reported that they become pregnant after sexual violence(14).

Child survival

Every year some 12 million children in developing countries die before they reach their fifth birthday, many of them during the first year of life. Ethiopia is one of the developing countries

with unacceptably high infant and under five mortality rates of 105 and 159 per thousand respectively (15). A study conducted in North Gonder revealed that infant and child mortality rates estimated to be 103 per 1000 live births and 41 per 1000 children, respectively (16).

This high level of mortality may be associated with demographic, socio-economic and environmental and other factors. Infant and child mortality have long been used as indicators of the level of socio-economic development of a nation. Most of the developed countries have registered low level of infant and child mortality (17).

Some studies identified such variables as sex of child, mother place of residence, education religion, ethnicity, marital status, income and environmental sanitation as important determinants of infant and childhood mortality. Other factors such as maternal age, birth order, and birth interval are also shown to have significant impact on the chances of infant and child survival. Cultural values and norms among others are also known to influence the chance of infant/child survival (18).

There is little doubt that high child mortality rates are associated with high rates of child bearing. Early child bearing, short birth spacing and high parity births are three of the commonest factors involved(19). As recently as the mid 1980s some 15 million children under the age of five died each year, representing 30% of all deaths worldwide and up to half deaths in many countries.

Much demographic and epidemiological research has been done as well, on the causes of childhood illness and the pathways through which they act. The frame work proposed by Mosley and Chen in their view ‘distal ‘ socio economic factors such as education and income affect disease incidence and out comes through which five broad groups of “proximal” determinant of child survival : maternal factors ,Nutrient deficiency, environmental contamination, injury, and personal illness control(20).

Although child mortality has declined 10.5 million children still die each year. That toll is unacceptably large and its reduction must remain a focus of public policy. We know a lot about the extent and decline of childhood mortality but much less about its causes. On top of these HIV/AIDS become anew treat for child survival (21). Although (HIV) and AIDS originally emerged as adult health problems, they have become a major killer of under five year old children, especially in developing countries (21).

Sandra Huffman defined the importance of the timing and type of breastfeeding on neonatal mortality, the evidence for this effect, and implications for breast feeding promotion programs. She said that late neonatal deaths are more likely to be prevented by

breastfeeding than are earlier deaths, which are principally related to the infant's status at birth and delivery.

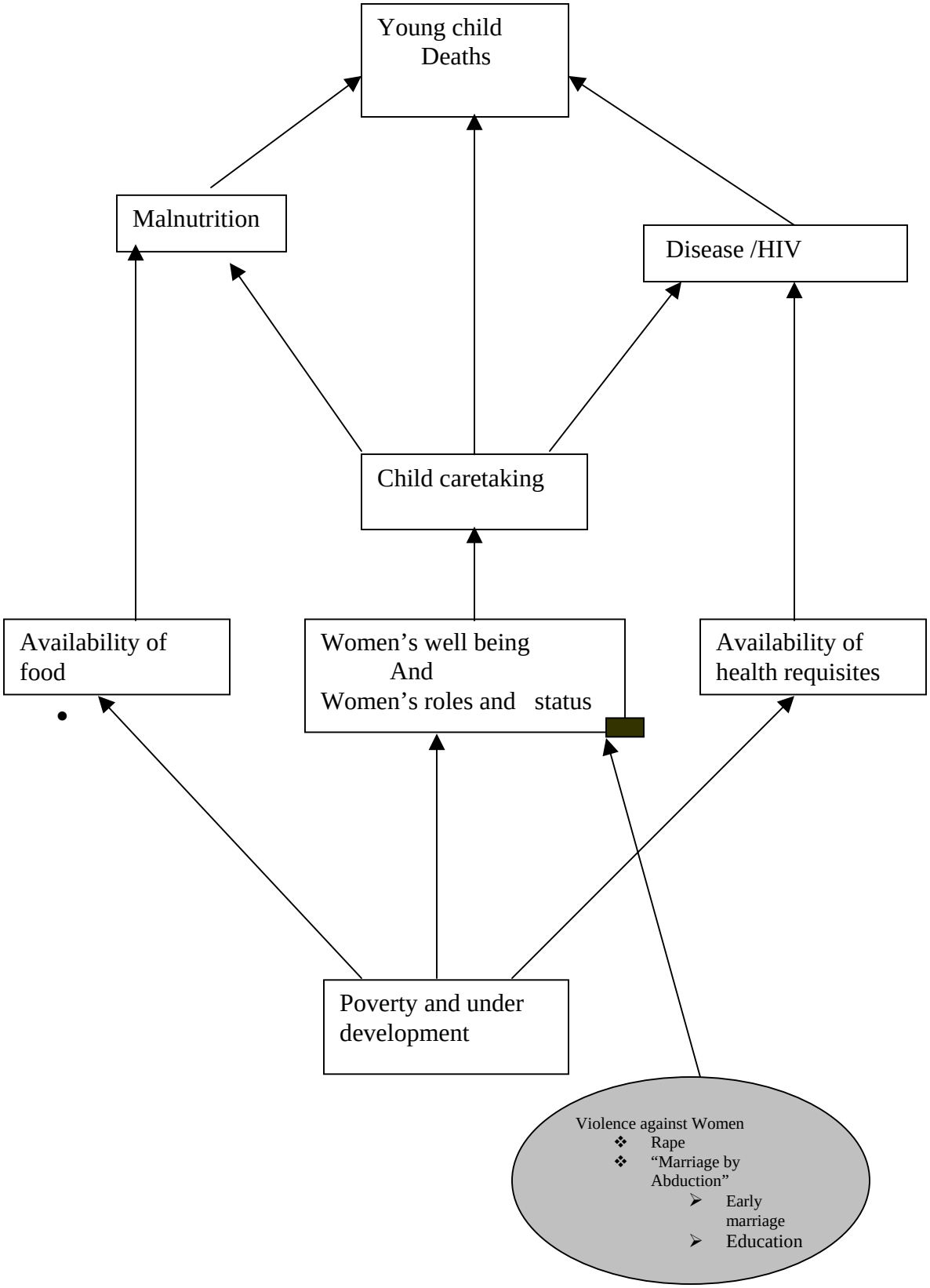
Diarrhea diseases remain a leading causes of mortality and morbidity of children in sub-Saharan Africa, a region where unique geographic, economic, political, socio-cultural, and personal factors interact to create distinctive continuing challenge to its prevention and control(20).

Causes of neonatal deaths are often difficult to ascertain, because more of the births occur at home unattended by medical personnel. WHO estimates that 5 million children under one month of age die each year, and that nearly all (98%) of these deaths occur in developing country. A large proportion of these neonatal deaths (3.4million) take place in the first week of life. Epidemiological research and demographic analysis have shown that there is an association between the health, social status, and level of education of a women and the risk of her child dying in infancy.

Large proportions of infant deaths and disabilities have their origin in the perinatal period and are primarily determined by the condition of the pregnant women and the circumstance of the birth rather than by the condition of the child itself (21). Violence against women is a significant public health problem, which impacts women, men and children. Little is known about the frequency or correlates of violence against women in Africa (3). The World Bank estimate shows that rape and domestic violence account for 5% of the healthy years of life lost to women of reproductive age in developing

countries (2). A combined conceptual frame in the next page demonstrates interaction of different factors for child survival. The frame work illustrates the effect of "Marriage by Abduction" and sexual violence leading to an adverse heath and health related outcomes in the mother which in turn affects the health of her offspring's.

Combined conceptual frame work for child survival



OBJECTIVE OF THE STUDY

General Objective

To assess the effect of “Marriage by Abduction” on child survival.

Specific objectives

To assess magnitude of “Marriage by Abduction”

To compare child survival between families with MBA and marriage with out abduction.

To determine the perception of sexual violence and “Marriage by Abduction” by the community.

Methodology

1. Study design

The study employed a retrospective cohort survey supplemented with focus group discussion.

Study area

The study area is Meskan and Mareko District, which is located in Gurage Zone Southern Nations, Nationalities and Peoples Regional Government (SNNPR). The size of the District is estimated to be 797 square km that lies on average at 2,100m above the sea level. Teff, Maize Millet, Barely and Legumes are the main crops. Enset cultivation is very common and gives the main staple food in the area (6). The population of the district based on the 1994 national census is estimated to have grown to 257,000 by 1999(10).

Meskan, Mareko, Silti, Dobi and Sodo are the major ethnic groups. The majority of the district population follows Islamic religion (6). The district population gets health services from one district hospital, two health centers, two health stations, 11 private clinics, and 11 health posts. There is demographic surveillance site in the district, Butajira Rural Health Program (BRHP), with a purpose of developing a continuous demographic surveillance system and providing sampling frame for other health related activities to be carried out in the area (6).

Source population

Married women age of 15-49 years residing under the demographic surveillance site (one urban dwellers' association [UDA] and 9 peasant association [PA]).

Study population

Women aged 15-49 those who were married by abduction and women Married women with out abduction in all nine PA and one UDA associations.

Sample size

To obtain the sample size 3%neonatal mortality of the study area (22) has been taken in non abducted group and a prevalence rate of neonatal mortality of 7.4% was assumed in groups who married by abduction and. A ratio of 1 women with abduction to 3 women with out abduction, and a power of power of 80% and 95% confidence interval.

$$n_1 = \frac{\left[Z\alpha/2 \sqrt{(1+1/r)\ P(1-P)} + z_{\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)/r} \right]^2}{(P_1-P_2)^2}$$

Where, n=sample size

P_1=0.074(7.44%) Power= 80% =0. 84

P_2=0.03(3%) $Z\alpha_{/2}$=1.96

Odds Ratio= 2.58

n_2=813 n_1=271

The calculated total sample size was 1084

Contingency rate 10%= 108

The abducted group with contingency gives 298. The total number of abducted was 305 obtained during the census, thus instead of taking a sample of 298 from 305, all

abducted cases were included in the total sample, with one to three ratio it gives adjusted sample size of 1220

Sampling method

Prior to the actual sample size determination a house to house census was done to determine the over all prevalence of "Marriage by Abduction" in the study area for a reason that information on the magnitude of "Marriage by Abduction" is lacking in the area. Based on the prevalence rate obtained from the census data sample size was calculated. Non-abducted married women were selected with systematic random sampling from the census data.

Data collection

Quantitative data

A structured questionnaire was designed that was prepared first in English then translated to Amharic and then back translated to English language, to insure its consistency of translation. Pretest was conducted outside the study villages and minor modifications were made based on findings of the pretest. A total of 15 enumerators (who completed grade 12 and who can speak the local language) were recruited. A three days training was given for the enumerators. Regular daily supervision of the data collectors and checking of the completeness and accuracy of data was made by the principal investigator. A health officer, in addition to the principal investigator participated in coordinating and supervision during data collection.

Variables: - Dependant variable: - Child mortality ,child morbidity

Independent variables: Some selected variables '"Marriage by Abduction"' Religion, Occupation, Ethnicity, Age, educational status, child health service, child health practice, health seeking behavior utilization of immunization, morbidity pattern, income

Qualitative data

Focus group discussion: a semi-structured discussion guide was developed containing important points to explore the perception of the participant towards sexual violence and "Marriage by Abduction".

A total of six focus group discussions were conducted, each group comprising of 5-7 participants and lasting for a duration of 30-45 minutes. It was conducted separately with abducted and non-abducted study participants, elderly women, elderly men, community and religion leaders. The FGD was conducted under a conducive environment in the premises of the BRHP. The discussion was moderated by a medical doctor. A tape reorder was used to record all issues raised during the discussion. In the FGD there were male and women informants selected from 5 PAs and one UDA. The female informants were grouped by their exposure to "Marriage by Abduction" (abducted and non-abducted) elder women as separate group. In depth interview was made with one victim of sexual violence and "Marriage by Abduction".

Data analysis

Data entry, cleaning and recoding and was done by EPI INFO version 6 statistical package. SPSS statically package was also utilized for cross-tabulation, Univariate,

bivariate and multivariate analysis. Independent sample t-test was used for comparison of means, Adjusted odds ratio that controls potential confounding variable were calculated using a logistic regression model. For the qualitative data the group discussion was transcribed completely in Amharic, and it took 9 complete full pages, and then fully translated in English and summarized.

Ethical consideration

Ethical approval was obtained from the department of community health and then from AAU Ethical committee before the study was conducted.

Before launching the study, permission was secured from Gurage Zone Heatlth Department and Meskan and Mareko Health Office. After the necessary explanation about the study and the benefit of the result of the study, verbal consent was obtained from all respondents. Privacy and confidentiality were kept secret.

Operational definitions

“Marriage by Abduction” : illegal kidnapping of a girl or women with intention of marriage with out her consent.

Neonatal death : death of a live born baby before the 28 days of age

Perinatal death : still birth and death within the first seven days of life

Still birth : Birth of a dead fetus after 28 weeks of gestation.

Results

A total number of 4829 women of reproductive age group were interviewed during the census, out of these 305(6.31%) were women who married with abduction. A total of 1105 currently married women were interviewed. Thus, the response rate was 92.2%. For the reason that the actual study was done fifteen days after the survey, absence of respondents going far from area of resident was the main factor for the non response rate.

Out of the total 1105 respondents 244(22.1%) were those who married with abduction and 861(77.9%) were those who married with out abduction. The most frequent current age group was from 25-29 for both abducted and non-abducted groups 32.8% and 21.7%repectively. Abducted women were younger (39.3% below the age of 25) compared to non-abducted women (21.7% below the age of 25). Current mean age of the abducted groups was 26.7 $\pm$ 7SD while it was 30.6 $\pm$ 7.6 for the non-abducted group. The majority of the respondent 899(81.6%) were Muslim.

Meskan ethnic group comprises the highest proportion 594(53.3%) Siliti38 (15.6%),Mareko 204(18.5%), Sodo 52(4.7%), Dobi, 31(2.8%)and the rest are others 67(4.7%). The larger proportion of the respondents 954(86.3%)were from the rural area. Regarding occupational status 939(85.%) were housewives. Considerable proportion of the respondents 38(81.4%)were illiterate (Table 1).

Table1:Socio-demographic characteristics abducted and non-abducted married women ,Butajira,Nov 2001-Jan ,2002 n=1105

Variables	Abducted 244(%)	Non-abducted 861(%)	Crude OR	Adjusted OR
Age				
15-19	34(13.9)	41(4.8)	4.5(1.66,12.69)	0.22(0.07,0.67)
20-24	62(25.4)	170(19.7)	1.98(0.85,5.52)	0.52(0.19,1.44)
25-29	80(32.8)	187(21.7)	2.32(0.97,6.42)	0.45(0.17,1.17)
30-34	32(13.1)	171(19.9)	1.02(0.39,2.74)	0.98(0.39,2.42)
35-39	14(5.7)	148(17.2)	0.67(0.29,1.54)	1.95(0.72,5.21)
40-44	15(6.1)	106(12.3)	0.77(0.27,2.07)	1.28(0.48,3.42)
45-49	7(2.9)	38(4.4)	1.00	1.00
Religion				
Muslim	207 (84.4)	692(80.4)	1.37(0.91,2.05)	0.53(0.32,0.88)
Christian	37(15.2)	169(19.6)	1.00	1.00
Ethnicity				
Meskan	138(56.6)	456(53.0)	0.71(0.39,1.29)	0.68(0.19,2.45)
Silti	38(15.6)	166(19.3)	0.54(0.27,1.06)	0.82(0.22,3.09)
Mareko	32(13.1)	125(14.5)	0.60(0.27,1.56)	0.76(0.20,285)
Sodo	13(5.30)	47(5.5)	0.65(0.27,1.56)	0.33(0.08,1.27)
Dobi	3(1.2)	28(3.3)	0.25(0.04,0.98)	0.34(0.08,1.36)
Others	20(8.2)	47(5.5)	1.00	1.00
Residence				
Rural	210(86.1)	744(86.4)	0.97(0.63,1.50)	0.97(0.57,1.67)
Urban	34(13.9)	117(13.6)	1.00	1.00
Education				
Illiterate	207(84.8)	731(84.9)	0.99(0.66,1.51)	0.77(0.49,1.21)
Literate	37(15.2)	130(15.1)	1.00	1.00
Occupation				
House wife	204(83.6)	735(85.4)	0.07(0.58,1.31)	1.34(0.83,2.17)
others	40(16.4)	126(14.6)	1.00	1.00
Durationof marriage	87(35.7)	195(22.6)	2.90(2.00,4.21)	1.05(0.57,1.96)
1-5	81(32.2)	211(24.5)	2.50(1.72,3.63)	0.98(0.57,1.69)
6-11	76(31.1)	455(52.8)	1.00	1.00
12-41				
Family size	171(70.1)	452(52.5)	1.00	1.00
1-5	73(29.9)	409(47.5)	0.47(0.34,0.65)	1.22(0.83,1.79)
6-13				
Income	110(45.1)	454(52.7)	0.74(0.55,0.99)	1.00
10-200	134(54.9)	407(47.3)	1.00	1.16(0.86,1.57)
$\geq$ 200				

Duration and establishment of marriage:

The largest proportion of abducted women were abducted in the age group from 15-19. Mean age at abduction was 17± 2.5 SD range(Minimum=10 and maximum=30)

In the age category 1-5 years highest percentage of duration of marriage was found for both groups, the mean duration of marriage for the abducted was 9±7.5SD and for non-abducted 13±8SD

Mean difference of duration of marriage was found to be significant in ($p<0.001$)

Information regarding on parity considerable proportion of both the abducted and the non-abducted had five and above birth experience.

Only five percent of the abducted groups had previous marriage history where as 14% of the un abducted group had previous marriage history. Among the abducted ones 27.5 percent of them mentioned that their husband has one or more wives, and from the non-abducted 25%of them revealed that their husband has one or more wives (Table:4).

"Marriage by Abduction" was not found to be associated with infant death by bivariate analysis. To see the confounding effect of some variables Logistic regression was performed and no significant difference was found (Table:4).

Birth outcome and child mortality :

Out of the total respondents only 18.3% reported that they had abortion since marriage. Stillbirth history in abducted group was found to be 17(7%) and 50(5.8%) in nonabducted group but not statistically significant.

Only a small proportions of the total respondents 89(8.1%) said that they experienced death of neonate with age of one to seven days. Information regarding stillbirth and death of neonate with in seven days was reported by 13.5% of abducted and 13.6% of un abducted and was not statistically significant. Out of the total sample 302(27.3%) gave history of infant death since marriage, out of these25.5% and 27.5% by abducted and un abducted respectively (Table:2).

knowledge at least one method of birth control was mentioned by 178(73.0%) of the abducted and by 643(74.7%)of the non-abducted. Diarrhea in the last three weeks of the youngest child mentioned by 55 (22.5%)of the abducted and 212(24.4%) of the non-abducted.

Table 2: Comparison of out come of pregnancy between abducted and non-abducted married women, Butajira Nov2001, Jan,2002 (n=1105)

variables	Abducted #(%)	Non abducted #(%)	OR(95%CI)
Abortion			
Yes	35(14.5)	167(19.4)	0.70(0.46,1.05)
No	209(85.5)	694(80.6)	1.00
Still birth ever marriage			
Yes	17(7.0)	50(5.8)	1.21(0.66,2.21)
No	227(93.0)	811(94.2)	1.00
Death in the first 7 days after birth			
Yes	18(7,4)	71(8.2)	0.89(0.50,1.56)
No	226(92.6)	790(91.8)	1.00
Ever Perinatal death			
Yes	33(13.5)	117(13.6)	0.99(0.64,1.53)
No	211(86.5)	744(86.4)	1.00
Infant death since marriage			
Yes	67(25.5)	235(27.5)	1.01(0.72,1.40)
No	177(72.5)	626(72.7)	1.00

Table3:Comparision of child health (child survival) between abducted and non-abducted women Nov-2001 Jan, 2002 Butajira

variables	Abducted #(%)	Non-abducted #(%)	OR(95%CI)
Breast feeding of the youngest Child(under2years)			
Yes	127(98.4)	462(98.5)	0.96(0.18,9.60)
No	2(1.6)	7(1.5)	1.00
(n=598)			
Presence of immunization card (below 9 months age)			
No card	77(73.3)	257(66)	1.20(0.50,2.95)
Card lost	20(19)	100(25.8)	0.80(0.30,2.2)
Yes card seen	8(7.61)	32(8.2)	1.00
(n=494)			
Diarrhea in the last three week(of the youngest child)			
Yes	55(30.2)	212(30.8)	0.85(0.59,1.23)
No	127(69.8)	416(60.2)	1.00
(n=810)			
Acute upper respiratory tract infection in the last three weeks			
Yes	35(20.1)	145(22.7)	0.86(0.55,1.32)
No	139(79.9)	493(77.3)	1.00
(n=812)			
Knowledge at least One method of birth Control			
Yes	178(73.0)	643(74.7)	0.91(0.65,1.28)
No	66(27.2)	218(25.3)	1.00
(n=1105)			

Note: the total number varies with respondents variation for a specific variable

Table :4 comparison of socio-demographic factors with infant mortality in Butajira, Nov2001-Jan 2002

Variables	Infant mortality		CrudeOR (95%CI)	Adjusted OR
	YES	NO		
Marriage				
Abducted	67	177	1.01(0.72,1.40)	0.99(0.72,1.37)
Non-abducted	235	626	1.00	1.00
Religion				
Muslim	247	652	1.04(0.73,1.49)	.086(0.57,1.32)
Christian	55	151	1.00	1.00
Ethnicity				
Meskan	154	440	1.00	1.00
Silite	65	139	1.34(0.93,1.92)	0.75(0.51,1.03)
Mareko	39	118	0.94(0.62,1.44)	1(0.69,1.6)
Sodo	19	33	1.65(0.87,3.09)	0.54(0.27,1.06)
Dobi	8	23	0.99(0.40,2.39)	0.62(0.38,2.24)
Others	17	50	0.97(0.52,1.79)	0.92(0.49,1.72)
Residence				
Rural	262	692	1.05(0.70,1.58)	0.92(0.60,1.63)
Urban	40	111	1.00	1.00
Occupation				
House wife	255	684	0.94(0.64,1.39)	1.15(0.74,1.79)
others	47	119	1.00	1.00
Education				
Illiterate	265	673	1.38(0.92,2.09)	0.71(0.46,1.10)
Literate	37	130	1.00	1.00
Polygamous Marriage				
Yes	233	588	1.23(0.89,1.71)	0.89(.65,1.20)
No	69	215	1.00	1.00
Establishment of Marriage				
With out consent	252	658	1.11(0.77,1.61)	0.92(0.64,1.32)
With consent	50	145	1.00	1.00
Income				
10-200	156	408	1.03(0.79,1.36)	0.94(0.72,1.25)
≥200	146	395	1	1.00

Results of focus group discussion

With the aim to determine the perception of the community towards sexual violence and "Marriage by Abduction" and to complement the findings of the survey, male informants were grouped: elders, religious and "kebele" representative

Most of the participants defined MBA as kidnapping a girl against her and parents' will for marriage, but one participant explained, it may also happens also with an agreement between the male and the female, they start to live together in the name of abduction to be relived from the economic burden of traditional wedding ceremonies.

One participant revealed that when the girl refuses the individual selected by her parents may cooperate in the abduction of their own daughter against her will. They make arrangements with the abductor to kidnap the girl. Such parents prefer the abductor mostly for his economical status

Majority of the participants reached to consensus that sexual violence without the intention of marriage is not common in the area. Participants of all groups expressed their fear that MBA increases the risk of STD/HIV infection.

One participant described his experience about a man who wanted to marry a girl. The man was asked to be screened for HIV and subsequently he was found out to be positive. He then committed suicide.

Majority of the participants described that most abductors are not strong economically to support their family and are unable to take care of their children even when they get sick, but one participant from the elders group expressed his belief "*once the marriage is settled, children will survive on their own luck*". One participant to describe the economic status of abductors said *" some of them bring the abducted girl to their parents house "*

A female participant expressed the situation of the abducted girl as "*The sun never rises again for the abducted girl"*

The religious leader expressed that "Marriage by Abduction" has no religious support. A Muslim religious leader said " *In Koran ,it is written that a man found abducting a girl shall be stoned to death"*

Two participants expressed different ideas on cultural practice of reconciliation after abduction.

One expressed his experience saying " local elders mediated reconciliation after abduction, and this is one reason why MBA is perpetuated" The other expressed that local 'elders' settle the situation once it has happened and there is no better way. It is even a good option for the girl to continue with her abductor because if she doesn't marry him, she will be considered as "Galemota" (a term equivalent to adulteress) by the community.

All participants voiced that MBA is a harmful traditional practice, and that it should be condemned. For the prevention of the problem the recently formed traditional committee in each peasant association was cited as an important step. The local elders and the Kebele representatives expressed that working together with the women's affairs office and the police will help to alleviate the problem.

Summary of the focus group discussion

- The practice of "Marriage by Abduction" exists in the area, but these days the trend of the practice is decreasing.
- It is perceived by the community as risk factor for STD/HIV.
- Sexual violence without the intention of marriage(isolated rape) is not a common practice in the area.
- Reconciliation of MBA by local Elders is one of the reasons for perpetuation of the practice (particularly by the religious group).

Case history of a girl who has been a victim of “Marriage by Abduction”

(in depth interview)

In the middle of ‘Meskerem’1994E.C a father of 13 years old girl came to Meskan ena Mareko woreda Police and Women’s affairs Office to report that his daughter has been kidnapped by unknown persons.

He reported that his daughter named Laila Sherefa not return back from the near by river where she went to wash clothes. And he mentioned hearing from the villagers that unidentified young men abducted his daughter.

From the first day of the report, policemen and Women’s affairs representative were devoted to follow the case closely. Fifteen days elapsed before the arrest of the perpetrator. Since then he was put under custody and on the same day the victim has been taken to Butajira Hospital for medical and gynecological (virginity) check-up.

Laila sherefa, a 13 year old grade 8 student, claimed that she has been physically and sexually assaulted by unknown youngsters while she was in the field. She said “*I was drying washed clothes in air, while five young men surrounded and beaten me to unconscious* ” she also said “*I was unaware of myself while they took me on Horseback*” she expressed bitterly that in the next morning the abductor raped her, which is the first and forceful sexual contact to experience.

In the past 15 days while being in the hands of the perpetrator she came to understand he has no home to live in and no property belongs to him. (She was in his relative home from the time of abduction till he was arrested). she described his social status as “Duriyye ” meaning jobless,street-boy.

While the abductor was in prison, a conciliation negotiation has taken place between the local elders and the father of the victim, which possible threatens Laila’s future life.

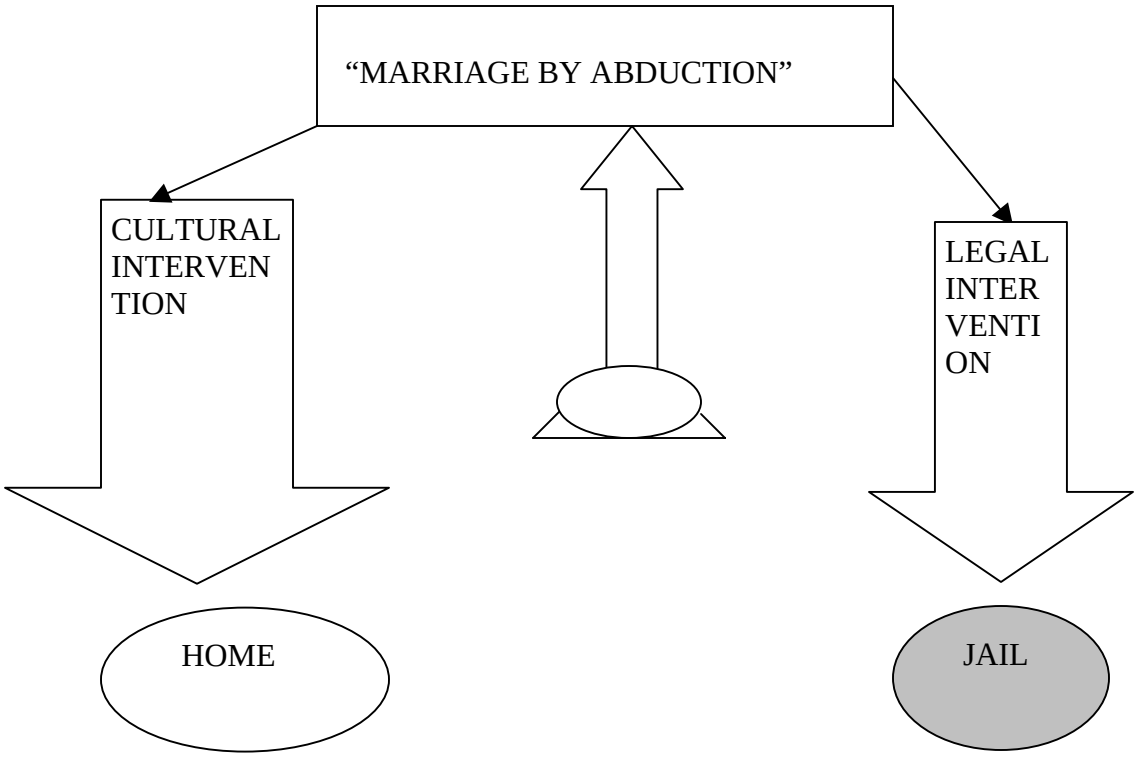
From the onset of the conciliation effort Laila Sherefa's father was strongly resisting dealing with the matter and expressed his interest in a legal procedure. But, later on the strongly committed local elders who have a wide acceptance in the community stayed three days and nights in his home and finally succeeded to convince him to withdraw his legal charges.

The father then continued to try to convince Laila not only on aborting the legal procedures but also advised her to marry her abductor. Leila opposing her father advice left her home and stayed at her uncle's home where she could attend her school.

Laila has excellent school performance as witnessed by the director of the elementary school where she is studingg. Presently she has no wish to be married before she completes her education. But preoccupied for her health doubting the abductor health status for acquiring possible sexually transmitted diseases.

Note: Laila was approached through representative of Women's affairs office consent was obtained from the victim for interview with the use of tape recorder and a photograph has been taken with her permission.

The fate of "Marriage by Abduction"



Discussion

Information about “Marriage by Abduction” and its health consequences, particularly on child survival is non-available in the country. Due to its cultural nature, studies on the area are also scarce both in developed and developing country.

The Popular belief on “Marriage by Abduction” as mere traditional practice, a long period of community silence and sensitivity of the subject, could be stated as major reasons for the lack of research and information on the subject.

This study utilized a census to determine the overall prevalence of “Marriage by Abduction” and a retrospective cohort to determine child survival in women married with abduction and without abduction. Lack of similar study in the subject has made it difficult to make adequate comparison of findings, but limited comparison was made with studies done in Estie (Northwest of the country) and other area.

The prevalence of “Marriage by Abduction” was found to be 6.3 %, the level is quite high in a place where multiple traditional practices are prevailing (22), which might exacerbate existing other harmful traditional practices and violence against women. It could be one reason for high prevalence of domestic violence in the area(3). Marriage which is established with out the consent of the female partner might be liable for marital disharmony and consequently for frequent domestic violence. The finding of this study is comparable with the study carried out in Estie 6.2%(7), but due to a difference in

inclusion criteria used in the two studies the result of this study may under estimate the over all prevalence of “Marriage by Abduction” in the area. The study done in Estie included all age groups of married women where as this study includes married women in the reproductive age group.

Regarding on the current age of those married abduction or without abduction it was found that the abducted women are more younger 34(13%) below the age of 20 when compared to the non abducted group 41(4.8%). It might be explained by the fact that MBA is a forced marriage, which doesn’t consider the consent of the girl on age of marriage and an attempt to marry a girl who has no previous sexual history.

It was observed that from the findings of the result no statistical difference was observed in number of infant death between those who married with and without abduction. Even if this study did not show difference in infant mortality, it has indicated that those married with abduction are younger than those married without abduction, and many studies linked untoward pregnancy outcome and child survival with early marriage. Study carried out in U.S revealed 11%of babies born to women aged 17-19 years old had low birth weight as did 3% of those born to 17-19, these young mothers also had higher rate of toxemia, neonatal deaths, and maternal mortality than women in the optimal child bearing age bracket of 20-30(26). Larger proportion of early marriage in the abducted group illustrates that the practice of abduction linked with early marriage, such type of marriage in most cases associated with adverse pregnancy out come and low child survival. A study done in rural utter Pradesh (India) revealed among 1180 reproductive-age women

who have delivered once 11.8% lost their first child within 36 months, the highest percentages rate observed was for the early marriage cohort (23). The study done in rural Faridabad (India) also demonstrates that pregnancy wastage (fetal and infant deaths) was high, equaling 4.3 per living child among couples in the 15-17 year age group (82% of all conceptions) (24).

Even though recent studies showed early marriage is not commonly practiced in Gurage zone (3,5), our study found out that early marriage is more commonly observed in women married with abduction compared to the non-abducted women. Many studies show that mother's age at first marriage and at birth are among other factors found to have a strong bearing upon a child's chance of surviving infancy and childhood (25). Sexual violence is also linked with adverse pregnancy outcomes like increased risk of miscarriage(1).

No statistical difference was found in breast feeding pattern between youngest children of the abducted and non-abducted mothers. Our study also found no statistical difference in immunization status of the youngest child of both groups. The similarity in proportion of breast feeding pattern and immunization status of their youngest child consistent with the absence of statistical difference in morbidity pattern of their youngest child for acute respiratory infection and diarrhea for the last 3 weeks in both groups.

Although it is difficult to link the present child care practice of the mothers to mortality events of the remote past, the recent child care practice and health seeking behavior might have an important contribution to their child survival. Our study also found a

higher prevalence of polygamous marriage 67(27.5%) of among who married by abduction compared to those 212(24.6%) of married with out abduction. Observation of high poly gamy in those married with abduction shows the cultural interaction for the perpetuation of both harmful practice in the study area.

The mean age of abduction in this study was found to be 17(± 2Sd). The mean age of abduction in this study has shown relatively high figure compared to the study done in Estie, (mean 13), the relatively high figure of the study area might be due to the high prevalence of polygamous marriage prevalent in the area, where there is a possibility of being abducted for a widowed (beyond teen age) by relatives of her deceased husband. Divorced women could be a victim of this practice which might increase the mean age of abduction in the area.

The over all prevalence of polygamous marriage was found to be 25.2%, which is relatively lower, but comparable with the previous study under taken in the same area, which found out a prevalence of 28% (22).

Five percent of the abducted women in this study married more than once in their life time. The study done in Estie came out with quite high figure, 66.7% of them married more than once. The higher figure of Estie may be explained by the associated high prevalent from early marriage in the area (1).

The over all rate lifetime abortion in this study was found to be 18.3%, but in the study done in Estie relatively higher 21% level was reported it is also can be explained by the selection criteria of the respondent employed in the study. The study done in Estie inculeded all women with out exclusion criteria, where as our study included married women of reproductive age group.

The perception of sexual violence of the community reflects their agreement on the negative consequences of the practice on the child survival. Their argument on this issue is that since economic backgrounds of most abductors is very low, it has an influence on the nutritional support and medical expenses for the parents and their children. This supplements the fact that those married by abduction are relatively younger than those who married without abduction, and low economic status is among the consequences of early marriage, for a reason that the victims of early marriage have low assess to education and job opportunity(5).

Even if our finding on the occurrence of rape is not supported by quantitative findings, the findings of the focus group discussion asserts that sexual violence without the intention of marriage is uncommon practice in the area. The reason for low occurrence of such type of violence might be explained due to cultural norm which stands against sexual violence not followed by marriage. The other possible explanation is the social stigma to the victim of the violence might conceal the actual occurrence of the problem. Rape is now becoming quite high and worrisome in other settings of the country. Studies carried out in Estie and Addis Ababa revealed prevalence of 3.9% and 5% respectively (11,7). Regarding on the health consequences of sexual violence almost all participant

cited that the victim of the violence are at high risk for sexually transmitted diseases including HIV. The participants also expressed their fear that increasing epidemic of HIV makes them the most vulnerable group for the disease. Their perception and fear goes with the scientific findings of many studies that the victims of sexual violence are at higher risk for urinary tract infection sexually transmitted diseases HIV/AIDS (1). The study done in Estie has also shown that those who are abducted are at high risk for sexually transmitted diseases than those married with out abduction.

Strength and limitation of the study

Limitation

- Lack of reference materials
- Recall lapse and cultural taboo might have under estimated the information on child mortality.
- The methodology used in the study to address the problem.

Strength

- Census of the whole population for determination of the over all prevalence of “Marriage by Abduction”
- In cooperating qualitative part to supplement the quantitative study.

Conclusion and recommendation

The study revealed that girls and women in the study area are at risk for “marriage-by-abduction” at any time in their life. The high prevalence of “marriage-by-abduction” in the area may be considered as one reason for other forms of violence such as domestic violence against women in the study area.

The study also indicates that although the community condemns the practice of “marriage by abduction” there are interwoven cultural phenomena favoring the perpetuation of the practice. However the attitude of the community against the practice can serve as an important precondition on which future interventions can build on.

In this study area there is no marked difference observed in child survival as a consequence of “marriage-by-abduction”

Although changing deep-rooted cultural practices may be a difficult and time taking challenge, the following recommendations outline feasible interventions that can be implemented;

- Awareness creation about adverse consequence of “marriage-by-abduction” to the public in general and the local elders in particular.

- Strengthening of intersectoral collaboration in the fight against the practice of "marriage-by-abduction", particularly the Women's Affairs Office, the police, local administrators and mass media.

- Associated harmful practices such as early marriage and polygamy should also be targeted for intervention along with "marriage-by-abduction".

- Further longitudinal study to assess the general impact of "marriage-by-abduction".

References

1.Lori Hesi, Mary Ellsberg. Population reports, ending violence against women population information program, Johns Hopkins university school of public health, Dec,1999 serial Nº 11

2. Konjet worku, "Marriage by Abduction" and its impact on women, sidama Zone,Ethiopia
June 2000 (senior thesis)

3. Deyasse .N Magnitude, type and outcomes of physical violence against married women in Butajira,southern Ethiopia ; 1998; 36(2): 71-81

4. H/sislasse A.The impact of rape and abduction against women Addis Abeba; may, 1996 (un published)

5. National committee on traditional practices of Ethiopia (NCTPE), "Marriage by Abduction" Dec, 1999

6.Berhane.B. etal; Establishing an epidemiological field laboratory in rural areas, Ethiopia Journal Health Development, special issue 1999

7.Getahun,H. "Marriage by Abduction" "Telefa" in rural North West Ethiopia. Ethiop Medical Journal ,2001; 39(2) : 105-12

8. Jeanes,Newman, Women of the world, sub-Saharan Africa .,1984

9. Macro-considerations and community based practice in safety promotion, 2001 Mar; 2 (4)

10. Tesfaye A. professor ,dept.of sociology and social administration A.A.U. 1999(unpublished)

11. Mulugeta E. Prevalence and outcomes of sexual violence among high school

students, Addis Abeba , Ethiopian Medical journal , 1998; 36(3): 167-169

12. Africa center for women, Traditional and cultural practices harmful to the girl child, 2001

13. Ian diamond, Child mortality ,the new challenge bulletin of WHO,2000

14. Alan D. Lopez, Reducing child mortality, special theme WHO, 2000 occasional paper, 1997 vol 1

15. Federal Democratic Republic of Ethiopia Ministry of Health, Integrated management of child hood illnesses in Ethiopia, Oct 1999,

16. Fantahun M. patterns of childhood mortality in three districts of North Gonder Administrative Zone, Ethiopian Medical journal , 1998; 36(2): 71-81

17. Safr J. A multiprofessional approach to the promotion of quality family life, continued med educ; Aug, 1990)

18. Assefa H/MAriam ,Mekonnen Tesfaye; Determinants of infant and early child hood mortality in a small urban community of Ethiopia, Ethiop Medical Journal 1997 ;11(3)

19. Inoce, early marriage, Ti Digest.2001 Mar; 3(7)

20. Childhood diarrhea in sub-Saharan Africa child health research project special report 2000

21. Jacob Adetunji, trends in under 5 mortality rates and the HIV/AIDS epidemic bulletin of WHO,2000

22. Berhane Y. Women;s health and reproductive out come in rural Ethiopia, 2000; 25-30

23. Prakasam cp; radhakrishenans influence of early marriage and first child loss in rural Uttar Pradesh.Dec;1999.12p

24. Focus on population,Environment, Development,early marriage and multiple pregnancies. 1995 Apr. Jun; 9(2):7

25.Acsadi GJ; Jonnson-Acsadi G. Health aspects of early marriage and reproductive patterns IPPF medical BULLETIN, 1985 Aug;19(4): 2-4

26. Demographic cost of early marriage IPPF News, 1978 Jan/Feb. 3(1):2

ANNEX1

Questionnaire (English version)

The effect of “marriage by abduction” on child survival in Meskan and Mareko district

Consent

Greeting
Name _____I am working in research team which is conducted by Addis Ababa university, community Health Department.

The purpose of this study is to assess the effect of “marriage by abducting” on child survival in married women age of 15-49 years old, and to know the perception of the community on sexual violence.

So I would like to ask you some questions about “marriage by abduction”. It would be helpful in identifying problems related to the subject.

After the completion of the study, the result of the research will be utilized in the intervention of problems associated with :marriage by abduction”

Your name will not be recorded , all information that you give will be kept strictly confidential and you have the right not to respond any questions you don’t want to, and Your participation is voluntarily.

1.agree
2. disagree

Visiting table

Date	First visit	Second visit	Third visit
result			

Result code
1. complete
2.incomplete
3.Respondent not around
4.other (specify)_____

Research Questionnaire
On the effect of 'marriage by abduction' on child survival in Meskan ena Mareko district

IDENTIFICATION		
S. N	**QUESTIONS**	**CODE CATEGORIES**
1	**Name of study site**	**PA_____** **UDA_____**
2	**House number**	
3	**Name of household head** **(If the husband has more than one wife, the husband will be head of the household only for the first wife)**	**_____**
4	**Marrital status of head of household**	**1. Married** **2. Single** **3. Divorce** **4. Separated** **5. Widowed**
5	**Does the head of household have another wife?**	**1. Yes** **2. No**
6	**Name of wife (women age 15- 49) in the house?**	**_____**
7	**What type of marriage are you in?**	**1. Religious** **2 Legal (municipality)** **3. Traditional** **4. Other (specify)**
8	**Were you married by abduction?**	**1. Yes** **2. No**
9	**Was your marriage arranged by your parents or initiated by your own acquaintance?**	**1. Arranged by parents** **2. Self initiated**
10	**Number of children under five years of age**	**_____**
11	**Number of children under two years of age**	**_____**

Date of the interview _____
Name of interviewer _____

SOCIO-DEMOGRAPHY INFORMATION		
12	**Age of respondent**	**_____**
13	**Were you married by abduction?**	**1. By abduction** **2. With out abduction**
14	**If you married by abduction, what was your age when you were abducted?**	**_____**
15	**Religion**	**1. Muslim** **2. Christian** **3. Others (specify)**
16	**Ethnicity**	**1.Mareko** **2.Mesksn** **3.Siliti** **4.Sodo** **5.Other(specify)_____**
17	**Education**	**1. Illiterate** **2. Read and write** **3.Primary school grade (1-6)** **4. Secondary school grade (7-12)** **5. High school grade 12+**
18	**Occupation**	**1. Farmer** **2. Merchant** **3. Gov. employee** **4. Daily laborer** **5. Private employee** **6. House wife** **7. Other (specify**
19	**Age of the husband**	**_____**
20.	**Ethnicity of Husband**	**1.Mareko** **2.Mesksn** **3.Siliti** **4.Sodo** **5.Other(specify)_____**
21.	**Occupation of husband**	**1. Farmer** **2. Merchant** **3. Gov. employee** **4. Daily laborer** **5. Private employee** **6. House wife** **7. Other (specify**
22	**Dose your husband have another wife at present?**	**1. Yes** **2. No**

23	**If yes how many wives including you?**	**1. One** **2. Two** **3. Three** **4. Four and above**
24	**Are you the first, second, third fourth or above wife?**	**1.First** **2. Second** **3. Third** **4. Forth and above**
25	**Duration of marriage with your current Husband**	**_____**
26	**Were you married before (to an other husband)?**	**1. Yes** **2. No**
27	**If yes, what happened to your marriage?**	**1. Divorced** **2. Widowed** **3. Separated** **4. Other (specify**
28	**If your previous husband died, is your current husband related with the deceased**	**1. Yes** **2. No skip to 30**
29	**If related mention the relation**	**1.Husband brother** **2.Uncle son** **3.Aunt son** **4.Others**
	CHILD MORTALITY INFORMATION	
30	**Have you had pregnancy during the past 12 months?**	**1. Yes** **2. No**
31	**If yes, have you had abortion, before the age of 7 months, during the last 12 months?**	**1. Yes** **2. No**
32	**Have you had termination of pregnancy after 7 months of gestational age during the past 12 months?**	**1. Yes** **2. No**
33	**Have you given live birth during the past 12 months?**	**1 .Yes (single)** **2. No** **3. Yes, (Twines)**
34	**If yes, is the child alive?**	**1. Yes, alive** **2. No, dead**
35	**If dead, what was the age of the child at death?**	**1. First 7 days** **2. 8-28 days of age** **3. 29days-12 months**
36	**With in the past 12 months have you ever delivered dead child?**	**1. Yes** **2. No**
37	**With in the past 12 months did you have death of a child (after the age of one year)?**	**1. Yes** **2. No**
38	**If yes, what was the age when the child died?**	**_____Age at death (12-59 months)**

From Question 39-54 you will ask mothers for events that took place before 12 months		
39	**Have you ever encountered abortion since your marriage? (Pregnancy terminated before 28 weeks of gestation)**	1. Yes **2. No …… If No skipto Q41**
40	**If yes how many times?**	_____
41	**Have you ever encountered termination of pregnancy after 7 months of gestational age since your marriage?**	**1. Yes** **2. No …If No skip to Q43**
42	**If yes how many times?**	
43	**Have you ever encountered death of infant delivered before 37 gestational age?**	**1. Yes** **2. No … If No skip to Q45**
44	**If yes how many times?**	_____
45	**Have you ever delivered dead child?**	**1. Yes** **2. No…… If No skip to Q47**
46	**If yes, for how many times**	_____
47	**Have you had death of a child before 07 days (after live-birth)?**	**1. Yes** **2. No …If No skip to Q49**
48	**If yes, how many?**	**____Number of death** **Age of the child 1. ____ Days** **2. ____Days**
49	**Have you had death of a child before 28 days (after live-birth)?** **[Excluding death with in 7 days after birth]**	**1. Yes** **2. No ……. If No skip to 51**
50	**If yes, how many?**	**_____ No of death** **Age of the child 1. ____Days** **2. ____Days**
51	**Have you had death of a child before 1 year (after live-birth)?** **[Excluding death before 29 days]**	**1. Yes** **2. No…… If No skip 53**
52	**If yes, how many?**	**_____ N0 of death** **Age of the child 1. ____Days** **2. ____Days**
53	**Have you had death of a child between the age of 1 year and 4 years since your marriage?**	**1. Yes** **2. No … If No skip to Q55**

54	**If yes, how many?**	**_____**
	REPRODUCTIVE AND HEALTH CARE UTILIZATION INFORMATION	
55	**Age of women at marriage**	**_____**
56	**Age at first delivery**	**_____**
57	**Parity**	**_____**
58	**Gravidity**	**_____**
59	**Family size**	**_____**
60	**Number of children born alive (including deaths)**	**_____**
61	**How many children do you have?**	**_____**
62	**Have you ever heard of family planning methods?**	**1. Yes** **2. No**
63	**If yes, which type of contraceptive do you know? RECORD ALL MENTIONED**	**1. Condoms** **2. Safe periods** **3. Pills** **4. Injectables** **5. IUD/loop** **6. Regular body temperature** **7.Intrauterine devices** **8.Abstinence** **9.Coitus interruptes** **10.Implants**
64	**Have you ever used any family planning methods?**	**1. Yes** **2. No**
65	**If yes which methods have you used?**	**A. _____** **B. _____** **C. _____**
66	**Do you know any preventive methods of HIV/AIDS?**	**1. Abstinence** **2. Condom use** **3. One faithful partner** **4. Avoiding using unsterile needles** **5. Using screened blood** **6. Other (specify**
67	**Were you attending ANCclinic while you were pregnant of the last child?**	**1. Yes** **2. No …If No skip to Q69**
68	**If yes for how many times?**	**Number of follow up_____** **Do not know ……00**
69	**Where was the last child delivered?**	**1. Home** **2. Health institution** **3. Other (specify**

70	**Who assisted with the delivery of the last child?**	**1. Health professionals** **2. Trained traditional birth attendant** **3. Untrained traditional birth attendant** **4.Relatives/friend/neighbors** **5. Other (specify**
71	**Following your last delivery have you attended postnatal clinic?**	**1. Yes** **2. No** **3. Don't know**
BASIC INFORMATION ABOUT BREAST-FEEDING (For mothers who have a child less than two years)		
72	**The age of the youngest child (in months)**	**_____**
73	**Did you ever breastfeed the child?**	**1. Yes** **2. No**
74	**How long after birth did you first put the child to the breast?**	**1. With in first hour** **2. With in first 8 hours** **3. After first 8 hours**
75	**Are you breast feeding the child now?**	**1. Yes** **2. No**
76	**If not breastfeed now, for how long did you breastfeed the child?** **(If less than one month, record 'oo')**	**_____ in months**
77	**Do you give water, tea, or cows milk to child**	**1. Water** **2. Tea** **3. Coffee** **4 cow's milk**
78	**Do you give the child any food or fluid other than your breast milk at present?**	**1. Yes** **2. No**
79	**If yes, mention the type of fluid or food you give the child**	**1._____** **2._____** **3._____**
CORE QUESTIONS ON DIARRHEA MANAGEMENT (For mothers who have children of under five yrs)		
80	**Did the youngest child have diarrhea in the last 3 weeks?** **(Loose or watery stools 3 or more times per day)**	**1.Yes** **2.No** **3. Do not know**
81	**What was given to treat the diarrhea?** **Any thing else?** **RECORD ALL MENTIONED**	**1.Nothing** **2 Fluid from ORS packet** **3. Home made fluid** **4. Pill or syrup** **5.Injection** **6.(i.v) Intravenous**

		7. Home remedies **8. Herbal medicines** **9. Other (specify)**
82	**When the child had diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?**	**1.Less** **2.Same** **3.More** **4.Nothing to drink** **5. Don't know**
83	**Was the child offered less than usual to eat, about the same amount, or more than usual to eat?**	**1. Less** **2. Same** **3. More** **4. Nothing to eat** **5. Don't know**
84	**Is the child breastfeed now**	**1.Yes** **2.No**
85	**Did you seek advice or treatment from someone outside of the home for the child diarrhea?**	**1. Yes** **2 .No**
86	**Where did you seek advice or treatment from?** **RECORD ALL MENTIONED**	**HEALTH FACILITY** **1. Hospital** **2. Health center** **3. Health post** **4. Clinic** **5. Community health worker** **6. Traditional practitioner** **7. Other (specify)_____**

CORE QUESTIONS ON CHILDHOOD IMMUNIZATION

87	**Do you have a card where your child vaccinations are written down?** **IF YES: may I see it please?**	**1.YES, SEEN** **2.YES Lost it** **3.Never had a card**

88 Copy vaccination date for each vaccine from the card

	DATE B.C.G	**DATE OPV0**
BIRTH		
6 WEEKS	**DPT1**	**OPV1**
10 WEEKS	**DPT2**	**OPV2**
14 WEEKS	**DPT3**	**OPV3**
9 MONTHS	**MEASELS**	**VIT.A**

CORE QUESTIONS ON ACUTE RESPIRATORY INFECTIONS		
89	**Has the Child had an illness with a cough at any time in the last two weeks?**	**1. Yes** **2. No** **3. Don't know**
90	**When the child had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?**	**1. Yes** **2. No** **3. Don't know**
91	**Did you seek advice or treatment for the cough/fast breathing?**	**1. Yes** **2. No**
92	**How long after you noticed the child cough and fast breathing did you seek treatment?**	**1. Same day** **2. Next** **3. Two days** **4. Three or more days**
93	**Where did you seek advice or treatment?** **Anywhere else?** **Record all mentioned.**	**1. Hospital** **2. Health center** **3. Health post** **4. Clinic** **5. Community health worker** **6. Other health facility (specify)** **_____**
ECONOMIC STATUS		
94	**What is your family monthly income in birr?**	**Birr per month (estimate of the respondent)** **_____** **1. None** **2. Between 200-400** **3. 401-500** **4. Greater than 500** **5. No response**
95	**How do you classify your family' economic status by comparing your family income with that of your neighbors?**	**1. Low** **2. Medium** **3. High** **4. No response**
DECISION MAKING IN MARRITALRELATIONSHIP		
96	**In general, in your household, do you think that your views carry more, less or about the same weight as your husband/partner?**	**1. More weight** **2. Less weight** **3. Same weight** **4. No response**

97	**In your household who generally decides in purchasing consumable goods?**	**1. Respondent** **2. Husband/partner** **3. Both together** **4. Others (Specify** **5. No response**
98	**When your child is sick, who decides whether the child is sick enough to be taken for treatment?**	**1.Respondent** **2.Husband/partner** **3.Both together** **4.Others (Specify** **5. No response**
99	**Mid arm circumference of the respondent**	
100	**What type of marriage are you in?**	**1. Religious** **2 Legal (municipality)** **3. Traditional** **4. Other (specify)**
101	**Is your marriage established by your own or arranged by your family**	**1.arranged by family** **2.self initiated** **3.With out family and self consent**

Date of the interview _____
Name of interviewer _____

ANNEX2

Focus group discussion guide line

1. How is “marriage by abduction” is defined by the community?
2. Is “marriage by abduction” a common practice in the area?
3. Is MBA culturally accepted in the area ? why?
4. How is MBA seen religiously?
5. What are the health consequences of marriage by abduction or sexual violence?
6. How far sexual violence (rape)is practiced in the area.
7. What is the perception of the community on sexual violence.
8. What is the socio-economic background of the perpetrators and the victim.
9. How is MBA can be prevented.
10. What is the reasons for perpetuation of MBA.
11. What is the roll of elders in the prevention of MBA.

በአዲስ አበባ ዩኒቨርስቲ በህብረተሰብ ጤና ትምህርት ክፍል

bmSÝNÂ¥rö wrÄ y«lÍ UBÒ bÞÉÂT XDgT(ÞLWÂ)§Y ÃlWN tI:ñ l¥_ÂT ytzUj y_ÂTm«YQ

ሀ.አጠቃላይ ሁኔታዎችን የተመለከተ መጠየቅ			
ተ.ቁ.	ጥያቄዎች	አማራጭ መልሶች	ኮ.ድ.
1.	የጥናት ቦታ	ቀበሌ ገበሬ ማህበር_____ ከተማ ነዋሪዎች _____	
2.	የቤት ቁጥር		
3.	የቤተሰብ ሀላፊ ስም (ከአንድበላይ ሚስት ካላቸው የቤተሰብ ሀላፊ የሚሆኑት ለመጀመሪያዋ ሚስት ብቻ ይሆናል)	_____	
4.	የጋብቻ ሁኔታ	1.ያገባች 2.ጨርሶ ያላገባች 3.የተፋታች 4.የተለያየች 5.ባል የሞተባት	
5.	ባለቤትዎ ሌላ ሚስት አላቸው?	1.አዎ 2.የላቸውም	
6.	የሚስት ስም (እድሜከ15-49ብቻ)	_____	
7.	በየትኛው የጋብቻ አይነት ነው የተጋቡት?	1.ሀይማኖታዊ 2.በሕጋዊ 3.በባሕላዊ 4.በሌላ(ይጠቀስ)_____	
8.	በጠለፋ ነው ያገቡት?	1.አዎ 2.አይደለም 3.አላውቅም	
9.	ጋብቻዎ በቤተሰብዎ ፍቃድ ነው ወይስ በራስዎ ፍላጎት ነው ሊመሰረት የቻለው?	1.በቤተሰብ የታቀደ 2.በራስ አነሳሽነት(በፍቅር) 3.በራስ ወይም በቤተሰብ ፈቃድ ውጪ	
10	እድሜው አምስት አመት ያልሞላ ሕጻን ልጅ አለዎት? ካለዎት ስንት ናችው? (ከሌሌ 00 ይሞላ)	_____ብዛት	
11.	እድሜው ሁለት አመት ያልሞላ ሕጻን ልጅ አለዎት? ካለዎት ስንት ናችው? (ከሌሌ 00 ይሞላ)	_____ብዛት	

መጠይቁ የተሞላበት ቀን_____ወር ___ዓ.ም _____
መጠይቁን የሞላው ሰው ስምና ፊርማ_____
የመጠይቅ መለያ ተራ ቁጥር _____

12	እድሜ (መጠይቁን መላሽ የቤት እመቤት ወይም ሚስት)	_____ዓመት	
13.	በጠለፋ ነው ያገቡት?	1. አዎ 2. አይደለም ….. ወደጥያቄ15 ዝለይ	
14.	በጠለፋ ካገቡ በተጠለፉበት ጊዜ እደሜዎ ስንት ነበር ?	_____ዓመት	
15.	ሀይማኖት	1.ሙስሊም 2.ኦርቶዶክስ 3.ፕሮቴስታንት 4.ካቶሊክ 5.ሌላ(ይገለጽ)	
16	ብሔር	1.ማረቆ 2.መስቃን 3.ሲልጢ 4.ዶቢ 5.ሶዶ 6.ሌላ(ይጠቀስ) _____	
17	የትምህርት ደረጃ	1.ማንበብና መጻፍ አያውቁም 2.ማነበብና መጻፍ ያውቃሉ 3.የመጀመሪያ ደረጃ(ትምህርት 1-6) 4.ሁለተኛደረጃ(7-12) 5.ከፍተኛ ሁለተኛ ደረጃ 12+	
18.	ስራ	1.ገበሬ 2.ነጋዴ(አነስተኛ ይጉሊትችርቻሮን ይጨምራል) 3.የመንግስት ሰራተኛ 4.የቀን ሰረተኛ 5.የቤት እመቤት 6.የግል ተቀጣሪ 7.ሌላ(ይገለጽ)	
19.	የባልየው እድሜ	_____ዓመት	
20	የባልየው ብሔር	1 ማረቆ 2 መስቃን 3 ሲልጢ 4 ዶቢ 5 ሶዶ 6 ሌላ(ይጠቀስ) _____	
21.	የባልየው ስራ	1.ገበሬ 2.ነጋዴ 3.የሚንግስት ሰራተኛ 4.የቀን ሰረተኛ	

		5.የግል ተቀጣሪ 6.ሌላ(ይገለጽ)	

22.	ባለቤትዎ ሌላ ሚስት አላቸው?	1. አዎ 2 የላቸውም ….ወደ ጥያቄ 25 ዝለል 3 አላውቅም …..ወደጥያቄ 25 ዝለል	
23.	አዎ ካሉ ራስዎን ጨምሮ ስንት ሚስት አላቸው?	1.አንድ 2.ሀለት 3.ሶስት 4.አራትና ከዚያ በላይ	
24.	እርስዎ የባለቤትዎ (ስንኛ ሚስትነዎት) የመጀመሪያ፣ሁለተኛ፣ ሶስተኛ፣ወይስ አራተኛ ሚስት ኖት ?	1.አንደኛ 2.ሁለተኛ 3.ሶስተኛ 4.አራተኛና ከዚያ በላይ	
25.	አሁን አብረው ከሚኖሩት ባለቤትዎ ጋር ስንት አመት አብረው ኖሩ? (በዓመት ይጠቀስ)	_____	
26.	ከዚህ ቀደም አገብተው ነበር(ከአሁን ትዳርዎ በፊት) ?	1.አዎ 2.አይደለም	
27	አዎ ካሉ የቀድሞ ትዳርዎ ምን ሆነ?	1.ተፋታን 2.ባለቤቴ በሞት ተለዩኝ 3.ተለያየን 4.ሌላ(ይገለጽ)	
28	የቀድሞ ባለቤትዎ በሞት ከተለየዎት የእሁኑ ባለቤትዎ ከቀደሞው ጋር ዝምድና አላቸው?	1 አላቸው ወደ ጥያቄ29ዝለል 2 የላቸውም	
29	ዝምድና ካላቸው ዝምድናቸውን ግለፅ	1 የባል ወንድም 2 ያጎት ልጅ 3 የክስት ልጅ 3 ሌላ (ይጠቀስ)_____	
	የልጆችን ሞት የሚመለከት መጠይቅ		
30	ባለፉት 12 ወሮች አርግዘው ነበር?	1.አዎ 2.አይደለም …..ወደጥያቄ33ዝለል	
31	አዎ ካሉ ባለፉት 12 ወሮች ውርጃ አጋጥመዎታል?	1.አዎ 2.አይደለም	
32	ባለፉት 12 ወሮች ከሰባት ወር የእርግዝናጊዜ በኋላ የጽንስ መጨናገፍ አጋጥመዎታል?	1.አዎ 2.አይደለም	
33	ባለፉት 12 ወሮች ልጅ ወልደዋል (በሕይወትያለ) ?	1.አዎ(አንድ) 2.አይደለም 3. አዎ(መንታ)	

34	አዎ ካሉ የተወለደው ልጅ በሕይወት አለ?	1.አዎ (በሕይወትአለ) 2.ሞቶአል	
35	ልጁ ከሞተ፣ የሞተ ጊዜ የልጁ እድሜ ስንት ነበር?	1.በመጀመሪያ ሰባት ቀናት 2.ከ8-28ቀናት 3.29-12 ወራት	

36	ባለፉት 12 ወራት ከእርግዝና በኋላ በሕይወት የሌለ ሕጻን ተገላግለዋል?	1.አዎ 2.አይደለም	
37	ባለፉት12ወሮች ከአንድአመት በላይ የሆነው ልጅ ሞቶቦት ያውቃል?	1.አዎ 2.አልሞተም	
38	አዎ ካሉ ልጁ ሲሞት የነበረው እድሜ ስንት ነበር?	_____ሲሞትየነበረው እድሜ(12-59ወራት)	
ከ 33-44 ያሉትን ጥያቄዎች ከ 12 ወራት በፊት ከመጸነስና ከልጅ ሞት ጋር የተያያዙትን ክስተቶች ትጠይቂያለሽ			
39	ከጋብቻዎ በኋላ ከሰባት ወር በፊት ውርጃ አገጥመዎት ያውቃል?	1.አዎ 2.አይደለም…….ወደጥያቄ41ዝለይ	
40	አዎ ካሉ ስንት ጊዜ?	_____	
41	ከጋብቻ በኋላ የጽነሰ መጨናገፍ(ከ7ወር እርግዝና በኋላ) አጋጥመዎት ያውቃል?	1.አዎ 2.አይደለም…. ወደ ጥያቀ43 ዝለይ	
42	አዎ ካሉ ስንት ጊዜ?	_____	
43	ያለጊዜው (ከ9 ወር በፊት) የተወልዶ ሕጻን ሞቶቦት ያውቃል?	1.አዎ 2.አይደለም…ወደ ጥያቄ45 ዝለይ	
44	አዎ ካሉ ስንት ጊዜ?		
45	ከዚህ በፊት ሆድ ውስጥ የሞተ ሕፃን ተገላግለው ያውቃሉ(ከዘጠኝወር እርግዝና በ□ላ)?	1.አዎ 2.አይደለም….ወደ ጥያቄ47ዝለይ	
46	አዎ ካሉ ስንት ጊዜ?		
47	በሕይወትከተወለደ በ□ላ በሰባት ቀን ውስጥ የሞተ ሕፃን ኖሮዎትያውቃል?	1.አዎ 2.አይደለም…ወደጥያቀ49ዝለይ	
48	አዎ ካሉ ስንት ጊዜ?	የሞቱት ቁጥር የሕጻኑ እድሜ1_____ቀናት 2_____ቀናት	
49	በሕይወት ከተወለደ በ□ላ በ28 ቀናት ውስጥ የሞተ ሕጻን ኖሮዎት ያውቃል(በሰባት ቀናትውስጥ የሞተን አይጨምርም) ?	1.አዎ 2.አይደለም.. ወደጥያቄ51ዝለይ	
50	አዎ ካሉ ስንት ጊዜ?	የሕጻኑ እድሜ 1_____ቀናት 2_____ቀናት	
51	ከተወለደ 12 ወራት ሳይደርስ (አንድ አመት) የሞተ ሕፃን ኖሮዎት ያውቃል[ከ29 ቀናትበፊትየሞቱትንአይጨምርም] ?	1.አዎ 2.አይደለም	

52	**አዎ ካሉ ስንት ጊዜ?**		
53	**ከጋብቻዎ በ በኋላ ከአንድ አመት እስከ 4 አመትእድሜ ያለ ሕፃን ሞቶበት ያውቃል?**	***1.*አዎ** ***2.*አይደለም**	
54	**አዎ ካሉ ስንት**		

የስነ ተዋልዶና የጤና አገልግሎትን የተመለከተ መጠይቅ			
55	**በጋብቻ ጊዜ የነበረዎት እድሜ?**	**_____ዓመት**	
56	**የመጀመሪያ ልጅዎትን ሲወልዱ የነበረዎት እድሜ**	**_____ዓመት**	
57	**ስንት ጊዜ ጸንሰዋል?**		
58	**ስንት ጊዜ ወልደዋል?**		
59	**የቤተሰብ ብዛት?**		
60	**በሕይወት የተወለዱ ሕፃናት ብዛት(የሞቱትንም ይጨምራል) ?**		
61	**ስንት ልጆች አለዎት ?**		
62	**ከዚህ ቀደም ስለ የቤተሰብ ምጣኔ ዘዴ ሰምተውያውቃሉ?**	***1.*አዎ** ***2.*አይደለም**	
63	**አዎ ካሉ የትኛውን የወሊድ መቆጣጠሪያ ሰምተው ያውቃሉ? (ከአንድ በላይ መልስ መስጠት ይቻላል.የሚጠቀሱትን ሁሉ መዝግቢ)**	***1*. ኮንዶም** ***2*. እርግዝና ሊኖር በማያችልበት ጊዜ ግኑኝነት ማድረግ** ***3*. የወሊድ መቆጣጠሪያ እንክብል** ***4*.በመርፌየሚሰጥ የወሊድ መቆጣጠሪያ** ***5*. በማሕጸን የሚቀመጥ ሉኘ** ***6*. የሰውነት ሙቀት በመጠቀም** ***7*.መታቀብ** ***8*. በክንድ የሚቀበሩ**	
64	**የወሊድ መቆጣጠሪያ ተጠቅመው ያውቃሉ?**	***1.*አዎ** ***2.*ተጠቅሜ አላውቅም**	
65	**አዎ ከሉ ከላይ ከተጠቀሱት የትኛዉን የወሊድ መቆጣጠሪያ ዘዴ ተጠቅመዋል?**	A. _____ B. _____ C. _____	
66	**ለኤችአይቪወይምኤድስ የመከላከያ ዘዴ የሚያውቁት አለ? (ከአንድ በላይ መልስ መስጠትይቻላል.የሚጠቀሱትን ሁሉ መዝግቢ)**	***1*. ኮንዶም** ***2*. መታቀብ** ***3*. አንድ ታማኝ ጉዋደኛ** ***4*. ንጽሕናቸው ባልተጠበቀ የሕክምና መሳሪያዎች አለመጠቀም**	

		5. ከኤችአይቪ ነጻ የሆነ ደም ለህክምና መጠቀም 6. ሌላ (ይጠቀስ)	
67	የመጨረሻ ልጅዎትን እርጉዝ ሆነው የእናቶች የእርግዝና ክትትል አድርገውያውቃሉ?	1.አዎ 2.አይደለም	
68	አዎ ካሉ ለስንት ጊዜ ያህል?	_____ክትትል ያደረጉበት ብዛት አላውቅም ……00	

69	የመጨረሻዎን ልጅዎን የት ወለዱ?	1. ቤት 2. በጤና ተቁዋም 3. ሌላ(ይጠቀስ)	
70	የመጨረሻዎን ልጅዎን ሲወልዱ ማን አዋለድዎት?	1.የጤና ባለሙያዎች 2. የሰለጠኑ የልምድ አዋላጆች 3.ያልሰለጠኑ የልምድ አዋላጆች 4.ዘመድ ወይም ጎረቤት 5.ሌላ(ይገለጽ)	
71	የመጨረሻለ ጅዎን ከወለዱ በ□ዋላ የድህረ ወሊድ ክትትል አርገው ያውቃሉ?	1.አዎ 2.አይደለም 3.አላውቅም	
የእናት ጡት አመጋገብን በሚመለከት መሰረታዊ መጠይቆች (ከሁለትአመት በታች ሕጻናት ላሉዋቸው እናቶች የሚጠየቅ)			
72	የመጨረሻ ትንሹ ልጅዎ እድሜው/ዋ ስንት ነው?	_____	
73	ለጅዎን ጡት አጥብተው ያውቃሉ?	1.አዎ 2አይደለም	
74	ልጅዎን እንደወለዱ ከስንት ጊዜ በ□ዋላ ነው ጡት ያጠቡት?	1.በአንድ ሰዓት ውስጥ 2.በ8 ሰዓት ውስጥ 3.ከ8ሰዓት በኋላ	
75	አሁን ልጅዎን ጡት ያጠባሉ?	1.አዎ….. ወደ ጥያቄ76 ዘለል 2.አይደለም	
76	አሁን ጡት የማያጠቡ ከሆነ ለስንት ጊዜ ያህል ልጅዎን ጡት አጠቡ?	_____ ወሮች	
77	ለልጅዎ ውሃ፣ ሻይ ፣የላም ወተትወይም ቡና የመሳሰሉ ነገሮችን ይሰጣሉ? (የሕጻኑ ዕድሜ ከዘጠኝ ወር በታች ከሆነ የሚጠየቅ)	1.ውሃ 2.ሻይ 3.ቡና 4.የላም ወተት	
78	በአሁኑ ሰአት ለልጅዎ ከጡት ወተት ሌላ	1.አዎ	

	ማንኛውም ምግብና ፈሳሽ ይሰጣሉ?	2.አልስጥም	
79	አዎ ካሉ አብዛኛውን ጊዜ የሚሰጡትን ምግብ ወይም ፈሳሽ ይግለፁ	1._____ 2._____ 3._____	
	አጣዳፊ የተቅማጥ በሽታን በተመለከተ የሚደረግ መጠይቅ		
80	የመጨረሻ ትንሹ ልጅዎ ባለፉት አራት ሳምንታት የተቅማጥ በሽታ ይዞት ያውቃል?	1.አዎ 2.አልያዘውም... ወደ ጥያቄ81 ዝለል 3.አላውቅም....ወደ ጥያቄ ዝለል	

81	ላስቀመጠው ልጅ ምን ተሰጠው? (ከአንድ በላይ መልስ መስጠት ይቻላል,የሚጠቀሱትን ሁሉ መዝግቢ)	1. ምንም ነገር 2. ወዝ መልስ ንጥረ ነገር (ኦአርኤስ) 3. ቤት ውስጥ የተዘጋጀፈሳሽ 4.መድሃኒት ወይም ሹሮኘ 5.በመርፌ የሚወሰድ መድኒት 6.በደምስር የሚወሰድ መድሀኒት 7.ቤት ውስጥ የሚዘጋጅህክምና 8.ሌላ(ይጠቀስ)	
82	ልጅዎ ተቅማጥ በነበረውጊዜ ዘወትር ከሚጠጣው አነስተኛ፣ እኩል፣ ወይም የበለጠ ፈሳሽ ነገር ነው የሰጡት?	1.ያነሰ 2.እኩል 3.የበለጠ 4.የሚጠጣ አይሰጥም 5.አለውቅም	
83	ልጁ ዘወትር ከሚመገበው ያነሰ፣ እኩል፣ወይም የበለጠ ነው ይሰጡት?	1.ያነሰ 2.እኩል 3.የበለጠ 4.የሚጠጣ አይሰጥም 5.አለውቅም	
84	ልጁ አሁንም ጡት እየጠባ ነው?	1 አዎ 2 አየደለም	
85	ለልጁ የተቅማጥ ሕመም ከቤት ዉጪ ህክምና ለማግኘ ሞክረው ነበር?	1.አዎ 2.አይደለም	
86	የሕክምና አገልግሎት ከየት ነው	1.ከሆስ©ታል 2.ከጤናጣቢያ 3.ከጤና ኬላ	

	ያገኙት?	4.ከክሊኒክ 5.ከጤና ተጠሪ 6.ከባህል ሕክምና 7.ሌላ(ይጠቀስ)	

	የልጅነት ክትባትን የሚመለከት መጠይቅ		
87.	የልጅዎ ክትባት የተጻፈበት የክትበትካርድ አለዎት? (ካላቸው፣ ካርዱን ተመልከች)	1.አዎ (ካርዱታይ□ል) 2.ካርድ የለውም 3.ካርድ ነበርው ጠፍ□ል)	
88	ከክትባት ከርዱ እያነዳነዱን ክትባት የተሰጠበትን ቀን መዝግብ		

	ቀን	ቀን
ልደት	B.C.G _____	O.PV0 _____
6 ሳምንት	D.P.T1 _____	O.PV01 _____
10 ሳምንት	D.P.T2 _____	O.PV 2 _____
14 ሳምንት	D.P.T3 _____	O.PV3 _____
9 ወራት	MEASLES _____	VIT.A _____

አጣዳፊ የመተንፈሻ አካል ኢንፌክሽን(የሳምባ ምች ወይም የሳል በሽታ) በተመለከተ የሚደረግ መጠይቅ			
89	ልጅዎ ባለፉት አራት ሳምንታት ውስጥ የሳል በሽታ ይዞት ያውቃል?	1.አዎ.... ወደ ጥያቄ87ዝለል 2.አይደለም...ወደጥያቄ87ዝለል 3.አላውቅም	
90	ልጅዎ የሳል ሕመም ሲይዘው ከተለመደው በላይ ቶሎቶሎ ይተነስ ነበር?	1.አዎ 2.አይደለም 3.አላውቅም	
91	ለሳሉ ወይም ቶሎቶሎ ለመተንፈሱ የህክምና እርዳታ ተደረጎለተ ነበር?	1.አዎ 2.አይደለም	
92	የልጁዎን ቶሎቶሎ መተንፈስ ወይም ማሳል ከተገነዘቡ ከምን ያህል ጊዜ በኋዋላ ወደ ህክምና መስጫ ወሰዱት?	1.በዚያኑ ቀን 2.በሚቀጥለው 3.ከሁለት ቀናት በሁዋላ 4.ሶስት ወይምከዚያ በላይ	
93	ህክምና ወይም ምክር ከየት ነው የሚያገኙት? (ከአንድ በላይ መልስ መስጠት ይቻላል.የሚጠቀሱትን ሁሉ መዝግቢ)	1.ሆስፒታል 2.ጤናጣቢያ 3.ጤና ኬላ 4.ክሊኒክ 5.የቀበሌ ጤናተጠሪ 6.ሌላ የጤና አገልግሎት(ይጠቀስ) _____	
94	በወር የቤተሰብዎ ገቢ ምን ያህላል?	የወርገቢበብር(ግምት) 1.ከ200 በታች 2.ከ200-400 3.401-500 4.ከ500በላይ 5.መልስ የለም	
95	ይእርሶን የገቢ መጠን ከጎረቤተዎ ጋር ሲያወዳድሩት የርሶ የገቢ መጠን ዝቅተኛ ነው ?ከፍተኛ ነው? ወይስ መካከለኛ ነው?	1.ዝቅተኛ 2.መካከለኛ 3.ከፍተኛ 4.መልስ የለም	
በቤት ውስጥ ውሳኔን የመስጥት መብት			
96	ባጠቃላይ በቤትዎ ውስጥ የእርሶ ሀሳብ ከባለቤትዎ ሀሳብ ጋር ሲወዳደር ከፍተኛ፣ ዝቅተኛ፣ ወይም እኩል ክብደት አለው ብለው ይገምተሉ?	1. የበለጠ ክብደት 2. ያነሰ ክብደት 3. እኩል ክብደት 4. መልስ የለም	

97	በቤትዎ ውስጥ ባጠቃላይ ለፍጆታ የሚውሉ ዕቃዎችን ለመግዛት የሚወስነው ማን ነው?	1.እኔ (ጥያቄውን መላሽ) 2.ባለቤቴ 3.ሁለታችንም 4.ሌላ(ይገለፅ) 5.መልስ የለም	
98	ልጅዎ ሲታመም ሕክምና ማግኘት አለበት ብሎ የሚወስነው ማን ነው?	1.እኔ (ጥያቄውን መላሽ) 2.ባለቤቴ 3.ሁለታችንም 4.ሌላ(ይገለፅ) 5.መልስ የለም	
99	የተጠያቂዋ አማካኝ የክንድ ዙሪያ መጠን	_____	
100	በየትይኛውየጋብቻ አይነት ነው የተጋቡት? (ምርጫው ይነበብ)	1.ሀይማኖታዊ 2. በሕጋዊ 3. በባሕላዊ 4. በጠለፋ 5. ሌላ	
101	ጋብቻዎ በቤተሰብዎ ፍቃድ ነው ወይስ በራስዎ ፍላጎት ነው ሊመሰረት የቻለው?	1.በቤተሰብ የታቀደ 2.በራስ አነሳሽነት(በፍቅር) 3.በራስ ወይም በቤተሰብ ፈቃድ ውጪ	