ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY

CHILD CARE AND SOCIALIZATION IN BORANA CULTURE
(BIRTH TO THREE YEARS)

MELKAMU AFETA

JUNE 2006

CHILD CARE AND SOCIALIZATION IN BORANA CULTURE (BIRTH TO THREE YEARS)

BY

MALKAMU AFETA

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNVERSITY IN PARTIAL FULFILLEMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN DEVELOPMENTAL PSYCHOLOGY.

JUNE 2006

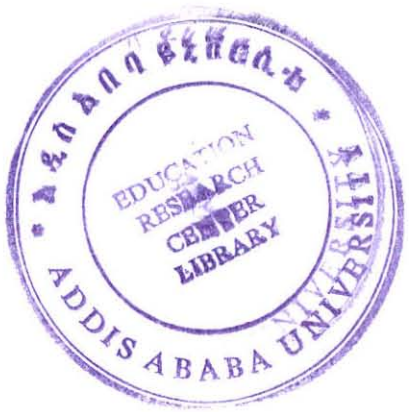
ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

Child Care and Socialization in Borana Culture (Birth to Three Years)

By

Melkamu Afeta



Approved by Board of Examiners:

Tesfa Fewdie — Signature.

Chairman, Department of Graduate Committee

Tesfa Fewdie — Signature

Advisor

S. N. Dubey — Signature

Examiner, internal

Examiner, external — Signature

Table of Contents

ACKNOWLEDGMENT

First and for most, I would like to express my deepest sense of gratitude to my advisor, Dr.Teka Zewdie for his kind help and encouragement in the course of my study that could enable me complete the study successfully. I am very much indebted to his constructive and critical comments, suggestions, intellectual guidance and help he rendered me.

I am deeply indebted to my wife Lelise Addam Jaldu for her unreserved moral and material support and her kind help in translating and editing the questionnaire from English to Afaan Oromoo.

I am greatly indebted to my friends Dereje Hinau Dehu and Ginbar Nagara Kumsa, my sisters Demitu Belay and Ilfinesh Abera for their valuable comments, suggestions and moral support in doing the thesis.

My thanks also go to Halake Diidaa, Getachew Lachuu and Saar Jirmo for their valuable and considerable support and cooperation during the data collection in Borana.

Finally, I would like to thank all my family members for their encouragements and sincere wishes for the success of the study.

Abstract

The main objective of this study was to describe the infant care practices and socialization in Borana culture. The instruments used to collect the data were questionnaire, Focus Group Discussion (FGD) and natural observation. The study population included 110 respondents and consisted of 80 mothers and 30 fathers, 15 infants and 10 Focus Group Discussion persons were involved in the study. The qualitative techniques and describing behavior through simple statistics were employed to analyze the collected data.

In the findings of the study, the parental investment strategy, feeding practices, co-sleeping and sleeping management, caretakers response to infants crying, physical and verbal care, birth and initiation ceremonies, traditional and medical infant care practices were described. The outcome of the data analysis revealed that there are useful care practices like prolonged duration of breast feeding, co-sleeping, parental discipline and others. However, there are harmful traditional practices such as female genital mutilation and the absence of the use of modern medical institutions during delivery. Polygamous marriage, the absence of the use of family planning methods and the belief that they bear a child whenever God wills contribute a lot to the high rate of fertility.

Finally, recommendations were given on infant and child care practices in area of feeding, female genital mutilation, gender inequalities, fathers' role in child care practices and parental discipline.

1. Introduction

1.1. Background to the Study

The Child-Caretaker Interaction.

The term attachment refers to the emotional bond between the child and the caretakers that make the child feel secure. In the first year of life infants begin to explore their surrounding environments. Their curiosity is almost unlimited. Due to these, caretakers should encourage these explorations in order to facilitate children's continued learning and growth (Ainsworth cited in Crain, 2000).

Gardiner (1998) states that the child caretaker interactions are influenced by the social environment in which it takes place. These social settings where early interactions take place are characterized by different factors that define the developmental niche like the child caretaker relationship, the characteristics of the caretakers and the over all conditions of infant development.

In the relationship between the two, both the infant and caretakers bring certain characteristics. This is created when some of the behaviors of the mother interact with that of the child characters to create a unique developmental niche. In relation to these, one of the most important factors that influence the mother's behavior like her responsiveness to the child is the level of education. Studies for instance LeVine (1988) indicate that mothers who have more education tend to talk more and show affectionate facial expressions than the less educated ones.

The educated mothers initiate more verbal interaction with their children. However, mothers who have less schooling are sensitive to infants crying and hold their infants more than the educated ones (LeVine, 1988).

Moreover, the caretakers also bring their own unique cultural beliefs to the caretaker infant interaction. These beliefs are culturally determined and are based on the caretakers' unique experiences. In relation to this, the study conducted by Grossman and his colleagues (Cited in Gardiner, 1998) on German mothers show that they were quite unresponsive to their children's crying. This behavior is the product of shared cultural belief that infants should become independent at the early age and learn that they can not depend on the mother's comfort at all times. However, Japanese mothers promote a strong sense of dependence in their children by being available at all times (Gardiner, 1998).

The other one is the general conditions of infant's development. In a sense, the situation under which a child or an infant experiences the first year of life is determined by specific cultural setting. These conditions include the availability of primary caretakers and the number of individuals who are involved in child care. For instance, the parents' economic circumstances or the structure of the community may force them to work outside home, by giving children to the family members or other people from the community. Hence, multiple caretakers' behavior may result in different attachment patterns (Gardiner, 1998).

Cultural Variations in the Socialization of Infants

Several Literary sources define socialization in different perspectives. Among these some define it as the process by which an individual becomes a member of a particular culture and takes the value, beliefs, norms and other behaviors in order to function successfully in that culture. It is through socialization process that a given society teaches children appropriate and desirable behaviors, inhibiting undesirable behaviors (Crain, 2000; Gardiner, 1998).

When a new born arrives in the world, independent of its specific society or culture, wants immediate attention to fulfill its basic and safety needs. The ways these needs are met and are socialized differ from culture to culture, even among ethnic groups within a single society. The social environment or culture influences patterns of parenting from the first hour of birth. For instance, the way parents care for infants or encourage their baby to explore their surroundings; whether they are nurturing or restrictive and what behavior they value and socialize in their culture are all reflective of values they implicitly uphold (Ibid).

Infants Feeding Practices

Infants spend most of their day time on food intake except during sleeping. The how, what and when to feed an infant is a socialized behavior highly influenced and determined by the developmental niche, social context, parental characteristics and the societies cultural values. On the other hand, during infancy and during pregnancy of the mother, babies need proper and adequate

nutrition. The proper diets enable them to grow properly and develop into healthy children and later into adulthood. This is because the effect of nutritional deficiencies during infancy and childhood can have significant impact on adulthood. It even seriously affects through the mother the next generation (Gardiner, 1998).

According to the figures collected by UNICEF (1993) under nutrition is the main problem in third world countries. It affects the children's resistance to diseases and can have impact on the development of their cognitive and intellectual capacity.

In several cultures a child is breast feed for two or three years. However, in western culture breast feeding of the child can be viewed in terms of months. Nutritionists, physicians and psychologists view breast feeding in terms of years and advice for at least a year. This is because by this time the majority of infants has outgrown most of their food allergies and will thrive on alternative nourishment. Breast feeding is considered as the long term investment in children. It is solid foundation for what the child will later become. Mothers through breast feeding are providing their babies the best emotional, physical and mental start. In the extended period of breast feeding mothers are fulfilling the nature's way of babies needs for intimacy and appropriate dependency on other people. If the needs of children are met during critical period, the children will grownup to be sensitive and independent adult. In most cases those children

breast fed well and not weaned before their time are characterized by self confidence, good intimacy and social interaction with other people, easier to discipline, experience less anger and develop trust to the world (Asefa Bequele, 2000; Kelly, 2006).

In most cultures breast feeding is a widely accepted practice than bottle feeding. Breast feeding is a process by which a woman feeding an infant or the young child produces milk from her breasts usually directly from nipples. Babies and infants have a sucking urge that help them to take in the milk. If the mother has no transmissible diseases, breast feeding is the most important practice. However, for medical or personal problems some mothers do not like to breast feed their children. Some diseases like HIV/AIDS are transmitted through bodily fluids and can be passed through breast milk and affect the child. Some drugs can also pass through the mother's breast milk but most are transmitted in small amount and do not affect the child. That is why physicians, doctors and governments promote breast feeding practices (Wikiped, 2000).

Breast feeding is the ideal method for providing nourishment to babies. This is because breast milk is more easily digested than any other types of milk. It keeps the child healthy or protects the child from diseases by providing the child with natural immunity. Breast milk is also immediately available than other milks. In non western world, breast feeding is the most accepted one by mothers but recently it is declining in favor of bottle feeding specially in the major urban

centers of third world countries. The cultural attitude of people determines whether babies are breast-fed or bottle-fed. For instance, among Americans and the western world mothers do not breast feed. This is because immediately after delivery, they return to work. As a result, bottle feeding enables more fathers to get involved in feeding and establishing a bond with their children. Hence, researchers emphasize the importance of feeding as a process that provides an excellent opportunity for fathers to and establish an emotional bond or attachment with their children. This in turn has significant implications for children's inter- personal relationships through out the remainder of the life span (Gardiner, 1998).

Studies indicate that three components have crucial importance on the father's involvement in child care: interaction, availability and responsibility. Interaction refers to the father's direct contact with his child through providing care and shared activities. Availability shows the child's potential capacity for interaction with father. Responsibility on the other hand, indicates the role the father to ascertain that the child is taken care by well arranged resources (Somerville, 1993).

Indeed, feeding practice provides an important context for social interaction and bonding with caretakers (mothers, father's, siblings or any other) during the first year of life. As Cole's work (cited in Gardiner, 1998) shows a child who is not breast fed may develop a different relationship with the mother if a wet nurse is

present during first year. However, other research studies indicate that babies who are bottle fed have similar social relationships with their mothers as children who are nursed normally. This is because the social interaction between the mother and the child is regular and continuous except during feeding.

Evidently, the mode of infant nursing is guided by cultural norms and values. For instance, among Zimbabwe rural community wet nursing is not accepted. If a baby is nursed by another woman in this culture it is not accepted. In this culture it is believed that the child could be become sick or dies from it if fed by a wet nurse. However, nursing is acceptable if the woman is the mother's relative or her sister in law (Gardiner, 1998).

Detweyler (1989) and Morelli (1992) state that the duration of nursing is determined by individual and cultural factors. For example, the health of mother and her child is influenced by availability of appropriate nutritional supply and by the cultural beliefs about the developmental adequacy of nursing. Thus, prolonged duration of breast feeding and weaning children at appropriate time is very important.

Weaning refers to starting to give a baby or a child food other than breast milk. It is a natural stage in baby's development. Concerning weaning mothers have mixed feelings. Some assume as it is a normal phenomena while others feel sad since their child enters another stage of life (CPS, 1998).

Weaning the child from breast feeding involves fundamental questions like when, how I should wean the baby, what substitute foods I should use and others. When it is time to wean the child, it is better and supportive to do it gradually rather than all of the sudden. Mothers should continue to breast feed their child for a year. However, prolonged breast feeding or lactation period is good for the health and over all development of children. Psychologists state that the most secured, independent and happy children are those who have not wean before their time. Children weaned before their time (proper age and maturity) exhibit behaviors like anger, aggression, habitual tantrum, anxious attachment to caregivers and inability to form deep and intimate relationships. These traits are called premature weaning diseases (Sear, 2000).

When mothers and their children are ready to wean it is easy if weaning takes place gradually (several weeks or longer than months). A sudden or abrupt weaning is considered only for extreme circumstances and it is difficult for mothers and upsetting or traumatic for children. During the baby's illness sudden weaning is also not good. Some research works state that the transition to weaning is easier and best if mothers introduce their children a cup feeding or other methods instead of bottle feeding. Watching the baby's cues is also very important. For example, mothers shouldn't sit on the same chair they usually use during nursing. This is because the child is likely want to breast feed. The child may not be satisfied with cup or bottle feeding (CPS, 1968; Sear, 2000).

On the other hand, mothers choose what is called infant led weaning or the do not offer and do not refuse method to wean their child. This refers to never refusing the breast and do not offering or encouraging the child breast when the child is not interested. It is mostly practiced in many non- western cultures. However, this system may take long years or takes time. It may continue for two, three or four years (Kelly, 2006; CPS, 1998).

In some cases baby's refuse to breast feed and goes on a nursing strike. This does not indicate that the baby is ready to wean. It can be due to different reasons such as teething, ear infection or other illness, soap, change of the diet or other factors. During this time mothers should spend more time in cuddling their baby and making feeding time quiet. Mothers should not starve their baby and provide breast when the child is sleepy. However, when it is difficult to figure out the problem of the child mothers are recommended to visit doctors (CPS, 1998).

Mothers starting from six months should introduce additional or substitute foods. To wean the child introducing solid foods into the baby's diet is essential. When mothers do these, the child begins to take less breast milk. These solid foods should be given in small amount at the beginning. This is because babies may be constipated if they are given too much solid foods at the beginning. Small amount of water and fruit juice is also recommended. Again too much juice is not good since it can lead to dental cavities, obesity or poor weight gain or diarrhea (Sear, 2000; Kelly, 2006).

In post childhood weaning, even the context of eating also continues to play a crucial role in the development of social relationships. These include controlling what child eats and quantity of food given for the child. This control process forms the bases for the long term dynamics between the child and parents. For instance, Nigerian mothers feed their child forcefully but England mothers do not accept it. England mothers use the techniques of feeding games such as rewarding their children for finishing a meal and punishment for not finishing the meal (Gardiner, 1998).

Co-sleeping and Sleeping Management

It is obvious that all babies require sleeping and there is also variation in children sleeping arrangement across cultures. In relation to this, Super and Harkness (1994) state that the way sleep is organized which involves where and with whom the child sleeps is an intriguing aspect of culture because it is highly organized and structured differently by different cultures, showing relative resistance to change.

Parents play a key role in assigning of the settings and sleep routines. For instance, a study conducted by Super and Harkens (1994) on Kipisigs farmers of Kenya indicated that the younger child continues to sleep with its mother until a new baby is born. Gradually, the young child moves to the elders siblings setting. This change of place along with the termination of breast feeding and back carrying results in a fundamental shift in the child's physical and social settings

of life. Hence, sleep management is one of the culturally regulated and determined parent-child interactions.

Sleeping arrangements influence early parent child relationships and reflects cultural beliefs about infant's development in social life. For instance, Mayan infants of Mexico usually sleep with their mothers and fathers until the birth of the new siblings. However, a study conducted on the middle class Americans and Canadian families show that co-sleeping is not accepted in the cultures. In these cultures, a newborn, in exceptional cases, may sleep in the same room but not in the same bed with the parents. In such cases infants would eventually move into a different room at about three to six months age. The difference between the two cultures is related to the parental beliefs and cultural values. According to the Americans beliefs co-sleeping interfere with their plan and efforts to train their children early to become self reliant, confident and independent persons. However, Mayan parents believe that the closeness that occurs as a result of co-sleeping arrangements promotes the child's social awareness and learning. The Japanese parents also support these view and assume co-sleeping as a road to develop interdependence with others. In Japan due to over crowded micro system infants frequently sleep with their parents until the age of six and above (LeVine, 1988).

Sleeping arrangements have implications on the interaction between the child and the social environment. For example, the presence and absence of caretaker (usually the mother) during the night may facilitate and reward a

certain attachment style (for instance, anxious or resistant). That contributes to the development of such adaptive and desirable values as values of interdependence with others (Bowlby, 1969; LeVine, 1988).

According to Erik Erickson's psychosocial model (cited in Gardiner, 1998) social maturation during the first years of infancy is reflected in the development of the child's feeling of trust versus mistrust to the out side world. The world is comfortable and good, that means trust, but if its uncomfortable and threatening it means, mistrust for the infant. Infants learn to trust the world for instance, if they cry and get response when and if they are hungry, some one picks them up and feeds them. Parents in turn also learn to trust their babies if they feeds that they will be quieted and comforted after being fed. Among the Kipsigi of Kenya and Japanese parents, infants first develop trust and attachment as a result of their sleep arrangement with their parents. Some degree of independence in Kipsigi or Kenyan infants is attained when breast feeding ends and the older child moves from the mother's front to her back to accommodate and welcome the arrival of the newborn baby. In Japanese culture interdependence is stronger since the child sleep with the mother for the long period of time (Crain, 2000; LeVine, 1988).

The Caretakers Response to Infants Crying

It is obvious that all babies cry. Harry (cited in Gardiner, 1998) noted that crying is the new born baby's earliest form of communication with the immediate social environments, the micro and meso systems. It is through crying that a child

makes others know that he/she is hungry, is not feeling well, wants attention, would like its older siblings not to annoy him/her or conveys other information about its condition. When newborns and infants cry they are bringing their parents or other people into their world and socializing them into their understanding since they have no choice to express their feeling (Gardiner, 1998).

Infants who have various disorders like cystic fibrosis, down syndrome and other problems cry differently than normal babies. These children crying are differentiated and recognized by individuals across cultures. Erickson (cited in Crain,2000) states that frequent responding to crying fosters attachment and resolve trust versus mistrust crisis.

Infant Rights

The African Charter on the Rights and Welfare of the Child and the United Conventions on the Rights of the Child state that birth registration is the fundamental right and forms part of the child's right to legal identity. Both charters say every child shall be given the right to a name from birth, to be registered and to be given the right to acquire a nationality (OAU, 1990; UN, 1998).

Birth registration is important for various reasons. First, it is an effective mechanism to protect the child's right to an identity. In other words, it establishes the legal bond between the child and state. The child is given legal status under the law. Second, it provides the state and the society with important statistical information such as the size of the child population, age, sex and other

demographic information. Government needs this information to establish or prepare plan for socio-economic development policy. Third, to provide social welfare assistance, giving priority, and protection for children. The birth registration provides essential information in connection with child labor, child soldier and prohibition areas. Fourth, the child's right, capacity and liability in civil and criminal laws are on the bases of the age shown by birth registration. Lastly, in conditions like massive migration, natural and human made disasters and illegal children bartering birth registration is very important. This is because during the time of confusion and instability children are easily separated from their parents (UN, 1998).

Moreover, the African Charter on the Rights and Welfare of the Child noted that every infant or child has the right to get basic necessities, care and enjoy protection from parents or other legal guardians. Parents have the responsibility for the upbringing and development of the child. They should secure children with their abilities and financial capacities. Parents and other guardians in domestic areas should discipline children with humanity and in manner consistent with the inherent and human dignity of the child. The charter also indicate that every child should be protected from all forms of economic exploitation and from engaging in any work that is hazardous or interfere with the child's physical, spiritual, psychological, moral, cognitive and social development (OAU, 1990;Liv Huawen,2004).

The African Charter on Rights and Welfare of the Child again states harmful social and cultural practices that affect the welfare, dignity, normal growth and development of the child should be eliminated (OAU, 1990).

Theories Related to Child Care and Socialization.

I) The Developmental Niche Theory

The ecological systems approach views human development as it occurs in the real world setting and includes four integrated systems: the micro system, meso system, exo system and macro systems. This approach in combination with the elements of developmental niche creates a useful structure to understand the bidirectional nature of socialization and its impacts on human development (Bronfenbrenner, 1993).

According to Super and Harkness (1995) developmental niche theory comprises three major components and all of them are directly related to parenting. First,the physical and social setting. It is the context of the child's every day life's (the interaction between the child and the family). These include the nuclear family which is found among Americans and Westerners and the extended family which is also found in many African and Asian cultures. This component involves the role of children in giving care for younger Siblings. For example, Kenyan families have several children and these children serve as playmate caretakers. The other is the size and shape of one's living space. For

instance, in America children have their own rooms. However, in Tokyo families living in overcrowded apartments use small rooms for living, dining and for sleeping. In America and Western cultures there are three meals every day at specific times. But in many Asian cultures there are five to six small meals for children at unscheduled times (LeVine, 1988; Gardiner, 1998).

The second component of developmental niche is the culturally determined or regulated customs of childcare and child rearing practices. For instance, there is customary use of playpens in Holland to make infants happy and safe. In Kenya it is the customary that older children take care of younger siblings (Ibid).

The third aspect of the component is the psychology of caretakers or the characteristics of the child's parents. This includes the parental belief systems or the developmental expectations. Super and Harkness (cited in Gardiner, 1998) state that this aspect is an important channel for communicating general cultural belief systems to infants or children through very specific behaviors. This component includes what parents expect from their children and what they want for their children.

II) LeVine's Theory of Parental Adaptive Strategy

There are two perspectives on parental care of children: the phylogenetic perspective and the cultural perspective. The phylogenetic approaches consider the innate sensitivity on the part of all mothers to infant signals for nurturance. The cultural perspective, on the other hand, argues that parents are guided and

directed by specific culture models. For example, self reliance and independence is a model for the middle class American parents and interdependence is a model among middle class Japanese parents. Thus, parents are influenced by both phylogenetic and cultural factors and these influences can affect infants and children by parental activities in a given social environmental settings. These parental activities that are guided by cultural values consciously or unconsciously affect or promote the attainments of parental goals (Berry, 1990; Bowlby, 1969).

In the cultural model there are two important points: What parents expect from their children and what they want and wish for their children. These can be seen from two perspectives. The agrarian parents depend on their child labor during childhood and for old age assistance during adulthood. While the urban-industrial parents need emotional service. Rural parents, on the other hand, want their children's survival and health, the acquisition of economic capabilities and the attainment of other cultural values. These goals form a hierarchical sequence in the course of development. First parents want infant survival before the child can participate in the socio-economic activities and attain economic security latter (LeVine, 1974; Berry, 1990).

LeVine's model depicts parental adaptive behaviors since that encourage them to develop strategies for minimizing children's risk factors and maximizing their well being. From such parental model it is possible to say that those people who have high infant mortality rates have customs of infant care focusing on

ensuring infant survival and health. But the pursuit of learning and other behavioral developments are postponed until a later age when the child's survival is assumed to be promising (LeVine, 1988).

According to the model people who have insecure or precarious subsistence resources have customs of child care that emphasizes the development of behavior patterns which will make children economically beneficiary during adulthood age. Hence, human beings do not blindly follow the genetic or cultural code in their parental behavior but are rational actors who adjust their behavior to the risks and benefits they perceive in the environment of child care. In the hazardous or environmental risk areas like the Sub Saharan Africa, infant care customs are reflections of both adaptive behaviors and arbitrary traditional practices. It is adaptive because it anticipates difficulties and provides practical procedures to overcome the hazardous environment. It is an arbitrary traditional practice, because it is communicated to parents as natural, normal and necessary path for parental actions rather than a choice from several possibilities. This means that when the situations parents face resemble that of the past, the customary behavior operates to reduce infants and children risks. However, when environmental risks are changed the behavior may no longer be adaptive (LeVine, 1974; Emingyoung, 2000).

The recently formulated LeVine's (1980), (1983) and (1988) parental investment strategy also share the goal of child survival, economic security and

the locally defined virtues. It considers the short term and long term goals of child rearing practices and puts emphasis on time, attention and domestic resources. All human adaptive behaviors of socio-economic adaptation hunting, gathering, agrarian and urban-industrial lives have their own parental investment strategies. The ideal of pursuing quantity or quality in children's investment guides and directs parents in allocating their resources.

The Agrarian Parental Investment Strategies

According to LeVine's Model (1988) the parental investment strategy for agricultural societies is quantitative. It promotes high fertility. They give more value for unskilled child labor in domestic activities and for the long-term social support of their children during a parent's later years. This shows that the demand for children is usually greater than the supply.

The main goal of high fertility in agrarian society is attributed to the risks of infant survival. The highest mortality occurs during infancy period and the mortality rate increases if children are born too closely together. Thus, the major goal of agrarian parents is to maximize the number of surviving children by spacing births. This involves prolonging the period of maternal attention, breast feeding and co-sleeping. This parental strategy is currently reflected in sub-Saharan Africa by giving children the chance of survival while maintaining spacing births until ceasing of menstruation. Mothers provide more attention until the survival of the children is assured. They do not wean their children until the survival of the child becomes certain. The maternal attentions include

This urban industrial child care is sometimes called the high intensity Pattern of care and is characterized by communicative interaction. Maternal attention increasingly elevated the expectation of the child. Thus, the urban industrial parental investment strategy considers parental attention and provision of such domestic resources as food, clothing, spacing, playing things etc to each child over the long period of time (Ibid).

Parental Child Investment Strategies in Some Countries

The variation in investment strategy across countries is due to the differences in socio-economic and demographic conditions and the cultural model of parental behavior.

The Kenyan (Gusii) Parental Strategy.

The study conducted by Caron (Cited in LeVine, 1974) indicated that Gusii mothers give attention to the period in which they consider infant is most vulnerable. This includes the early months and the first year of life. Parents provide intensive care for vulnerable infants. For instance, they provide intensive breast feeding, maternal co-sleeping at night and more availability consistent with work obligations during the day, continuous holding, responsiveness to crying and sensitivity to signs of distress and disease. These enable them to reduce infant and child mortality despite lack of modern medical services and high fertility. The maternal response with sensitivity makes them produce quiet and easily manageable babies. This enables the Gusii to use child caretakers for infant care with minimal trouble. The infant also becomes a more docile toddler who can easily tolerate replacement when the mother bears the next child. These practices

are effective in maximizing child survival chances for the first year of life. However, during the second and third years they put the child at risk of malnutrition.

The Fiji (Pacific Islanders) Parenting Strategy

The Fijians have the tradition of cooperation and reciprocity in domestic area and are characterized by local kin-networks. The tasks and resources they have are shared. This shows us that infant care is not only dependent on the mother's time, energy and budget but it also involves other children and adults. Mothers breast feed and sleep with their babies while others watch, carry and are engaged in playful social interaction with infants (LeVine and Whiting, 1986).

The Fiji infant's mortality is low as compared with other agrarian countries. This is because though they are traditionalist, mothers deliver their baby mostly in hospital. They use contraceptive and other medical services to assure child survival. The concern for infant survival and health is also inter-connected with a strong value on off spring. The ideal of procreativity is associated with carrying on the ancestral line. Infants sleep with the mother until weaning or until the new born child is arrived. Then the child sleeps with the other member of the household through out early childhood. Mothers or elder siblings tie children to the back with a piece of cloths only when the child becomes fussy or when mothers move from one place to another (Ibid).

Mexico (Yucatan) Parenting Strategy

Maternal attention among Yucatan of Mexico is directed toward keeping infants healthy and quiet rather than on reciprocal vocalization and play. During the first year the infant is only kept inside the house. This is because Yucatan's consider it as the time when infants are vulnerable to the super natural forces that endanger their life. Infants spend the large proportion of their time in hammock which provides a good advantage for visual monitoring of the surrounding activities. But it does not allow the infant to sit and crawl independently. The whole family life is in one room house and there is no room designed for babies. There are no toys, or equipment that is intended for the baby (LeVine, 1988).

For the first few months only mothers and adult females like teen age girls are allowed to attend the infant but gradually younger siblings are allowed to help with monitoring, entertaining and doing simple thing for a baby. The adult females and mothers provide attentive care like feeding, body contact (holding), soothing, rocking, quick response to distress and others. But they do not give emphasis for intense vocal and affectionate interaction like the western parents. In feeding practice recently Yucatan mothers are replacing breast feeding by bottle feeding. They relate it to birth spacing as well as infant health and growth. The longer inter birth intervals are maintained by extended lactation and by parental effort to avoid new pregnancy. Moreover, they are trying to control fertility and

infant mortality through better nutrition, better medical care and technology (Ibid).

The American (Boston) Parenting Strategy

The research conducted by LeVine (1974) states that American parents give emphasis to the importance of three values in the long term goals of their children. First, independence. They believe in idea that children should make their own decisions and establish separate life. Secondly, they focus on the importance of inner psychological qualities. That means children should be happy regardless of the material conditions of their lives. The third one refers to the children's relationship with others. These include honesty, generosity and respect for the rights of others.

The American parents' stresses on the general cultural values that enable their children gain some kind of self maintenance. But they are uncertain about the particular form this self-maintainace would take. Thus, unlike the Gusii of Kenya the United States mothers have no strategic formula for their child's economic security. However, mothers encourage children's economic security. This shows that they have no or little effect on their career choices. Children have independent choices. Despite these, mothers encourage children to acquire other values that contribute to their success (LeVine, 1988).

Americans have short term goals for the day to day management of infant care: Protection against hazards, the management of eating and the management

alone. The time alone refers to bed time, sleeping in ones own bed, learning to go to sleep by infant him/her self and others. While the social time refers to the attention children and infants get from parents. In America during social time children get a great deal of attention. There is high intensity interaction between parents and infant that is not as such common in other cultural contexts. Therefore, a young child develops high expectation for attention during social interaction and at the same time must learn to delay his/her response for such interaction until the appropriate time (LeVine, 1988; Gardiner, 1998).

1.2. Statement of the Problem

So far literature on child care and Socialization in Ethiopia is very limited. Most of the theories we are using today are formulated in terms of European context. There is also limited written literature on child care and socialization in the cultural context of Ethiopian people. One of the Ethiopian regions which are not specifically studied is the Borana area. The purpose of this study is to fill the gap and reveal that there are unique, useful and also harmful traditional practices in the Borana culture of child care.

Hence, the study tries to answer the following questions.

1. What are the traditional child care practices in Borana culture?
2. What are the different kinds of food (diets) provided for the new born child or infants?
3. What are the different initiation ceremonies of the child after birth and during infancy?

4. What are the different rights given for infants at this stage in Borana culture?

1.3. Objective of the Study

In a general sense the study aims at identifying and describing the traditional child care and socializing pattern of Borana culture.

Specific objectives:

1. To identify the various types of diets provided for the new born baby and infants.
2. To investigate the Borana cultural orientation in relation to breast feeding, co-sleeping and caretakers responsiveness to the child's crying.
3. To find out the Borana parental goals and child investment strategy
4. To assess the harmful and useful traditional practices and beliefs which affect the new born babies and infants.
5. To explore whether the Borana infants and mother during delivery have access to the modern medical treatment or not.
6. To assess the various types of infant ceremonial initiations at the first Gadaa stage.
7. To find out strategies those are used to avoid the harmful traditional child care of the Borana.

1.4. Significance of the Study

a. The undocumented Borana way of child rearing practices are important and hence have to be studied.
b. This way of cultural study of infant development has to be promoted for educational and psychological development that has to be sustainable.
c. It provides some help and direction for policy makers, governmental and non governmental organizations to deal with child care and need.

1.5. Scope of the Study

The study is confined only to the Yabello and the surrounding districts of Borana, i.e. Arero and Dubluq areas. The Borana rural areas are selected to find out the uncontaminated cultural practices of child care.

1.6. Definition of Basic Terms.

Socialization: the process by which individuals become a member of a given culture and take the norms, values, beliefs, customs and other behaviors in order to function successfully in that particular culture (Gardiner, 1998).

Culture: Shared way of life of a group of people that is transmitted from generation to generation. It includes beliefs, behaviors and accomplishments of a group of people (Berry, Poortinga, Segal, 1990).

Developmental Niche: refers to the determinant role of physical setting, the customs of child care and rearing and the characteristics of the care-takers in the over all development of the child.

Breast feeding: the process by which a woman feeding an infant or a child with milk produced from her breasts usually directly from nipples.

PART TWO

2. Methodology

The Borana Oromo inhabited the southern part of Oromia. Most of the Boranas are leading a nomadic pastoralist way of life. Some are also engaged in a agricultural activities and Ethio-Kenyan frontier trade.

In Borana, the size and shape of living space is very small as compared to the family size. They are characterized by extended family type. There is no spaces assigned for children and usually children sleep in the same room with their parents. The size of their house is small since they use the hut (house) temporarily. It is linked with nomadic pastoralist way of life. In Borana mothers have the primary responsibilities in child rearing and providing child care. However, with the absence of mothers it is customary that the child's uncle (from father's side) and elder sibling children take care of younger siblings. In most cases, mothers or other care givers either hold or carry infants or children on their back to make infants safe and happy.

Regarding the psychology of caretakers or parents' characteristics they have the belief that if conducive environment is created, they want their children to join school and get employed. However, the socio-economic condition forces them to make their children cattle, camel and goat keepers. Moreover, during old age parents expect social and economic support from their children.

2.1. Sampling Techniques

The first task of the researcher was identifying the places where the uncontaminated and true Borana culture exists. To get the possible areas the researcher met the provincial administrators and the Abbaa Gadaa of the Borana. 110 respondents of which who have birth experience, 80 mothers and 30 fathers were selected purposively as sample population at Yabello and surrounding areas. Yabello and the surrounding districts such as Dubluq and Arero were selected due to their proximity to the zone capital. The Focus Group Discussion (FGD), interviews and observation of behaviors were also employed. Those persons selected purposively in the Focus Group Discussion were ten in number and the discussion was conducted by categorizing them in to two groups. The participants were selected on the bases of age and participation experience in the gadaa system. This is because aged persons and those experienced in the community affairs have more knowledge and skills about their culture and environment.

2.2. Data Collection Methods

The data or information collection involved the natural observation (by using observational checklist on child caretaker interaction for ten days) of cultural practices of child care in areas of feeding practices, co-sleeping, physical and verbal care and socializing system of children. It also included the use of questionnaire, interview, and Focus Group Discussion (FGD) as instrument of gathering information. The questionnaires are both open ended and close ended. They were prepared in Oromo and English languages. The questionnaire

comprised questions on parental investment strategy, feeding practices, sleeping management, physical and verbal care, and birth and initiation ceremonies during infancy.

2.3. Procedures

First, the researcher revised the existing literature from Addis Ababa University libraries and from the different organizations on the study areas. Then questionnaires items were prepared based on literature review and cross checked by the advisor, department friends and knowledgeable persons of the subject area. After that the researcher went to Borana capital, Yabello to collect data. Reaching there the researcher visited and asked the provincial administrators and Abbaa Gadaa of Borana to conduct research on child care and socialization of the Borana culture. Next, the researcher began observation, and recording of behaviors, making informants or respondents to fill the questionnaire and make Focus Group Discussion. The observation of behavior was employed on 15 infants for ten days. Among them for six infants home based observation was made for three hours daily. For the rest village based observation was employed. Finally, the observed behaviors and information taken from questionnaire and Focus Group Discussion were analyzed and discussed in line with literature reviews.

2.4. Data Analysis

The data analysis employed was mainly qualitative. Describing behavior with statistics was also used. Hence, besides qualitative analysis, the findings were described and explained by using percentages.

PART THREE

3. Results and Discussion Section

This chapter deals with the findings obtained from the questionnaire, Focus Group Discussion (FGD), natural observation and interviews. The results are described, presented and discussed in line with the existing literature.

3.1. General Characteristics of the Respondents

The study populations included 110 respondents and consisted of both sexes (Male and female) from Yabello and the surrounding districts like Dubluq and Arero.

Table1. The Age Distribution of Respondents.

Ser. No	Age	Number	Percentage
1	25-30	6	5.5%
2	31-35	10	9%
3	36-40	24	21.8%
4	41-45	28	25.5%
5	46-50	32	29.1%
6	>50	10	9.1%
	Total	N=110	100%

Table 2.Educational Level of Respondents.

Ser. No	Education	Number	Percentage
1	No formal Education	93	84.5%
2	Grade 1-6	12	10.9%
3	Grade 7-12	3	2.7%
4	>12	2	1.8%
	Total	N=110	100%

Table 3. Mothers Birth Experience

Number of Children	Number of Mothers	Percentage
4	5	6.3%
5	-	-
6	13	16.3%
7	12	15%
8	13	16.3%
9	8	10%
10	20	25%
>10	9	11.3%
Total	N=80	100%

*Table 4: **Father's Birth Experience***

Number of children	Number of Fathers	Percentage
1	1	3.3%
2	1	3.3%
3	3	10%
4	1	3.3%
5	-	-
6	-	-
7	4	13.3%
8	3	10%
9	4	13.3%
10	7	23.3%
>10	6	20%
	N=30	100%

Table 5: Age Distribution of Infants

Ser. No	Age (years)	Number	Percentage
1	Less than one year	4	26.7%
2	One year	5	33.3%
3	Two years	3	20%
4	Three years	3	20%
Total		N=15	100%

3.2. Birth and Infant care During Postpartum Period.

In Ethiopia, in the culture of many ethnic groups, when a woman labor begins it changes the mood, behavior and the situation of the household. Most ethnic groups provide psychological help or the conforming statements for the woman in labor so that the delivery will be smooth and going to be well. In the most rural areas of the country child delivery takes place at home rather than in the modern medical institutions. This affects the probability of giving birth of the normal and healthy child. The natural birth process is assisted by an older local women or women experienced in child delivery. Most women visit hospitals or other health institutions for delivery if they encounter a very serious birth problem (Ringness and Gardner, 1974).

As the FGD respondents indicate the Borana woman when ready to deliver or give birth, the surrounding women or the relatives help her. However, when the pregnant woman faces a serious problem in the process of delivery or "Ciniinsuu Cimaa" the experienced woman, "Cirreettii" is called to assist the pregnant woman. "Cirreettii" is considered as the most experienced and specialized in helping the pregnant woman to give normal child birth.

There is one exceptional character in the Borana culture during child delivery. This is the fact that both husband and the wife pray for the smooth delivery. In the process, when delivery is approaching, both the husband and wife sit-down by facing each other in the opposite sides of the main house pole which

the Borana called it "Utubaa Waaqaa" and pray to the creator while holding each other's hands. This is done to make the difficult labor smooth and well. The Yabello rural women do not visit modern medical institutions for delivery unless they face serious problem. They use hospitals or other health centers as a last expedient for their problem. Regarding this Susan (1994) states that in most parts of Oromia men are not supposed to participate at all in the child birth process and are told to leave the house during delivery. Women are also reluctant to have their husbands involved in the birth process.

John Hinant (1974) states that the Borana husband or any other men during birth are expected to loosen their belts so as it is traditionally believed that it facilitates the birth process. If the delivery of the baby becomes difficult and the mother is unable to give birth, the "dabballee" (0-8 years old child) is summoned to put his/her hand on the woman's belly. This action is believed to facilitate child delivery. This is because the "dabballee" are considered as holly-children. They are the principal mediators between human beings and the heavenly God that is vested with power. Moreover, they are considered as the most innocent in the culture.

After the delivery takes place the baby is wrapped with a piece of cloth called "erbee" and placed on the bed. As soon as the baby is freed and wrapped with a piece of cloth, the traditional midwife "cirreettii" comes and turn the baby's head to the earth and says "haadha lafa" (literal meaning mother is the earth) and also

lifts the baby's head upward and says "Abbaa Waaqaa" (father is the heavenly sky God). This is done to show the supreme power of God and fertility (the importance of earth for life). Then the husband's mother comes and sucks the mucus from the baby's nose. At this time the midwife or an elder woman is called to cut the umbilical cord and keep it in proper place. In the next three or four days dances are held by family and neighbors to celebrate the arrival of the newborn child. Neighbors come with different gifts like milk, butter, animal fat and with others to congratulate the mother. For health reason, it is traditionally accepted that visitors should greet the mother through the curtain or the wall of the hut from outside. Moreover, for about seven days the mother is not allowed to move out of the hut. She will go out of the hut only for personal reasons like hygiene and for toilet during the early hours of the morning or late in the evening having a stick in her hands.

Question (1) after birth, for how long was the new born baby separate from his or her mother?

	Number	percentage
A) No Separation	100	90.9%
B) For less than one hour	5	4.5%
C) For one hour	2	1.8%
D) For two hour	1	0.9%
E) For three hour	1	0.9%
F) If more than three, specify	1	0.9%
	N=110	100%

According to the above finding the new born baby was not separated from his/her mother because the mother checked and followed up the health and

safety of the baby. For this respondents believed that the child relies on the parents (mostly the mother) for physical and basic needs until he/she support him/her self. From the above question, 90.9% of them responded that there is no separation between the mother and the new born baby. A small number of respondents (4.5%) and (1.8%) replied that the child could separate from the mother for less than one hour and for one hour respectively.

In the Borana (Yabello) culture, after delivery the child and the mother sleep together for the long period of time. The mother is supposed to rest in bed and stay in doors for about forty days or more. In the mean time her relatives from the remote areas visit her and come with special type of foods like porridge (maize or enset mixed with butter or milk), roasted coffee or other foods to feed her. Gradually, she begins to regain her strength and feed her child properly.

3.3. Ceremonies after Birth and Child Initiation

Birth ceremonies and initiations are rituals that symbolize children's movement from one status to the next status. This ritual ceremony varies across cultures and it has a powerful instrument of socialization. The study by Schlegal and Berry (1991) indicate that in developing countries 80% of girls and near to 70% of boys go through initiation at different age.

The findings from the Focus Groups Discussion (FGD) show that the birth ceremony in Borana is celebrated for three days if the child is female and for four

days if the child is male. The ceremony involves preparation of varieties of foods and enjoying the prepared feast with relatives, neighboring people, friends and others. If the newborn child is a boy dances are held for four days to celebrate the arrival of child. The dancing involves singing cultural songs which praise the new born child, the creator, cattle's and other societal values and norms. If the new born baby is a boy, a piece of cow hide is hung at the roof of the entrance house. The child father wears a unique cloth (the white turban) and holds a whip and a long wooden stick. Following that he announces three times by saying that the "son has been born". The father also distributes tobacco and makes a sacrifice of coffee berries for those who come to visit the mother.

Moreover, for the male child, reckonners count up the stars and tell the "ayyaana" (Spirit of the day) of the child. For instance, if the "ayyaana" (Spirit of the day) of the child is sheep the child does not slaughter sheep. If the "ayyaana" of child is hyena, it is believed that the child does not pass the night without getting meat. The "ayyaana" or date of birth also determines the child's marriage in later adulthood. According to the Borana culture the "ayyaana" of the husband and wife should not be the same. If the same, it is traditionally believed that the couple's could nag each other and could eventually experience divorce. In other words, persons born on the similar day have the same character that is due to "ayyaana".

The male child is introduced to the outside world after forty days or more. After forty days the mother takes the child and the remains of the umbilical cord which kept safe earlier to the cattle campus. Then she puts the remains of umbilical cord on "raada" (a heifer) which will become the first property of the child.

For the female child, there is no dancing and singing celebration or there is no gift for the umbilical cord. The socio-cultural meaning of this is male children are preferred to female children. Gender inequality is also reflected here. However, there is a sacrifice of coffee berries, which the Boranas call it "Buna qalaa". This is associated with female fertility.

The birth ceremony is followed by initiation. The initiation ceremony is held to give personal name for the child. It begins with the coming of the mother holding her child in her arms to the house door. The child's father is also called and allowed to come to the house door. In the meantime, the mother asks the father by saying which Cow or heifer will you give my child if I allow you to name him. Immediately the husband identifies the heifer or cow and name the child. This status of the initiation (getting personal name) create deep impression on the child's attitude and behaviors. In relation to this, Asmarom (1973) says the Borana and the Guji Oromo name their child very often their ancestors or clan name, the time of day, months and the place where the child was born.

In addition, there is circumcision ceremony during infancy stage for the none "ilmaan korma" (children born not in the right gada grade of his father) children. In fact, there is no fixed time for circumcision for the children of none "Ilmaan Korma". However, in most cases it is practiced between two to three years. That is when infants begin to walk. For the "ilmaan Kormaa" Children circumcision and its ritual ceremony is postponed for the later years. They are circumcised when they are ready to become the Abbaa Gadaa (the leader) of the society. Female genital mutilation is also highly accepted in Borana culture. It is a taboo if a female is not circumcised. She faces social discrimination. It is believed that she becomes sexually active and does not stick to her husband after marriage unless circumcised. She might also make many sexual partners and experience divorce due to disagreement with her husband.

In line with this Wikipedia (2006) defines female genital mutilation as cutting the female physical or reproductive organ for socio-cultural reasons. The operation is mostly carried out by female practitioners. Today, it is becoming an African especially sub –Sahara African culture. It is mostly practiced by traditional religious followers and Muslims. Female genital mutilation is practiced for various reasons. First, there is the belief that it moderates the female (mostly an adolescent girl) sexual desire. Secondly, it is believed as more of hygienic. Third, some relate it with the traditional initiation rites or rites of passage. This is particularly the case in Sub-Saharan Africa. Lastly, the idea that religion justifies the practice. This is true for Islamic religious followers. But some Muslim

scholar's believe that female genital mutilation is practiced as a result of ignorance and misconceived religious fervor than for reasons of true religious doctrine.

On the other hand, female genital cutting is practiced for the belief that a newborn child has elements of both sexes. This is the male reproductive organ (foreskin or the penis) is assumed to have the female element. In the female reproductive organ (the clitoris) is considered as it has the male element (Ibid)

3.4. Borana Parental Investment Strategy

According to the Borana culture, as respondents from the Focus Group Discussion state, parents have the social and cultural obligation to bear a child. Giving birth and upbringing is what waaqaa (God) likes. They believe that having children fulfills an ideal of procreativity and ensures the continuity of lineage and ancestral line. Those women who have no children are in a kind of ambiguous status. That is whether she belongs to women or an adolescent girl. The couples who have no or do not bear a child are not socially respected and accepted like the others. Besides, when their children marry it creates new links and expands the social network. Hence, the continuity of ancestral line and the social links through marriage provide parents social status, psychological or emotional satisfaction.

Question.(2) How many ideal number of children (family size) do you want to have?

	Number	Percentage
A. One	1	0.9%
B. Two	2	1.8%
C. Three	3	2.7%
D. Four	5	4.5%
E. If more than four, Specify	99	90%
	N=110	100%

In response to the above question, 90 Percent of respondents replied that they want more than four children. While 4.5 Percent and 2.7 percent of respondents replied four and three children respectively. Respondents from the Focus Group Discussion also confirm this idea and they stated that they will bear any number of children their God wills. According to their opinions, as far as the economic capability and the capacity to give birth exist God allow them bearing a child. Thus, the rate of reproduction becomes high since the tradition allows having more children if there is the capacity to give birth.

On the other hand, polygamous type of marriage is common in Yabello and surrounding districts and one man marries two or three women and bears more children. As most of the respondents indicated a man can bear up to twenty or more children if the economic capacity allows. However, the Borana parents used breast feeding as a means of family planning. They increased the duration of breast feeding or lactation to reduce the high fertility rate.

This is similar to the model of LeVine's agrarian parental investment strategy. According to LeVine Model (1974), the agricultural society's parental strategy is quantitative. This promotes high fertility. They give more value for the unskilled child labor in domestic activities and the production areas and for the long term progeny of social support for their parents during old age. This shows the demand for children is greater than the supply (the ability of bringing up).

Question (3)do you want to bear or have a son (male child) or a daughter (female child)?

	Number	Percentage
A) Son	72	65.5%
B) Daughter	38	34.5%
	N= 110	100%

The majority of respondents (65.5 Percent) replied that they preferred male to female child. For this, they cited the reason that the male child strengthens the parent's home and works for the prosperity of the parent's home and village. When a son grows up he also plays a central role in defending the parent's home from aliens and in fighting enemies from his clan. In contrast to this, the female child, is expected to leave her parent's home and marry a person from another clan. She works for the development and prosperity of another clan. However, those respondents (34.5 percent) replied that female children think and work for their family than the male child. In the post marital life she strengthens and expands the social bond or matrix of the family with the other clans.

On the other hand, the Focus Group Discussion respondents were asked about what they want or wish for their child if he/she grew up. The majority of them responded that if conducive environment is created, they support their child to join school and get employed. This shows that parents are more concerned about future economic security of their children. However, some explained that they have more cattle and others relied on farming. Hence, children helped them in keeping and herding cattle, camels, and goats. Children also supported them in domestic chores. Thus, it is difficult for them to handle and manage their life without the help of children. A very small number of respondents indicated that they wanted and wished trade or business for their children. For this they reasoned that the Borana is found on the trade route that linked Ethiopia with Kenya through Moyale and that it is profitable to engage in business activity.

The Borana parents were also asked what they wanted and expected from their children. In response to this, they said that when the child becomes adult and establishes his/her home they expected economic support. They also stated that during old age children provide them with social support.

3.5. Feeding Practices

The three basic issues: the what, how and when to feed an infant highly reflects the Developmental Niche model of social context, parental characteristics and societal values (Gardiner, 1998).

In Borana culture, before the mother provides breast milk, the new- born first test is water (for male child) and cow's milk (for female child). After a few minutes the male child is also given a sip of milk. Then for three day's the infant is given only cow's milk. The fact that the male child's first test of feeding on water shows that during war or invasion period the clan should prepare or train the male child to use only water for drink during fight with enemies. Milk is given primarily for both sexes and this is done to show the importance of cow's milk in their culture. Providing milk or fresh butter for the new born baby is highly intertwined with their livelihood or economic activities.

One of the major goals of infant care is the establishment and maintenance of breast feeding. The woman breast is the optimal source of food for the new born child. Breast milk is easily digested than any other types of milk. It keeps the child healthy or protects the child from diseases by providing the child with natural immunity. Breast milk is also immediately available than any other types of milk. Moreover, the baby's early sucking and skin contact is associated with more affectionate behavior of mothers towards their infants (WHO, 1997; Gardiner, 1998).

Question (4) when do you start to breast feed the new born baby?

	Numbers	Percentage
A) Immediately after birth	2	1.8%
B) After one hour	1	0.9%
C) After two hours	1	0.9%
D) After three hours	2	1.8%
E) After four hours	10	9.1%

F) If, more than four, Specify-	94	85.5%
	N=110	100%

In response to the above question, about (85.5 Percent) respondents replied that it is after the second day that the new born child begins sucking the mother's breast. Until the third day the child is given the cows milk. Some of them (9.1 Percent) indicated that after four hours they provide breast milk for the child. A small number of respondents (1.8 percent) stated after three hours. Again 1.8 percent of informants responded immediately after birth.

Question (5) when do you breast feed or provide any other food for your child?

	Number	Percentage
A) When the child is crying	45	40.9%
B) At scheduled (fixed time)	5	4.5%
C) At unscheduled time (whenever the child wants)	60	54.5%
	N=110	100%

In the Borana, (Yabello and surrounding areas) the majority of respondents (54.5 percent) replied that there is no fixed time or no scheduled time to feed infants. Breast milk or any other food is given whenever the child shows signs of hungry. Other respondents (40.9 percent) indicated that infants or children are fed when they cry. They also stated that infant crying showed the child's interests for breast or food.

In line with this Harris (1993) stated that the needs of infants are relatively forward and clear to every body. When infants and children are awake, they need breast milk or additional food, stimulation and some one to care their hygiene. In other words, children enjoy and spend their time on food intake except during sleeping. The timing and patterning of these events (feeding versus sleeping) is determined by each baby's unique physical and psychological needs but they are influenced by care givers. Harris also indicated that in the case of the children demand feeding schedules, they are fed whenever they want or are hungry. A healthy infant can show the sign of demand for food to the care-giver by crying when hungry and stop crying when satisfied. Hence, most health care workers advocate the approach of demand feeding since it meets the babies' needs.

In the Focus Group Discussion, respondents were also asked what type of feeding practice (breast feeding, or bottle feeding or any other method) they use in Yabello and surrounding areas. They stated that breast feeding is highly acceptable in the Borana culture. It is a mandatory for the mother to breast feed the newborn child. Getting the mothers breast milk and other foods is the most important and the basic child right. Besides, the mother's milk, the new born and children are fed on cow's milk by using a special milk container called "qabee". The livelihood of the Borana society relied on the rearing of animals (cattle, camel, goat etc) and children from the first day of birth grow up while drinking the cows and camels milk (milk of either of them).

Regarding this, the empirical studies conducted by Harfouche (1990) and Arnup (1994) indicated that breast feeding is the natural way of feeding human infant and has central role for the survival, growth and development of the child. Breast feeding the child is the most fundamental and important part of child rearing and raising. It reflects the ideal cultural image of the mothers particularly for the traditional societies. Harfouche and Arnup also stated that human breast milk represents the strongest possible foundations for child nutrition and infant care. The bond created during breast feeding influences the quality of mother-infant interaction, the beliefs, interests, values and attitude of mothers.

Besides, Zanden (1993) noted that breast feeding provides children with the emotional and psychological rewards for women who breast feed than bottle or cup feed mothers. The close physical contact afforded by breast feeding is pleasurable and more interesting for children. Supporting the above idea Lawrence and Gartner (1997) stated that human breast milk and breast feeding itself benefits the child for his/her healthy and over all development. It also reduces and prevents the child from acute chronic diseases and risks.

Respondents were also asked the age at which weaning takes place in the Borana. They replied that it was in most cases, between two or three years. But some continued to breast feed their child until the coming of the new children. Susan (1994) noted that the longer duration of breast feeding and weaning help the Borana parents in limiting the number of children. It reduces the high fertility

rate. In the Borana except those who reside in urban centers, the rural women do not like using contraceptive pills.

Question 6) if the nursing mother wants to wean her child what strategy or system she uses?

	Number	Percentage
A) Sending the child to the mother's home	20	18.2%
B) Anointing the mother's breast nipple With traditional medicine, to make the Child hates the mother milk.	79	71.8%
C) Providing and gradually replacing Mother's milk with cow's milk	10	91%
D) If other, specify it___	1	0.9%
	N=110	100%

As we see from the above question, the majority of respondents (71.8%) replied that when the mother is ready to wean her child she anoints her nipple with traditional plant leaf known as "eebicha or hargessa". This leaf has a bitter taste and it is a traditional medicine which make the child hate the mother's breast. Besides, some of them (18.2 percent) responded that they send their child to the mother's parent home and make to stay there for a month or more to wean the child. The rest (10 percent) respondents indicated that they provided cow's milk which gradually made the child forget his mother's milk.

In relation to this Cole (cited in Gardiner, 1998) demonstrate that the duration of child feeding varies across cultures and is determined by an individual and societal values. These are the health of the mother and her child, the

availability of appropriate nutritional supply for the child and the cultural beliefs about the developmental adequacy of nursing.

Moreover, respondents also indicate that the Borana children begins to eat additional foods (other than breast milk and cows milk) when the child has the first tooth (mostly when they have molars and premolars). Since then parents begin to provide soft and delicate foods like porridge that is prepared either from "daakuu baddallaa" (maize flour) or from "daakuu warqee" (enset flour) mixed with butter. However, parents prefer to give foods besides mother's breast milk and the cow's milk after two years. Until two years the common and staple food for children are human breast milk and the cow's milk.

Cole (cited in Gardiner, 1998) again states that in the post child weaning the context of eating continues to play a crucial role in the long term dynamics or the development of social relationship between the child and caretakers. This includes who controls what child feeds, how and when to feed the child and how this control is achieved and the bases for the decisions.

3.6 Co-sleeping and Sleeping Management

Super and Harkness (1995) indicated that it is natural that all babies need sleeping but the sleeping arrangements vary from one culture to another. The way sleep is organized and structured, the arrangement of schedules influence early parent-child interactions. Sleeping management has influences and reflects the cultural belief about infant's development in the social life. For instance, some

cultures like the Mayans of Mexico and Kipsigi of Kenya favor infants sleeping with parents until the birth of new siblings. While others like Americans support infants sleeping in separate room and the sleeping environment is arranged. This is because they believe that co sleeping interferes with their plan to train children early to become independent, assertive and self-reliant.

Question (7) According to Borana culture, the new born child or an infant sleep with whom?

	Number	Percentage
A) with father and Mother	70	63.6%
B) alone in his /her own separate room	6	5.5%
C) With elder siblings in their own room	33	30%
D) If other, specify it__	1	0.9%
	N=110	100%

In response to the above question, 63.6 percent of respondents replied that until the weaning age children sleep with their parents. An infant or a young child sleeps at the back of the mother. For this, parents indicate that when the child cries or becomes hungry the mother immediately provides the breast milk and make the child quiet. The mother also protects and keeps the child from accidents of falling from bed. On the other hand, when the next sibling is born and the survival of the child is promising, the parents shift the sleeping place of the child to the elder sibling. Here after, the child develops the habit of sleeping with elder brothers and sisters in the same room. That is why 30 percent of respondents indicated that the child sleep with elder siblings. The rest 5.5 percent of informants replied that their child sleep alone in his/her own separate room.

3.7 Care- takers Response to the Infants Crying

Several research works, for instance Ainsworth (cited in Gardiner, 1998) demonstrated that crying is the newborn baby's earliest form of communication with immediate social environment. It is through crying that the child brings his/her parents and other persons in to his /her own world and understanding to express his or her feelings such as hunger, discomfort, need of attention or playing and others. The care-takers response to these infants' feelings and crying varies across cultures. For instance, research work by Grossman and colleagues (as cited in Gardiner, 1998) on German mothers showed that they were unresponsive and quiet to baby's crying. They believe in the idea that infants should not rely on mother's comfort at all times and should be independent and self reliant. However, other cultures like Japanese and African cultures promote strong sense of dependency in their children and are sensitive or responsive to the child's crying.

Question (8) when the child cries is the mother sensitive and does she immediately pick up her child?

	Number	Percentage
A) Yes	99	90%
B) No	11	10%
	N=110	100%

Almost all respondents (90 Percent) of them replied that the Borana mothers are responsive to the child's crying and immediately pick up and hold their children. Only 10 percent of respondents replied that they are not as such

sensitive to their child's crying. Regarding this Erik Erickson (cited in Gardiner, 1998) state that infants learn to trust the world. For instance, if they cry because they are hungry or feel discomfort some one will pick them up and feed them. Parents on their turn learn to trust their child if they feed them and feel that they will be comforted and quieted.

Informants were also asked about what strategy the care-takers use or employ to make child quiet when the child is crying. Most of them stated that during the day, the mother picks up, holds the baby and feeds breast milk. She also carries the child on her back side by using a piece of clothe and sings the songs while moving from one place to the other place. The songs involve praising the child such as his /her heroism, strength; the mother's coming from the market or field works etc. If the person who provides care for the child is the uncle or the elder girl, they play with the child using different activities. For instance, one of the most famous play activities is "Kule xabachiisu". This term comes from the root word "kuulanii" the literal meaning is a child with beautiful eye and face. The "kule" play involves placing the child on the adult or elder sibling's knees and stretching the child hand up and down. This activity, besides making the child quiet, it contributes a lot for the healthy and physical development of the child. On the other hand, respondents from Focus Group Discussion indicated that children should be fed well (mother's milk, cow's milk or any other foods) before they sleep, so that they do not cry at night, during sleeping time. However, if the

child simply and continuously cries they believe that the child becomes sick and has special problems.

3.8. Medical Care during Birth and Infancy

For the delivery of the healthy and normal child the trained and educated midwife as well as modern medical institutions play central role in assisting the mother. In the Borana culture as respondents from the Focus Group Discussion (FGD) indicated during delivery women are assisted by the traditional midwife. Even, in some cases where there is normal or relatively less labor the neighboring or elder women participate in helping the mother give birth. However, when the mother faces a difficult labor "cirreettii" (traditionally experienced midwife) is called to assist the mother. If it is beyond the capacity of the traditional midwife they go to the modern medical institutions. Hence, the Borana mothers use the modern medical institutions as the last resort for their problem. This affects the probability of the Boran mother's to deliver physically normal and healthy infant.

Question (9) if the child stops breast feeding and refuses to take other foods what solution do you take or propose?

	Number	Percentage
A) Traditional solution	62	56.4%
B) Taking the child to modern medical institutions	48	43.6%
	N=110	100%

In case the child refuses to breast fed and take other foods, the majority of respondents (56.4 percent) replied that they prefer traditional solutions. The local medical person is called to find the traditional medicine known as "qorsa". This

"qorsa" root is ground and its flour is mixed with water. After a few minutes they make the child to drink it and this medicine is believed to cure or heal the child from the diseases. The rest respondents (43.6 percent) said that they take their child to modern medical institutions when their child is sick or refuses to take food.

3.9 Physical and Verbal care

Many African and Asian cultures promote early formal handling experiences to stimulate the child behaviors like sitting and walking. Africans, immediately after birth promote and begin stretching exercises such as placing infants in a sitting position and also encourage the child to play games which enables them to jump and walk. Moreover, African care-takers (usually the mother) hold their babies more than the western mothers (Gardiner, 1998).

Confirming the above idea, LeVine (1988) states that African mothers besides work obligations provide continuous holding, respond to infants crying and are sensitive to infants distress and disease than the western mothers. This reduces the rate of infant and child mortality. However, the European mothers do not provide early intensive formal handling. They give more attention and care to their children at the age of two and three than the first year age. At the early age mothers give more attention and commitment to verbal communication (like talking and playing) with their child. They promote extended "proto-conversations" before the baby is capable of speech

Question (10) when the nursing mothers go to the field work, market places, or any other places she:

	Number	Percentage
A) Holds the child and does her duties	9	8.2%
B) Gives to the elder siblings	31	28.2%
C) Gives to the child's uncle (father side)	60	54.5%
D) Gives to relatives or other neighboring persons	10	9.1%
	110	100%

The response from respondents (54.5 percent) indicated that when the nursing mother engages in field work, moves from one village to another village or goes to the market the child is given to the uncle (from the fathers side). For this they believe that the "akkoo" (uncle) protects the child from accidents and feeds the child well than other people, next to the child's mother. On the other hand, 28.2 percent of respondents replied that elder siblings (in most cases adolescent girls) are expected to keep and hold the child until the mother comes back from the work place or any other areas. 9.1 Percent of respondents replied that relatives or neighboring people help the mother in keeping the child. The rest respondents (8.2 percent) indicated that mothers conduct their activities while holding their child on their back by using a piece of cloth. According to the Focus Group Discussion conducted, almost all respondents and observation of behaviors indicate that in most cases it is the mother that provides care for the newborn baby and the child. Children are given to the uncle or siblings only when the mother is not around home. In Borana (Yabello) culture, fathers do not directly participate in the child care. Rather he is expected to create conducive environment in arranging resources for the health, safety and over all

development of the child. For instance, the father work hard more than the normal time to cover the expenses of the child such as food, clothing, arranging sleeping beds, buying soaps to keep the child's hygiene, slaughtering a bull or a goat for the mother (which makes the mother to produce more milk for the child) and others. However, it is not as such common and customary in Borana culture that the father engages in direct child care such as in physical contacts of holding and carrying the child, in keeping the child's hygiene.

The work of Lamb, Pieck, Charnor and LeVine (1988) also stated that the father's involvement in child care plays a crucial role in interaction (attachment), availability and responsibility. In interaction process the father's physical contact with the child through care giving and shared activities create an emotional bond between the two. Availability refers to the father's presence to make the child feel secure and free from distress. In responsibility it shows the role that fathers take in arranging resources to be available for the child.

In Borana, as mentioned earlier when the mother's go to field work or any where it is the responsibility of the child's uncle (from fathers side) in providing care for the child. The uncle is preferred next to the mother in keeping and providing physical and safety needs for the child. Nevertheless, a child who has no uncle is given care by elder siblings (in most cases by an adolescent girl).

Question (11) during feeding session (like breast feeding and other foods) do you talk and show affectionate face to your child?

	Number	Percentage
A) Yes	61	55.4%
B) No	49	44.5%
	N=110	100%

As we see from the above question, 55.4 percent of respondents replied that they talk and communicate with their children while feeding breast and other foods. The rest respondents (44.5 percent) replied that since the child is on feeding there is no talking with the child. They believe that language is not understood by children until the age of two and above. Both respondents (from the Focus Group Discussion and questionnaires) mentioned that the adult person while holding and carrying the baby express his/her love by kissing, fondling, cuddling and exhibiting affectionate face to the child.

Respondents were also asked regarding keeping the health and over all hygiene of the child. For this they replied that the expectant mother when her delivery is approaching prepares as many pieces of cloths called "erbee". From the beginning these pieces of cloths are washed and well prepared since it is used for cleaning the bay's face and body after washing and for change of diaper. To avoid the bad smell of the child's excreta's and urine the mother washes the piece of cloth and makes it with traditional plant root "qayya". The "qayya" has aromatic smelling and avoids the bad smell. In Borana though there is shortage of water

(except during summer season) for drinking and food preparation, priority is given for the child's hygiene and health. The mother always washes the child's body and changes diaper. When the child begins to walk, parents gradually start toilet training. In most cases small children are allowed to wear a loose fitting shirt so that they cannot soil their cloths with urine and excreta.

Regarding this, Sigmund Freud's' work on western culture (cited in Crain, 2000) stated that in the second psycho sexual stage (during the second and third years of life) parental toilet training of their child takes place. Toilet training is the central issue in the parent child conflict during the second stage. Parents make an effort in training their child to use toilet properly. However, some children fight back or go against parental demands and deliberately soil themselves. They rebel but become wasteful, disorderly and messy. While others successfully overcome the problem by developing self control, acquiring disgust for anything dirty or smelly and developing a compulsive need to be clean and orderly. Hence, the issue of toilet training has impacts on the child's later life.

The other important point is about Borana parental discipline. In relation to this Diana Baumrind was reported (as cited in Somerville, 1993) as saying that there are three common parenting styles. First is the authoritarian style which focuses on strict discipline of children. In such parenting style children become shy or rebellious and experience difficulty to interact and establish relationship with others. Second is the authoritative or democratic style. This system provides

direction and allows individuality and connectedness. In such cases children develop confidence, assertiveness and social mindedness. The other one is permissive style. It grants too much freedom or no discipline. Children who grow up in permissive style are impulsive and immature. Diana Baumurind was also indicating that those parents focus on obedience and strict discipline abuse children physically and this violates the children right. Such abused children have lower peer status and less positive reciprocity with their friends. They are also more aggressive and less cooperative than others. Their social network is characterized by insularity, and negativity.

In relation to this Desalegn (1998) define child abuse as any violent maltreatment or neglect of children by people who causes physical and psychological damages that could eventually deter the health and over all development of the child. He also states the characteristics of abusive families in Ethiopia. They are characterized by isolation, marital conflict, lack of positive interpersonal relationships and overcrowded living condition. He again listed some of the consequences of the child abuse. Physically, children face physical damages, infections with sexually transmitted diseases and HIV /AIDS, and premature pregnancy.

Psychologically, they became avoidant, resistant and non compliance at the early age. At the toddler stage they become aggressive toward peers, worry and ambivalent toward care givers and distrusting feelings toward sexual intercourse. Berk (cited in Desalegn, 1998) also says abused children experience depression,

low self-esteem, poor social-skills, repressed anger and hostility, problem of self control and sedative behaviors.

Regarding Borana parental discipline, respondents replied that when children refuse to obey parental command, parents correct them through verbal admonition and occasionally by spanking. Parents' achieve discipline by teaching and socializing children to respect their elders, family and the society from an early age. Women show much more affection and love for their children. However, men are serious and prefer to teach and advice their children.

Asmarom (1973) and Tadesse (1995) stated that Borana and Guji parents very rarely punishing their children physically. Unlike the other Oromo groups of Ethiopia, parents are prohibited to punish the first gadaa grade children "dabballee" (between 0-8 years of age). They seriously follow up, keep and protect them from damage and harm. Parents even give them unattractive and derogatory names so that it prevents the attention of evil eyes. They are also given feminine gender because until eight years they are restricted at the maternity home and grew up under the care of their family. Baxter (1994) also indicated that the "dabballee" boys are considered as the principal mediators between human beings and God. This is because the Borana believe that through "dabballee", the waaqa (heavenly God) communicate with them in relief of misfortunes. Hence, punishing children physically is not acceptable.

Respondents also replied that in addition to the child right no to be abused physically, the Borana infants and children have the right to get basic needs (like breast, milk, clothing and other foods) from their parents and to be refrained from hard work that is beyond their capacity. It is culturally accepted in Borana to provide children with physical and safety needs until they become self-supportive or self reliant individuals.

Regarding this, the African Charter on the Rights and Welfare of the Child noted that every infant or child has the right to get basic necessities, care and enjoy protection from parents or other legal guardians. Parents have the responsibility for the upbringing and development of the child. They should secure children with their abilities and financial capacities. Parents and other guardians in domestic areas should discipline children with humanity and in manner consistent with the inherent and human dignity of the child. The charter also indicate that every child should be protected from all forms of economic exploitation and from engaging in any work that is hazardous or interfere with the child's physical, spiritual, psychological, moral, cognitive and social development (OAU, 1990).

The African Charter on Rights and Welfare of the Child again states harmful social and cultural practices that affect the welfare, dignity, normal growth and development of the child should be eliminated (OAU, 1990).

Sample of the Child's Everyday Experience

S.No.	Feeding (Frequency)	percent	Sleeping (Frequency)	percent	Crying (Frequency)	percent	Others	Percent
1	18	60%	8	26.7%	3	10%	1	3.3%
2	14	46.7%	6	20%	8	26.7%	2	6.7%
3	12	40%	8	26.7%	6	20%	4	13.3%
4	10	33%	12	40%	7	23.3%	1	3.3%
5	6	20%	9	30%	9	30%	6	20%
6	9	30%	10	33.3%	8	26.7%	3	10%
7	9	30%	4	13.3%	7	23.3%	10	33.3%
8	7	23.3%	8	26.7%	8	26.7%	7	23.3%
9	6	20%	4	13.3%	9	30%	11	36.7%
10	11	36.7%	6	20%	8	26.7%	5	16.7%
11	8	26.7%	5	16.7%	8	26.7%	9	30%
12	8	26.7%	6	20%	8	26.7%	8	26.7%
13	11	36.7%	8	26.7%	6	20%	5	16.7%
14	7	23.3%	7	23.3%	8	26.7%	8	26.7%
15	13	43.3%	4	13.3%	4	13.3%	9	30%
Total	149	33.1%	105	23.3%	107	23.8%	89	19.8%

As we see from the above finding the majority of infants (33.1%) were observed while they were feeding their mother's breast milk and taking other foods like cows milk and breads prepared from "daakuu baddallaa" (maize flour)

and Enset flour. 23.8% of infants were found to be crying for different reasons. Some of them were crying while they were carried on their mother's back in demand of mother' breast milk. Others cry while they were playing with their equal peers in a village area. When infants cry caretakers (mothers, uncle, elder sisters and others) were observed in responding to infants and children crying.

On the other hand 23.3% of infants were observed while they were sleeping. This is the case mostly between 7pm – 8pm and 2pm-3pm. Care takers or parents were asked why infants sleep earlier than parents. They replied that infant and children can do a lot of their own routine jobs during the day while playing with their peers and they can sit and stand several times even within an hour. Hence, they are exhausted and go to bed and sleep early than adults. The rest 19.8% of infants were found to be playing different types of plays, singing songs and keeping calves, and goats around home with their elder brothers and sisters. These children are more looked to be matured and are around 3 years of age.

4. Conclusion and Recommendations

4.1 Conclusion

According to Borana (Yabello and surrounding districts) culture, the normal and natural birth process is assisted by the relative or the neighbor's old woman. However, in case the pregnant women face a very serous problem of delivery the traditional midwife "cirreettii" is called to help the mother. If it is beyond the capacity of the traditional midwife they take the woman to a hospital or other health centers. This shows that they use the modern medical institutions as a last resort to their problem. The husband and wife also pray to God while holding each other's hands since it is believed that it facilitates the birth process. Men are not supposed to participate in the birth process and are expected to loosen their belt "qabattoo" in order to facilitate the delivery. The new born baby is wrapped with a piece of clothe called "erbee". The husband's mother or the mother's sister sucks the mucus from the baby's nose. Local midwife or an older woman from the village cuts the umbilical cord and keeps it in a safe place so that later the child is given gift with this remaining umbilicus. Then relatives, neighbors and other people visit and congratulate the mother. They greet the mother from outside the wall of the hut. This is only for reasons of the health and safety of the mother. During visit hours they come with different types of gifts like milk, butter, animal fat, porridge and other foods.

After birth, the new born child does not separate from his/her mother. They sleep together for the long time. Thus, there is attachment during the early or

critical period of time. This in turn contributes a lot to the child's development of trust and to the later over all psychological development.

The birth ceremony in Borana is celebrated for three days (female child) and four days (male child). For males singing and dances are held for four days. After forty days the male child is taken to the cattle compound and given a gift for the umbilical cord. That is the first property of the child. In contrast to this, there are no dances, singing and the gifts for the female child.

During infancy, it is only the children of none "Ilmaan Kormaa" that under go circumcision. Though there is no fixed time for none "ilmaan korma" the circumcision takes place usually between two to three years. For "ilmaan korma" it is postponed for the later years because of cultural and social reasons. Female genital mutilation is highly acceptable in Borana society. It is a taboo if a female is not circumcised. It is believed that she could become sexually active and unable to stick to her husband after marriage. She might also meet several sexual partners and gradually experience divorce. This is one of the harmful traditional practice and concept that affects the society.

In Borana culture, giving birth and upbringing is assumed as God's commandment. Bearing a child fulfills an ideal of procreativity and is related with the continuation of ancestral lines and lineages. Parents have socio-cultural obligation to have children. Sterile women do not have social status and respect

from the society like those who have children. Family size is very large. There is the belief that whatever God wills and if economic capacity allows they bear a child. Polygamous type of marriage is common in Borana. These factors increase the rate of fertility and reproduction. Hence, the Borana parental investment strategy is quantitative. They give more value for unskilled child labor in domestic and field activities. In Borana, there is preference of male children to female children.

The Borana parents are more concerned about the future economic security and earning potential of their children. They wish and want their children to get into school and get employed. However, the existing socio-economic structure forces their children to dropout of school. Children are highly demanded for cattle, goat and camel keeping. It is difficult for parents to manage and handle their life in the absence of children.

In Borana the new born male child first taste is water and the cows milk for female child. But after a few minute the male child is given a sip of milk. Milk is given for the new born baby since it is intertwined with their economic activity. There is no fixed time or scheduled time to feed infants. The mother's milk or food is provided for infants when ever the baby cries or shows signs of demand. Infants and children's breast feeding is highly acceptable and valued in Borana society. Mothers are socially and culturally obliged to breast feed their children. This child care practice is supportive because breast feeding creates emotional bond between

mother and child, prevents the child from disease and it is the optimal food for the child. It is one of the most important and basic child rights also in Borana. Besides the mothers milk, the Borana children from the first day of birth grows up while drinking the cow's milk.

In Borana, child weaning takes place in most cases between two to three years. Here the longer the duration of breast feeding the better it is for family size. However, they are not accustomed to the modern medical birth control like using contraceptive pills. Despite the use of the longer duration of breast feeding, they do not consider the modern medical services to reduce fertility rate. When the Borana mothers want to wean their children they smear their nipple with the traditional plant leaf called "eebicha" or "hargeessa". Some also use the mechanism of sending their children back to the mother's home. Parents provide additional foods like porridge and animal fats when the child's the first molar or premolar teeth come out.

According to the Borana culture, children sleep with their parents and very often at the back of the mother until the birth of the new sibling. They consider infants as immature. Mothers protect their infants from accidents and provide them breast when the children cry and are hungry at night.

It is in effect through crying that infants and children express their feelings of hunger, discomfort, and attention. The caretakers response and sensitivity to

infants' crying and feeling differ from culture to culture. In Borana culture, mothers are responsive to their children's crying and immediately pick up and hold them. Then they either provide them with breast milk or make them play games. They also try to quieter their children by carrying them on their backs by using a piece of clothes. While carrying their children they sing the songs that praise the strength of the children.

In cases when the child refuses to feed the mother's milk or any other food, the Borana parents prefer to give priority to traditional solution. The local medicine man finds the medicine that is made from the plant root "qorsa". This plant root is ground and mixed with water and is given to the child to drink it. It is only when the child is not healed with this traditional solution that they go to the modern medical institutions. From the family members it is the mother that very often provides care for the child. However, when the mother goes to the field work, to market places or to any other areas the child's uncle (from father side) is preferred to provide care for the child. The uncle protects the child from accident and feeds the child well more than the elder siblings or neighbors. However, in Borana, fathers do not directly participate in childcare. They are expected to create conducive environment and arrange resources that are essential for the health and over all development of the child. The father's interaction or physical contact with the child through care giving and availability for the child is limited. This affects the attachment and emotional bond that is created between the father and the child.

During feeding process (breast feeding, cows milk and other foods) parents talk, and communicate and play with their children. But some believe that language is not understood by children until the age of two. To keep the health and hygiene of the child the mother bathes the child's body and washes the baby's clothes immediately after removing the excreta and urine. Mothers use the traditional plant root "qayya" to avoid the bad smell of the child's urine and excreta. When the child begins to walk, parents gradually start toilet training.

The Borana parents achieve discipline by teaching and socializing children to respect their family, elders, and so that the society's norms and values are maintained. When children refuse to obey their parents command, they correct them through verbal admonition and occasionally by spanking. This parenting style is healthy and positive that other cultures should follow. The Borana custom prohibits punishing the first gadaa grade children the "dabballee". These children belong to 0 to 8 years old. They are restricted in the maternity home and even given feminine gender. Besides the right not to be punished physically, the Borana children have the right to get basic and safety needs from their parents. They are also refrained from engaging in hard work until they become self-reliant or self supportive.

4.2. Recommendations

1. As indicated in the result section, the Borana Mother's give birth through the help of the traditional midwife. They give priority to traditional solution. Hence, teaching the society to use the modern medical institutions during delivery is very crucial. Awareness creation in changing the attitude and belief of the society is required.
2. Breast feeding is the optimal food for the new born baby. However, the Borana mothers provide their child breast milk after the second day. This may affects the health and psychological rewards the child gets at the critical period during breast feeding.
3. Despite the existence of useful traditional practices, there are also harmful traditional practices like female genital mutilation. It is still highly accepted in Borana culture. Hence, this belief should be changed by teaching the society and by formulating strategies to avoid the practice.
4. Boranas use longer duration of breast feeding. This helps for a family planning goal. However, the belief that they bear a child when ever God wills, the absence of the use of family planning methods, the high demand of children for domestic purposes and the presence of polygamous marriage contribute a lot to the high rate of fertility and reproduction. This according to the parental investment strategy model is not adaptive at present. Thus, teaching the society about the potential and possible outcomes of the big family size is very important. Government, Non Governmental Organizations and other civic organizations should give attention to teaching the society about the effects of

the large family size and about the importance of family planning for healthy family life.

5. The most staple and common food of children are breast milk and cows milk. Children do not get other foods until they are older. This restricts children from getting balanced diet which is detrimental for the healthy and over all development of children. Thus, teaching the society about infant and children care in feeding practice is very important.
6. In Borana, there is still the preference of male to female children. For this, awareness creation and teaching the society about gender equality is essential.
7. The role of the father in child care is limited. The interaction or the physical contact through care giving and the father's availability for the child is not as such strong. This affects the emotional bond (attachment) that should be created between the father and child.
8. The Borana parental disciplines promote teaching their children to respect family and elders. Physical punishment is rare. They correct children through verbal admonition and occasionally by spanking. This is the positive and healthy care practice that other cultures should follow.

References

Arnup, K (1994) Education for Motherhood: Advice for Mothers in Twentieth century in Canada. Toronto: University of Toronto press.

Asefa Bequele (1988). Combating Child Lobour. Geneva: International child Lobour.

Asmarom Legesse (1973). Gada Three Approaches to the Study of African Society. New York: Free press, Macmillan

Baxter Paul (1994). A river of Blessing: Essays in Honor of Paul Baxter, Syracuse N.y Maxwell, Syracuse University.

Barclay, K (1985). Infant Development Texas: Holt Rinhart and Winston, inc.

Berry, W (1990). Cross Cultural Psychology, Research and Applications. Cambridge: Cambridge University Press.

Bowlby,J (1969) Attachment. New York: Basic Books.

CPS (1998). Weaning your child from Breast Feeding. Canadian Pediatric Society (CPS) Public education subcommittee http://www.caring for kids. Cps.ca /bodies/weaning tm.

Crain (2000). Edt. IV. Theories of Development Concepts and Applications. New York: prentice Hall upper Saddler River.

Desalegn Chalchisa (1998). Incidences of Child Abuse in Four Woredas of Addis Ababa. The Ethiopian Journal of Education. Vol.XVIII.No.1

Emingyoung,M(2000).From Early Child Development to Human Development. Investing in our Children's Future. Washington; World Bank.

Gardiner (51998). Lives Across Culture. Cross Cultural Human Development. London. Trinity Publishers Service.

Harfouche, K (1990) Psychosocial Aspects of Breast Feeding, Including Bonding. http://babies today. Com/resources articles) nursing htm.

Harris, A (1993) Child Development ed. II. New York: West Publishing Company.

Hinant, J (1977). The Gada System of Guji of Southern Ethiopia, Ph.d.Diss. University of Chicago.

Kelly Bonyata (2006). Breast Feeding your Child. http://www.kelly mom.com/bf/weaning/weaning/intro.html.2006.

Lawrence, M, and Gartner, A (1996). Breast feeding and the use of Human Milk. Journal of American pediatrics: http:// uppolicy publications org/ogi/centers/full podiatry/and 36/00/6/1035.

LeVine, R Patrice, M.West, M(eds) (1988). Parental Behavior in Diverse Societies. San Francisco: Jossey Bass inc, Publishers and Ltd.

LeVine, R. (1974) Parental goals: A Cross Cultural View: New York

LeVine, R. (1980) A cross Cultural Perspective on Parenting. New York: Longman

LivHuawen (2004). The child's Right to Birth Registration: International and Chinese perspectives. Norway: Oslo. http: //www.humanrights. uio.no/for sking/publ/rn/2004/0504.pdf.

Munroe, R(1994). Cross cultural Human Development. Washington: Titzer College.

OAU (1990). African Charter on the Rights and Welfare of the Child. Ethiopia: Addis Ababa. http://www. Uncri /it/wwd/ trafficking /minors/docs-ilr /1990 African charter childpdf.

Ringness, T. And Gander, M. (1974). Ethiopian Journal of Education. Child Rearing Vol. 7. No. 1-2.

Sear (2000). Weaning: What does it mean. http://www.askdreasors. Com /html2/to 26400.asp.

Sear (2000). Breast feeding-weaning Baby. http://natural alfamil/online. com/articles/breast feeding weaning.htm.

Somerville, C. (1993) Child Development. The Effect of Physical Abuse on Children's Social relationship. Chicago. University of Chicago Press for the Society for Research in Child Development.

Susan, O (1994). Oromo Cultural Profile. http:// ethnomed.org/ ethnomed/ cultures/oromo/oromo-cp htm/.

Taddese Berisso (1995). Agricultural and Rural Development Policies in Ethiopia. A case Study of Villegization Among the Guji Oromo of Jamjam Awraja, PhD. Diss; Michigan State University.

United Nations (1998). United Conventions on the Rights of the Child. http://www.unicef.org(crc).

Wako Dubo (1998). Guji Social Conventions And Laws of Society Rehearsal at 22nd Bokko Assembly. Addis Ababa: Berhanena Selam Printing Enterprise.

Wikipedia (2000). Breast Feeding. http//en.Wikipedia org/wiki/breast feeding.

Wikipedia (2006). The Free Encyclopedia. Female Genital Cutting. http://en.wikipedia.orglwiki/female circumcision.

World Health Organization (1997). Maternal and New Born Health. Geneva. World Health Organization Publisher.

Zanden (1993). Human Development (5th ed). New York: Alfred Aknopf.

Addis Ababa University

School of Graduate Studies

Department of Psychology

The main purpose of this questionnaire is to generate information on child care and socialization in Borana culture during feeding sessions (breast feeding and other foods), co-sleeping, infants crying and initiation ceremonies. The genuine information you provide is highly valuable and essential for the successful completion of this study. Regarding confidentiality, all information you give is kept in secret. To assure you this, you are not expected to write your name on any of the questionnaire paper pages. To indicate your response please encircle from the options or put the sign "√". For those questions which need short answers write the short terms or statements.

Organization of the Questionnaire

The questionnaire consists of two parts. The first part includes questions on back ground or personal information. The second section includes questions on the Borana parental-child investment strategy, feeding practices, co-sleeping, sleeping management, care-takers response to the infants crying and the different ceremonial initiations after the birth of the child.

Thank you for your cooperation!

Part I **Questions for Back ground Information**

1) Mother's age ___
2) Father's age___
3) Infants age___
4) Sex : A) Male
   B) Female
5) Marital status: A) Married
   B) Unmarried
   C) Divorced
   D) If other, specify_____
6) Occupation: A) Farmer
   B) Employee
   C) Merchant
   D) If other, specify_____
7) Educational status:
   A) Illiterate (can't read and write)
   B) Literate (can read and write)
   C) Grade 1-6
   D) Grade 7-12
   E) 12+ 2
   F) First degree and above
   G) If other, indicate it _____
8) Religion:
   A) Christian
   B) Islam
   C) Traditional religion
   D) If other, specify_____

Part II: Questions on Child Care and Socialization in Borana Culture.

This part includes both open ended and close ended questionnaires. Answer each item as carefully and as accurately you can from the given alternatives or options

1. Do you want to have (bear) a child?

   A) yes

   B) No

2. If you say for question number 1 "Yes" what is your reason for having a child? _____

3. How many ideal family size or ideal number of children do you want to have?

   A) One

   B) Two

   C) Three

   D) Four

   E) If more than four, indicate it _____

4. Do you want to have a son (male child) or a daughter (female child)?

   A). son

   B). daughter

5. If you say son or daughter what are your reasons?_____

6. When do you start to breast feed the new born baby?

   A). immediately after birth

   B) .after one hour

   C). after two hour

   D). after three hour

   E). after four hour

   F). If more than four hour, specify_____

7. Is there any food provided for the new born child before the mother's breast milk?

   A) Yes

   B) No

8. If you say "yes" for question number 7 specify it _____

9. After birth, the new born baby separate from his /her mother for how long?

A). no separation

B). for less than one hour

C). for one hour

D). for two hour

E). for three hour

F). if more than three, indicate it_____

10. In your family, most of the time who provide care for the new born baby or for a child?

A). Mother

B). Father

C). elder siblings

D) Uncle (from father side).

E) If other, indicate it

11. If the child stops breast feeding and refuse to take other foods what solution do you propose or take?

A) Traditional or cultural solution

B) Taking the child to the modern health centers.

12. When do you breast feed or provide food for the child?

A) When the child is crying.

B) At scheduled time.

C) At unscheduled time (that is when you like or wish to feed).

13. When the nursing mother go to field work, market or any other place:

A) She holds her child and does her duties

B) She gives to the elder siblings

C) She gives to the child's uncle (the father's side).

D) She gives to the relatives or other neighboring people.

14. During feeding session (breast feeding or other foods) do you talk and show affectionate face to your child?

A) Yes

B) No

15. According to Borana culture during night the child sleep with whom?

A) With father and mother

B) Alone in its own separate room

C) With elder siblings in their own room

D) If other, specify_____

16. For question 15 if you say with their "mothers and fathers" the child sleep:

A) Between father and mother

B) At the back of the mother

C) At the back of the father

D) If other, specify it_____

17 At what time the Borana infant or child sleep?

A) When adults sleep

B) Whenever they want (i.e. of unscheduled time)

C) At fixed time (scheduled time)

18. If the child cries during sleeping time (at night) what strategy do you use or how can you make the child quiet? _____

19) When the child cries does the mother is sensitive or immediately picks up her child?

A) Yes

B) No

20 According to the Borana culture children weaning takes place in most cases at the age of_____

21 If the nursing mother wants to wean her child what method or strategy she uses?

A) Sending the child to the mother's parent home.

B) Anointing the cultural medicine on the mother breast nipple so that the child hates the mother's breast.

C) Providing cow's milk and gradually replacing the cow's milk for the mother's milk

D) If other, indicate it_____

22. According to the Borana culture, the child begins to eat other foods at the age of:

A) four months

B) five months

C) Six months

D) If more than six months, specify_____

23 If the pregnant women face the problem of giving birth (ciniinsuu) who assists the mother?

A) Traditional midwifery (cirreettii)

B) The relative or neighboring elder women

C) The health centers midwifery.

24. In Borana culture, when new babies are born the baby is wrapped and clothed with_____

25. To keep the health and cleanness of the child the mother bath the baby's urine and excreta at what time (minutes, hours, days etc)

26. In the Borana child care and raising, what are the roles of the fathers?

_____

27. To breast feed her baby, the nursing mother feed her baby:

A) while the child is lying on the bed or sleeping

B) By holding the baby and breast feeding

C) If other exist, specify_____

28. If the child or infant does not obey your command, do you punish your child?

A) Yes

B) No

29. Is there any cultural ceremony that is immediately practiced or celebrated after the birth of the child?

A) Yes

B) No

30. If you say "Yes" for question number 29 why the ceremony is practiced?

_____

Questions for Focus Group Discussion

Mother's age _____

Father's age _____

Sex _____

Occupation_____

Educational level _____

Marital Status _____

Date _____

Total time taken _____

Material used_____

Hello, first of all thank you for spending your time and providing me invaluable information. I am from Addis Ababa University and working a research on child care and socialization in Borana culture for department of psychology in partial fulfillment of the Masters Degree in Developmental Psychology.

I am here to learn from you about child care and socialization of the Borana during feeding session, co-sleeping caretaker's response when infants cry, initiation ceremonies after birth and when you provide physical and verbal care.

Ground Rules for Focus Group Discussion (FGD)

1. The discussion will last for about _____ minutes /hours
2. Everything you say will be kept secret or confidential
3. During report of the finding your name is not mentioned.
4. Your participation is voluntary and you have the right to leave the discussion whenever you want.

5. Tape recorder is used only to understand and critically analyze the idea you raised it later.
6. All taped information is erased after they have been transcribed.

Permission to tape record

A) Yes

B) No

Points of Discussion

1. What do you wish or want for your child if he/she grew up?
2. Do you prefer to breast feed or bottle feed or cup feed your child? If you want to bottle feed or cup feed or other feeding method except breast feeding why do you choose that?
3. If your child refuses to breast feed or taking other foods what measure do you take or what solution do you propose?
4. According to the Borana culture is there any cultural ceremony that is practiced immediately or after the birth of the child? If there is a ceremony it is practiced when?
5. If there is initiation ceremony or any other ceremony why it is practiced? What is the advantage for the new born baby or what is the implication for the child?
6. If the nursing mother wants to wean her child what strategy or system she uses?
7. What are the roles of Borana fathers in child care and raising? Do they participate in child raising activities (like carrying, holding, feeding, keeping the child hygiene etc)?
8. Who is most responsible for child care in your family? And why the person is responsible than others?
9. Do you accept female genital mutilation or circumcision in your culture? If yes why do you practice? What is the importance and implication for the child?
10. When the pregnant woman is ready to delivery a child who assists a mother?

Observation Checklist of Child-Caretaker Interaction

Mother's age _____

Father's age _____

Infant's age _____

Sex of the infant _____

Date of observation_____

In this study the home and village visit observation was employed to gather data or information on the child's every day experience and the interaction with the caretakers.

Sample of the child's every day experience

Time	Hours	Feeding	Sleeping	Playing	Crying	Others
Morning	8AM-9AM					
Afternoon	2PM-3PM					
Evening	7 PM-8PM					
Total	Three hours					

Questions for Observation

1. Where is the child found?
2. With whom the child is found?
   Who is providing care for the child?
3. What the child is doing? (Taking food, feeding breast, crying, sleeping, playing with others etc).

Yunibarsitii Finfinnee

Qo'annoo Eebba Digirii Lammaffaa

Muummee Barnoota Saaykoloojii (Xiin-Sammuu)

Kaayyoon inni guddaan barreeffama kanaa waa'ee kunuunsaafi hawwaasomsa ijoollee akka aadaa Booranaatti yeroo nyaataa (harma hoosisuu fi nyaata midhaan dabalatee), yeroo waliin rafani, daa'imni boo'u, ayyaana ulfeeffamu irratti odeeffannoo barbaachisaa argachuu dhaafi. Odeefannoon ati laattu faayidaa fi bakka guddaa qaba qo'annoo kana iddootiin ga'uufi. Kanaafuu, deebbii dhugaa irratti hundaa'e akka naa laattu kabajaan si gaafadha. Deebbiin ati naa laatte hundinuu icciitiitiin qabama. Kanaafuu maqaa kee waraqaa deebbii hundumaa irratii hin barreessiin. Deebbii yeroo laattu fillannoo qubee isa ta'a jettee yaaddutti itti mari yookaan mallattoo "√" kaa'uu dhaan deebisi. Gaaffilee deebbii gabaabaa barbadaniifi immoo barreessuutiin deebisi.

Qindoomina Gaaffilee

Gaaffileen kun kutaa lamatti qoodama. Kutaa inni duraa waa'ee odeeffannoo dhimmoota dhuunfaa kee ilaallata. Inni lammaffaa immoo gaaffilee maatiin Booranaa tooftaa maalii fayyadamani ijoollee akkatti horatani akkasumas akkamitti kunuunsa laatani yeroo nyaataafi waliin rafiitii, deebbii maatiin laatani yeroo daa'imni boo'ani fi ayyaana ulfeefamu daa'mni erga dhaltee booda irratti dha.

Galatoomi!

Kutaa I: Gaaffilee odeefannoo dhimmoota dhuunfaa Ilaalchisee

1) umurii Haadhaa_____

2) umurii Abbaa_____

3) umurii daa'imaa_____

4) saala: A)Dhiira

B) Dhalaa

5. Haala Gaa'elaa: A)Fuudheera

B) Heerumeera

C) wal hiikeera

D) kanbiraa yoo jiraate ibsi_____

6. sadarkaa Barnootaa:

A) hin baranne (dubbisuu fi barreessuu hin danda'u)

B) dubbisuufi barreessuu nan danda'a

C) kutaa 1-6

D) kutaa 7-12

E) 12+2

F) Digirii jalqabaa fi isaa ol.

G) kan biraa yoo jiraate, barressi_____

7. Hojii ilaalchisee: A)Qonnaan bulaa

B) Hojjetaa mootummaa

C) Daldalaa

D) kan birroo yoo jiraate, ibisi_____

8. Amantii :

A) kristaana

B) Islaama

C) waaqeffataa

D) kan biroo yoo jiraate barressi_____

Kutaa II Gaaffileewwan kunuunsaa fi hawwaasomsa

Da'aimman akka aadaa Booranaa irratti dhihaatani.

kutaa kuni gaaffilee keessaa filachuudhaan deebisuufi deebbii gabaabaa yaada mataa keetiin laattu of keessatti qabata. Gaaffilee hundaa deebbii sirrii ta'eefi of eeggannootiin filannoowwan dhihaatani keessaa deebisi.

1. Daa'ima yookaan mucaa godhachuu barbaaddaa?
   A) eeyyee
   B) lakki
2. yoo " eeyyee" jette gaaffii tokkoffaafi sababni kee maali?

   _____
3. Daa'ima yookaan ijoollee meeqa godhachuu barbaada?
   A) tokko
   B) lama
   C) sadii
   D) afur
   E) a furiifi ol yoo ta'e, barreessi_____
4. Dhiira imoo Dubara dahuu (godachuu) barbaadda?
   A) dhiira
   B) dubara
   C) lamaanuu
5. Gaaffii afuraffaafi yoo "dhiira" yookaan "dubara" jette sababni kee maali?_____
6. Daa'imni dhalatee ykn dhalattee yeroo akkamii jalqabeeti kan harma hoosiftani?
   A) Erga dhalattee dafamee
   B) sa'aa tokkoo booda
   C) sa'a sadii booda
   D) sa'a afur booda
   E) sa'a afur ol yoo ta'e barressi_____

7. Daa'imni harma haadhaa otoon argatiin dura nyaanni laatamuufii jiraa?

A) eeyyee

B) lakki

8. Gaffii 7 fi "eeyyee" yoojette, barressi_____

9. Daaiimni keessan dhalatee yeroo hammamiifi haadha irraa adda ba'a yookaan adda baati?

A) addaan hin ba'u/ baatu

B)sa'a tokkoo gadiifi

C) sa'a tokkoofi

D) sa'a lamaafi

E) sa'a sadiifi

F) sa'a sadii ol yoo ta'e, barreessi_____

10. Maatii kee Keessaa, yeroo baayyee eenyu kan daa'ima kunuunsu?

A) haadha

B) abbaa

C) hangafa ijoollee

D) akkoo (karaa abbaa)

E) kabiroo yoo jiraate, barreessi_____

11. yoo Daa'imni yookaan mucaan keessan harma hodhuu dide yookaan nyaata nyaachuu dide furmaata mali laata?

A) Qoricha aadaa barbaaddee fayyisuu

B) gara mana yaalaa ammayyaa geessuu

12 Yeroo kami daa'ima keessan kan harma hoosistani yokaan nyaata kan laattani

A) yeroo daa'imni boo'u

B) yeroo murtaa'tti yookaan sa'atii eegdanii

C) yeroo da'aimni barbaadu yookaan yeroo daa'imatti tolutti.

13. Haati hoosiftu yeroo hojiifi gadibaatu yokaan gabaa deemtu

A) harrkaan hammattee daa'ima ishee hojii hojjetti.

B) Ijoollee hangafatti laatti

C) Daa'ima firatti yokaan nama olla jirutti laatti

14. yeroo daaima kee nyaata nyaachiftu (harma hoosfitu yookaan nyaata kaan laattuufii) mucaa kee xabachiistaa? Fuula gaarii itti agarsiistaa?

A) eeyyee

B) lakki

15. Akka aadaa Booranaatti daa'imni halkan eenyu wajjin rafa yokaan rafti?

A) abbaafi haadha wajjin

B) qofaa isaa/ ishee kutaa of danda'e keessa

C) ijoollee hangafaa wajjin kutaa of danda'e keessa

D) yoo kan biroo jiraate, barreessi_____

16 Gaaffii 15 fi yoo "abbaafi haadha" isaanii wajjin jette daa'imn kan rafu:

A) abbaafi haadha gidduu

B) haadha duuba

C) abbaa duuba

D) kan biroo yoo jiraate, barreessi_____

17 Daa'imni Booranaa yeroo kam rafu?

A) yeroo namni guddaan rafu

B) yeroo barbaaduni jechuu yeroon hin murteessu

C) yeroo murtaa'etti

18. yeroo sa'atii rafiitiitti yokaan halkan daa'imni yoo boo'e tooftaa maal fayyadamtee callisiista?

_____

19. Daa'imni yeroo boo'u/boossu haati daftee fiigdee mucaa ishee hammattee ol fuutii?

A) eeyyee

B) Lakki

20 Akka aadaaBooranaatti ijoolleen kan harma guutu waggaa meeqatti yookaan waggaa meeqaan jalqabeeti? _____

21. Haati harma hoosiftu tokko hoo daa'ma ishee harma guusuu barbaadde tooftaa maalii fayyadamti?

A) daa'ima gara warra haadhaatti ergiti

B) Fiixee harma ishee irratti qoricha aadaa dibdee daa'imn ishee akka harma jibbu gooti

C) daa'ima ishee annan sa'aa laachuufiitiin harma haadhaa akka irarnfatu goosisuu

D) kan biro yoo jiraate, barreessi_____

22 Akka aadaa Booranaatti, daa'imni tokko midhaan nyaachuu kan jalqabu waggaa meqaffaa isaa/ishee jalqabdeeti?_____

23 Dubartiin ulfi tokko yoo ciniinsuun itti jabaate eenyutu ishee gargaara

A) cirreettii yookaan ogeettii deessistuu

B) Dubartii guddoo firaa yookaan dubartii olla jirtu

C) ogeettii mana yaalaa ammayyaa

24 Akka aadaa Booranaatti, daa'imni dhalate tokko yeroo duraa wayyaa/huccu maalin uffifaama?_____

25 Qulqullinaa fi fayyaa daa'ima eeguuf haati mucaa fincaanifi udaan sa'atii meeqa meeqatti wayya irraa miicci?_____

26 Daa'ima Booranaa kunuunsuufi guddisuu irratti abbaan maalfaa gargaarsa qaba yookaan gahee maalii qaba_____

27 Haati Booranaa daa'ima ishee akkamitti harma hoosisti?

A. Iddoo daa'imni ciiseetti yookaan rafetti harma itti qabuu dhaan.

B. Daa'ima ofiitti qabattee harma hosisti

C. Kan biraa yoo jiraate, barreessi_____

28. Mucaan yookaan daa'imni kee yoo ajaja kee dide rukuttaa yookaan dunnaan deebistaa?

A. eeyyee

B. lakki

29. Daa'imni dhalatee booda ayyaanni ulfeeffamu jiraa?

A. eeyyee

B. lakki

30. Gaaffii "29" fi "eeyyee" yoo jette maaliifi kabajama? Faayidaan isaa guddina daa'imaa fi shoora maalii xabata?_____

Gaaffilee Mariif Dhihaatani

Umurii haadhaa_____

Umurii abbaa_____

Saala_____

Hojii_____

Sadarkaa Barumsaa_____

Waa'ee Gaa'elaa_____

Guyyaa marii_____

Dimshaasha yeroo mariif kenname_____

Meeshaan Fayyadame_____

Akkam jirtu keessummoota keenya, duraan dursee yeroo keessan gubdanii odeeffannoo naa hiruu keessaniif galata guddaa argadhaa. Ani Unibarsitii Finfinnee irraan dhufe kaniin hojjechaa jiru waa'ee kunnuunsa fi hawwasomsa daa'ima Booranaa irratti ta'ee muummee xiin-sammuu (saaykoloojii) keessumaa iyyuu guddina xiin-sammuu irratti digirii lammaffaa guutachuufi .

Ani har'a sin gidduutti argamuun koo waa'ee kunuunsaa fi hawwaasomsa daa'imni Booranaa keessumaa iyyuu yeroo nyaata argatani, wajjin rafiitii, daa'imni boo'u yookaan boossu fi yeroo dubartiin ulfaa deessee booda ayyaana daa'imaaf kabajamu irratti barumsa fi odeeffannoo isin irraa argachuuf

Seera Marii keenyaaf taa'e

1. Mariin keenya kan turu daqiqaa/sa'atii_____ fi
2. odeeffannoon isin naa laattani icciitiitiin qabama
3. yeroo bu'aan qo'annoo kanaa gabaasamu maqaan keessan hin caqasamu/ibsamu.
4. marii kana irratti hirmaachuun keessan feedhiitiin. kanaafuu yeroo barbaaddan addan kuttanii deemuu ni dandeessu.

5. Teebbii waraabu fayyadamuun koo odeeffannoo kaastani irratti booda xiinxalee yaada koo cimsuufi.
6. odeeffannoo hundi tebbiitiin waraabame erga itti fayyadamee booda ni haqama.

Fayyadama teebbii eeyyamtuu?

A) eeyyee

B) lakki

Qaphxiilee mariif qophaa'ani

1. Daa'imni yookaan mucaan kee yeroo guddatu maal akka ta'u barbaadda? Maal hawwitaafii?
2. Mucaa kee harma hoosisumoo, xuuxxoo hoosisuumo, kubbaayyaatiin hoosisuu feeta? Yoo xuuxxoo fi kubbaa yyaa jette yookaan kan biraa jette maaliif akka filatte naa ibsitaa?
3. Daa'imni kee harma hodhuu yookaan nyaata isa kaan nyaachuu yoo dide ejjennoo maalii fudhatta ? Furmaata maalii itti barbaadda?
4. Akka aadaa Booranaatti daa'imni dhalatee booda ayyaanni kabajamu yookaan ulfeefamu jiraa? Yoo jiraate yeroo kam kabajama?
5. Yoo ayyaanni daa'ima hawwaasomsu jiraate yookaan kan biro jiraate maaliif ulfeeffama? Faaydaafi argisiisa inni qabu jiraa daa'ima dhalate sanaaf?
6. Haati harma hoosistu tokko daa'ima ishee harma guusuu yoo barbaadde tooftaa maalii fayyadamti?
7. Abbaan Booranaa tokko daa'ima kunuunsuufi guddisuu irratti gaheen inni gabu yookaan shoora inni xabatu jiraa? Daa'ima guddisuu irratti keessumaa daa'ima baachuu, hammachuu, nyaachisuu, qulqullina eeguufaa irratti hirmaatuu?
8. Maatii kee keessatti eenyutu yeroo baayyee daa'ima kunuunsa ? eenyutu yeroo baayyee itti gaafatama? Maaliifi miseensa maatii warra kaan caalaa itti gaafatama?

Daawwannaa Walitti Dhufeenya Guddistuu-daa'imaa

Umurii haadhaa_____

Umuriii abbaa_____

Umurii daa'imaa_____

Guyyaa daawwannaa_____

Qo'annoo kana keessatti odeeffannoo kunuusaa fi waa'ee yookaan mudannoo daa'imaa guyyaatii gara guyyaatti akkasumas walitti dhufeenya guddistuu-daa'ima baruufi daawwannoo manaa fi gandaatti ta'eera

Mudannoo daa'imaa guyyaatii gara guyyaatti akka fakkeenyaatti kan fudhatame

Yeroo	sa'atii	nyaata	Rafiitii,	tapha	Boo'uu	Kan biro
Ganama	8Am-9Am					
Sa'a booda	2pm-3pm					
Galgala	7pm-8pm					
Dimshaasha sadii						

Gaaffilee Daawwanoofi Qophaa'ani

1. Daa'imni eessatti argama?
2. Daa'imni eenyu wajjin jira (abbaa, haadha, obbolaa, kan biraa)
   Eenyutu yeroo baayyee daa'imaaf kunuunsa laata?
3. Daa'imni maal hojjetaa jira / jirti (harma hodhuu, nyaata kaan nyaachuu,, rafuu, boo'uu, xaphachaa fi kkf.)

Declaration

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

Name: MELKAMU AFETA
Signature: _____
Date: 06/07/06

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

Name: Dr.Teka Zewdie
Signature _____
Date of approval 06/20/'06