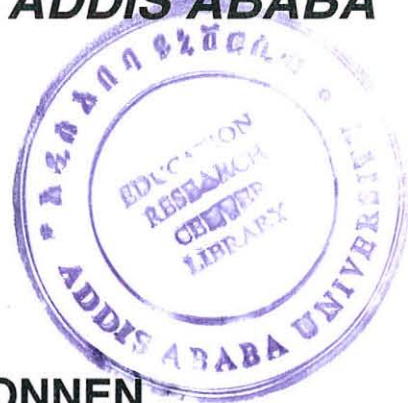
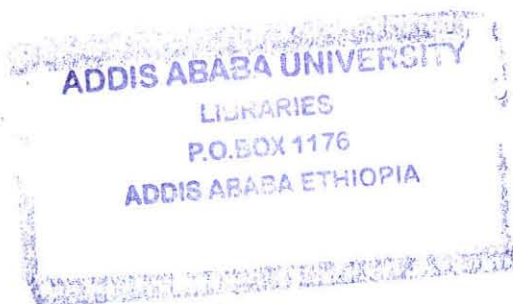


**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY**

***CHILD ABUSE AND NEGLECT
AMONG CHILDREN CARED BY FEMALE
DOMESTIC WORKERS IN ADDIS ABABA***



BY: - HABTAMU MEKONNEN



**JULY, 2007
ADDIS ABABA**

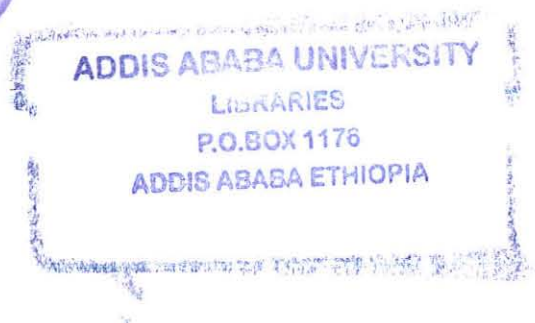
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**A THESIS SUBMITTED TO THE SCHOOL OF
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DEGREE IN DEVELOPMENTAL PSYCHOLOGY**

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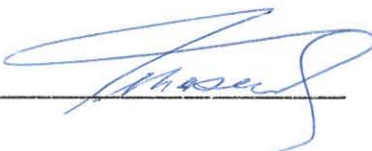
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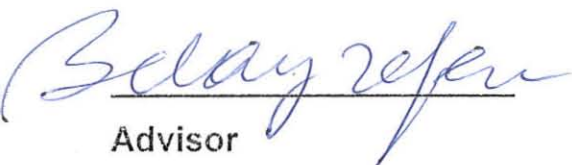
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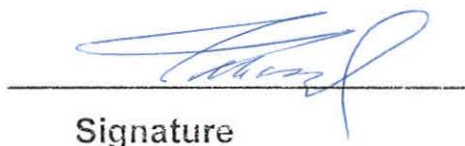
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ACRONYM

- A.A Addis Ababa
- AAU - Addis Ababa University
- AIB- Awash international Bank
- ANPPCAN - African Net work for the Prevention and
Protection against Child Abuse and neglect-
Ethiopian chapter
- CBE- Commercial bank of Ethiopia
- CRC Convention on the ‘Rights of the Child
- CSA Central statistics Authority.
- CYAO Children and Youth Affairs Organization
- CYFWO Child, Youth, Family Welfare Organization
- EHNRI Ethiopian health and nutrition research
Institutes
- FSCE Forum on Street children- Ethiopia
- ILO International Labor Organization
- MOLSA Minster of labor and Social Affairs
- OAU Organization of African Union
- OVC Orphan and Vulnerable Children
- TGE Transitional Government of Ethiopia
- WHO World Health Organization

ABSTRACT

This study assesses the prevalence of child abuse and neglect, together with factors related to children's risk of abuse and neglect in domestic workers' child cares. Data were collected from 58 mothers of young children and 23 domestic worker child caregivers. Sample groups were selected from Gulelle, Kolfe Keranho, Arada and Addis Ketema sub cities of Addis Ababa by using purposive and random sampling techniques. Questionnaires were employed to gather the intended data. For analysis both qualitative and quantitative data analysis methods were used. The numerical differences were tested with chi-square. Child abuse and neglect were prevalent in domestic workers' child cares. Physical abuse and neglect, among the prevailed child maltreatment, were the dominant form though others were evident too. The strongest correlates of child abuse and neglect to be caregivers' age, prior history of abuse or neglect, and child's age. Some inconsistency, however, were observed between the data obtained from the two sample groups. The inflicted maltreatment was resulted in both physical and psychological damages. The implications for policy makers and future research are discussed.

CHAPTER ONE

1. INTRODUCTION

1.1 BACKGROUND

Every child is asset glamour to the family and a tremendous fortune to the community. Children are the future hope of any society since they will be vested with the great responsibility of becoming the leads of tomorrow. The logic of taking children as central to the human development approach is not based sentimentality, but the fact that childhood is the time when minds and bodies, values, personalities and thus capabilities, start developing. During childhood, even temporary deprivations can inflict life-long damage on human development. On the other hand protection from disease, care and basic education during childhood has extraordinarily high future benefits for society.

The problem of child abuse and neglect has challenged our nation and community for decades. It is an issue, which continues to surface as a serious threat to the welfare of children and families across the socio economic spectrum. Child abuse and neglect impacts the lives of thousands of children and families every day and more than one million children are victims of abuse and neglect each year (Jennifer, 2004; Tanata. 2004). The costs associated with the devastating problem are enormous. It has both economical and social consequences. The economical costs can be figured out; however, the costs in human suffering are incalculable. Child abuse and neglect is indeed a problem of both developed and developing countries. The precise extent of child abuse and neglect is impossible to know. According to, Mash and Wolfe (1991), part of the difficult in understanding child abuse and neglect lies in the diversity of definitions. Child abuse becomes defined as a social problem in the 1870s, and intervention was only available ironically, through the society for the prevention of cruelty to animals. This focus on child abuse reappeared in the 1960s when Henry kempe

discovered physical abuse in 1960 and Henry and other's have discovered clinical, psychiatric characteristics, evaluation criteria and management of battered children in 1962, from where it lasted and declined for several years. Now, four decades later, there is clear evidence that child abuse is a global problem (Barbara and Mark, 2001).

The problem of child abuse and neglect occurs in various forms and is deeply rooted in cultural, economic and social practices. Solving this global problem, however, requires a much better understanding of its occurrence in a range of setting, as well as of its causes and consequences in these settings. Perpetrators of child abuse and neglect, by definition, are the very people charged with the responsibility of caring for and ensuring the safety and well being of the child. The most common perpetrators of child abuse and neglect are parents of the victims. Other perpetrators included other relative's, partners of parents, school/institution staff, baby sitters/caregivers, camp counselors and others. Domestic workers are among these perpetrators of child abuse and neglect. It is not easy for most people, however, to believe the actual occurrences of physical, sexual, emotional maltreatment and neglect in their neighborhoods on defenseless children, enemy of no one, by very individuals delegated to care for them. Therefore, there is a need to raise community awareness about the causes or factors and consequences of child abuse and neglect in general and in domestic workers' child cares in particular.

On the policy side, the Ethiopian government has adopted UNCRC (1989), the African charter on the rights and welfare of the child (1991) and the Hague convention (1989), all of which advocate for the meaningful, satisfying and enriching life of the child, which involves the full protection of the child from all sources of abuse and neglect (CRC,2005). The adoption of the UNCRC and Africa charter on the

rights and welfare of the child was significant, but a lot more is required to achieve improvement in the life of Ethiopian children.

1.2 STATEMENT OF THE PROBLEM

The problem of child abuse and neglect has challenged our world and nations for decades. It is also an issue which continues to surface as a serious threat to the welfare of children and families across the socio economic spectrum. As the few existing studies (Ayelew, 1994; Belay, 2001, 2005; Darge, 1995; Goben 1996, 1998; Tedla 1996) indicated the problem is also critical in Ethiopia. Family scholars show increasing interest in how children's functioning and well-being are affected by their participation in child care (Margolin, 1991). Yet comparatively, very less attention in general and in particular in Ethiopia has been given to the topic of abuse and neglect in domestic workers' child caregivers respectively. Not only do we know little about how much maltreatment is likely to occur, but also, the types of domestic servant child caregivers that present the greatest risk, and the types of children most vulnerable to abuse and neglect, remain largely unknown.

Hence the question of the study shall be:

- Is there child abuse and neglect in domestic servant child cares?
- What are the forms of abuse and neglect manifested?
- What are the risk factors that precipitate the problem in domestic servant caregivers?
- What are the possible consequences of the problem; are the main question of the study.

1.3 JUSTIFICATION

Although child abuse and neglect is a recognized social problem, causal roots and risk factors that correlated to the problem have not been investigated. Despite the severity of the problem in Ethiopia in general and in Addis Ababa in particular, our knowledge of the nature of child abuse and neglect, forms of abuse and neglect, risk factors and

possible consequences of the problem is meager. Social concerns and studies about child abuse are relatively a recent phenomenon although, (Befekadu and Tsegaye 1997), it is an aged-old practices. In Ethiopia child abuse and neglect is one of the least investigated in the area of children in especially difficult circumstances. To the present day, in Ethiopia, public awareness about child abuse is too less and, especially nothing has been said about the child abuse and neglect by the malfunctioning of child caregivers. Even the hardly existing studies were only focused on sexual abuse and corporal punishment in school setting, child abandonment, street and OVC children, and therefore, child abuse and neglect in domestic worker caregivers were not recognized as a problem. Hence, there is a need to raise community awareness about child abuse and neglect in private home of the child. Specifically, the study is expected to make a significant contribution, since it is believed to fill-in this gap and address issues of child abuse and neglect by domestic worker care providers with in the private home of the child, while mothers were out of home for job or office time.

1.4 OBJECTIVES

1.4.1 GENERAL OBJECTIVES

The overall purpose of the study is to investigate child abuse and neglect by domestic worker caregivers in the private home of children of employed mothers who get separate from their children at least for an average of six hours per day regularly, together with the risk factors that precipitate such problem.

1.4.2 SPECIFIC OBJECTIVE

The specific objectives of the study shall be:

1. To identify the prevalence of child abuse and neglect in domestic worker child cares.
2. To investigate the various forms of child abuse and neglect manifested in domestic worker child cares.

3. To assess the risk factors that precipitates child abuse and neglect in domestic worker caregivers by assessing:
 - ❖ Caregivers age
 - ❖ Caregivers history of abuse/cycle of violence
 - ❖ Caregiver's kinship relation with the child
 - ❖ Child's age and gender
4. To isolate the possible consequences of the problem and;
5. To propose recommendations, that will be helpful for policy maker's parents and future researchers.

1.5 SIGNIFICANCE OF THE STUDY

As stated in general objective and problems of the study, child abuse and neglect was a social problem revealing across socio-economic and cultural spectrum. An investigation like this study is so useful to explore and identify the problem. Hence; the study is so significant so as to:

- Identify the prevalence of child abuse and neglect in domestic servant caregivers
- Fill the gap of information on the problem of children on this dimension, since it is a first of its kind in Ethiopia.
- Pave ways for both governmental and non-governmental organizations working on the welfare of children and police makers.
- Knocks a door and puts a corner stone for future study.

1.6 OPERATIONAL DEFINITIONS

1. Child abuse or maltreatment: International Society for the Prevention of Child Abuse and Neglect recently compared definitions of abuse from 58 countries and found some commonality in what was considered abusive. In 1999, the WHO Consultation on Child Abuse Prevention drafted the following definition and this definition is adapted in this study.

Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."

2. Physical abuse: is defined as those acts of commission by a caregiver that cause actual physical harm or have the potential for harm.

3. Sexual abuse: is defined as those acts where a caregiver uses a child for sexual gratification.

4. Emotional abuse: includes acts of a caregiver that have an adverse effect on the emotional health and development of a child. Such acts include restricting a child's movements, denigration ridicule, threats and intimidation discrimination, rejection and other nonphysical forms of hostile treatment.

5. Neglect: refers to the failure of caregivers to provide for the physical and emotional needs of the child – where the domestic servant caregiver is in a position to do so – in one or more of the following areas: health, nutrition, care and safe living conditions. Neglect is thus distinguished from circumstances of poverty in that neglect can occur only in cases where reasonable resources are available to the caregiver.

6. Child: according to Ethiopian law and UNCRC a child is a one who is less than 18 years of either sex. However, for the purpose of this study, the term child operationalized as, a one who is six and less than years old of either sex.

7. Domestic worker: the term refers to those who are employed in private households to perform child care and household duties.

1.7 DELIMITATION

Child abuse and neglect in domestic worker caregivers might be found in many rural and provincial towns. However, this study delimited to Addis Ababa for the presumptions made, that there are certain factors pertaining in Addis Ababa over these setting.

This study delimited to small sample group mainly because of the nature of the problem there is a social stigma to be victim as well perpetrators of child abuse and neglect. Thus, the result of the findings should infer to such groups only.

This study also delimited to employed mothers and female domestic worker caregivers due the assumption of mothers' attachment to child care in earlier year greater than fathers and due to unavailability of male domestic worker caregivers respectively.

1.8 LIMITATION

Data on child abuse and neglect suffering from inconsistency mainly because of the definition of the problem, subjects included in the study and lack of standardized scales. This also holds true in this study, and lack of well standardized test/instruments limited the study.

The study also limited by an absence of former similar studies in home country. And unwillingness of informants to give information also limited the study to small sample subjects.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

Under this section available study on:

- Definition of the child
- Problems and cultural values attached to children in Ethiopia
- Child rearing practices
- Proverbs on children
- Child abuse and neglect in Ethiopia
- Prevalence of child abuse and neglect
- Forms of child abuse and neglect
- Causal factors for child abuse and neglect
- Consequence of child abuse and neglect
- Measures taken to alleviate the problem shall be reviewed.

2.1 GENERAL SITUATION OF CHILDREN

2.1.1 DEFINITION OF THE CHILD

Generally the revised family code simply defines the child as a member of either sex under the age of 18 (Family code, 2000:213). This definition is the widely accepted and commonly used among developmental psychologists. In addition, Family code stipulates different age limits for different consent of the child. Accordingly the family code stipulates age standards for consent for marriage, consent for custody, consent of medical treatment, and age of consent for change of names/identity/ guardianship. For instance as per the recommendations of marriage of the UNCRC, the minimum age for the consummation of marriage for both sexes now stands at 18 years, while it were 15 years for girls in the previous family code.

Despite this legal definition of the child, certain study pointed out as the perception of the society is differing on the age limit of the child. For instance Belay (2001) reported that, a girl only considered as a child before starting the menstrual process which will onset as early as 9

years. He also further indicated the age demarcation also influenced by consumption of marriage which will take place between age 8-12 for girls and mostly at 20s for boys. Thus, the society considers married girls as adult human at the mentioned age while the male still considered as child. On the other hand this engagement contradicts with the UNCRC recommendation and the country family code endorsement of age limit on marriage for both sexes.

2.1.2. PROBLEMS AND CULTURAL VALUES ATTACHED TO CHILDREN IN ETHIOPIA

About 48% of the population of Ethiopia is below 15 years old (CSA 1991), and those below 20 years account for 60%. Children and women constitute about three quarters of Ethiopian's estimated population (UNICEF and TGE, 1993). Ethiopia is a country with low per capita income; consistently the resulting general poverty and social indicators are among the world's worst (UNICEF and TGE, 1993). Due to interrelated and complex socio-economic factors, including man-made and natural calamities, a large portion of its population especially children are victimized by social evils like famine, disease, poverty, mass displacement, lack of education and family instability (Zenebe, 1996; Tedla, 1996). There are many poor, displaced unaccompanied, abandoned, abused and neglected children in Ethiopia (Zenebe, 1996; TGE and UNICEF, 1993). These disadvantaged children (UNICEF 1996, cited in Tedla, 1996) are categorized as "Children in especially difficult circumstances"; this term is first coined by United Nations Children's fund in the mid-1980s. UNICEF (1990), stated the global definitions of children in especially difficult circumstances given by UNESCO as follow:

"Millions of children around the world live under especially difficult circumstances as Orphans and street children as refugees or displaced persons, as victims of war and natural and man made disasters, including such perils as exposure to radiation and dangerous chemicals, as children of migrant workers and other socially disadvantaged groups ,as child workers or youth trapped

in the bondage of prostitution, sexual abuse and other forms of exploitation, as disabled children and juvenile delinquents and as victims of apartheid and foreign occupation".

The plights of African's children are even more worth. A report from OAU and UNICEF (1992) also revealed that Africa's children in especially difficult circumstances represent one of this continent's most urgent and devastating problems. Robbing our children's' future, denying too many Africa's' sons and daughters inalienable rights, their most basic needs and any fair chance at life worth living. If we do not act now to rescue these children who suffer and sacrifice the most, future human and economic losses from such in action will be intolerable and perhaps irreversible. In Ethiopian context the term children in especially difficult circumstances refers to those children who for reasons beyond their control are unable to count on the support and care of their families. Although the children require substantial protection beyond what their families can offer, all of them have particular problems that need to be specially addressed. The problems of poverty due to socio-economic stagnation, poor governance, environmental degradation coupled with rapid urbanization, drought and famine, armed conflict, destabilization of families, have left thousands of children in Ethiopia without sufficient physical and emotional care and living in extremely difficult conditions in poverty-stricken homes, on the streets and in institutions (CYFWO, 1992). Even though there is no consolidated available data, different studies estimated that around 5 million children are living under especially difficult circumstances (CYFWO, 1989; TGE and UNICEF, 1993; Tedla, 1996). These children include: Orphaned, displaced, neglected, abused, unaccompanied, and abandoned children.

One of the difficult situations of children is abuse and neglect. As D.C. Gil, in CYFWO (1992), an expert of the subject defined, child abuse and neglect is any act of commission or omission by individuals, institutions or society as a whole and any condition resulting from such actions or inactions which deprive children of equal rights and liberties

and/or interfere with their optimal development. Persistent and severe physical neglect such as exposure to dangers of different kinds, including cold and starvation is also manifested of this category of children. The most common forms of abuse in Ethiopia are physical abuse, psychological abuse, child labor, sexual exploitation and traditional harmful practices. In agreement with this, Darge (1995) has reported that physical abuse, gender related problem, sexual and economic exploitation and harmful traditional practices as the most manifest child abuse and neglect in Ethiopia.

Social indicators for human development and the quality of life all point to a grim situation in Ethiopia. Infant and maternal mortality rates are among the highest in the world. Morbidity patterns indicate the diseases often readily preventable, are rampant, particularly among low socio-economic groups and children and women (TGE and UNICEF, 1993). Healthy facility covers only 45%, and only 10% of the children under the age of 5 attend modern health services (Assefa and Dilnesaw, 1996). According to the nutritional survey conducted in Ethiopia CSA (1993), the level of malnutrition in Ethiopia is among the highest in the world -47% of Ethiopian children are malnourished 8% being severely so. It is estimated that 8% of children under 5 are severely wasted /low weight for height/ 64% are stunted / low weight for age and 47% were under weight.

Despite all these problems that children are confronting, there are great value and cultural views attached to them. For instance, traditionally conception/pregnancy is welcomed by the extended family system because children are regarded as God's blessing (TGE and UNICEF 1993). Further more conception enhances the women's security because it ensures her continued married life. The value of the child is inestimable. He/she is more precious than any jewel. The child is a source of happiness, love and harmony, peace within a union originally composed of two people husband and wife (Kebebew, 1986). He also

pointed out in Africa marriage that does not subsequently produce children terribly suffers and often ends up in divorce.

Studies conducted in North Wollo (Belay, 2001) revealed that large family size considered as a quality both by parents and children and they stress their desire for more children by saying as one can never have as enough money, one can never have enough children, and the number of children should not be limited because a benefactor child could be born. Further he stated they want to have as many children as Allah/God permits. Another study show if wife fails to conceive, the husband is liable to divorce her for being a "Mule" and marry again (TGE and UNICEF, 1993). Similarly, one father, who had six children, expressed his dissatisfaction over his seriously sick wife for not having additional children (Belay, 2001). On the other hand TGE and UNICEF 1993) stated that a women who succeeds in giving birth to health child, often with the assistance of a traditional birth attendant, enjoys the love, and care of her immediate family and neighbors. She is also showered with gifts and given the best food and exempt from work for days during which the child is kept away from sun-light. In most cultures, preferences are given to boys (TGE and UNICEF, 1993; Belay 2001).

2.1.3. CHILD REARING PRACTICES

Parents more than anyone else, interact with their children on a continuing basis and therefore, have a crucial impact on their children's physical, social and emotional development (Baca and Eitzen, 1999). Further they expressed that ideally, parents provide children with communication skills, the interpretation of events and behaviors, identity a haven in time of distress, a source of emotional attachment, a sense of what is wrong and right, and skills for competence in the social world.

Although there is no doubt that parent is very significant socialization agents in the child's formative years, there was some debate concerning the degree of their influence over the child. The behavioral sciences especially since 1920s have provided the fundamental guidelines for childrearing. Two theories, both of which assume the complete power of the parents in the socialization process, have been the most influential (Baca and Eitzen, 1999). The first comes from the important psychoanalyst Sigmund Freud (1856-1939) and his followers. The second dominant model of parenting is behaviorism which provided by modern psychologist J.B Watson (1878-1958).

Freudians argued that children are extremely sensitive and vulnerable and are easily damaged by traumatic events by emotional stress, and by the actions of parents during the crucial early years of child training. Sewell (1970:522) Cited in Baca and Eitzen (1999) stated that, certain infant-care practices: "breast feeding, gradual wearing, a self-demand nursing schedule, easy and late bowel and bladder training, frequent mothering, freedom from restrain, freedom from punishment, sleeping with the child, and so on" are crucial to a secure identity and neurosis free personality development.

Behaviorists argued that the infants mind is shaped completely by the environment. They said, the child is totally malleable, and parents have the ability to shape his or her personality in any way they wish. Thus parents were instructed never to rock their baby, never to let children suck their thumbs, and to begin toilet training by their third month.

Child rearing practices include among other things the availability of opportunities for children to raise question to their parents; to do certain things on their won to discuss matters with their parents, and to express their views (Abraham, 1996). This is in line with the basic elements of the rights of child stipulated in CRC by United Nations. All these are believed to help children to develop independence and social responsibility. Similarly Baummind, (1967, 1975) cited in Abraham

(1996), argued that the adequacy of young children to develop independence and assume social responsibilities will largely depend upon how families bring up their children. In families where children were encouraged and given the opportunity to ask question, discuss matters with their parents and express their opinions, not only excelled in their cognitive skills, but also appeared to be more assertive.

However study conducted in North Wollo (Belay, 2001) found out parents talk to their children about domestic issues. It is parents that usually lead while children take orders and act accordingly. The conversation is not supposed to involve the child in the issue but they are involved because they have to listen and obey to the order. He noted that children were not given the chance to express their views. They restrict the involvement of children by the local proverb "a child doesn't know its limit". Another study conducted in Selitegna speaking community Abraham (1996), revealed that of the 243 parents involved in the study, 215 (88.4%) of them were not allowed their children to raise question to them. Further he reported that, of 238 children in the study, 206 (87%) of them reported that they would afraid to ask their parents.

Generally in Ethiopian society as some studies reported parent-child relationship tend to be formal and authoritative. However it is strict and authoritarian control in common in the home (Almaz and Agidew, Abraham 1983, 1996; Habtamu, 1971; Belay, 2001, Kebebaw 1986). Unfortunately, some parents can not provide consistent and reasonable socialization. Many of these parents' abuse their children-physically, sexually, emotionally or neglect (Bernstein et al 1991).

2.1.4. PROVERBS ON CHILDREN

Proverbs are believes, philosophies and personal opinion that transmitted from generation to generation orally to reflect their social and personal experience. Proverbs have different purposes and their

purposes can be differing based on the user, culture and language skills of the user (Darge, 1996).

Even though there is no consolidated data and studies conducted about proverbs on children in Ethiopia, Kebebew(1986) is the first man to collect some proverbs said regarding children in his study of child rearing practices in Ethiopia. These proverbs have both negative and positive impacts on the children moral and emotional development. Kebebew further indicated that proverbs like

“Don’t expose your teeth to child and your wound to fly”;

“The child and one’s face do not feel the cold”;

“How much he/she is fast the child could never exceeds his/her father”, causes the child to develop fear, lack of self confidence suspicion in his/her life. In agreement with this TGE and UNICEF (1993) proverbs in their application, for example:

“Let the child and monkey drink water”;

“Do not play with the child he would stab you with a knife”;

“If you play with child in times of loneliness it would embarrass you when you are with respectable people”

Such views can do incalculable damage to the personality development of the child. On the other hand, Dereje (1996) has also collected proverbs that have both negative and positive effect on child from three different languages (Amharic, Oromo and Tigregna). He has classified the proverbs in to two based on the context and the meaning anticipated to the proverb from elderly in the community. Belay (2001) also pointed out different proverbs on children in North Wollo. For instance “As one can never have enough money, one could not have enough children,” “the family is respected if there is a male in the home,” “the family is respected if there is a male in the home,” “a child can learn by a punishment,” and etc.

Children are belittled and depreciated its human worth and make it feel rejected and despised. According to tradition, a good child should not be inquisitive, should be silent in the presence of elders, well-behaved,

and obedient and this expressed through “a child don’t know its limits,” and has to be restricted from communicating with adults (Belay, 2001; TGE and UNICEF, 1993).

A child who interrupts the discussion of adults by interjecting a question would be reprimanded for his impudence. They reinforce their need by saying “when a child is respected and closely communicated with, he/she will be spoiled and challenge parents” (Belay, 2001; TGE and UNICEF 1993). Children are sometimes neglected, and is explained by such sayings “the child has his/her God” The implication is that regardless of what the parents or adults would do for the child, it will grow up if it is predestined to do so (TGE and UNICEF, 1993). This kind of attitude deemphasizes advance planning and care for the child. Further they stated that children are given secondary attention in the distribution of goods and services. In many ethnic groups (Belay, 2001; TGE and UNICEF, 1993; Dereje, 1996) with the saying “child never eats with an adult,” children are not allowed to eat from the same table or dish with their parents or adults. They were given the left over food after adults have taken their fill (Darge, 1995; TGE and UNICEF, 1993) whenever a child eats with its parents, not only the child but also the parents are labeled as undisciplined (Belay, 2001). This can lead to malnutrition in children.

2.2 CHILD ABUSE AND NEGLECT

Child abuses become defined as social problem in 1870s (Barbara and Mark, 2001). This focus, on child abuse lasted for several years, declined, then reappeared in the 1960s when Hery Kempe rediscovered physical abuse (Money, 1986 cited in Barbara and Mark, 2001). Part of the difficulty in understanding child abuse and neglect lies in the diversity of definitions (Mash and Wolfe, 1991). They also stated as defining child abuse and neglect is problematic because there is considerable debate over what exactly constitute abuse. In line with this, Gobena (1998), pointed as child maltreatment is a kind of

construct that is quite difficult to define with a complete scientific validity. Other than the most obvious cases of inflicted injury, cases of child abuse are exceptionally difficult to diagnose (Gelles, 1991; WHO, 1999). Some definitions focus on the behaviours or actions of adults while others considered abuse and neglect to take place if there is a harm or a threat of harm to the child. But this study focuses primarily on acts of commission and omission domestic servants caregivers in the absence of parents that result in harm to the child. Baca and Eitezen (1999), pointed out the problem of defining child abuse and neglect, is that, it includes everything from spanking to murder, but nine out of ten parents use spanking and consider it as legitimate and acceptable behaviour. Hence child abuse and neglect has been understood in different ways and defined differently by different scholars and professionals.

For instance, according to Darge (1995), it refers to the portion of harm to children that results from human action or inaction that proscribed, proximate and preventable. Befekadu and Tsegaye (1997) defined child abuse and neglect as any act of omission by individuals, institutions or society as a whole and any conditions resulting from such acts which deprive children of their optimal development. Further more Daniel and Gobena (1997), defined child abuse as any deficient, excursive or inappropriate behavior of an individual, or community or a system that endangers the healthy development of the child. This is basically because different authorities attempt to define it in normative scales. And it has opened doors to the contaminating effects of cultural, religious, economic, etc influences. For instance (Gobena, 1996) said, what is abusive in one culture could be common practice in another or what would be termed as child exploitation in one economic environment could be appreciated as a commendable socializing process in another.

Definition of child maltreatment also differ depending on the maltreatment theory, that is determining who will define child maltreatment is a problem, should the professional or the public determine the definition. Despite some differences among definitions of child abuse and neglect, certain elements remain fundamentally true of all of them. The problem has different forms and prevalence in line with the underling possible causes. According to Siefert and Hoffnung (1991), cited in Desalegn (1998); Belay (2001, 2005); Darge (1995); Margolin (1990); Adam (1996); Adam and Joe (1997); Baca and Eitezen (1999) the definition of child abuse with in each culture includes physical, sexual, emotional/ psychological abuse and neglect. All types of abuse and neglect are embedded in social definitions that take into account the context of alleged incidents (Barbara and Mark 2001). Below the prevalence of the problem and the most common types of the problem are reviewed.

2.2.1. PREVALENCE OF CHILD ABUSE AND NEGLECT

Child abuse/maltreatment is a critical issue facing our nations and continent. Child abuse and neglect impacts the lives of thousands of children and families every day. An estimated 906,000 children were determined to be victims of child abuse and neglect in United States (Tanata, 2004). It is a problem of both developed and developing countries. Darge (1995) cited that there were an estimated 2.2 million cases of child abuse and neglect in the U.S.A in 1987, 23,500 children in England and Wales were victims of the problem and 70% of the sample group involved in corporal punishment in Barbados. Similarly, (WHO, 1999), stated the extent of child abuse and neglect as follow:

“...there were an estimated 57,000 deaths attributed to homicide among children under 15 years of age in 2000 Global estimates of child homicide suggests that infants and very young children are at greatest risk, with rates for the 0-4 year old age group more than double of 5-14 years old. The risk of fatal abuse for children varies according to the income level of a country and region of the world. For children under 5

years of age living in high-income countries, the rate of homicide is 2.2 per 100,000 for boys and 1.8 per 100,000 for girls. In low to middle income countries the rates are 2.3 times higher 6.1 per 100,000 for boys and 5.1 per 100,000 for girls. The highest homicide rates for children under 5 years of age are found in the WHO African region 17.9 per 100,000 for boys and 12.7 per 100,000 for girls. The lowest rates are seen in high income countries in the WHO European, eastern Mediterranean and western pacific region”.

Desalegn (1998) also found high child abuse incidence report in woreda five of Addis Ababa and he attributed the high prevalence of child abuse in woreda five, in agreement with the WHO report, to high population and low income of families.

In Ethiopia, consolidated statistical information on child abuse and neglect is almost non-existent, however there are reports that indicates as child abuse and neglect is widely spread (Darge, 1995; Daniel and Gobena, 1997; Gobena, 1996, 1998; Hailegabrel, 1998; Tedla, 1996; Belay, 2001, 2005; Ayalew, 1994; Desalegn, 1998; Befekadu and Tsegaye, 1997; Tigist & Darge, 1997; ANPPCAN, 1994).

The scanty of the studies in Ethiopia is due to limitations in financial resources, technical manpower and unavailability of well documented data (Befekadu and Tsegaye, 1997). Despite all these bottlenecks, attempts have been made to collect information on the problem from scanty institutions records and studies. For instance studies conducted by Gobena and Daniel (1997) in Addis Ababa elementary school revealed that, about 94.7% of students and 65.8% of teachers of respondents indicated the presence of at least one form of child maltreatment in their school. In the same study, students further reported that physical abuse was the second most common form of abuse in the classroom environment next to emotional or verbal abuse. Another investigation

conducted by Ayalew (1994) indicated that about 43% of the respondents identified corporal punishment as the most frequently employed disciplinary technique in Ethiopia schools, in addition about 48% of the same respondents indicated that such punishment is usually applied to children who are young and physically weak. Exploratory survey conducted on child abuse and neglect revealed that physical abuse from beating up to murder, ranking high as the most serious problem in Addis Ababa. Theft ranked second and sexual abuse, such as premature deflowering of young girls, ranked third. Out of 49 sexual abuses, 51% victims were girls below the 15 years of age (ANPPCAN, 1994).

In a study conducted on 376 students and 161 teachers by Gobena (1998), 38.5% of students and 27.8% of teacher's respondents reported that they knew some female girl child who had been abused sexually during her childhood years. Further more, 11.4% of students and 8.2% of teachers of the sample groups were reported that they themselves were abused sexually during their childhood. In the same investigation about 35.8% students and 37.7% teachers indicated that they knew at least one student who suffered from sexual abuse with in school environment. In addition to these, 1.6% of students included in the study indicated that they had been victimized by sexual abuse in the school environment.

Another study found that regardless of the prohibition of UNCRC and Ethiopian labor law of children under the age of 14 years, children are engaged in different works in the country (Darge, 1995; Hailegabreil, 1998). According to the study conducted by Hailelgabreil (1998), in Addis Ababa sub cities, out of the total children included in the study, 85.4% engaged in households chores, 6.3% engaged in petty trade, 4.7% self-employed, 8.9% engaged in family shop, 2.3% engaged in family bar, 8.3% engaged in learn trade and only 11.5% of the respondents did not engaged in any work. About 9.5% and 35.5%,

respectively, of the sample groups reported that they eat only one or two meals per day and gets medical attention only once in a while when they are seriously sick (Hailgabreil, 1998). In similar study about 3.3% respondents, reported that they have never been given any treatment when they are sick. Further more, 14.4% reported that, they do have shortage of clothing or the cloth they have was indeed very bad.

Belay (2001) citing police officer and prosecutors reported several crime cases committed against children in Habru, North Wollo as follow: Two reported cases of rape, five reported cases of abduction, murder of 14 years old married girl by her husband, murder of a 13 year old shepherded boy by his peer, murder of a wife by her husband because she took the children to Addis for begging without his consent, abandoned children in Mersha town, and fire burnt children in Bofa Zone of North Wollo. In line with this there were 651 recorded cases of child abuse at four woredas (3, 5, 6, and 21) of Addis Ababa police station with the year 1995 to 1997; and the reported cases of child abuse includes bodily injury, murder, beating, rape, abandonment, theft, verbal threat/intimidation, attempted rape, attempted murder, robbery, and others (Desalegn,1998). Similarly Darge (1995), reported by citing Addis Ababa police head quarter; there are 2002 cases of registered abuse with in six months in 1993.

According to the report of police cited in Getent (1996), from 1971-1974 E.C 280 foundlings were collected from where they had been abandoned. Out of these 34.3% were found dead. Further Getenet (1996) reported again by citing Addis Ababa police commission, that there were 22 abandoned children of all alive in 1985 , 79 foundlings of which 49.4% are alive in 1986 , 106 foundling in 1987, and 13 foundling in 1988 of which 10 are alive children were collected and registered to region 14 police commission.

2.2.2. TYPES OF CHILD ABUSE AND NEGLECT

Population based survey are essential elements for determining the true extent and types of child abuse and neglect. Recent surveys of this type

have been completed in a number of countries including Ethiopia and have identified different forms of child maltreatment and compiled by world report on violence and health (WHO, 1999). The four major forms of child maltreatment which had been identified and as well widely accepted and treated in many investigations includes: physical abuse, sexual abuse, emotional abuse and neglect (Belay, 2001, 2005; Darge, 1995; Margolin, 1991 Gobena, 1996, 1998; Daniel and Gobena, 1997; Desalegn, 1998; Barbara & Mark, 2001).

A. Physical Abuse

Physical abuse of child defined as those acts of commission by caregivers that cause actual physical harm or have the potential for harm (WHO, 1999). Definition given in national incidence study –three (NIS-3) by Sedlak and Broadhurst (1996), cited in Barabara and Mark (2001) stated physical abuse as follows: *“The category of physical abuse is unique in that it is not broken down into subtypes .Acts constituting physical abuse include hitting with hand, stick, strap, or other objects: punching; kicking; shaking; throwing; burning; stabbing; or choking a child”*.

Riddle and Aponte (1999)cited in Belay (2005) also define child physical maltreatment as an act of commission with an aggressive component involving actual physical contact of a non-sexual nature which includes: acts of physical force, that could be associated with discipline; more serious acts of physical forces or aggression beyond the realm of what normally be associated with discipline; forcing a child to eat or drink illegal, harmful, or poisonous substances; victimization by proxy, agent, or broker ; closely confining or physically restraining a child.

Estimates of physical abuse of children derived from population based survey vary considerably. In United States 49 per 1000 children was obtained physical abuse which includes hitting the child with an object, other than on the buttocks; kicking the child; beating the child; and

threatening the child with a knife or gun (Straus MA et al, 1998). In a cross-sectional survey of children in Egypt, 37% reported being beaten or tied up by their parents and 26% reported physical injuries such as fractures, loss of consciousness or permanent disability as a result of being beaten or tied up (Youssef RM et al 1998). A survey of households in Romania found that 4.6% of children reported suffering severe and frequent physical abuse, including being hit with an object, being burned or being deprived of food. Nearly half of Romanian parents admitted to beating their children "regularly" and 16% to beating their children with objects (Browne K et al 2002).

An investigation in Ethiopia showed that 21% of urban school children and 64% of rural school children reported bruises or swelling on their bodies resulting from parental punishment (Tigist and Darge, 1997). Also, Ali (1996) stated that both past and present experiences show that in Ethiopia physical punishment is most prevalent in home and school. Study conducted by Haielgabrel (1998) revealed that physical abuse against children is carried out at home in a form of corporal punishment, prohibition of food, traditional healing and cultural practices. Further he reported that out of 464 total respondents 77% hurt for the moment, 22% swelling on the body, 3.6% confined at home, 2.8% treated medically, 0.8% disabled as a result of injuries inflicted by corporal punishment up on them and only 14.5% are not assaulted.

In addition, from the study Haielgabrel (1998) has reported that: 20% of respondents experienced in varying degree being forced not to take their regular meals as a form of punishment. 29.2% are circumcised, 38.5% have not, while 31.3% of the respondents affirm that they have no knowledge of circumcising as harmful traditional practices prevailing in Ethiopia. About 6% have answered a positive response to at least one of other harmful traditional practices such as cauterization, taking out children's milk-teeth and other blood letting practices. 68%

of the children expect parents to administer appropriate punishment. Parents also firmly believe that it is their duty to punish children corporally as an important means of properly upbringing of their children. Hence, only 17% of the children reported that they have not experienced any corporal punishment at while the rest had experienced different types of corporal punishment.

More than half of the children (54%) have been beaten with different kinds of sticks, 49% have been pinched with the fingers at the different parts of their body, 21% hit on their head, 18.5% have an experience of slapping on their face 9.5% kicking by feet and 7% pulling their ears. Even though instruments of the physical assault are endless, children identified the following forms of corporal punishment: Picking and throwing, binding hands and feet, inhaling smoked pepper, putting pencil between fingers and press hard, forcing to walk while kneeling, take hands underneath the legs and put them on head for an extended time, burn with hot coin, beating with nettle. With this regard, they reported the physical assault have different frequency from very often (3%) to have never assaulted (14%).

In the study, incidences of child abuse in four woreda of Addis Ababa, Desalegn (1998) reported that, 61.9% beating, 6.9% bodily injury, 0.5% murder, and 4.3% of attempted murder were registered in the year of 1995-1997. Administrators of corporal punishment are very different individuals. Among those guardians cover 4% of the administrator Hielgabreal (1998), of the corporal punishment. Belay (2005) also indicated that in the paper presented at the sixth annual conference of the Ethiopian Psychologists Association, siblings use power or physical force excessively, get drunk and beat younger ones. Gangsters also maltreatment orphans by beating physically with out reason, gangsters physically assault assertive orphans as in the case of failing to share their incomes and working orphans are beaten for failing to share from their incomes.

B. Sexual Abuse

Numerous studies have documented the prevalence of sexual abuse in developed countries. However, little is known about child sexual abuse in developing countries. In Ethiopia there had been no survey made in child sexual abuse. Modern prevalence studies began in late 1970's. However the results of these studies show a clear inconsistent among the different samples taken. For instance estimates of the prevalence of sexual abuse vary greatly depending on the definitions used and the way in which information is collected. Some surveys are conducted with children, others with adolescents and adults reporting on their childhood, while others question parents about what their children may have experienced.

For instance according to Pelletier and Handy (1986) cited in Gobena (1998) child sexual abuse in North America ranges from 7.7% to 38.0% for women sample respondents while it ranges from 4.8% to 8.6% for men .J.De Paul, J.L. Milner, and P.Mugica, 1995 cited in Gobena (1998), revealed that the discrepancy in reported prevalence of child sexual abuse may be also attributed to differences in the type of instrument used to collect the information (e.g. interviews versus survey),sample difference (student, community, national groups) and other factors such as the relative willingness of the respondents to admit to childhood assault. In agreement with this argument, a survey conducted on Romanian families revealed that 0.1% of parents admitted to having sexually abused their children, while 9.1% of children reported that they have been suffered from sexual abuse (Browne K. et. al, 2002).

Furthermore the discrepancy of child sexual abuse can be attributed to differences of cultural environmental set-up since what abusive in one set-up may be a normal behavior pattern in another. In addition to the above mentioned possible factors for the discrepancy of child sexual abuse prevalence, the occurrence of the problem linked to some social,

psychological, economic and familial/demographic patterns (Gobena, 1998; Garbrino J. and J.Crouter, 1978; Belsky J. 2001). For example, there is a gender bias against the problem: the American Humane Association Children's Division (1969) found that 92% of sexually abused children in their survey were girls. Barbara and Mark (2001) similarly stated that girls were more likely to be abused sexually than males. Finkelhor, Hotelling, Lewis, Smith (1990) as cited in Barbara and Mark (2001) from national telephone sample, they were found that, of the sample group reported a history of sexual abuse, 27% of them were women and 16% of them were men. Furthermore Barbara and Mark (2001) indicated children in low income families are more likely to be abused sexually than children in higher income families. This argument is agreed with the WHO report. They also argued that sexual victimization increase with age.

On the other hand a significant number of studies have shown that child sexual abuse occurs repeatedly against a single victim. Amarrs' Hss (1996) cited in Gobena (1998) revealed that repeated episodes of child sexual abuse were reported by 59.5% of the children. However a study conducted in Addis Ababa high school on 376 students have shown that, Gobena (1998) out of the total six students who have been abused in the school environment, five (83.3%) reported that they had the experience only once, while only one student (16.7%) indicated that she had faced this abusive treatment more than once.

Child sexual abuse can happen in different forms regardless the ages of the victims and perpetrators. A study carried on 272 girls and boys 11 years of age showed that 11% of respondents reported that they knew of girls who had been deflowered at their homes, and that 10.7% of them knew other girls facing harassment or insecurity at home (Hailgabrel, 1998; original, 1996). The victims also mentioned the different forms of sexual abuse they have been experienced: had been harassed 1%, know of other girls sexually harassed 8%, deflowered at home by their relative 2%, know of other girls deflowered at home 11%,

do not feel safe at home 2%. The different forms of sexual abuse that are manifested in Ethiopia, (Gobena, 1998; Iyasu, 1999; Belay, 2005), extend from exposing children to verbal sexual advances to forced rape.

C. Emotional/Psychological Abuse

Like other forms of child maltreatment, emotional abuse is also perceived differently by different scholars. As Robert (1999) stated, emotional abuse is a point of convergence of those apparatuses or it is albeit their differentially treated target of knowledge and ignorance, speech and silence, recognition and refusal. Psychological abuse is the sustained, repetitive, inappropriate behavior which damages, or substantially reduces, the creative and developmental potential of crucially important mental faculties and mental processes of a child: these include intelligence, memory, recognition perception, attention, language and moral development. O'Hagan (1993) stated emotional abuse as a state in which a parent of in appropriate emotional responses of the child. Tanata (2004) and Tina (2006) also defined emotional abuse as the act or failure to act that caused or could cause serious behavioral, cognitive, emotional or mental disorders (psychological/verbal abuse, mental injury).

Research into the impact and prevalence of emotional abuse has been plagued with disagreements about how to define it, measure it and treat it (Nesbit & Karagianis, 1987; Giovannoni, 1989; Claussen and Crittenden, 1991; McGee and Wolfe, 1991; as cited in Adam and Joe, 1997). Emotional abuse is identifiable not as the act of a parent but, rather, as an act that has achieved a specific result in the child or emotional abuse does not leave physical injuries (Adam and Joe 1997; Robert 1999) unlike others. Similarly they reported that, there is no crisis which would precipitate its identification by the health, welfare or criminal justice system and it something more than a legal conclusion justifying state intervention in the family that it is something legal definitions fail to capture adequately. Cultural factors appear strongly to influence the non-physical techniques that parents choose to

discipline their children, some of which may be regarded by other people from other cultural backgrounds as psychologically harmful.

In spite of all the constraints there are certain evidences and data on the problem. For instance Adam and Joe (1997) citing the source, reported the prevalence of emotional abuse in different parts of Australia (Wales 175%, Victoria 48.3% Queensland 16.7%, western Australia 3.2%, south Australia 6.0% Tasmania 4.0%, Northern Territory 3.0% and in Australia 14.1%. Form notes on discourse, history and change of emotional and psychological abuse it become clear that there are an estimated 532,200 children or 7.9% per 1000 children, suffered from emotional abuse (Robert, 1999). Emotional child abuse has different forms for instance threatening, lack of physical affection, ignorance and etc (Tina, 2006).

In the study conducted on OVC (Belay, 2005) also mentioned; abandonment, insult, despise (lack of respect), discrimination, loss of confidence, loneliness, as psychological abuse and neglect that manifested among OVCs in Addis Ababa .Hailegabreal (1998) in the study of focus on children at risk reported the prevalence of verbal abuses in Addis Ababa in respect to their frequency. Accordingly, 38.3% of, imposition 24.5% of insult, 11.3% of condemning, 9.3% of avoiding ,6.5 % of ridiculing and scolding are inflicted on children by parents or guardians. The scanty of information plus general situation of emotional abuse make the statistics almost non -existent in Ethiopia.

D. Child Neglect

Child neglect is one of the different forms of child maltreatment. Many researchers include neglect or harm caused by a lack of care on the part of parents or other caregivers as a part of the definition of abuse. Conditions such as hunger and poverty are some times included within the definition of neglect .Darge (1995) have shown neglect as in adequate provision of basic necessities and health care. Tina (2006) also defined child neglect as a type of child abuse that is an act of

omission of doing something. Similarly Hailegabriel (1998) said, negligence means parents intentional or unintentional neglect of their responsibility to care for food, clothing, moral and intellectual development and caring for the safety, health, cultural needs of the child.

As different researcher identified neglect has different forms. That include: Physical neglect, Educational neglect, and Emotional neglect. The prevalence of the problem has different figures in the world. For example, in Kenya, 21.9% of children reported that they had been neglected by their parents (ANPPCAN, 2000). In Canada a national study and cases reported to child welfare services found that, among the substantiated case of neglect, 19% involved physical neglect, 12% abandonment, 11% educational neglect, and 48% physical harm resulting from a parent's failure to provide adequate supervision (Wolfe, 2001).

In Ethiopia, almost there is no a statistical literature as a particular case on child neglect however different researchers have tried to indicated the most manifested form of child neglect. For instances, neglect that manifested in Ethiopia includes the lack of provision of food or hunger, health, education, immunization against each of the six community recognized health hazards of children, access to safe water and etc (TGE and UNICEF,1993). in the study of child right, abuse and neglect in family environment, Hailegabriel (1998), found that, out of 402 children 35.3% get medical attention only once in a while when they are seriously sick, 1.8% their parents never care for their health and 3.3% have never been given any treatment when they are sick.

In addition, in the same study, out of 399 children 1.3% gets only breakfast and dinner, 1.0% get breakfast and lunch only, 3.0% get lunch and dinner only 0.3% get lunch only, 2.5% get only their dinner 90.5% get all three meals daily. Further more he reported that from the

observation 34% were well dressed, 50% were average and 10% of the children were dressed badly and below average. Belay (2005) also found from the study child abuse and neglect the experience of OVC in Addis Ababa that ,inability to get food, clothes, medical/health care services, to pay house rent, pay school fee and the lack of supervision and separation from siblings are the physical neglect that manifested against orphan children. In addition Belay (2001) reported that the physical neglect of children in north Wollo was food depreciation, educational neglect, custody refusal and delay in health care. Another study revealed that, in Addis Ababa there was 2.6% child abandonment in 1995-1997 (Desaegn, 1998).

2.2.3 CAUSAL FACTORS FOR CHILD ABUSE AND NEGLECT

There is no single known cause of child maltreatment or there is no any single description that captures all families in which children are victims of abuse and neglect. Child maltreatment occurs across socioeconomic, religious, cultural, racial, and ethnic groups. While no specific causes definitively have been identified that lead a parent or other caregiver to abuse or neglect a child, research has recognized a number of risk factors or attributes commonly associated with maltreatment. According to Goldman et al (2003) the reason or the probable cause why would someone abuse a defenseless child can be grouped in to four domain; Parent or caregiver factors, Family factors Child factors, and Environmental factors.

Community experts and service providers also discussed a number of causes and risk factors they have observed and/or studied related to abuse. For instance Tanata (2004) listed poor parenting skill, lack of understanding about child development, cycle of abuse and domestic violence, substance abuse and teen mothers as a risk factor for child abuse and neglect. Similarly, stress, lack o nurturing qualities, difficulty of controlling anger, a personal history of being abused isolation, physical or mental health problems, alcohol or drug abuse,

personal problems and financial difficult are also reported as the risk factor that associated with child abuse and neglect (Tina,2006).

A variety of theories and models have been developed to explain the occurrence of abuse with in families. The most widely adopted explanatory model is the ecological model. According to Belsky (1990) cited in Desalegn (1998) as applied to child abuse and neglect, the ecological model considers a number of factors, including the characteristics of the individual child and his or her family, those of the caregivers or perpetrator, the nature of the local community, and the social, economic and cultural environment.

The limited research in this area suggests that some factors are fairly consistent, over a range of countries, in conferring risk. For example Tina (2006) pin pointed that no one has been able to predict which of these factors will cause someone to abuse child. In agreement with this (Goldman et al. 2003) said that, while certain factors often are present among families where maltreatment occurs, this does not mean that the presence of these factors will always result in child abuse and neglect. The factors that may contribute to maltreatment in one family may not result in child abuse and neglect in another family. Some literature, for instance note the relation between poverty and maltreatment, yet most people living in poverty do not harm their children (Goldman et. al 2003).

In addition, (Goldman et al, 2003; Tanata, 2004) said, while there are no causes that can irrefutably predict the occurrence of child abuse and neglect, there are a number of risk factors which are generally associated with contributing to this disturbing phenomenon. Some of these risk factors include; caregivers age and gender, cycle of violence, age and gender of the child. These factors may not responsible for the maltreatment of the child, however, may increase the child's vulnerability to maltreatment , exacerbate or aggravate the level of maltreating behavior and negative patterns of family functioning.

Inequalities related to sex and income factors present in other types of violence and likely to be related to child maltreatment.

Hailegabriel (1998) also listed certain reason why parents verbally abuse their children, these were high expectation of the child, parents want the child to be good, up bringing style of parents, not natural parent, don't like the child, disobedience of the child, and when elders punish younger siblings. Barbara and Mark (2001) stated the age of victims (Preadolescent), gender of victim (female), having a stepfather in the home, the absence of one or both natural parents in the home, the absence of the mother due to disability, illness or employment, poor relationship between victim and parents, the presence of parental conflict and violence as risk factor by citing Finkelhor (1993) for sexual abuse that has been found to occur within the family.

These risk factors related to individual, family, and social variables. In sum, the relevant variables are age, gender, family composition, parental illness, employment situation, family conflict, geographical location, and lack of sex education (Barbara and Mark, 2001). A significant factor of abuse arises from the interaction effect of the different risk factors (Tina, 2006; Goldman et al 2003; Tanata, 2004). Even though the reason for the abuse and neglect of children by parents and caregivers are complex and varied, involving personal, social and cultural factors, there are certain risk factors which increase the vulnerability of children and related to caregivers and child's characteristics. Some of them are:

A. Caregivers Age

Developmental researchers have consistently shown that care giving skills and motivation improve with age. Adult caregivers not only have more life experience and child care experience than adolescent caregivers, older caregivers can be expected to be more empathic, more

patient, and more responsive to the societal norms associated with taking care of others (Robinson, 1982; Hoffman, 1975 cited in Margolin, 1991). According to Erikson (1950) adolescents are also less confident and have a less stable sense of who they are than adults. Some studies tried to relate the age of caregivers and the type of maltreatment of the child. For instance Margolin (1991) reported that adolescent caregivers appeared much more prominent in accounts of child abuse than in accounts of neglect. He said 83% of sexual abuse and 47% of the physical abuse was committed by adolescents while they are responsible only for 18% of neglects. Furthermore Margolin reported that, adolescents committed more than five times the abused approximately 8.5% of the child care that adults did yet responsible for one-quarter of the abuse and neglect. This implies that adolescent caregivers present a greater risk to children than adult caregivers. Thus can raise a question can young mothers or young non-relative caregivers be expected to understand the needs of a child for stability and security when their own needs are so similar. Another study (Jennifer 2004) has shown children of teen mothers are more likely to suffer child abuse and placed in foster care than other children. In study of child sexual abuse in Addis Ababa high schools, Gobena (1990) reported that, range of the abuser party's are extends from 17 to 45 years, with a mean age of 26.18 and a standard deviation of 7.79 years. The data is also revealed that more than 80% of the crime is committed by young people between 17 and 30 while adults (41-45 years) responsible only for 6.10% of the abuse. Similarly, Desalegne (1998) has reported the age of abusers was found to be between 14 and 30 years with the standard deviation of 8 years. He concluded that both adults and children are abusers where the oldest child abuses the youngest child

B. Caregivers Gender

Social historians have always portrayed males as comparatively austere and ill-at-ease with children (Aries, 1962 cited in Margolin, 1991).

Psychologists have long known that stereotypes are often in accurate and tend to narrow thinking. Stereotypes like "Real men don't cry," "Women are more sensitive," "Men are stranger and more assertive," and "Women are more socially skilled are typical examples. In the case of gender role stereotypes, one major effect has been on the jobs women and men choose-and the jobs they are chosen for (Smith, 1998). Dipietro (1981) cited in Bernstein .et al (1991, 2:56) also shown that girls are less physically aggressive, are less inclined to hit an obstacle or a person, and tend to be more nurturing and emotionally emphatic.

Boys play in larger groups and spaces, enjoying noisier, more strenuous physical games like soccer and football. All boys play tends to be vigorous; all girls play tends to be more orderly. Another studies (Kotelchuck, 1976; lamb, 1976, 1977; Clarke Stewart, 1978, 1980 cited in Bernstein et al, 1991, 2:56 shown that infants also develop attachment to their fathers, but often this occurs a little latter than the attachment to the mother. Not only is father- infant interaction less frequent than mother-infant interaction, but most studies show that it has a somewhat different nature. Mothers tend to be feed, bathe, dress cuddle, and talk to their infants, whereas fathers are more likely to play with, jiggle, and toss them, especially sons. Fathers are usually just as sensitive and responsive to their infant's expressions while things are going well, but when the baby gets bored or distressed, fathers may not do as well as mothers.

Theorists, in turn, commonly trace these differences to the asymmetric socialization of females and males. Thus for example, while girls learn very early that their identity is fundamentally tied to care giving activity (Chodorow, 1978), young boys, on the whole, receive little encouragement or opportunity to become caregivers. In this respect, female socialization, stressing cooperation, intimacy, and the verbalization of feelings, appears singularly consistent with development of feelings, appears singularly consistent with

development of child care skills and non violent methods of conflict resolution. By contrast, Margolin (1991) cited Chescer (1986) and Weitzman (1984), young boy's emphasis on aggression and toughness, playing "good guys and bad guys," and games that have combat as a central theme, appears maladapted to their future success in child care. Studies have shown that male caregivers appeared much more dominate in child abuse than child neglect (Margolin, 1991). Most of the child physical abuse and death caused by males (Barbara and Mark, 2001). They further reported that males were more likely to be perpetrators of sexual abuse (about 71.5%) while females only did make up 28.5% of the perpetrators.

Haielgabriel (1998), has identified the persons administering corporal punishment on children and accordingly about 43% of children indicated the mothers, 35% the fathers, 26% elder brothers 15% elder sisters as administrator of corporal punishment on them. Despite of this, in similar finding, he reported that in focus group discussion children indicated that generally it is the father who usually administers serious punishment. Mothers usually urge the fathers to punish their children.

Sexual harassment and rape mostly administered to girls at home, outside of home by fathers, brothers, distant relatives, neighbors, friends and other persons who have access to the family (Hailegabrel, 1998). He also pointed out that child maids are more than any other girls exposed to sexual abuse by male family members and their plight usually remains undisclosed. Gobena (1998) despite some other available literature regarding sexual abuse, that is both sexes do abuse, in his inquiry, reported that all abusers of the abused respondent female were male. Margolin (1991) similarly has shown that more than 71% of sexual abuse and 42% of the physical abuse was committed by male caregivers in non relative child care. Furthermore male caregivers were only responsible for 6.1% of the child care, but they were committed more than six times the child abuse that was expected on

the basis of the amount child care they performed. On the other hand, however, male caregivers were only responsible for 8% of neglect.

In disagreement with this (Tanata, 2004) stated that, fifty eight percent of all perpetrators were female, mostly mothers, as compared to forty-two percent male, which were mostly fathers. Similarly, investigation conducted in India, China, Chile, Finland and United States suggests that women report using more physical discipline than men (Straus MA et al 1998; Hunter WM et al 2000; Tang 1998; Vargs NA et al 1995; Sariola 1992). In Kenya, reports from children also show more violence by mothers than fathers. However, men are the most common perpetrators of life threatening head injuries, abusive fractures and other fatal injuries.

Sexual abusers of children, in these cases of both female and male victims, are predominantly men in many countries (Finkelhor, 1994). Studies have consistently shown that in the case of female victims of sexual abuse, over 90% of perpetrators are men, and in the case of male victims, between 63% and 86% of the perpetrators are men (Finkelhor, 1986, 1984). This discrepancy can be attributed to the types of data collected, informants of the study, instruments used, definition of the problem and the design of the investigation or the types of maltreatment investigated.

C. Child's Age

Children are not responsible for being victims of maltreatment. Certain factors, however, can make some children more vulnerable to maltreating behavior (Goldman et. al. 2003). The child's age and development of physical, mental, emotional and social may increases the Childs vulnerability to maltreatment, with interaction with other risk factors. The relationship between a child's age and maltreatment is not clear cut and may differ by type of maltreatment (Tanata, 2004; Goldman et al 2003). Similarly Barbara and Mark (2001) compiled different statistics. For instance, from the data it is clear that, medical

neglect and neglect decline with age while sexual abuse, physical abuse and emotional maltreatment are directly proportional with age. Giles, Straus and Suarman (1995) cited in Barbara and Mark (2001) also indicated as preschool children are more spanked than older children. In agreement with this findings, Goldman et al, (2003) in the study of a coordinated response to child abuse and neglect reported, in 2000, the rate of documented maltreatment was highest for children between birth and 3years of age (15.7 victims per 1000 children of this age in the population) and decline as age increased.

The inverse relationship between age and maltreatment is particularly strong for neglect, but not as evident for other types of maltreatment (physical, emotional, or sexual abuse). It is also vivid that from the study of child sexual abuse in Addis Ababa out of 43 sexually abused children, 41.67% lies between the age of 14 to 16 years old (Gobena,1998) and children below 10 covers only 19.44% above 10 years old accounts the rest of the incident .Barbara and Mark (2001) by adopting United States Department of health and humane services(1998) reported that out of 307 registered cases of United State children's age of 0-3 years accounts 76.2%,4-7 years covers 14.3%,age of 8-11 covers 6.2% and 12 and above years cover 3.3% of the total incidents. Similarly Diana (1998) has shown maltreated infants and younger children are significantly more to be reported to child protection agencies than are older children. About 16 per 1,000 children under age one were involved in substantiated reports in 1994 ,compared to only 9 per 1,000 adolescents age 16-18.The youngest children whose bodies are fragile ,more often die from maltreatment:45% of the maltreatment -related fatalities from 1993-1995 involved infants ,and 85% involved children under age 5.

Studies conducted in Nevada show over 75% of abused and neglected children were between the age of one and thirteen years, in 2002, 41% of those children were between the ages of three and nine (Tanata,2004). In the study it also pinpointed 9% of abused and

neglected children were 5 months old or younger. Findings that compiled within Medical journal of Ethiopia perpetuate that vulnerability to child abuse whether physical, sexual or through neglect depend in part on child's age (Tigist and Darge, 1997). Fatal cases of physical abuse are found largely among young infants, for example, the majority of victims were less than 2 years of age (Adinkrah M.1993; Menick DM.2000; Haapasalo J 1999). Similarly Getnet (1996) indicated by referring to police officials in the study the problem of child abandonment in Addis Ababa, that the average age of the abandoned children is between zero and one a half years. Studies of child maltreatment by parents consistently show that infants and toddlers are more likely to be abused and neglected than older children. The relationship between children's age and risk of maltreatment can also be anticipated with non- relative caregivers. This is because children under three are more fragile than older children and, hence, less capable of with standing harsh or in different treatment (Gelles, 1979:35). They are also less capable of communicating their needs. As a result, their crying can be extremely stressful, particularly when the caregivers has other children she or he is attempting to calm down, put to sleep, or organize in to activities (Margolin, 1990 cited in Margoline, 1991). Moreover, Desalegn (1998) shows the majority of the reported abuses are above the age of 12. But for murder and abandonment the ages were below one.

In agreement with other literature other abuses like physical, sexual and emotional increases with age. However, in the study the majority of reported cases except murder and abandonment are above age 7years. The researcher attributed the absence of report to the theory of Piaget's cognitive development that, children below are 11 are not mature enough to think and reason abstractly the consequence of abuses and reported to the police. Hence abuses below the age seven are rarely reported by the victims or their guardians but it does not mean that the abuse is less prevalent below the age seven. According to the national

rural nutritional survey in 1992, CSA (1993) 64% of the children under 5 years of age were stunted (low height-for-age), 8% were wasted (low weight-for-height) and 47% were underweight (low weight-for-age).

Infants and young children, due to their small physical size, early development status, and need for constant care, can be particularly vulnerable to child maltreatment. For example, children under the age of one represented 43% of all victims but only 12% of all abuse victims (Margolin, 1991). Very young children are more likely to experience certain forms of maltreatment, such as shaken baby syndrome and non organic failure to thrive. Teenagers, on the other hand, are at greater risk for sexual abuse (Goldman et. at 2003). According to Barbara and Mark (2001), by citing U.S department of health and human services, children's bureau (1998), children of age below three represents 51.7% medical neglect while only covers 10.3% of sexual abuse. By contrast children age 12 and above are responsible for 35.9% of sexual abuse and 12.7% of medical neglect out of 258,258 reported cases. Stress associated with taking care of infants and toddlers is not diminished when the caregivers are non relatives. In fact, Margolin (1991) argue by citing Wilson and Daly (1987) that, nonparents' frustration is greater: if all living things have evolved to enhance the survival prospects of their descendents, then non parents have no "ultimate self-interest" in helping other people's children get through difficult periods in their development. From a national study Straus and Gelles (1985) found that two-thirds of parents had used some form of violence toward their children; 97% of parents of 3-years olds used violence, while only about one-third of parents of 15 to 17 year olds did.

D .Child's Gender

In most country, girls are at higher risk than boys for infanticide, sexual abuse, education and nutritional neglect, and forced prostitution (Finkelohr 1994). According to Belay (2001) in the study of local perceptions of children's needs and right in north Wollo, there is a

significant difference of perception by the society between boy and girl Childs. For instance, he said, age demarcation to transition to adulthood is significantly different between the two genders. Girls could be categorized as adult women when they get married with age of 8-12 years while, boys of the same age or older are not labeled adults unless they get married, which usually happens in their 20's. As Belay reported, the two genders also perceived from the society a significant difference on their importance; the family would prefer males than females. The Childs also share the same view with their family. Furthermore, Belay, indicated girls have no given chance to participate in the arrangement of their marriage, on the other hand, boys participate in decision and arrangement of their marriage.

Children engaged in different daily routines activities. An overwhelming majority of respondents (Hailegabriel, 1998), (85.4%) are engaged in household chores. He also indicted that, girls are more engorged in household routines than boys by factor of 1:23, while boys participate in family shops and learning trade more than girls by factors of 3.71 and 3.21 respectively. Hailegariel further pinpointed as girls sleep (8.8) less than boys (9.2) hours.

Many studies have examined child's gender in the context of sexual abuse, almost always showing females at greatest risk (Finkelhor, 1986). In addition to this Gobena, 1998; Iyasu, 1999, have only focuses in their study on females. However, Sedlak and Broadhurst, (1996) cited in Barbara and Mark (2001) found that the rate of sexual abuse has increased form 0.7 per 1.000 children in 1980 to 3.2 per 1,000 children in 19993. Girls were more likely to be sexually abused than boys, while males sexually abused children at much higher rates than females did.

Another studies show rates of sexual abuse to be 1.5-3 times higher among girls than boys (Finkelhor, 1994). Lewis and Smith (1990) cited

in Barbara and mark (2001) from national telephone sample, they found that 27% of the women and 16% the men in their sample reported a history of sexual abuse. Globally, between the ages of 6 and 11 years are not in school, 60% of who are girls .The report also further indicated that, in some countries, girls are either not allowed to receive schooling or else are kept at home to help, look after their siblings or to asset the family economically by work. Belay (2001) stated the periled relative importance of each sex and males are more perceived for socially value and protection of the family from danger while, females are more attached to household chores, care of younger siblings, assisting the mother on her delivers and source of kinship. Studies conducted by Zenbe (1996) on street children revealed that out of the total sample 10,000 street children about 75% are male and 25% are females. Margolin (1991) reported girls were predominate victims of child abuse (63%), but boys were the predominant victims of neglect ct (53%).

Studies (Barbara and Mark (2001) reported the difference of maltreatment in relation to gender of the items of the problem accordingly boys are accountable for 51.6% of physical abuse, 22.8% of sexual abuse 47.0 % of emotional maltreatment, 52.0 % of medical neglect and 51.2 % of neglects out of 260.357 reported cases of the problem. Females cowers 48.4% of physical abuse, 77.2% sexual abuse, 53.0% emotional maltreatment, 48.0% of medical neglect and 48.8% of neglect of the some sample groups. This reveals that, males are predominates in physical abuse and females are predominates in sexual abuse.

Male children appear to be at greater risk of harsh physical punishment in many countries (Straus, 1998) Nonetheless, social stereotypes that portray boys as more durable and self-sufficient those girls may lead care givers to assume that boys need less supervision than girls. Although girls are at increased risk for infanticide in many

places, it is not clear why boys are subject to harsh physical punishment. It may be that punishment is seen as a preparation for adult roles and responsibilities, or else that boys are considered to need more physical discipline (world report on health and violence) pitcher and Schulte (1983) cited in Margolis (1991) stated boys are expected to play more roughly than girls, they may be seen as more capable of handling rough treatment from a caregiver.

E. Cycle of Violence

One of the risk factor that associated with child maltreatment in many literatures is the cycle of violence or parents and caregivers who have been abused during their childhood become an abuser of their offspring or a child whom they are caring for. Studies have shown that, parents maltreated as children are at higher risk of abusing their own children. A parent's childhood history plays a large part in how he or she may behave as a parent (Goldman. et al, 2003). While the estimated number varies, child maltreatment literature commonly supports the finding that some maltreating parents or caregivers were victims of abuse and neglect as children and domestic violence directly contribute to occurrence of child maltreatment.

The learned theory of child maltreatment also argued that child abuse is often described as a cycle in which the abused becomes the abuser due to learned behavior (Barbara and Mark, 2001). Furthermore, differential association theory is a sociological perspective used to explain the learning processes involved in crime. According to Sutherland and Cressey (1981, cited in Barbara and Mark (2001), criminal behavior is learned through the socialization process as the following

Criminal behavior is learned through interaction in personal and groups. The methods, motivation, and rationalization of engaging in criminal activity are learned from others. The same principles operate in learning criminal and non criminal behavior In addition,

intergenerational transmission theory attempts to explain the dynamics of generational abuse and repeated abuse and the reasons some abused children become abusers (Barbara and Mark, 2001). As Ammerman (1990), cited in Barbarn and Mark (2001), even though most abused children do not become abusive parents, a relationship between being abused and becoming an abuser does exist. Goldman et al. (2003) also argued that, there are individuals who have not been abused as children who become abusive, as well as individuals who have not been abused as children and do not subsequently abuse their own children. The intergenerational transmission theory further pinpointed, the relationship between has been abused and become an abuser has been explained through the social learning principles. That is children learn how to abusive or non abusive, neglectful or non neglectful. For example abusive parents reported that their own parents were less nurturing and more and more restrictive.

It is estimated that about one-third of abused children will one day subject their children to maltreatment (Goldman et. al. 2003; Jennifer, 2004). In homes with domestic violence, children are at greater risk for being abused and continuing the generational cycle of violence (Jennifer, 2004). Also Hunter (2000), shown, the occurrence of domestic violence in the home doubled the risk of child abuse. Among known victims of child abuse, 40% or more have also reported domestic violence in the home (world report on violence and health). Similarly, Barbara and Mark (2001) citing Hotaling and Straus (1990); Windom (1989); Windom and Ames (1994) conclude that; abused children are more likely to behave aggressively towards family members and to engage in crime outside the family; abused and neglected children were more likely to be arrested for juvenile delinquency (about 29% were arrested); sexually abused children had higher rates of arrest for running away and prostitution; physical abused victims were more likely to be arrested for violent sex crimes.

According to Diana (1998), domestic violence involving the child's caregiver is a problem that is more likely to contribute to physical abuse than neglect. Further the study found that, male batterers are more likely than other men to physically abuse their children and women who are victims of domestic violence are also more likely to be reported for maltreating their children. In the problem of child abandonment in Addis Ababa, it is also revealed that (Gentenet, 1996), young students causal sexual intercourse and unwanted pregnancy while living with their family; prostitutes casually get pregnant; pregnant maids and street mothers who are liable to rape and unwanted pregnancy are the major risk factors that cycle and leads to child abandonment.

2.3 CONSEQUENCE OF CHILD ABUSE AND NEGLECT

The consequence of child abuse and neglect are devastating and far-reaching. The health Caused by child abuse forms significant portion of the global burden of disease. Child abuse and neglect can cause both immediate and long-term consequence for children, families, and society as a whole (Tanata, 2004) is often discussed in terms of physical, psychological, behavioral and social consequences (Tanata, 2004; National clearing house, 2004). In reality however, it is impossible to separate them completely. For example Physical consequence (such as damage to a child's growing brain) can have psychological implications (congestive delays or emotional difficulties (Natonal clearinghouse, 2004) in extreme causes, abusive treatment results in the child's death (Tanata, 2004; Dina, 1998). Some of the health consequences have been researched; other has only recently been given attention, including psychiatric disorder and suicidal behavior. Importantly, there is now evidence that major adult forms of illness including ischemic heart disease, cancer, chronic fibromyalgia –are related to experiences of abuse during childhood. The accumulated evidence indicates that (Dina, 1998), children who are maltreated often experience disrupted growth and development.

The psychological, emotional, or physical damage that a child suffers as a result of maltreatment depends on aspects of the abuse itself and on the child's stage of development (Dina, 1998). Similarly National research council,(1993) stated physical, behavioral and emotional manifestations of abuse vary between children, depending on the child's stage of development when the abuse occurs the severity of the abuse, the relationship of the perpetrator to the child, the length of time over which the abuse continues and other factors in the child's environment. A white paper from the good community committee also highlights that, the most rapid period of brain development throughout the whole life span occurs during the first two to three years of life. While brain growth can be enhanced Jennifer (2004), by positive stimulation, it can also be disrupted and stunted by abuse and maltreatment. Further more, Dina (1998), by citing Silverman et al (1996); Berier and Runtz (1994); Claussen and citteden (1991); Kinard (1994) argued that ,the effects of maltreatment on children are often severe and log-lasting, although for any given child although for any given child, the consequences of abuse or neglect will shaped it differs by the intensity, duration and the type of abuse , the presence of supportive adults; and the age of the child at the time. Children who were suffered maltreatment evidences signs of serious emotional or physical harm. For some children the maltreatment experience is fatal. To make clear the magnitude and extent of the consequence of the problem, let look at some of the major manifestation of the problem.

2.3.1 PHYSICAL CONSEQUENCE OF CHILD ABUSE AND NEGLECT

From the definition, Physical abuse is an act of commission by a caregivers or Parents that result or to results in Physical harm including death of a child. It includes kicking biting shaking stabbing or pun child. However Physical consequence of child abuse and neglect is not only result from Physical abuse and physical neglect but other forms like sexual and neglects have great contribution. Several studies

have found out the Physical consequences that results from the different forms of child maltreatment

According to Belay (2005) death, suicide, illness (acquiring infections) serious body injuries, (loss of body Parts, dysfunction of body parts, scars, bleeding) linger are the major Physical Problems that OVC experienced from abuse and neglect in Addis Ababa. One of the maltreatment that inflicted on children and results in Physical harm is corporal Punishment. According to Straus (1994) it also increased a suicidal ideation. Barbara and Mark (2001) indicated that in 1996 there were an estimated 1,077 child fatalities that resulted from child maltreatment. Further they stated that by citing Smother (1998), common causes of infant homicide are head trauma and asphyxiation. Tigist and Derege (1997) indicated similarly, severe corporal Punishment appeared to hamper the Physical development of children.

Study on child right abuse and neglect in family environment in Addis Ababa conducted by Hailegabriel (1998) found that from corporal punishment children were hurt and felt some pain for the moment (77%), long lasting pain (22%) in a form of swelling, and Severe injuries (about 7.2%) which either confined them at home, treated medically or had last marks of damage. He further noted, one of the three disabled or (7.2% severe injuries) children because of the injuries, was unable to leave his bed for a month that inflicted upon him by sustained beating with a stick. Another boy revealed that his eyes bled and a girl claimed that she knew a boy who disabled because he was picked up and thrown on the ground. Similarly, there was a witness from a girl that she knew a girl who lost her tooth as a result of being punched.

As (Befekadu & Tsegaye, 1994; Tina, 2006), generally noted abdominal injuries, brain injuries, bruises and welts, burns and scalds, central nervous system injuries, disability, fracture, lacerations and abrasions, ocular damage, reproductive health problem, sexual dysfunction, STDS including HIV/AIDS, unwanted pregnancy, suicide tendencies and

death of a child are physical consequences that resulted from child maltreatment (Diana 1998; Befekadu and Tesgaye, 1997 Tina, 2006; Darge, 1995). Also Diana (1998) has found, of children experiences maltreatment, from 1990 to 19994 a total of 5,400 children are known to have died from an act of abuser or neglect. From the survey of 26 states; Diana (1998) reported that between 1993 and 1995 neglect caused 37% of death, abuse caused 48% of death and 15% died because of both neglect and abuse. Similarly U.S Advisory Board on child abuse and neglect provides estimates of over 2,000 infants and young child death due to abuse and neglect (Barbara & Mark 2001). Wang and Daro (1998) cited in Barbara and Mark 2001) reported similar finding with Diana (1998) that in 1997 45% and 48% fatalities of child resulted from neglect and abuse respectively and 7% results as a result of both.

2.3.2 PSYCHOLOGICAL CONSEQUENCES

The foundations for good mental health are laid down in the emotional development that occurs in infancy and later childhood and appears to be dependent upon the quality and frequency of response to an infant or child from a parent's or primary caregiver (o'Hagan, 1993; Oates 1996). Bowlby (1969), in the theory of attachment proposed that for humans, and for infants in particular, survival depends to some extent on having access to such an attachment figure, usually a parent and most commonly the mother. This attachment bond usually results form the parental responses to the infant's emotions or expressive behaviors. The bond develops in the early months and years of life, and is closely linked to the behavioral responses of the parent and ongoing cycle of parent child interaction. Further Oates (1996) stated that, such attachment experiences have a profound influence on the development of their interpersonal relationships that form in later childhood or adult life, and have implications for the way in which adults subsequently relates to their own children. Where a child experiences a warm, intimate and continues relationship with her or his mother or other

caregiver, that child would thrive. Conversely, an Unresponsive parent, or one who responds inappropriately to a child's needs would increase the like hood of the child becoming anxious and insecure in its attachment.

According to O'Hagan (1993) this inappropriate response of the parent or other caregivers to the child's needs and behavior, whether it is deliberate or not, the child can experience emotional maltreatment or abuse. As National Research council (1993) noted, the inappropriate response of the parent or caregiver may occur as emotional abuse like verbal abuse, threats to abandon a child, witnessing domestic violence distinctly or in conjunction with other forms of maltreatment. Studies has shown that these maltreatment produce the most destructive consequences, (Garbarino and Vondra, 1987; Adama and Joe, 1997; O.Hagan, 1993), has further argued that it is the emotional and psychological trauma associated with physical and sexual abuse that has the most detrimental impact on the development of children. Similarly several scholars found out the psychological and emotional impact that results from child maltreatment. For example Tanata (2004) said, maltreatment of Very young children could affect brain development by altering, among other things, how the brain responds to stimuli.

Some children have a few symptoms that do not reach clinical levels of concern or else are at clinical levels but not as high as in children generally seen in clinical settings, other survivors have serious psychiatric symptoms. Like depression, anxiety, substance abuse, aggression shame or congestive impairments, low self-esteem (Jennifer 2004; Diana, 1998). Children have suffering, further argued by Diana (1998), from lasting growth retardation resulting from disturbance of caregivers feeding an infant or neglect of non organic failure to thrive. Moreover (Barbara and Mark 2001; Belay 2005; Tina 2006; Adam and Joe 14997) mentioned the psychological consequences that result from different forms of maltreatments by citing different sources such as

aggression, nightmares and bed wetting, post-traumatic stress dispersed, age inappropriate sexual behavior and etc.

In addition to these, specifically the consequences of child maltreatment that results from one form of maltreatment may differ from other. For instance physically abused children experiences helplessness and worthlessness the sense of violation and shame found in sexually abused children, lack of environmental stimulation and support for normal development found in neglected children. In agreement with this finding Berk (1990) cited in Desalgn(1997), reported that the following adjustment difficulties experienced by sexually abused children: depression, low self esteem, distress, poor social skills, repressed anger and hostility, impaired ability to trust others, difficulties with self control, precautions interest in sex and seductive behavior.

Hailegabrel (1998), similarly has found the psychological consequence of corporal punishment (physical maltreatment) and reported that, of the total sample group has experienced corporal punishment, 22% of them has developed fear, 9% anxiety, 7% tended to hide their activities from parents for fear of punishment and 4 % have developed feeling of hatred against those punishing them.

2.4. MEASURES TAKEN TO ALLIVATE THE PROBLEM

Child abuse and neglect are social and individual problems that affect our society in various ways. Several strategies have been developed to reduce and treat child abuse. While the prevention of child abuse is almost universally proclaimed to be an important social policy, surprisingly little work has been done to investigate the effectiveness of preventive interventions.

Preventing child abuse and neglect means that society is meeting the needs of infants, children, and adolescents. Watson (1994) cited in Barbara and Mark (2001) stated that the basic needs that must be met during infancy and childhood by parents are security, nurturance, stimulation, continuity, reciprocity, and value orientation. World report on violence and health argued different approaches towards the alleviation of child abuse and neglect. As pietrazak, Ramler, Renner, Ford and Gilbert (1990) cited in Barbara and Mark (2001), also pointed out the differences between primary, secondary, and tertiary prevention as follows primary prevention involves preventing new cases in the general population, secondary prevention includes providing services to high-risk groups to avoid problems. Tertiary preventions involve providing services to victims to prevent further harm.

The different approaches of prevention with specific strategies that stated by different scholars in the world report support on violence and health with specific strategies WHO, (1999), are family support approaches, health service approaches, therapeutic approaches, legal and related remedies, community based efforts, and societal approaches. In November 1989, CRC, (2005), the United Nations General Assembly adopted the convention on the rights of the child. A guiding principle of the convention is that children are individuals with equal rights to those of adults. Since children are dependent on adults, though, their views are rarely taken into account when governments set out policies. At the same time, children are often vulnerable group as regards government- sponsored activities relating to the environment, living conditions, health care and nutrition. The convention on the rights of the child provides clear standards and obligations for all signatory nations for the protection of child. The convention on the rights of the child is one of the most widely ratified of all the international treaties and conventions. Ethiopia also ratified CRC in 1991. The African character on the rights and welfare of the child (1991) and the Hague convention (1989), all also advocate for

meaningful, satisfying and enriching life of the child, which involves the full protection of the child from all sources of abuse and neglect.

2.4.1. MEASURES TAKEN BY GOVERNMENTS TO PREVENT CHILD ABUSE AND NEGLECT

The adoption of the convention on the rights of the child, which was unanimously approved by the general assembly of the United Nations in 1989 and entered into force in September 1990, has been the most important event for the protection of the welfare of children in this century. The commitment of the Ethiopian government which ratified the convention in 1991, is confirmed by the newly issued policies on the social, Health, Education, Women's Affairs, population, and the national plans of action for children and women.

The challenge faced by each society in protecting children from abuse is immense. From this perspective Ethiopia (CYAO) has taken the initiative of undertaking a study on child abuse and neglect in selected parts of the country with the collaboration of the Italian cooperation (Darge, 1995). The finding of this study will lay down the corner stone and pave the way for further intervention.

MOLSA has developed a draft of social welfare policy. The government endorsed and launched a national program of action for children and women. The government also on going of adoption programs particularly inter-country adoption. Ethiopian government, in the ratification of CRC in 1991, has accepted the four basic elements of child rights, as stated in United Nations convention on the rights, which could be summarized as follows. The constitutions adopted in 1996, the Federal constitution provides the umbrella articles for the protection of the rights of the child (CRC committee, 2005) article 36 of the rights of the child that has been enshrined in the CRC.

Accordingly the four basic elements of child rights, stated in the United Nations Convention on the Rights of children and under article 36 of the constitution are summarized as follows:

NON-DISCRIMINATION

All children should be equally treated. They should be provided with equal opportunities with out any discrimination irrespective of their color, language, race, sex, political and religious affiliation, property, disability, birth, form of life and other status.

BEST INTERESTS OF THE CHILD

Article 36, paragraph 2, of the constitution stipulates that in all actions concerning children undertaken by public and welfare institutions, courts of law, administrative authorities or legislative bodies the prime consideration shall be the best interest of the child should be underling the decision-making processes concerning children and rules for the separation of the young from parents in correctional institution and orphanages.

SURVIVAL AND DEVELOPMENT

The child's right to survival and developmental is enshrined in the constitution. The child must have access to food, health care, education and leisure. The constitution also stipulates that the child must be protected from harm, abuse and exploitation. Article 219 and 220 of the revised family code provides that both parents have responsibility for the proper upbringing of their child/ren.

PARTICIPATION (RESPECT FOR THE VIEWS OF THE CHILD)

The child has the right to participate in issues that concerns him/her. The child has the right to express its opinion. Article 14 of the civil code, article 291 paragraph 1 of the revised family code stipulates the view of the child shall be invariably heard in the case of decisions that

concern them. That is why MOE given an opportunity to children to involve in the decision of educational processes.

2.4.2. CONTRIBUTION OF NGO'S IN PREVENTION OF CHILD ABUSE AND NEGLECT

Complementing the efforts of the government in implementing the CRC, the NGO's community has been engaged in improving the well-being of the child. The contribution of NGO's can be seen divided into international and national perspectives. Among the international NGO's UNICEF, ILO, OAU Italian government cooperation, Swedish save children and etc are the most commonly participant. National wise, ANPPCAN, FSCE, Ethiopian women lawyers' association save the children of Ethiopian chapter and etc are some of the participants in prevention of child abuse and neglect in Ethiopia.

Generally these NGOs are working on:

- Advocating the rights of the child;
- Empowering marginalized groups;
- Building the capacity of grass-root communal institution;
- Legal aid;
- Research and study;
- Counseling

Despite these important measures harmonizing national legislation with the provision of the convention, there still exist significant gaps in protecting the rights of child. The most fundamental of these gaps appears to be lack of an effective juvenile justice system in the country.

CHAPTER THREE

3. DESIGN AND METHODOLOGY OF THE STUDY

The study is descriptive and investigative in nature, since it shall search for the prevalence, and risk factors that pertaining child abuse and neglect in domestic worker child cares.

3.1 SUBJECTS

The sample population of the study composed of 130 subjects. Out of these 85 were mothers of young children from five governmental organizations and one non-governmental organization in Gulalle and Kolfe Keranho sub-cities and 45 were domestic workers from five different broker centers in Arada, Addis Ketama, and Gulalle sub-cities of Addis Ababa. However, out of the 85 mothers only 58 and 23 domestics of the 45 correctly filled and mailed back the questionnaire.

3.2 SAMPLING

Random and purposive sampling methods were employed to select study area, study site, and participants.

3.2.1 AREA STUDY SAMPLING

The scope of the study is limited to two sub-cities of Addis Ababa.

First, Addis Ababa was selected by assuming that:

- In Addis Ababa place of work and residence usually far apart from each other, since working mothers have no chance to visit their children/child during the office time;
- In Addis Ababa, generally living with extended families were rare;
- And social cohesiveness or neighborhoods were not strong.

All these in turn give a freedom for the caregivers to inflict any forms of maltreatment on the defenseless children. Hence, Addis Ababa was selected purposely.

Then among the ten sub-cities of Addis Ababa at second stage, by random sampling/lottery method, two were selected. This was done only to make the study manageable with in the limited time. Accordingly Kolfe Keranho and Gullele sub-cities were included in the study.

Next to the identification of sub-cities, the following stage was selection of kebles. One kebele from each was selected and included in the study. Accordingly, kebele 11/12 from Gullele and kebele 08/09 from Kolfe were selected and included in the study. The final stage for area selection was sampling institution/offices with in the kebele. Thus, one Hospital, Bank, High school, or Primary schools were selected from either of the Kebeles purposely, with the expectation of difference in office hours of sample subjects'. Accordingly, AIB, CBE, EHNRI, Medhanealem high school included in study. However for the reason mentioned under limitation (lack of willingness) enough participants were not obtained from these institutions. Hence, the researcher included informants' from Addis Ababa university faculty of education and Medhanealem primary school on basis of their willingness. However, for domestic workers, the broker centers were selected based on both their willingness and availability/cooperativeness from Arada, Addis ketema, and Gulelle sub-cities.

3.2.2 SAMPLING INFORMANTS

3.2.2.1 SAMPLING OF MOTHERS

By purposive technique, the eligible mothers sample was selected. The criteria to eligibility were; sampled mother must consist of mothers who had given birth to at least one child during the previous six years (September 1993/2001 through February 1999/2007. An eligible mother should also be employed and get separated from her child at least for an average of six hours. These were selected

because they are forced to assign some one to care for their child, which might allegedly put the child in abusive or neglectful custody.

Accordingly available and willing mothers were included from each institution. Totally 85 mother were included in the study. Out of these only 69 filled and mailed back; then, because of incompleteness and lack of clarity, respectively 7 and 4 were discarded, so a total of 58 mothers of young children were participated in the study.

3.2.2.2 SAMPLING DOMESTIC WORKERS

From the broker centers an eligible domestic servants were selected with a help of purposive technique. Eligibility criterion for domestic servant sample was at least 6 months service as domestic servant child caregivers with in the previous two years.

With this assumption available and willing domestic servant was recruited from each broker center and it made a total of 45 domestic servants. Of these sampled population 30 were filled the questionnaire but 7 of them failed to give enough information or failed to comprehend the question, hence they were excluded and make the total 23. Thus, 58 mothers and 23 domestics, a total of 81 subjects participated in the study.

3.3 DATA COLLECTION

3.3.1 INSTRUMENTS

The data was collected by quantitative approach, with questionnaires. As studies, (Baca and Eitezen 1999:5,347) stated, the precise extent of child abuse and neglect is impossible to know, for two reasons; Lack of uniform definition of child abuse and, the extreme sensitivity of the issues to the society, to be the perpetrator or victim of child abuse is something for which people stigmatized. Acts of violence and neglect are hidden from society because they occur in privacy. Hence, one problem on studies of child abuse and

neglect were an instrument has to be used to obtain consistent and reliable information of the hidden occurrence of maltreatments on children. Therefore, other than any instruments, by the researcher, questionnaire was assumed to be good enough for informants' privacy to give relatively reliable information as well for the researcher to get/ obtain the intended information too.

Two different questionnaires were developed for the data collection from the literature for both samples groups. Both questionnaires had developed and administered in Amharic. Questionnaire for mothers have three different sections. The first section is about general information, the second part contains questions about the relationship of parents, children and domestic servants and the last section composed question about, the quality of child cares, issues of maltreatment and possible consequences of the maltreatment in domestic servant child cares.

Questionnaire for domestics also have three different sections, in which the first was about general information, the second focuses on the history of abuse either during their childhood or later on work by their employers and, the last was about the care and issues of malfunction in the care they render.

3.3.2 PILOT STUDY

Questionnaires of 71 and 58 items were administered for try out study on 15 mothers from Addis Ababa University and 10 domestic servants from two broker centers in Yeka sub city respectively. On basis of the result of pilot study, out of 71 items 8 and out of 58 items, 11 items were discarded for inconsistency of responses among the samples and the remaining 63 items for mothers' and 47 items for domestics' were reshuffled and employed for the data collection respectively. Three graduate students and two instructors in the department of psychology also evaluated the questionnaires.

Chrombach alpha agreement point was 0.81 and 0.79, for the 63 items and for the 47 items respectively. Thus the total number of items that filtered out and used as an instrument for the data collection for mothers sample groups were 63 and 47 for domestic servants.

3.3.3 DATA COLLECTION PROCEDURES

The subjects were explained the purpose of the study and requested to complete the questionnaire privately. Domestics, who could not read were assisted on completion with the researcher. So as to support the primary data, secondary data was also obtained from Addis Ababa, police commission, Arada sub city Arat kilo police station.

3.4 ANALYSIS

Both qualitative and quantitative data analyses were employed. In the quantitative analyses descriptive statistics as well chi-square test was used to analyze the numerical data. Qualitative analysis was used to analyze open ended question and the secondary data obtained so as to support the primary data. Statistical package for social science (SPSS -11) software were employed for the analysis.

CHAPTER FOUR

4. FINDINGS AND DEMOGRAPHIC CHARACTERISTICS

4.1 DEMOGRAPHIC CHARACTERISTICS

Under this section, detail characteristics of the two sample groups namely the mothers' and domestic servants' shall be presented and described separately.

4.1.1 DEMOGRAPHIC CHARACTERISTICS OF MOTHERS'

The characteristics of the mothers' sample group shall be given in details below.

Sex

The sample group composes 58 employed mothers.

Age

The age range of the mothers' sample groups are extends from 20 to 48 years old. The majority of mothers (37.9%) were found between the ages ranges of 31 to 35 years old (see table 1 for the detail).

Table 1 Age distribution of mothers' sample groups

No	Age in year	Frequency	Percent
1	20-25	9	15.5
2	26-30	16	27.6
3	31-35	22	37.9
4	36-40	5	8.6
5	41-45	4	6.9
6	45-50	1	1.7
	Missing	1	1.7
	Total	58	100

Religious distribution

The religious distribution of the mothers' sample groups composes four major religious groups, namely, orthodox, Protestants, Muslims and Traditional believes (detail information given below in table 2).

Table 2 Religious distribution of mothers' sample groups

No	Religion	Frequency	Percent
1	Orthodox	34	58.6%
2	Protestants	6	13.8%
3	Muslim	12	20.7%
4	Traditional believes	4	6.9%
	Total	58	100%

Educational Level

The educational distribution of the mothers sample groups, ranges from grade 10 to MA/MSc holders (see table 3 for the details).

Table 3 Educational level of mothers' sample groups

No	Educational level	Frequency	Percent
1	10th	3	5.2
2	12th	5	8.6
3	Certificate	24	41.4
4	Diploma	17	29.3
5	BA/BSc	7	12.1
6	MA/MSc	2	3.4
	Total	58	100

Office/Organization

The office from where mothers' sample groups selected includes AIB, CBE, st's Pauls general hospital, ENHRI, Medehanealem high school, A.A.U, Education faculty and Medhanealem primary school.

As indicated under the sampling procedure and limitation section, AAU and Medhanealem primary school were included because of the willingness and availability of informants. Detail information is presented below in table 4.

Table 4 Office distribution of mothers' sample groups

No	Office	Frequency	Percent
1	AAU	4	6.9
2	AIB (kolfe branch)	6	10.3
3	CBE (Gulelle branch)	8	13.8
4	St. Pauls hospital	9	15.5
5	EHNRI	16	27.6
6	Medehanealem high school	2	3.4
7	Medhanealeme elementary	11	19
	Missing	2	3.4
	Total	58	100

Income

Monthly Income of mothers' sample groups included in study was ranges from 240 to 3500 birr. Accordingly large proportions (34.5%) of mothers earned 500-999 birr and the average income was 750 birr. Detail information is given below in table 5

Table 5 Personal monthly income of mothers' sample groups

No	Income in birr	Frequency	Percent
1	240-499	17	29.1
2	500-999	20	34.5
3	1000-1499	9	15.5
4	1500-2499	6	10.3
5	2500-3500	2	3.4
	Missing	4	6.9
	Total	58	100

Marital Status of Mothers' Sample

The majority 42(72.4%) of the respondents were married. As it is shown in table 6 out of the total 7(12.1%) were single, 3(5.2%) and 4(6.9%) were divorced and widowed respectively. Two respondents were not stated their marital status.

Table 6 Distribution of marital status of mothers' sample groups

No	Marital status	Frequency	Percent
1	Married	42	72.4
2	Single	7	12.1
3	Divorced	3	5.2
4	Widowed	4	6.9
	Missing	2	3.4
	Total	58	100

4.1.2 DEMOGRAPHIC CHARACTERISTICS OF DOMESTIC WORKERS' SAMPLE GROUPS

Under this section the detail information of domestic workers' sample groups shall be presented.

Sex

All of the participants of domestic workers were female and selected from different broker centers of Addis Ababa.

Age

The age range of these sample groups extends from 13 to 32 years old. About 39% of the sample groups were between the age ranges of 16-20 years and followed by 34.8% found with in 21-25 years (see table 7 for the detail).

Table 7 Age distribution of the domestic workers' sample

No	Age in years	Frequency	Percent
1	10-15	3	13
2	16-20	9	39
3	21-25	8	35
4	26-30	1	4
5	31-35	2	9
	Total	23	100

Religion

The religious distribution of the domestic servants' sample groups includes Ethiopian orthodox, protestant and Muslims. Accordingly 78.3% were orthodox, 13.0% were protestant and (8.7%) were Muslims.

Educational level

The maximum educational level attended was grade nine about 26.0% of all the sample groups. Of the total sample groups 3(13%), 5(21.7 %) were attended first cycle and second cycle of primary school respectively. However about 39% were uneducated.

Reasons for become a domestic worker

The sample groups were asked the reason why they become a domestic servants, and about 15 (65.2%) indicated that lack of family support, 4(17.4%) attributed to loss of parent and 4(17.4%) given different reasons.

Place of birth

Their place of birth includes four regions namely, Addis Ababa, Amahara, Oromiya and Tigiray. Those who were born out of Addis Ababa, comes to Addis Ababa for different reason; as they indicated, looking for job, with relatives, escape from marriage are the main reason (see table 8 and 9).

Table 8 Distribution of place of birth of domestic workers

No	Place of birth	Frequency	Percent
1	Addis Ababa	6	26.6
2	Amhara	11	47.8
3	Oromiya	4	17.4
4	Tigray	2	8.7
	Total	23	100

Table 9 Reason for coming to Addis Ababa

No	Reason	Frequency	Percent
1	Looking for job	12	52.2
2	With relatives	5	21.7
3	Escape from marriages	2	8.7
4	Others	1	4.3
	Missing	3	13.0
	Total	23	100

4.2 FINDINGS

In accordance with the objective of the study and the problem, the results of the study, shall be presented in four sections. In the first part, the result with regard to the prevalence of abuse or neglect in domestic servants' child cares shall be presented. In the second part, the findings focusing on the different forms of child abuse and neglect will be described. The third section shall deal with the risk factors that precipitate child abuse and neglect in domestic child cares and in the last part, the possible consequences of the problem shall be presented.

4.2.1 PREVALENCE OF CHILD ABUSE AND NEGLECT IN DOMESTIC WORKER CHILD CARES

4.2.1.1 GENERAL DISTRIBUTION OF CHILD CARES

1. Mothers' Sample Groups

As indicated earlier in chapter three of this study, among the eighty five sampled mothers only fifty eight of them were filled correctly and mailed back the questionnaire. These mothers have reported a total of 142 children, out of which 64 percent of children aged six years and below, while 36 percent were over six years. The objective and problem of this study was consistent with these 64 percent of children. Among the 64% of children, about 49% (45) were male and about 51% (46) were female children. Therefore, out of the total 142 children reported by the mothers' sample groups, 91 were aged six

and below. Ages of these children were distributed over until they reached their sixth years (See table 10).

Out of the total 91 children six and below years old, 48% of them were three and below years while 52% of them covered form three to six years. In addition for the question asked who cared for your children during office time mothers' sample groups reported usage of at least one nonparental child cares during office time for the child aged six and below year old at the time of this study. More over, all of the mothers included in the study have reported at least one usage of domestic workers for child care with in the specified time. Out of the total mothers, 29.3% have used only one, about 25.9% and 27.6% were utilized two and three different domestic workers respectively and 17.2% of the mothers sample groups reported usage of four different domestic workers.

Table -10 Age distribution of children with birth order

No	Age in years	Number of children with their birth order							Total
		1st	2nd	3rd	4th	5th	6th	7th	
1	<1	15							15(11%)
2	1-2	13	1						14(10%)
3	2-3	12	3						15(11%)
4	3-4	4	8						12(8%)
5	4-5	10	9						19(13%)
6	5-6	4	11	1					16(11%)
7	>6	-	15	23		3	2	2	51(36%)
	T0tal	58	47	24		3	2	2	142(100%)

Hence the mothers sample groups utilized a total of 135 domestic workers for their child age six and below years old at the time of this study.

Among the mothers' sample groups; about 65.52% reported that they do not have any blood relationship with their domestics. Therefore, out of 135 domestic workers utilized, around 78.52. % (96) was non-relative. The age range of these domestic worker caregivers extends

from a minimum of 13 years to a maximum of 32 years old. About 33% of the total domestic worker child caregivers utilized was found in the age range of 21-25 years old (detail information is given below in table 11). From table 11 it can be observed that about 49 (36.3%) were aged 20 years and below, 70 (51.85%) of them were between the age range of 21-35 year, while ages of 16(11.85%) domestic workers were not identified. Thus, out of the total domestic worker child caregivers those of their age identified, 58.83% were adults and 41.17% of them were adolescents. Mothers' sample groups further indicated that their domestic workers cared an average of nine hours per day in their absence or alone. Hence, per day 500 hours by adolescents, 715 hours by adults and a total of 1215 hours per day child cares were covered by domestic workers in the absence of mothers.

Table 11 Age distribution of domestic worker caregivers' utilized.

No	Age in years	Frequency	Percent
1	10-15	8	13.8
2	16-20	13	22.4
3	21-25	19	32.8
4	26-30	10	17.2
5	31-35	1	1.7
	Missing	7	12.1
	Total	58	100

Generally, the distribution of child cares among mothers included in the study summarized below in table 12 across ages, kinship relation of domestic workers with mothers and across sex and ages of the child.

Table -12 Distribution of child care utilized by mothers.

Factors		Number	Total average hours covered per day	Total percentage
Caregivers' age	Adolescent	49	441	41.17
	Adult	70	630	58.83
Caregivers' kinship relation	Relative	29	261	21.48
	Non-relative	106	954	78.52
Child's gender	Female	46	414	50.55
	Male	45	405	49.45
Child's age	<1	15	135	16.48
	1-2	14	126	15.38
	2-3	15	135	16.48
	3-4	12	108	13.18
	4-5	19	171	20.88
	5-6	16	144	17.58

Note. The discrepancy between the total number of domestic worker child caregivers reported and the actual number given in the above table (49 adolescent and 70 adults) was due to the age of 16 domestic workers were not identified.

2. Domestic workers' sample groups

The other sample group participated in this study was domestic workers. A total of 23, out of 45 distributed questionnaires over different broker centers, were filled correctly and mailed back. The results of this group indicated that, out of the 23 domestic servants responded, 52.1% of them were aged 20 years and below while 47.9% were found in age range of 21-35 years old.

It were found out of the total domestic workers' sample groups, 12 (52.17%) of them reported that they have been victimized during their childhood by their parents or others. They have given different examples of abuse and neglects inflicted up on them. Among these who described examples of abuse or neglect, 6(26.1%) of them indicated sexual abuse which includes 4 attempt to rape and 2 actual rape.

Similarly the data collected on, whether they were abused or neglected by their employers, revealed that 13(56.52%) of domestic workers were reported having been victimized at least once by their employers. The harm inflicted on these domestic workers includes physical, emotional, and sexual abuse and neglect (detail information given in table 13).

. Table 13 Forms of abuse inflicted on domestic workers by their employers

No	Forms of abuse	Frequency	Percent
1	Beating	9	39.1
2	Rape and attempt of rape	7	30.4
3	Salary reduction	15	65.2
4	Deliberate starvation	10	43.5
5	Threatening	11	47.8
6	Cursing and insulting	16	69.6
7	Feeding spoiled and over left food	13	56.5
8	Firing from job with out Per information	6	26.1

(Note that, since some workers had faced more than one form of maltreatment the total sum of the percentage of the types does not come to 100%).

These 23 domestic workers' sample groups were at least served as child caregivers with in the year 11th, august 2005 through 2007 at least for half a year. Though, they may have served more than once, the present study focused on their most recent service of child cares. Accordingly, these domestic workers' reported as they were caring for total of 29, of which 13 females and 16 male children. The ages of these children evenly distributed over until four, and then followed by pronounced drop off. This might be because children get independent and the need for domestics or caregivers of children will decline (see table 14).

Out of the 23 domestic worker care givers, 18 (78.3%) were caring for 6 and more hours alone per day. The average hours were 8.5 hours.

Table-14 Distribution of child cares among domestic workers' sample groups.

Factors		Number	Total percentage
Caregivers' age	Adolescent	12	52.1
	Adult	11	47.9
Caregivers' history of abuse	Abused	12	52.17
	Not abused	11	47.83
Child's gender	Female	13	44.83
	Male	16	55.17
Child's age	<1	8	27.59
	1-2	7	24.14
	2-3	7	24.14
	3-4	3	10.34
	4-5	2	6.90
	5-6	2	6.90

4.2.1.2 DISTRIBUTION OF ABUSIVE AND NEGLECTFUL CHILD CARES IN DOMESTIC WORKER CAREGIVERS

A. Mothers Sample Groups

The result of the study revealed that out of the total mothers filled and mailed back the questionnaires, 17 (29.3%) of them responded that one or more of their children has been harmed or neglected at least once by their domestic workers assigned to care for them. These mothers described 46 examples of abusive or neglectful child cares committed by 31(22.96%) domestic worker caregivers against 26(28.57%) children. The discrepancy between the number of examples of abusive or neglectful child cares, the number of maltreated children and the number of perpetrators was due to ten children having been victimized twice and four having been victimized three times; on the other hand, eight caregivers have victimized two children, two have victimized three and four abusive or neglectful examples reported with one caregivers. In addition to this, five mothers have indicated two children, and two mothers

reported three of their children had harmed or neglected by domestic worker caregivers.

Out of 46 examples of abusive or neglectful child cares reported, 67.40% were abuse and 32.40% were neglect. The age of victimized children ranges from 6 months to 6 years old. Further, it was reported that out of the total 26 perpetrated children, 14(53.85%) were male and 12(46.15%) were females. Among the total abusive and neglectful examples of child cares reported by mothers, 29(63.04%) were performed by adolescents and 17(36.96%) of it were performed by adult caregivers. However in terms of the actual numbers of caregivers, the allegedly perpetrators of the total abuser, 18(58.06%) were adolescents and 13(41.94%) were adults. Out of the total perpetrators, 8.70% had blood relationship with the child they cares for where as 91.30% were non-relatives.

Table 15 Summarizes the distribution of abusive or neglectful child cares across the ages of the caregivers, their relationship with mothers and across the age and genders of the abused child.

Table -15 Distribution of abusive or neglectful child cares (mothers' sample groups)

Risk factors		Types of Abuse or Neglect in (%)				Total Percentage
		Physical	Sexual	Emotional	Neglect	
Caregivers' age	Adolescent	11(68.75%)	1(100%)	7(50.00%)	10(66.67%)	29(63.04%)
	Adult	5(31.25%)		7(50.00%)	5(33.33%)	17(36.96%)
Caregivers' kinship relation	Relative	2(12.5%)	1(100%)	1(7.14%)	-	4(8.70%)
	Non-elative	14(87.5%)	-	13(92.86%)	15(100%)	42(91.30%)
Child's gender	Female	8(47.05%)		7(53.85%)	9(60.00%)	24(52.17%)
	Male	9(52.95%)	1(100%)	6(46.15%)	6(40.00%)	22(47.83%)
Child's age	<1	1(5.88%)	-	1(7.70%)	7(46.67%)	9(19.56%)
	1-2	3(17.65%)	-	-	4(26.67%)	7(15.21%)
	2-3	2(11.76%)	-	1(7.70%)	3(20.00%)	6(13.04%)
	3-4	4(23.53%)	-	1(7.70%)	1(6.67%)	6(13.04%)
	4-5	3(17.65%)	-	3(23.00%)	-	6(13.04%)
	5-6	4(23.53%)	1(100%)	7(53.90%)	-	12(26.08%)

In addition to this, mothers' sample groups was asked if they had know in the society a child had been abused or neglected by a domestic servant caregivers, and 30 (51.7%) of mothers' sample groups indicated that they knew.

B. Domestic Workers' Sample Groups

In line with the inquiry of abusive or neglectful child cares they may have been rendered, 11 (47.8%) of them reported 27 examples of abusive or neglectful incidents against 15(51.72%) of total children, of which 6(40%) were male and 9(60%) were female children. The discrepancy between the number of examples of abuse, number of children and number of caregivers was due to each three children faced one forms of maltreatment and one caregiver reported two forms of maltreatment. The age perpetrated children ranges from 9 months to 6 years old. Out the total abusive or neglectful cares they reported about 44.44% of it were performed by adolescents and about 55.56% were performed by adult caregivers. More over 22(81.48%) of the perpetrators were abused themselves by their employers but in actual number the abused abuser were 9(81.81%). Table 16 summarizes the abusive or neglectful child cares reported by domestic servant sample groups.

Table-16 *Distribution of abusive or neglectful child cares*
(Domestic workers' sample groups)

Risk factors		Types of abuse or neglect in (%)				Total percentage
		Physical	Sexual	Emotional	Neglect	
Caregivers' age	Adolescent	5(71.43%)	1(50.00)	1(16.67%)	5(41.67%)	12(44.44%)
	Adult	2(28.57%)	1(50.00%)	5(83.33%)	7(58.33%)	15(55.56%)
Caregivers' history of abuse	Abused	6(85.71%)	2(100%)	5(83.33%)	9(75.00%)	22(81.48%)
	Not abused	1(14.29%)	-	1(16.67%)	3(25.00%)	5(18.52%)
Child's gender	Female	1(14.28%)		4(66.67%)	8(66.67%)	15(55.56%)
	Male	6(85.72%)		2(33.33%)	4(33.33%)	12(44.44%)
Child's age	<1	-	-	-	1(8.33%)	1(3.70%)
	1-2	2(28.57%)	-	-	5(41.67%)	7(25.93%)
	2-3	2(28.57%)	-	1(16.67%)	3(25.00%)	6(22.22%)
	3-4	2(28.57%)	-	2(33.33%)	2(16.67%)	6(22.22%)
	4-5	1(14.29%)	1(50.00%)	2(33.33%)	1(8.33%)	5(18.52 %)
	5-6	-	1(50.00%)	1(16.67%)	-	2(7.41%)

4.2.2 DIFFERENT FORMS OF CHILD ABUSE AND NEGLECT MANIFESTED IN DOMESTICS CHILD CARE

Under this section, detail description of different examples of abuse and neglect manifested or reported by both sample groups shall be presented.

1 AS REPORTED BY MOTHERS SAMPLE GROUPS

The other line of inquiry in the study was the identification of different forms of abuse and neglect prevailed in domestic servant child cares. In line with this objective, out of the total examples of abuse and neglect given by mothers' sample groups, physical abuse covered 36.96%. When we look into the different components of 17 examples of physical abuse inflicted by domestic workers, beating was the dominant (70.59%) one followed by deliberate starvation (17.65%) and burning (5.88%).

To briefly review the different sub types of emotional maltreatment described among 13 examples:

- Cursing and insulting the child repeatedly (38.46%)
- Threatening verbally (30.77%);
- Ridiculing (23.08%) and;
- Prolonged isolation (7.69%), were examples of emotional abuse stated by mothers.

Regarding sexual abuse the mentioned example, as the response from one mother indicated was advancement of age inappropriate sexual knowledge resulting from romantic movies the child exposed to by the caregivers. The 15 examples of neglect, shows caregivers failure to meet children's emotional and physical needs. These failures (omission) of caregivers include:

- In three case caregivers were negligent for the change of diapers repeatedly and hygiene was poor;
- In five cases, two children were injured in accidents and three children were placed in hazardous situation from lack of proper provision
- Inadequate sleeping and feeding arrangement which leads to starvation were reported in five cases and;
- In two cases children have caregivers who had a sleep leaving them alone.

On the other hand when it distributed over the number of mothers who reported abusive or neglectful child cares; 4 (23.58%) and 1(5.88%) mothers had reported examples of three and four different forms of abuse or neglect respectively (for the detail formation look at table 17 below).

From table 17 it become clear that at least each of four children have victimized with three different forms of maltreatment and one child had received all forms of the maltreatment.

*Table 17 Distributions of forms of child abuse and neglect
Among Mothers sample groups*

No	Forms of abuse or neglect	Frequency	Percent
1	Physical alone	4	23.53
2	Emotional	1	5.88
3	Neglect	2	11.76
4	Physical& emotional	3	17.65
5	Physical and neglect	1	5.88
6	Emotional & neglect	1	5.88
7	Physical emotional and neglect	4	23.53
8	Physical emotional neglect and sexual	1	5.88
	<i>Total</i>	<i>17</i>	<i>100</i>

In addition to this, mothers' sample groups also reported different forms of abuse and neglect inflicted on children of their friends or neighbors they had knew. Accordingly the reported examples were the following:

- 10(34%) of mothers have reported examples of physical abuse;
- 3(10%) have reported incidents of sexual abuse;
- 6(20%) indicated emotional cases and;
- 11(36%) of them have mentioned examples which put the child's under neglectful cares.

In the case of sexual abuse, the allegedly perpetrators were not exactly domestic servant caregivers but other person. However, the servants claimed as perpetrators because of their negligence to look after the children and placing children in hazardous situation. Further, these mothers described the situation of the occurrence of the sexual abuse, that one girl child aged 4 years old was raped by a young boy of 17 years old and in the other two cases advancement in sexual knowledge beyond age from fondling she has from a friend of the caregivers.

The differences of reported sexual case in their own child and friends or neighbor of mothers are indicative of social stigmas towards the problem.

2 AS REPORTED BY DOMESTIC WORKERS SAMPLE GROUPS

Domestic servants sample groups also pointed out examples or cases that show either abuse or neglects. The results from these sample groups revealed that neglect was the dominant forms manifested among the reported cases. The different forms of abuse or neglect listed by these sample groups are the following:

Out of 7 mentioned examples of physical abuse, beating covered 2(28.57%), 2(28.57%) children were starved deliberately and 3(42.86%) of the mentioned example were injuries from falling resulting from lack of proper supervision. This example was completely physical for the child however indicates the negligence of the caregivers. The other dimension of responses of these sample groups has shown the manifestation of two sexual abuses. These sexual abuses were not performed again by caregivers themselves rather by some other persons. The cases were one rape and one attempt of rape on 5 years old and 4 years old respectively.

Domestic workers also mentioned six examples of emotional abuse which includes cursing, insulting, and threatening the child. Further more, the result revealed 12 cases of neglectful examples. These compose repeated and inadequate sleep arrangement, negligence for change of diaper and leaving children alone and founding in potentially harmful conditions from lack of proper provision (loosing).

4.2.3 RISK FACTORS ASSOCIATED WITH CHILD MALTREATMENT IN DOMESTIC WORKER CHILD CARES

The question now going to be examined is whether these percentiles confirmed to what was expected on the basis of children's participation in these types of child care. Thus, the result shall be

presented by taking in to consideration of caregivers' age (adult versus adolescent), history of abuse (abused versus not abused), kinship relation of domestic worker caregivers' with the child they care for (relative versus non relative caregivers), child's gender (female versus male children) and ages' of children.

The assumption was that the percentage of abused children and abuser caregivers should be in agreement with the percentage of cares they have covered. For instance, if 50% of caregivers were relative and 50% of the reported abuse or neglect should be committed by these caregivers. The deviation from this assumption shall tested by chi-square test and then the significance of these factors shall identified. Prior history of abuse and kinship relation was examined respectively from domestic servants' and mothers' sample groups only.

4.2.3. 1. CAREGIVERS CHARACTERISTICS

A. Age

Table 15 and 16 has shown that out of the total abusive or neglectful child cares reported by mothers' sample groups and domestic workers sample groups, 63.04% and 44.44% had been committed by adolescents respectively. These percentages can vary when it calculated for the total number of adolescent and adult caregivers than out of the total abuse reported.

Adolescents committed more than the child abuse that was expected on the basis of the amount of child care they performed. Although they were responsible for 41.17% of the total child care, they were responsible for 61.20% of physical sexual and emotional abuse as reported by mothers. If adolescents' child abusers were proportional to their participation in child care, they would have abused 13 children, not 19. This differences is highly significant, ($\chi^2=5.18$, $df=1$ $p<0.05$), statistically (see table 18). This result is consistent with other studies (Margolin, 1991; HaileGabreal, 1998). However, in the

domestic workers' sample groups statistically significant difference was not found out between, ($\chi^2=0.16$, $df =1$, $p>0.1$), adolescents and adults perpetrators (see table 19). The disagreement of results from these two sample groups might attributable to the types of informant (mother versus domestic servants), and, large proportion of domestic servants sample group were adolescent, therefore their knowledge and perception of action or omission as abuse or neglect might limited. Hence, they may only reported visible examples of abuse or neglect than adult domestic servants, who may have an ample experience than adolescents.

In addition, adolescents were found more neglectful caregiver than adults on the basis of their participation in child cares. The difference is significant statistically ($\chi^2 = 3.97$, $df = 1$ $p<0.05$, See table 20). These differences indicated that adolescent domestic servant caregivers are much more abusive and neglectful than adults when their participation in child care controlled. However, in the domestic servants' sample groups the difference between adolescents and adults for neglectful child cares, was not significant statistically ($\chi^2 = 0.52$, $df = 1$ $p>0.1$, see table 21).

*Table 18 Risk factors associated with abuse in domestic
Worker child cares (mothers' sample groups)*

Risk factor		Observed abuse	Expected Abuse	Relative effect (Obs/Exp)	Chi-square
Caregivers age	Adolescent	19	12.76	1.50	X ² = 5.18 df=1, p<0.05
	Adult	12	18.23	0.66	
Caregivers Kinship relation	Relative	4	6.66	0.60	X ² = 1.29 df=1, p>0.1
	Non- relative	27	24.34	1.11	
Child's gender	Female	15	15.67	0.96	X ² =0.0 5 df=1, p>0.1
	Male	16	15.33	1.06	
Child's age	<1	2	5.11	0.39	X ² = 11.52 df=5, p<0.05
	1-2	3	4.77	0.63	
	2-3	3	5.11	0.59	
	3-4	5	4.09	1.22	
	4-5	6	6.47	0.93	
	5-6	12	5.45	2.20	

B. Kinship Relation

The other factor that have examined and associated with child abuse and neglect was kinship relation of child caregivers with the child they care for. The reported neglectful child cares against non-relative caregivers were significantly differ from these relative caregivers ($x^2 = 4.10$, $df = 1$ $p<0.05$, see table 20). Further, though the difference was not significant statistically, non-relative caregivers also committed more abuse than relative in respective of their coverage of child cares they performed ($x^2 = 1.29$, $df = 1$ $p>0.1$, see table 18)

C. Prior History of Abuse

The result has revealed that, out of the total abusive and neglectful child care examples identified among domestic workers' sample

groups, 81.48% of it were committed by these caregivers who were victims of abuse or neglect themselves by their employers. Despite of their expected amount of abuse in line with their participation, abused caregivers committed more abuse than those who never been abused. The finding has an agreement with prior findings (WHO, 1999; Diana, 1998; Darge, 1995; Gobena, 1996). There fore cycle of abuse and neglect was one of risk factor among domestic servant child caregivers.

In order to support the primary data, an attempt was made by the investigator to get secondary data. On the way of searching, the following sorrow full history was found from Addis Ababa police commission, department of child care and protection in Arada sub city Arat kilo police stations.

The history was, 13 years old child, was a domestic worker and she had been caring for an infant of 1year and 8 months old. One day she has received maltreatment from the mother of the child. This lady, as the prosecution and court judgment stated, when the mother had left for work, she add to the bottle of milk's of the child a poisonous substance "bleach" and gave it for an infant under her care to revenge the maltreatment inflicted on her by the mother of the child. As studies (like Goldman et al 2003, Darge, 1995), stated parents or caregivers who were abused during their childhood become an abuser later in their life. The data obtained from the above source also revealed this.

*Table 19 Risk factors associated with abuse in domestic
Worker child cares (domestics' servant sample groups)*

Risk Factor		Observed abuse	Expected Abuse	Relative effect	Chi-square
Caregivers age	Adolescent	7	7.8	0.90	X ² = 0.16 df=1,p>0.1
	Adult	8	7.20	1.11	
Caregivers History of abuse	Abused	13	7.83	1.66	X ² = 7.14 df=1, p<0.01
	Not abused	2	7.17	0.29	
Child's gender	Female	7	7.00	1.00	X ² = 0.47 df=1, p>0.1
	Male	8	8.00	1.00	
Child's age	<1	-	4.14	0.00	X ² = 19.39 df=5, p<0.001
	1-2	2	3.62	0.55	
	2-3	3	3.62	0.83	
	3-4	4	2.07	1.93	
	4-5	4	1.04	2.88	
	5-6	2	0.52	3.85	

4.2.3.2 CHILD'S CHARACTERISTICS

Existing studies have found out (Goldman et al 2003), child's characteristics (such as gender and age) also may increase the potential for abuse or re-abuse, or may intensity the harmful consequences.

A. Child's Gender

Many studies have been indicated that, females were more affected by sexual abuse and males by physical abuse. The finding in this study was in contrary to other findings in respect to the prior literature (Gobena, 1998, Barbara and Mark 2001), the result of this study revealed that, though the percentile coverage of male in abuse including sexual were slightly higher, no significant statistical difference, ($\chi^2 = 0.05$, $df = 1$ $p > 0.1$), were noted in boy's and girl's risk

of abuse, see table 18) Even reported sexual abuse was attached to male child that was, advancement in sexual knowledge which was not appropriate with his age. Thus child's gender was not associated as risk of maltreatment of the child. However, the disagreement of the result of this study with others can be attributed to types of subjects and age limit of the child considered in the study.

Table 20 Risk factors associated with neglect in domestic Workers' child cares (Mothers' sample groups)

Risk Factor		Observed Neglect	Expected Neglect	Relative effect	Chi-square
Caregivers age	Adolescent	10	6.2	1.61	$X^2= 3.97$ $df=1,$ $p<0.05$
	Adult	5	8.8	0.57	
Caregivers Kinship relation	Relative	-	3.22	-	$X^2= 4.10$ $df=1,$ $p<0.05$
	Non-relative	15	11.78	1.27	
Child's gender	Female	9	6.78	1.19	$X^2= 0.57$ $df=1,$ $p>0.1$
	Male	6	7.42	0.80	
Child's age	<1	7	2.47	2.83	$X^2= 15.93$ $df=5,$ $p<0.001$
	1-2	4	2.30	1.74	
	2-3	3	2.47	1.21	
	3-4	1	1.98	0.51	
	4-5	-	3.13	-	
	5-6	-	2.64	-	

Unlike studies by (Gobena, 1998; Ali, 1996) in which age were extended to 18 years, in this study, however, it was limited to six years. Hence, it might in harmony of them if it were considered wide age range. The result from domestic servants' also consistent with this ($x^2 = 0.47$, $df = 1$ $p > 0.1$, see table 19). However, difference was observed in that male dominates for physical abuse; while in emotional sexual abuse and neglect dominance of females was observed for the result of domestics'. Further more, results from both

samples indicated statistically insignificant difference for neglect across child's gender, ($\chi^2 = 0.57$, $df = 1$ $p > 0.1$ and $\chi^2 = 1.98$, $df = 1$ $p > 0.1$), for mothers and domestic workers sample groups respectively *see table 20 and 21*).

B. Child's Age

The other child's characteristics considered in the assessment was age of the child. The result from mothers' sample groups revealed significant statistical association between age of the child and both abuse and neglect. In line with other studies, age of the child strongly correlated with abuse and neglect ($\chi^2 = 11.52$, $df = 5$ $p < 0.05$; for abuse and $\chi^2 = 15.93$, $df = 5$ $p < 0.001$, for neglect, *see table 18 and 20*). In abuse, the relation of age was direct while it was inversely related in neglect.

To brief the decline of neglect with age, about 93% of the neglected children were found in the age range of three years old and below, (*see table 20*). Hence, child's age is a risk of abuse and neglect, when their participation in child care was controlled. Similarly findings from domestic workers sample groups denoted significant statistical difference between the ages of the child for abuse but not for neglect ($\chi^2 = 19.39$, $df = 5$, $p < 0.001$ and $\chi^2 = 4.07$, $df = 5$ $p > 0.1$) for abuse and neglect respectively, *see table 19 and 21*). However, as it seen in table 16 the percentile coverage was decreasing with age for neglect. The difference of results between the two sample groups plausibly attributed to informants difference used, that is ,mothers has been asked a history of abuse on any of their children under six while domestic servants were asked about the child they had been cared for in their recent service of child cares. In addition to this, what perceived as neglect by mothers may not be by domestic servants. Further, the majority of children reported by domestic sample groups were aged three and below years old. Hence, domestic servants reported only the particular child they assigned to care for.

*Table 21 Risk factors associated with neglect in domestic
Workers' caregivers (domestics' sample groups)*

Risk factor		Observed neglect	Expected Neglect	Relative effect	Chi-square
Caregivers age	Adolescent	5	6.25	0.80	X ² = 0.52 df=1, p>0.1
	Adult	7	5.75	1.12	
Caregivers History of abuse	Abused	9	6.78	1.33	X ² = 1.67 df=1, p>0.1
	Not abused	3	5.22	0.57	
Child's gender	Female	8	5.57	1.44	X ² = 1.98 df=1, p>0.1
	Male	7	6.43	0.62	
Child's age	<1	1	3.31	0.30	X ² = 4.07 df=5, p>0.1
	1-2	5	2.90	1.72	
	2-3	3	2.90	1.03	
	3-4	2	1.65	1.21	
	4-5	1	0.83	1.20	
	5-6	-	0.83	-	

4.2.4 CONSEQUENCES OF CHILD ABUSE AND NEGLECT

Child maltreatment affects children and adolescent of all ages. The degree of maltreatment may range from failure to adequately nurture a child's development to the extent of death. The long-term consequences of child maltreatment are many and include the risk of physical injury and even death, and increased risk for depression, suicide, posttraumatic stress disorder, substance abuse, oppositional and aggressive behaviors. With respect to the objective and research question of this study, under this section, the physical and psychological consequences of child abuse and neglect shall be presented.

A .Physical Consequence

The physical consequence includes the miner bruises, broken bones, hemorrhage, scars, STDs, stunted and wasted, etc. The result of this study revealed that, out of the total 46 abusive or neglectful child cares reported, by mothers' sample groups 5 were leads to

physical consequences which manifest beyond immediate effects. These consequences include:

- Walking impairment from the injuries the child in countered; in the earlier life;
- Broken bones;
- Scars;
- Stunted (low weight gain with age)

Similarly, domestic servants' sample groups reported one physical consequence manifestation, which is a scar on the child's fore head resulting from falling under her provision. These sample groups reported only one, of the total abuse they had, this might because of the stigma the society has to admit as a perpetrator. The mothers' sample groups also had reported walking impairment had resulted from neglectful provision of caregivers in the large society they knew.

B. Psychological Consequences

the psychological consequences of child abuse and neglect composes, depression, isolation, fear of others, relationship difficulties, night mares behavioral disorders and etc as many studies pointed out. In agreement with these, the result of this study has shown that, of the total abuse and neglect manifested, in 3 cases, sampled groups indicated as it resulted in psychological or behavioral problems. These indicatives of psychological consequences reported by mothers sample groups include:

Fear of caregivers and other person, night mares, disordered behavior, age inappropriate sexual advances, and aggression towards younger sibling

Generally, parents may forget the immediate effects of the abuse and neglects. However, the impact of child abuse and neglect may be more than the reported one.

CHAPTER FIVE

5. DISCUSSION

This study investigated prevalence of child abuse and neglect, the different forms of child maltreatment manifested, factors related to children's risk of abuse and neglect in domestic servant child cares, and the possible consequences of abuse and neglect inflicted on children, an enemies of no one by the person responsible for them. Hence, the finding of the study shall be analyzed in four parts in accordance with the objective stated in chapter one, namely, prevalence, forms of child maltreatment, risk factors and consequences in domestic servant child care.

5.1 PREVALENCE OF CHILD ABUSE AND NEGLECT

As it indicated in chapter one, child abuse and neglect is a universal phenomenon. However, the present study (risk factor assessment in domestic servant caregivers) is the first of its kind in Ethiopia.

The results of the study have revealed that child abuse and neglect in domestic worker child cares does exist in Ethiopia. This finding is consistent with results of findings in Australia, America and others, (Margolin, 1991; Martin 2005; Gelles, 1991).

Regarding the presence of child abuse and neglect in domestic servant caregivers out of the total 58 mothers included in the study, 17(29.3%), indicated as their children victimized at least once by their caregivers. These mothers described 46 examples of abusive and neglectful child cares performed against 26 (28.57%) children by 31 (22.96%) caregivers assigned to care for their children. Further, the result indicated, the victim of the maltreatment were 14(54.85%) male and 12(46.15%) of the 26 children were females. Or out of the total 45 male and 46 female children participated in the domestic

servants' child cares 31.11% and 26.08% male and female children were maltreated respectively. Victimized children were aged a minimum of 6 months and maximum of 6 years old.

From the findings it also found out of the total 31 allegedly perpetrators domestic workers, 59.57% were adolescents (aged 20 years and below). In addition, out of these perpetrators 91.30% of them have no any blood relationship with the child they perpetrated, while only relatives account for 8.70%. The predominance of adolescent in child maltreatment in this study consistent with other studies (Hofman, 1975; Margolin, 1991; Jennifer, 2004). In respect to the gender of the child there were slight difference between female and male children in neglect that female children covered 60% while male accounts for the remaining 40% however, there was no difference found between them in abuse. Existing literature recorded that males dominate in physical abuse while females does in sexual. Opposite to this, in this finding no difference was denoted.

The plausible reason for the difference of results in this study and prior findings was ages of the child considered in the study, that is, in this study, the age limit was six and below at which roles of gender were not classified, hence all may be treated equally or received all treatment regardless gender differences.

Similarly results from domestic workers,' has shown the existence of child abuse and neglect in the domestic worker child cares. Out of the total domestic workers included in the study 11(47.8%) of them reported the existence of mistreatment of children on whom they caring for. These domestic workers, further, reported that, of the 15 maltreated children, 6 and 9 of them were male and female respectively. Or, out of the total 27 examples of abusive and neglectful cares described by these sample groups, 55.56% were

against female children. Though the percentile coverage of the two genders slightly seems different, it was not significant statistically. Though, both sample groups have reported the prevalence of child abuse and neglect in domestic worker child cares, there was quite difference in numerical figures reported by these sample groups. That was when out of 91 children and 135 domestic worker caregivers, mothers' sample groups reported, 26(28.57%) abused children and 31(22.96%) abuser caregivers, domestic workers reported 11(47.83%) abuser and 15(51.72%) of abused children out of 23 caregivers and 29 children. This, gap was due to the difference of sample groups, which was the claim of many scholars, (Diana, 2005; Barbara and Mark, 2001) too. While domestic workers reported what have they did, mothers have reported what they claim, might saw, and hear from the child or other person.

More over, out of the total mothers' sample groups, 51.7% of them reported the prevalence of child abuse and neglect in the large society they had knew (like friend's or neighbors child) perpetrated by the person responsible for them.

5.2 FORMS OF CHILD ABUSE AND NEGLECT

5.2.1 MANIFESTATION OF CHILD ABUSE

Existing literature (for instance, Tina, 2006, Jennifer, 2004; Darge, 1995; HaileGabreal 1998) indicated the prevalence of different forms of child abuse. In line with this, the present study also examined and identified different types of child abuse in domestic worker child cares, namely physical, emotional and sexual abuse.

The result of the finding has shown the manifestation of different forms of abuse with different degree. Reports from mothers' sample groups indicated that physical abuse covered 36.96%, of the total maltreatment and 54.84% of the abuse type. Emotional abuse covered 28.26% of the total child maltreatment, and 41.94% of the

abuse type. The coverage of sexual type out of the total and the abuse type was 2.17% and 3.23% respectively. This result indicated that physical abuse over dominate both, in general reported child maltreatment and in particular in abuse too. The reported sub types of physical abuse includes beating (70.59%) deliberate starvation (17.65%) and 5.88% was burning the child. The predominance of physical abuse, in one way, may be true, on the other hand, the dominance was not because of the actual dominant manifestation rather, can be attributed to its visibility (example beating) nature while other forms are more hidden. Second, mothers may lack of knowledge or awareness of other action of caregivers as an abuse other than action that physically visible, hence failed to report it as the physical one. The other plausible reason attached to this difference, especially for sexual, the social stigma societies has towards sexual abuse to admit and to report to the public. The hidden nature, for instance in emotional abuse, like threatening, ridiculing and cursing which have deep rooted impact on the child's both cognitive and emotional development might neither easily detected as physical one nor reported simply.

From the findings of the domestic workers sample groups, it also observed that physical, sexual and emotional abuses were existent. The result also revealed that, physical abuse accounts for 25.93% of the total child maltreatment reported and 46.67% of the abuse type. Emotional abuse covered 22.2% of the total and 40.0% of the abuse. And sexual abuse as reported by domestic workers, only accounts 7.40% of the total and 13.33% of the abuse type. In this sample group also physical abuse dominates which may be for the same factors or reason mentioned above for mothers' sample groups.

The manifestations of the different forms of abuse, across the gender of the child, a significant difference were not observed in mother sample groups, (see table 16). However, in the second sample

groups, though the difference was not significant for total abuse, male children were predominate (85.72%) in the physical abuse and slightly female dominate in emotional (66.67%). Other earlier studies, (Tina, 2006; Belay, 2001) found out the difference between the gender of the victim and the types of the maltreatment as well the gender of perpetrators. However, in this investigation such result was not obtained. This may be because of different factors needs to be considered. First, age of the child under investigation matter to obtain significant difference (Darge, 1995; Gobena, 1998; Barbara and Mark 2001; and etc) were found out gender difference for abuse, because the age of the child were extends to 18 years old. However, in this study, it explores only children of six years old and under. The other plausible attribute for the deviation of the finding was sampled groups used to get information (Gobena, 1998) used abused children as an informant, however, the present study used mothers and caregivers (victim and victimizer), hence, the report might differ.

In respect to abusers age, significant difference was denoted in mothers sample groups between age of abuser (adolescent versus adult) and abuse committed. It was in harmony with other studies (WHO, 1999; Tanta, 2004; Goldman et al, 2003).

5.2.2 MANIFESTATION OF CHILD NEGLECT IN DOMESTIC SERVANT CHILD CARES.

Scholars dealt with child maltreatment have identified neglect as one among other forms of child maltreatment, (Jennifer, 2004; Tanta, 2004; Tina, 2006), consistent with this, the result from this study also identified neglect as one commonly prevailing forms of child maltreatment as reported by both sample groups.

Neglect accounts of 32.60% and 44.44% of the total child maltreatment in mothers sample groups and in domestic servants'

sample groups respectively. As reported by mothers sample groups, the neglect form includes.

- ❖ Repeated negligence for change of diaper and poor hygiene;
- ❖ Injuries in accidents and placing children in a potentially hazardous situation;
- ❖ Inadequate sleep and feeding arrangement that leads to starvation;
- ❖ Have a sleep leaving children alone without provision

As the result from both sampled groups indicated, there was no significant difference found across the gender of the child. This finding is contradictory to the results from other investigation, (Belay, 2001; Barbara and Mark 2001; Darge, 1995). The possible reason for the disagreement are again age of the child under investigation, mean that in this study gender roles of children yet not identified hence, treatment unlike other studies were similar.

Regarding ages of the child, neglect was decreasing with age in mothers' sample groups which consistent with other findings (Barba and Mark, 2001; Hailegabreal, 1998). But the report from domestic workers sample groups, was in consistent with other finding, which might be because of the difference of subjects included in the study; caregivers versus mothers of children, hence, what neglectful for mother may not recognized by caregivers.

5.3 RISK FACTORS THAT ASSOCIATED TO CHILD MALTREATMENT IN DOMESTIC WORKER CHILD CARES

Five general factors were investigated under two general characteristics, namely characteristics of caregivers, and child's characteristics.

5.3.1 Caregivers Characteristics

The characteristics of caregivers considered for this study was, ages kinship relation, and prior history of abuse. The question was, that others things kept constant or controlled, does age of caregivers

(adolescent versus adult), risks children in the types of child care specified. Different scholars, (Hoffman, 1975; Erickson, 1950) indicated as adults have more experience and patience than adolescents.

In agreement with this hypothesis, the data reported here shown that adolescents were abusive and neglectful caregivers than adults in mothers sample groups. However, the most difficult finding for researchers was negative findings to the existing literature, like the data from domestic workers sample groups. It revealed no significance difference between adolescents and adults for both abuse and neglect.

As reported by mothers sample groups, adolescents performed more than the abuse and neglect committed by adult domestic worker caregiver. Hence, adolescents were responsible for 63.04% of the total maltreatment reported. The over representation of adolescents in child abuse and neglect were plausibly reasoned out to the characteristics of developmental stage expected at the age, Erickson (1950), adolescents are less confident and have less stable sense of who they are than adults. Further, adult caregivers not only have more life experience and child cares, also older caregivers can be expected to be more empathic, more patient, and more responsive to the society norms associated with taking care of others. Moreover, young caregivers, was not expected to understand the needs of a child for stability and security when their needs are so similar with the child they are caring for.

On the other hand, the data collected from domestic workers was in contrary to the result of other study, to the data from mothers sample groups, and to the expectations too. The possible attribute for the discrepancy was, the explanation given above, that was, adolescents were not in accordance of the norms of the society, this

might also be true for reporting the issue too. The other contaminant of the data may be the subject included in the study. Mothers' were asked about the history of abuse on their children by other caregivers, while domestic workers expected to give consent of their victimization of children they had been caring for. In addition, the data were delimited to small sample, because of the limitation mentioned in earlier chapters.

Other factor that associated with child abuse and a characteristic of caregivers was blood relationship of caregivers with the child they care for. Accordingly non-relative domestic worker caregivers present more risk than relative caregiver. The finding was consistent with (Gelles, 1991). However, in neglect the result was not statistically significant. In domestic workers' sample groups this factor was not analyzed since all involved participants were non-relative.

Prior history of abuse or neglect of caregivers was another factor assessed in the study. Available studies indicated that abused or neglected parents or caregivers, one day become an abuser (Barbara and Mark, 2001). Though, in literature there was a conflict, whether abused become an abuser or not, the result of this study revealed significant differences between abused and not abused either during their childhood life or later on their victimizing the child they were caring for. The difference was not significant for neglect. The difference may attributed to the learning theory of Sutherland and Cressy (1978), cited in Barbara and Mark, (2001), which said that, criminal behavior is learned through socialization process, so as to be true for abuse. The history of maltreatment of caregivers were an abuse, hence they may inflicted more abuse than neglect.

The prior history of abuse was not analyzed in mothers sample groups data because; of the total subjects, only one mother reported any mistreatment of the domestic workers. Among factors

contributing to child abuse in domestic servant child cares was cycle of violence or having been victimized during childhood leads towards abusive care giving ($\chi^2=7.14$, $df=1$, $p<0.01$, *see table 19*).

5.3.2 Childs Characteristics

In line with the objectives and problem of the study, children's characteristic also examined in risking children for abuse and neglect. Children are not responsible for being victim of maltreatment. Certain factors, however, can make some children more vulnerable to maltreating behavior (e.g. child age and gender).

In the study it found out, in both sample groups, child's gender show no significant difference for both abuse and neglect. The finding was inconsistent with other studies (Belay, 2001; Zenbe, 1996; Diana 1998; Iyasu, 1999; Hailegabeal, 1998). As mentioned earlier, the reason that can be attached to the difference might be ages, and one factor alone may not intensify the risk, rather interaction effects have great association, hence, the difference might arise from these gaps. The second characteristic of child assessed was age. The findings from both sample groups found out statistically a significant difference between ages of the child but not neglect in domestic workers subject. In case of abuse in both subjects, ($\chi^2=11.52$, $df=5$, $p<0.05$, and $\chi^2=19.39$ $df=5$ $p<0.001$), the difference was highly significant for mothers and domestic workers respectively *see table 18 & 19*. For neglect, however, ($\chi^2=15.93$, $df=5$, $p<0.001$), for mothers and $\chi^2=4.07$, $df=5$ $p>0.1$) for the domestic workers, *see table 20 & 21*).

The inconsistent of the domestics' sample groups with the mother' samples groups and other findings, plausibly reasoned out that, as for instance, Diana (2006), subjects have a great influence on the data (mother versus caregivers), what considered as neglect by mothers may not perceived equally by care providers. On the other

hand, the difference among the same sample for neglect and abuse also attributable to the perception of caregivers they may have on abuse such as beating might considered as corrective measure and reported with out any hesitations for claim of perpetrator, while the negligence were not recognized and/or being it might put them under question of maltreating the child they were caring for and hide it from the public.

The predominance of infants and younger children in neglect was due to their full dependence on the person responsible for them for what ever, physical or emotional of their needs. On other hand, the direct relationship between abuse especially physical and age may be because of the conflict between the developmental characteristics of the stage of the child (exploring environment disobedience, etc) and the wish for control by parents/caregivers.

5.4 CONSEQUENCES OF CHILD ABUSE AND NEGLECT IN DOMESTIC WORKER CHILD CARES

The consequences of child abuse and neglect are devastating and far-reaching. Literatures have been treated consequences of abuse and neglect in multi direction. In this study, the physical and psychological impacts were examined. Accordingly both sample groups reported some observable consequences of the maltreatment.

5.4.1 Physical Consequences

From the result of the study it found out that both sampled groups mentioned some physical consequences. The reported examples of physical consequence by mothers sample groups composes:-

- Injuries resulting from falling and leads to walking impairment;
- Sever broken bone;
- Scars on the body of the child;
- Stunted (low weight for age)

This finding was consistent with existing studies, (Belay, 2005; Tigist and Derege, 1997). In line with this, data from domestic worker reported scars that resulted from falling while she was caring for. When it seen as a problem, this report was so devastating, however, as literature showed the consequences will last soon and forgotten or not admitted by both victims and victimizers, hence, only very few and easily observable consequences reported in respect to the dominance of physical abuse reported by both sample groups.

5.4.2 Psychological Consequences

The result of the finding was indicative of the impacts of child abuse and neglect on the child's cognitive and emotional development. As the data show, the psychological effects of child maltreatment inflicted on child maltreatment inflicted on children by their caregivers were composed:

- Fear of caregivers;
- Night mares;
- Disordered behavior;
- Age inappropriate sexual knowledge and;
- Aggression towards younger siblings

Domestic workers' sample groups have not mentioned examples of psychological consequence, but on the other hand their report on the hate the child has for them, is an indicative for poor attachment between the child and caregivers. In turn this might show as it resulted from the mistreatment of care providers against the child.

Generally, identification of psychological consequences was neither easy nor visible at the time of maltreatment. Hence, sampled groups may not aware of these issues.

CHAPTER SIX

6. CONCLUSION SUMMARY AND RECOMMENDATION

6.1 CONCLUSION

6.1.1 PREVALENCE OF CHILD ABUSE AND NEGLECT IN DOMESTIC WORKER'S CHILD CARE

The result of the study indicate that child abuse and neglect is quite prevalent in domestic worker child cares, (29.3%) and (47.83%) among mothers' and domestics' sample groups respectively. In conclusion one could clearly see that the prevalence of child abuse and neglect in domestic worker caregivers, as reported by domestics sample groups is quite greater than in mothers' sample groups.

This, difference is as indicative as identifying the precise extent of child abuse and neglect is too difficult and as different sample groups has different perception of the problem. In addition to this the some sample groups (mothers), reported different prevalence with in the sampled group and in the large society, 29.3%) and 51.7% respectively which clearly indicate the stigmatization of society to be victim or perpetrators of the problem.

On the other hand, though there is a difference between the two sampled groups, it is quite warranted that governmental and nongovernmental institutions, individuals, specially parents should give more attention to the existing situation.

6.1.2 FORMS OF CHILD ABUSE AND NEGLECT IN DOMESTIC WORKER CHILD CARES

The result of the study indicated that, in both sampled groups the manifestation of physical, sexual and emotional abuse and neglect with differing degree. From both data it was observed that physical abuse dominates the abuse type, while out of the total abusive and neglectful cares, again physical abuse in mothers' (36.96%) and

neglect (44.44%) among domestic workers' sampled groups are the dominant forms reported by subjects.

These reported forms of abuse and neglect composed various subtypes. Of the physical type, beating, burning, deliberate starvation and tiding to objects were the most prevailed physical abuse. Sexual abuse composes, rape, attempt of rape and age inappropriate sexual knowledge advancement. The emotional form comprises, threatening, cursing, insulting ridiculing and prolonged isolation while the neglect type contains, injuries in accident, inadequate sleep and feeding arrangement and negligence for change of diaper and hygiene.

These described maltreatments where performed against defenseless children by the person responsible for their welfare. Generally, as the result indicated, the abuse type increase with age while, neglect on the other hand, decrease with age, though the difference in domestic workers sample groups were not significant. Further, the study revealed that majority of abuser and neglectful caregivers were adolescents, for mothers sample group but, no difference obtained from domestics group.

6.1.3 RISK FACTORS ASSOCIATED WITH ABUSE AND NEGLECT

This study investigated factors related to children's risk of abuse and neglect in domestic worker child cares. Specifically the effects of caregivers' age, prior history of abuse and kinship relation with the child they cares for, and child's age and gender, were assessed. Although the data reported here support and consistent with other studies and predictive of child maltreatment, there are certain deviations from other studies like the insignificant difference of ages of caregivers for both abuse and neglect in domestic workers' sample groups. Convergence of these findings with other earlier studies (Margolin, 1991) in which age of caregivers associated with child abuse and neglect, leads additional support to the ascertain that the characteristics of caregiver's affect the probability that child abuse

will occur, on the other hand, the divergence was due to that these findings did depend on small and different sample groups.

Taken as a whole, these findings have implication for policy makers and future research. First, infants are more vulnerable than older children, requiring stricter standards of child care. The data also indicate adolescent caregivers require support and supervision than adult caregivers. The result further have shown the cycle of violence, hence, parents require reservation on abusing domestic workers so as to get non abusive or neglectful from them in one hand, and not to be abuser on the other hand.

6.1.4 CONSEQUENCES

The result of the study indicates both physical and psychological consequences including the attempt of suicide were reported in secondary data.

In relation to the number of abusive or neglectful child cares and consequences of the maltreatment reported, however, it is entirely possible, parents and caregivers neither reported nor have got less understanding of the impact or forgotten the immediate one soon and only reported the consequences that manifested or long period of time..

6.2 SUMMARY

The present study, consisted 58 mothers' from different offices of Gulele and kolfe and 23 domestic workers from different broker centers of Gulele, Arada and Addis ketema sub-cities and a total of 81 subjects. From the data collected through questionnaire for both groups and one secondary data from police station found out different results. In accordance with this, the data was indicated the prevalence of child abuse and neglect in domestic worker child care. In addition, it has shown caregivers' characteristics like age kinship relation and history of prior abuse and child's age and gender as predictive of the probability of the occurrences of child maltreatment in the mentioned child cares type.

6.3 RECOMMENDATION

Based on the obtained findings and drawn conclusion, the researcher of the study would like to give the following recommendations.

1. In the present study, Child abuse and neglect are prevalent in domestic worker child cares; however, to identify the exact extent and magnitudes of the problem, a national survey should take with different subjects and large sample size.
2. One of the main limitation of this study was lack of well developed instrument, and well documented data, hence, professionals and concerned body should give due attention to this situation.
3. As the findings of the study indicated, children's welfare were risked in domestic worker child cares at private home of the child; hence, with further study, government and other NGOs working on welfare of children should look for alternative, as well affordable child care for employed mother's.
4. In domestics child care, the factors that strongly precipitate the problem of abuse and neglect were ages of both caregiver and child's, caregivers' history of abuse. Therefore, further research should take on, to identify the causality relation ship of these factors and child abuse and neglect in domestic child cares.
5. Since cycle of violence was evident in the study, which again risks the welfare of children, parents of the child should be fair for their domestics in order to get faire child care in one way, and not to be perpetrator of abuse on the other hand.
6. In the study, beside the objectives, abuse and neglect of domestic workers were seems highly prevalent, thus to identify the extent, magnitude, and casual roots of the problem professionals, and concerned bodies should give due attention.
- 7 Government and other concerned bodies should expand the community services and increase the capacity of community service providers to address the critical needs of children and parents implicated in child abuse and to aware the problem of children to parents.

REFERENCE

- Abraham Hussien. (1983). *Child Rearing Practice in Ethiopia. With Special Reference to the Weyto Community and its Effects on Cognitive Development* Leipzig University
- Abraham Hussien. (1996). *Child Rearing Practices in Siltigna Speaking Community: Impact on the Development of Independence and Social Responsibility:*
- Adam M Tomison B and Joe Tucci. (1997). *Emotional Abuse: The Hidden Form of Maltreatment*. National Child Protection Clearing House. Australian. <http://www.aita.gov.au/>
- Adam Tomison. (1996). *Child Maltreatment and Substance Abuse: National Child Protection Clearinghouse*. Australia.
- Ali Yemer. (1996). *Child Maltreatment in Schools*. A Paper Presented on National Workshop of Protect Children From Abuse and Neglect Organized by CYAO and Italian Cooperation. A.A
- Almaz Eshete and Agidew Redie. (1983). *Yeitopia Hitsanat Beastedadeg Bebahilina Betimihirt*. A.A
- ANPPCAN. (2000). *Awareness and Views Regarding Child Abuse and Child Rights in Selected Communities in Kenya*: Nairobi.
- Assefa Hailemariam and Dilnesaw Asrat. (1996). *Socio Economic and Demographic Situations' of Ethiopia: Implication for Children and Youth*. A.A
- Ayalew Shibeshi. (1994). *School and Corporal Punishment in Ethiopian Schools*. A.A
- Baca.Z. Eitzen.D. (1999). *Diversity in Families*, 5: 285-347. New York, 285 347.
- Barbara A. Mara and Mark A. Witon. (2001). *Child Abuse and Neglect Multidisciplinary Approaches*. United States of America.
- Befekadu Tolera and Tsegaye Dadda. (1997). *Procedural Manual for the Police Working in Child Protection and Care Unit*. Regional

- 14 Police Commission, Forum on Street Children- Ethiopian and Radda Barren Swedish, A. A.
- Belay H. (2001). *Local Perceptions of Children's Needs and Rights in North Wollo Zone.*/ Anppcan - Ethiopian Chapter in Collaboration With Save the Children Denmark and Danida, Ethiopia.
- Belay H. (2005). *Abuse and Neglect: The Experiences of Ovc in Addis Ababa.* A Paper Presented at Sixth Annual Conference of Ethiopian Psychological Association. A.A
- Belsky J. (1980). *Child Maltreatment: An Ecological Integration.* American Psychologist, P.35:320-335.
- Bernstein, Roy. Srull, Wickens.(1991). *Psychology*, Houghton Mifflin, Boston, 2:56-63.
- Bowlby.J. (1996). *Attachment and loss: vol.1- Attachment.* Basic Books, New York:
- Browne k et al.(2002). *Child Abuse and Neglect In Romanian Families.* Europe. Child Development, Vol. 66, No. 5:1265-1276.
- Chodorow, Nancy. (1978). *The reproduction of Mothering.* Berkeley: University of California Press.
- Claudia, Jill, Korbin; Marilyn su; Julian chow. (1995). *Community Level Factors and Child Maltreatment Rates.*
- CRC Committee (2005). *Third Periodic Report of States Parties Due in 2003.* Ethiopia.
- Crittenden M. Patricia. (1985). *Social Networks, Quality of Child Rearing, and Child Development.* Child Development, Vol. 56 no. 5:1299-1313
- CSA. (1991). *Housing and Population Census: A.A Ethiopia*
- CSA. (1991). *Population and Socio-Economic Data Sheet.* A.A Ethiopia
- CSA. (1993). *Report on the National Rural Nutrition. Survey, Core Module.* March 1992, National Nutritional Surveillance System. Statistical Bulletin No. 13.
- CYFWO. (1992). *Addressing the Situations of Children in Especially Difficult Circumstances: Draft National Program of Action, 1993-2000.*

- CYFWO.(1989). The Situation of Unaccompanied and Homeless Children. A.A.
- Daniel Tefera and Gobena Daniel. (1997). *Study of Child Abuse and Neglect in Addis Ababa Elementary Schools: Etiology, Manifest and Effect*. Addis Ababa.
- Daniel Tefera. (1999). *Qualitative Study of Teachers Views of the Practice of Child Maltreatment in Three Elementary Schools in Ethiopia*.
- Darge Wale. (1995). *Child Abuse and Neglect in Selected Parts of Ethiopia*. CYAO in Collaboration With Italian Cooperation. A.A
- Dereje Gebre. (1996). *Proverbs on Children in Amharic, Oromo and Tigrigna*. (Paper In Amharic). A.A
- Desalegn Chalichisa. (1998). *Incidence of Child Abuse in Four Woreds in Addis Ababa*. Journal of Education V. 18 No. 1
- Diana J. English (1998). *The Extent and Consequences of Child Maltreatment*. Protecting Children from Abuse and Neglect. The Future of Children, Vol, 8, No. 1, 2.
- Emily Driver and Audrey Droisen.(1989). *Child Sexual Abuse: Feminist Perspective*. Macmillan Press. Pp. 1-27
- Erickson Erick H. (1950) *Childhood and Society*. New York: Norton.
- Finkelhor Davis.(1994). *The International Epidemiology Child Sexual Abuse*. Child Abuse & Neglect, 18:409-417.
- Finkelhor. Davio (1986). *A Source Book on Child Sexual Abuse*. Beverly Hills, CA: Sage.
- Finkelhor D.(1988). *A Source Book of Child Sexual Abuse*. London, Sage.
- Garbarino J. (1978). *Defining The Community Context for Parent Child Relations*. The Correlated of Child Maltreatment. Child Development, 49:604-611.
- Gelles J. Richard and John W. Harrop. (1991). *The Risk of Abusive Violence Among Children With Nongenetic Caretakers*. Family Relation Vol. 40:78-83
- Gelles J Richard. (1999). *Family violence Beverley hills*. Ca: sage.

- Getnet Tadele. (1996). *The Problem of Child Abandonment in Addis Ababa*. ANPCAN-Ethiopian Chapter in Collaboration With Rdda Barnen. Addis Ababa.
- Gobena Daniel. (1998). *Child Sexual Abuse in Addis Ababa High Schools*. FSCE in Cooperation With Rada Barnen (Swedish Save the Children .A.A
- Gobena Daniel. (1996). *Child Maltreatment Analysis of Cause, Symptoms and Intervention*. A.A Ethiopia
- Goldman, Salus, Wolcott, Kennedy. (2003). *A Coordinated Response to Child Abuse and Neglect. The Foundation for Practice, Child Welfare Information Gateway*. New York
- Haapasalo J, petaja."(1999). *Mothers Who Killed or Attempted to Kill Their Child: Life Circumstance, Childhood Abuse, And Types of Killings*. *Violence and Victims*, 1999, 14:219-239
- Habtamu wondimu. *Yelijoch astedadg. Admas*. vol.1.1971 A.A.U
- Hailegabriel Dagne. (1998). *A Study on Child Right Abuse and Neglect in Family Environment in Woreda 2 & 14. Focus on Children at Risk*. Addis Ababa.
- Hoffman, Martin L. (1975). *Developmental Synthesis of Affect and Cognition and its Implications for Altruistic Motivation*. New York
- Hunter WM et al (2000). *Risk Factors for Severe Child Discipline Practices in Rural India*. *Journal of Pediatric Psychology*, 25:435-447
- Imawayish M. and Mesfin M. (1995). *The working Conditions, Benefit and Rights of Domestic Servants In Addis Ababa CRTIWD/IDR*. A.A .U.
- Iyasu Haileselassie. (1999). *The Problem of Girl (Child) Prostitution In A. A. FSCE*. A.A
- Jennifer Mcculture. (2004). *Child abuse and neglect: a white paper from the good community committee*
- Kebebew Daka. (1986). *Child rearing pattern in Ethiopia*. A.A

- Margolin Lesiee. (1991). *Abuse and Neglect In Non Parental Child Care: A Risk Assessment*. Journal of Marriage and the Family Vol.53. 694-704 University of Iowa.
- Margolin lesile. (1990). *Child Abuse by Baby Sitters: An Ecological Interactional Interpretation*. Journal of Family Violence Vol. 5:95-105
- Margolin Leslie, and john l-craft. (1990). *Child Abuse By Adolescent Caregivers*. Child Abuse and Neglect Vol. 14:365-375
- Margolin. Leslie and John L. Craft. (1989). *Child Sexual Abuse by Caretakers*. Family Relations Vol. 38:450-455.
- Martin J.Michael. (1982). *Familial Correlates & Selected Types of Child Abuse and Neglect*. Journal of Marriage and the Family.
- National Research Council. (1993). *Understanding Child Abuse and Neglect*. Washington Dc, National Academy of Science Press.
- O`Hagna,K. (1993). *Emotional and Psychological Abuse of Children*, United States of America.
- Oates.R.K. (1996). *The Spectrum of Child Abuse Assessment, Treatment and Prevention*, Brunner/mazel Inc., New York:
- OAU, UNCIFE. (1992). *African's Children Africa's Future: Human Investment Priorities for the 1990s*.
- Original Wolde giorgies (1996). *Child Sexual Abuse*. A.A
- Robert J.shull, (1999). *Emotional and Psychological Child Abuse: Notes on Discovers, History, and Change*. Standford Law Review Vol. 51:1665.
- Sariola H, Uutela A.(1992). The Prevalence and Context of Family Violence Against Children in Finland. *Child Abuse & Neglect*, 1992, 16:823-832.
- Staus MA (1998). *Identification of Child Maltreatment*. Sample of American Parents Child Abuse and Neglect, 2:249-270
- Tacon. P. (1991). *Protection, Respect and Opportunity for Street Children of Ethiopia*. Unpublished. Report to UNICEF, New York.
- Tang CS. (1998). *The Rate of Child Abuse in Chinese Families: A Community Survey in Hong Kong*. Child abuse & Neglect, 1998, 22:381-391.

- Tanta Denise. (2004). *Child Abuse and Neglect in Nevada*. University of Nevada, Maryland.
- Tedla Diressie. (1996). *Children in Especially Difficult Circumstances in Ethiopian*.
- TGE, UNCIFE . (1993). *Children and Women in Ethiopia: a Situation Report*.
- Constitution of the Federal Democratic Republic of Ethiopia*. (1995). Addis Ababa, Ethiopia.
- Revised Family Code of the Federal Democratic Republic of Ethiopia* (2000). Addis Ababa, Ethiopia.
- Tigist ketsela and Derege Kebede. (1997). *Physical Punishment of Elementary School Children in Urban and Rural Communities in Ethiopia*, Ethiopian Medical Journals. 35:23-33.
- Tina de Benedicts. (2006). *Child Abuse: Types, Signs, Symptoms, Causes and Help*.
- UNCIFE . (1990). *First call for Children: World Declaration and Plan of Action for Children, Convention of the Right of Child* University Press Buckingham.
- Vargas NA.(1995). *Parental Attitude And Practice .Regarding Physical Punishment of Schoolchildren in Santiago De Chile*. Child Abuse and Neglect, 1995, 19:1077–1082.
- WHO.(1999). *Report of the Consultation on Child Abuse and Prevention*. Geneva.
- Wolfe D. (2001). *Child Maltreatment in Canada: Selected Results From the Canadian Incidence Study of Reported Child Abuse and Neglect*. Ottawa.
- Youssef RM ,Attia MS Kamel Mi.(1998). *Children Experiencing Violence: Parental Use of Corporal Punishment*. Child Abuse and Neglect, 22:959- 973
- Zenbe Mamo. (1996). *Street Children: Nature and Magnitude of the Problems and Method of Intervention*. Situation. Situation of Children and Adolescent in Ethiopia. A.A.U Printing Press.

Anexe-A

**በአዲስ አበባ ዩኒቨርሲቲ
የሳይኮሎጂ ትምህርት ክፍል
ድህረ ምረቃ መርሀግብር**

መጠይቅ ለእናቶች

ልጆች የወላጅን ጥበቃና እንክብካቤ ይሻሉ። ሆኖም ግን በተለያዩ ምክንያቶች ወላጆች እራሳቸው ሳይሆን ሌሎች እነርሱን በሚተኩ ሰዎች ልጆቻቸውን ይንከባከባሉ። የዚህ ጥናት ዓላማ ከወላጅ ውጪ ልጆችን በሚንከባከቡ የቤት ሰራተኞች ዙሪያ የሚያተኩር ነው።

ይኸውም የሚያጋጥማቸውን ችግሮችና የሚያደርጉትን እንክብካቤ ለመለየት ነው። ስለዚህ ውድ ተሳታፊዎች የምትሰጡት መረጃ ለጥናቱ ዓላማ መሳካት እጅግ ከፍተኛ ጠቀሜታ ስላለው ለቀና ትብብራችሁ ከወዲሁ አመሰግናለሁ።

ክፍል አንድ

1. አጠቃላይ መረጃ (ስም መፃፍ አያስፈልግም)

1.1 ስለ እናት

1. አድራሻ

ክልል _____ ክ/ከተማ _____ ቀበሌ _____

2. ዕድሜ _____

3. ሐይማኖት _____

4. የትምህርት ደረጃ _____

5. የመስሪያ ቤት ስም _____

6. መስሪያ ቤትዎትና ቤትዎት ምን ያህል ይራራቃሉ? _____

7. የወር ገቢዎት (በብር) _____

8. የጋብቻ ሁኔታ

☐

አግብቻለሁ

☐

አላገባሁም

☐

ፈትቻለሁ

☐

የትዳር ንደኛዬ ሞቱብኛል

ሌላ (ይጥቀሱ) _____

9. በእርስዎና በባለቤቶች መሃከል አለመግባባት አለ?

☐

አለ

☐

አል

10. ከእርስዎ ጋር የማኖርና ቀን ቤት የሚውል በተዘመድ አሎት?

☐

አለኝ

☐

አልኝም

11. ከእርስዎ ጋር የሚኖር ዘመድ አለኝ የሚሉ ከሆነ ዝምድናውን ይጥቀሱ

29. እርስዎ ከሥራ ወደ ቤት ሲመጡ ልጆችዎት የተለየ ደስታ
ይሰማቸዋል ☐ እይሰማቸውም ☐
30. ወደ ሥራ ሲሄዱ ለልጆችዎት ቀራታ ይሰማቸዋል ☐ እይሰማቸውም ☐
31. እቤት በመገባቸው ለሽታ/ጊዜ ከልጆችዎት ጋር የመጫወትና ልጆችዎት ቀን
ያደረጉትን ነገር የመወያየት ጣሪ አለት? ☐ የለኝም ☐
27. ለልጆችዎት እርስዎ ቤት በማይኖሩበት ማን እንክብካቤ ያደርግላቸዋል?
☐ ሌላ የቤተሰብ አባል ☐ ሞግዚት ☐ ሌላ (ይጥቀሱ) -----

28. እርስዎ በቀን ለምን ያል ስዓት ከልጅዎት ጋር ያላልፋሉ/ልጅዎትን ይንከባከባሉ? -----

2. የወላጅ ልጅና ሠራተኛ/ተንከባካቢ ግንኙነት

ክፍል ሁለት

26. ሠራተኛዎት ከሌላት ያለውን የሰውን ተግባር ይጥቀሱ:-

25. ሠራተኛዎት መላ አካላዊ ጤንነት አላት? ☐ አላት ☐ የላትም ☐
24. ሠራተኛዎት መላ አካላዊ ጤንነት አላት? -----
23. አሁንን ትማራለች? -----
22. የትምህርት ደረጃዋ? -----
21. ሠራተኛዎት ተመላሽ ናት ወይንስ ከእርስዎ ጋር አብሮ ኗሪ ነች? -----
20. ሠራተኛዎት ከእርስዎ ጋር የስጋ ዝምድና አላት? -----
19. የሰራተኛዎት እድሜ ስንት ነበር? -----
ቀጥረዋል? -----
18. አሁን እድሜያቸው ከ6 ዓመት በታች ለሆኑት ልጆችዎት ስንት ሠራተኛ

1.3. ስለ ሠራተኛዎት/የልጅዎት ተንከባካቢ

17. ልጆችዎትን መዋለ ህፃናት አስገብተዋል? -----
እንደለበት ይጥቀሱ -----
16. መላ ጤንነት ከሌላቸው ያለውን ተግባር ስንትኛው ልጅዎትና የትኛው የታ ተግባር
15. ልጆችዎት እንደምርከላቸው ጤንነት አላቸው? -----
14. ልጆችዎት የተማሉ አካላዊ ጤንነት አላቸው? -----
- | | | | |
|---|-------|---|-------|
| 1 | ----- | 4 | ----- |
| 2 | ----- | 5 | ----- |
| 3 | ----- | 6 | ----- |
| 7 | ----- | | ----- |
12. ስንት ልጆች አለዎት? ወንድ ----- ሴት -----
- 13 የእያንዳንዳቸውን ስድሜ ከየታቸው ጭምር ይፃፉ
ስድሜ የታ ስድሜ

1.2 ስለ ልጆችዎት

2.2. የወላጅና ሠራተኛ/ተንከባካቢ ግንኙነት

32. የቤት ሠራተኛዎች ከቤተሰብዎት ጋር ጥሩ ቀረቤታ አላት? አላት ☐ የላት ☐
33. ሠራተኛ ☐ የልጅዎት ተንከባካቢ ከእርስዎ ጋር ስትኖር የቤተሰብነት ስሜት ታንፀባርቃለች?
☐ አዎ ☐ አይደለም
34. እርስዎ ቤት በማይሆኑበት ጊዜ ሠራተኛዎት ልጅ መንከባከብ ብቻ ነው ወይንስ ሌላ ስራ አላት? ☐ አላት ☐ የላትም
35. ሠራተኛዎት እርስዎ ጋር እያለች ችግር አጋጥሞአት ያውቃል?
☐ ያውቃል ☐ አያውቅም
36. የደረሰባትን ችግር ለማቃለል ያደረጉት ነገር አለ? ካለ ይጥቀሱ -----
37. በእርስዎና በሠራተኛዎት መሃከል መጨቃጨቅ አለ? -----
38. መጨቃጨቅ ካለ መንስኤው ምንድን ነበር? -----
39. ሠራተኛዎን እረስዎ ብቻ ኖት ወይንስ ባለቤትዎትም ይቆጣጠሩዋታል?
40. ለሠራተኛዋ/ለልጅዎት ተንከባካቢ የመገናኛ ብዙሃንን እንድትታተል ይፈቅዱላታል?
41. ለሠራተኛ ምን ዓይነት አመለካከትና ቀረቤታ አሎት?
☐ ለሠራተኛ ክብር አያስፈልጋትም
☐ ሠራተኛ ትራፊ መብላት አለብት
☐ ለሠራተኛ ፊት መስጠት አያስፈልግም
☐ ሠራተኛ እኩል ማውራት የለባትም ሌላ/ ይጥቀሱ/-----
42. ከዚህ በታች ከተዘረዘሩት ችግሮች ውስጥ እንዴ መንስኤ ሆኖ ከሠራተኛዎት ጋር ያሎትን ግንኙነት አሻክሯል የምሉትን የ«✓» ምልክት በማድረግ ያመልክቱ

የችግሩ አይነት	አሻክሯል	አላሻከረም
42.1. ሥራዎን በስርዓት አለመስራት		
42.2. ትዕዛዝ አለመቀበል		
42.3. ለልጅ ጥሩ እይታ አለመያዝ		
42.4. ልጅ ላይ ችግር ማድረስ		
42.5. ልጄን ያለጠባቂ ብቻውን/ዋን መተው		
42.6. ባህሪዋና ጤንነትዋ		

42. በቤተሰብ አባል ወይም በሌላ አካል በሠራተኛዎት ላይ ችግረ ደርሶ ያውቃል? -----

2.3. የልጅና ሠራተኛ/ተንከባካቢ ግንኙነት

44. ሠራተኛዎት በቀን ለምን ያል ሰዓት ብቻዋን ለልጅዎት እንክብካቤ ታደርጋለች? -----
45. ሠራተኛዎት ጥሩ የልጅ እንክብካቤ ክህሎት አላት? አላት ☐ የላትም ☐
46. ሠራተኛዎ ለልጅዎት ጥሩ ስሜትና ቀረቤታ አላት? አላት ☐ የላትም ☐
47. ልጅዎት ከሌላ ሰው ይልቅ ተንከባካቢውን/ዋን ይቀርባል/ትቀርባለች
ይቀርባል/ትቀርባለች ☐
አይቀርብም/አትቀርብም ☐

48. ልጅዎት ከሠራተኛዎት ጋር ሲሆን/ስትሆን ጥሩ ስሜት ይሰማዋል/ይሰማ
አይሰማትም ☐
49. ልጅዎት እርስዎን ሲያገኝ/ስታገኝ ከሠራተኛዎት ወደ እርስዎ የማልቀስ ወይንም
የመምጣት ፍላጎት ምን ይመስላል? -----
50. ከሌላ ሰው ይልቅ ልጅዎት ተንከባካቢውን/ዋን ይፈራል/ትፈራለች?
☐ ይፈራል/ትፈራለች ☐ አይፈራም/አትፈራም
51. ልጅዎት ተንከባካቢውን/ዋን ከሌላ ሰው ይልቅ የሚፈራ/የምትፈራ ከሆነ ለምንድን
እንደሆነ ምክንያቱን ይጥቀሱ:- -----
52. ልጅዎትን ለሠራተኛዎት/ለተንከባካቢ ትተው ወደ ሥራ ለመሄድ ሲነሱ ልጅዎት ወደ
ሠራተኛዎ አልሄድም ብሎ/ብላ አስቸግሮዎት/አስቸግራዎት ያውቃል/ታውቃለች? -----

ክፍል ሶስት

3. በተንከባካቢ/ሠራተኛ የሚደረገው የእንክብካቤ ጥራትና ውጤት

53. ከልጆችዎት ውስጥ አሁን እድሜያቸው ከ6 ዓመት በታች የሆኑት ላይ
በተንከባኝበ ምክንያት ችግር ደርሶባቸው ያውቃል?
አዎ ☐ አይደለም ☐
54. ችግሩ ደርሶ የሚያውቅ ከሆነ በስንት ልጆችዎ ላይ ነው የደረሰው?
ወ ----- እድሜ ----- ሴ ----- እድሜ -----
55. የደረሰው ችግር ካለ ችግሩን ይዘርዝሩ:- -----
56. ችግሩስ በልጅዎት ላይ የደረሰው በአንድ ሠራተኛ ወይንስ በተለያዩ ሠራተኞች
ነበር?
☐ በአንድ ሠራተኛ ☐ በተለያዩ ሠራተኞች
57. አሁን በመንከባከብ ላይ ባለችው ሠራተኛ የደረሰ ችግር አለ?-----
58. በሠራተኛዎት/በተንከባካቢ ምክንያት ከሚከተሉት ችግሮች ውስጥ በልጅዎት ላይ
የደረሰውን ችግር እንዲሁም የልጅዎትን የታ የ«✓» ምልክት በማድረግና ችግሩ
ሲደርስበት/ባት የነበረውን/ራትን ዕድሜ በመጻፍ ያመልክቱ::

	የችግሩ ዓይነት	ችግሩ ደርሰበታ አልደረሰበ ል/ባታል ትም/ባትም	ችግ	ችግሩ የደረሰበት ህፃን የታና ዕድሜ			ችግሩን የደረሰች ው የሠራተኛ ዎ ዕድሜ
				ወንድ	ሴት	ዕድሜ	
58.1	መምታት						
58.2	ማቃጠል						
58.3	ሆን ብሎ ማስራብ						
58.4	ያለ አግባብ (መድሀኒትና አደንዛሽ ሃሳቦችን በመጠቀም) ማስተኛት						
58.5	ቤት ውስጥ ህፃን/ኗ ላይ በመቆለፍና ከእቃ ጋር በማሰር አንድ ቦታ ማቆየት						
58.6	አስገድዶ መድፈር						
58.7	ወስባዊ ዕምድምታ ያለው አሳሳም መሳም						
58.8	ከዕድሜ ጋር የማይመጣጠን ወሲባዊ ቃላት ማስተማር						
58.9	በማስፈራራትና ማታለል ከህፃን/ኗ ጋር ግብረ ስጋ ግንኙነት ማድረግ						
58.10	ከዕድሜ ጋር የማይሄድ ወስባዊ ድራማና ፊልም ማሳየት						
58.11	ተደጋጋም ስድብና እርግማን						
58.12	በህፃን/ኗ ላይ ተፅእኖ ያለው ማስፈራራትና ዛቻ						
58.13	ብዙ ጊዜ ዋጋ ቢስ እንደሆነ/ች አድርጎ ህፃን/ኗን ማንቋሽሽ						
58.14	ከግዴለኝነት በሰዓቱ ምግብ አለመስጠት						
58.15	በተደጋጋም ትኩረት በማጣት የሽንት ጨርቅ አለመቀየር						
58.16	በግዴለኝነት ህፃን/ኗን ያለጠባቂ መተው						
58.17	በተደጋጋሚ ከጥበቃ ጉድለት የተነሳ ወድቆ/ቃ መጎዳት						
58.18	ሌላ ካለ ይጥቀሱ						

59. በተንከባካቢ/ ሠራተኛዎች ምክንያት የራስዎት ልጅ ላይ የደረሰ ችግር ባይኖርም የጎረቤት/ጓደኛዎት ልጅ ላይ በተንከባካቢ ምክንያት የደረሰ ችግር ያውቃሉ?

☐ አውቃለሁ ☐ አላውቅም

60. በጎረቤት/ጓደኛዎት ልጅ ላይ ችግር መድረሱን የሚያውቁ ከሆነ የችግሩን ዓይነት ይጥቀሱ

61. በሠራተኛዎች/ተጓዥባካቢ በደረሰበት/ባት ችግር ምክንያት በልጅዎት ትክክለኛ አካላዊና አእምሮአዊ የዕድገት ሂደት ላይ ተፅእኖ ደርሶአል? -----
 ---- የደረሰውን ተፅእኖ ይጥቀሱ -----
62. ከችግሩ የተነሳ ከዚህ በታች ከተዘረዘሩት ጉዳዮች ውስጥ በልጅዎት ላይ የተገፀበረቀውን የ«✓» ምልክት በማድረግ ያመልክቱ::

	የተፅእኖው ዓይነት	ደርሷል	አልደረሰም
62.1.	የአካል መጉደል		
62.2.	የአጥንት ስብራት		
62.3.	የሰውነት ክፍል ላይ የጠባሳ ምልክት መቅረት		
62.4.	በግብረ ስጋ ግንኙነት በሚተላለፍ በሽታ መያዝ		
62.5.	ቤተሰብን መጥላት		
62.6.	በትምህርቱ/ቷ ውጤት መቀነስ		
62.7.	ትምርት ቤትን መጥላትና ትምህርትን ማቋረጥ		
62.8.	በራስ መተማመንን ማጣት		
62.9.	የተዛባና ተቃራኒ ባህሪ ማሳደግ		
62.10.	ተጓዥባካቢን መፍራትና መጥላት		
62.11.	ሌሊት መቃኘትና መረበሽ		
62.12.	ያለ ዕድሜ የወሲብ ዕውቅና ማሳደግ		
62.13.	ሌላ ካለ ይጥቀሱ		

63. ችግር በልጅዎት ላይ መድረሱን ካወቁ በኋላ የእርስዎ እርምጃ ምንድን ነበር?

አመሰግናለሁ::

Anexe-B

በአዲስ አበባ ዩኒቨርሲቲ

የሳይኮሎጂ ት/ክፍል

ድህረ ምረቃ መርሀግብር

መጠይቅ ለሠራተኞች

የዚህ ጥናት ዓላማ ከወላጅ ውጭ ልጆችን በሚንከባከቡ የቤት ሠራተኞች ዙሪያ ነው። ይኸውም የሚያጋጥማቸውን ችግሮችና የሚያደርጉትን እንክብካቤ ለመለየት ነው።

ስለዚህ ውድ ተሳታፊዎች የምትሰጡት መረጃ ለጥናቱ ዓላማ መሳካት እጅግ ከፍተኛ ጠቀሜታ ስላለው ከወዲሁ ለቀና ትብብራችሁ አመሰግናለሁ።

ክፍል አንድ

1. አጠቃላይ መረጃ (ስም መፃፍ አያስፈልግም)

1. አድራሻ

ክልል ----- ክ/ከተማ ----- ቀበሌ -----

2. ፆታ -----

3. ዕድሜ -----

4. ሐይማኖት -----

5. የትምህርት ደረጃ ----- አሁንስ እየተማርሽ ነው? -----

6. የወር ገቢ (በብር) -----

7. የትውልድ ቦታ -----

8. የትውልድ ቦታሽ ከአዲስ አበባ ውጭ ከሆነ ለምን ወደ አዲስ አበባ መጣሽ?

☐

ሥራ ፍለጋ

☐

ጋብቻ ሸሽቼ

☐

ዘመድ አምጥቶኝ

ሌላ (ጥቀሽ) -----

9. የጋብቻ ሁኔታ

☐

አግብቻለሁ

☐

አላገባሁም

☐

ፈትቻለሁ

☐

የትዳር ጓደኛዬ ሞቶብኛል

ሌላ (ይጥቀሱ) -----

10. ይህንን ሥራ ለመሥራት ምን አስገደደሽ? -----

11. ሥራውን ለምን ያህል ጊዜ ሠርተሻ? -----

12. ሥራውን በተመላላሽነት ወይንስ በአዳሪነት ነው የምትሰራው? -----

13. እስካሁን ሥንት ቤት ሰርተሻል? -----

14. መጀመሪያ ስትሰራበት ከነበረው ቤት ለምን ለቀቅሽ? -----

ክፍል ሁለት

2. የሰራተኛዎ የልጅነትና የስራ ላይ መረጃ

2.1 የወላጅና ሠራተኛ ግንኙነት

15. ቀጣሪዎችሽ አንቺን እንደ አንድ የቤተሰብ አካል ይመለከቱሻል? -----

16. ሥራውን የምትሠራው በአዳሪነት ከሆነ የራስሽ የሆነ መኝታ ቦታ አለሽ?

☐ አለኝ

☐ የለኝም

17. የራስሽ መኝታ ከሌለሽ ከማን ጋር ነው መኝታ የምትጋራው? -----

18. ጠዋት ከእንቅልፍሽ በስንት ሰዓት ትነሻለሽ? -----

19. ማታስ በስንት ሰዓት ትተኛለሽ? -----

20. ቀጣሪዎችሽ የሥራ ድርሻሽን ነግረውሽ ያውቃሉ? -----

21. የስራ ድርሻሽን ለይተው ነግረውሽ ከሆነ የሥራ ድርሻሽ ምንድን ነበር?

☐ ቤት ውስጥ የሚሰሩ ሥራዎችን በሙሉ መስራት፡፡

☐ ልጅ መንከባከብና ልብስ ማጠብ ብቻ፡፡

☐ ምግብ ማብሰል ብቻ፡፡

☐ ልጅ ብቻ መንከባከብ፡፡

ሌላ (ጥቀሽ) -----

22. አሠሪዎችሽ በሥራሽ እንደተደሰቱ ነግረውሽ ያውቃሉ? ☐ ያውቃሉ ☐

አያውቁም

23. በሥራሽ ላይ እያለሽ ጥፋት ብታጠፊ የአሠሪዎችሽ እርምጃ ምንድን ነው?

☐ እርግማን

☐ መምታት

☐

ደመወዝ መቀነስ ☐

ምክር

☐

ቁጣ

☐

ሌላ (ጥቀሽ) -----

24. በልጅነትሽ በወላጅም ይሁን በሌላ ሰው ችግር ደርሶብሽ ያውቃል?

☐ ያውቃል

☐ አያውቅም

25. የደረሰብሽ ችግር ካለ ችግሩን ጥቀሺ፡- -----

26. በቀጣሪዎችሽ ችግር ደርሶብሽ ያውቃል? የደረሰብሽ ችግር ካለ ችግሮቹን ዘርዝሪ፡- ---

27. ምግብሽን የምትመገቢው መቼ ነው?

☐ በትክክለኛ ሰዓት

☐ ሥራ ኖረም አልኖረም በትክክለኛ ሰዓት

☐ ሥራ ስትጫርሺ

ተመግቤ አላውቅም

ሌላ (ጥቀሽ) -----

28. ከዚህ በታች ከተዘረዘሩት ችግሮች ውስጥ የትኛው ችግር በአሠሪዎችሽ እንደደረሰብሽና የ«✓» ምልክት በማድረግ ካመልክትሽ ለምን እንደደረሰብሽ ምክንያቱን ግለጭ፡፡

	የችግሩ ዓይነት	ችግሩ የደረሰበት ምክንያት	ምክንያቱን አላውቅም	ችግሩ አልደረሰብኝም
28.1.	መመታት			
28.2.	መደፈር			
28.3.	ደመወዝ መቀነስ			
28.4.	መራብ			
28.5.	ዛቻና ማስፈራራት			
28.6.	ከስራ መባረር			
28.7.	ዕርግማንና ስድብ			
28.8.	ያልሆነ ምግብ መብላት			
28.9.	ሌላ (ጥቀሽ)			

ክፍል ሶስት

የልጅ እንክብካቤን የመምለክት መረጃ

ማሳሰቢያ ጥያቄዎቹ ከዚህ በፊት በልጅ ተንከባካብነት ከሰራሽበት ቤት ውስጥ የመጨረሻውን/ የቅርቡን ብዎ የሚመለከት ነው፡፡

29. አሁን መጨረሻ ላይ ስትሰር የነበረው ቤት ስንት ልጆች ተንከባካብ ነበር?
ወንድ ----- ዕድሜ-----ሴት -----ዕድሜ

30. ወላጅ እናት ወደ ስራ ስትሄድ ህፃኑ/ኗ ከእናቱ/ቷ አልለይም ብሎ/ብላ ያስቸግራል/ታስቸግራለች? -----

31. ህፃኑ/ኗ ለአንቺና ለሌላ የቤተሰብ አባል ያለው/ያላት ቀረቤታ ይለያያል? -----

32. የሚለያይ ከሆነ ጥሩ ቀረቤታ ያለው/ያላት ለአንቺ ነው ወይንስ ለሌላ የቤተሰብ አባል ነው? -----

33. የህፃኑ/ኗ እናት እቤት በምትሆንበትና ሥራ በምትሄድበት ጊዜ ህፃኑ/ኗ ለአንቺ ያለው/ያላት ቀረቤታስ ይለያያል? ☐ ይለያል ☐ አይለይም

34. በቀን ለምን ያህል ሰዓት ብቻሽን ለህፃኑ/ኗ እንክብካቤ ታደርጊያለሽ? -----

35. ህፃኑ/ኗ ጥፋት ቢያጠፋ/ብታጠፋ ከአንቺና ከሌላ የቤተሰብ አባል ማንን ይፈራል/ትፈራለች?

አንቺን ☐ ሌላ የቤተሰብ አባል ☐

36. የህፃኑ/ኗ እናት ቤት በምትኖርበት ጊዜ ህፃኑን/ኗን ማን ይንከባከባል?

እናቱ ☐ አንቺ ☐

37. እናት ሳትኖር ህፃኑን/ኗን ስትንከባከቢ ችግር አጋጥሞሽ ያውቃል?

ያውቃል ☐ አያውቅም ☐

38. ያጋጠመሽ ችግር ካለ ጥቀሺ:- _____

39. የምትንከባከቢው ህፃን ጥፋት ሲያጠፋ/ስታጠፋ የአንቺ እርምጃ ምንድን ነው?

- ☐ መቆጣት መምከር ☐ መምታት ☐
- ☐ ማስተኛት ማስፈራራት ☐ መስደብ ☐

ሌላ (ጥቀሺ) _____

40. የምትንከባከቢው ህፃን ላይ ችግር ደርሶበት/ባት ያውቃል?

41 ችግር የደረሰበት/ባት ህፃን ዕድሜ ስንት ነው? _____

42. ችግር የደረሰበት/ባት ህፃን ያታ ወንድ ☐ ሴት ☐

43. አጋጣሚ ርቦሽ ከህፃኑ/ኗ ምግብ ወስደሽ የበላሽበትን ቀን ታስታውሻለሽ? ----

44. ከዚህ በታች ከተዘረዘሩት ችግሮች መሐከል በምትንከባከቢው/በምትንከባከቢያት ህፃን ላይ መድረሱንና ለምን እንደደረሰ በምክንያቱ ግርጌ የ«✓» ምልክት በማድረግ አመልክቺ::

	የችግሩ ዓይነት	ችግሩ የደረሰበት ምክንያት	ችግሩ አልደረሰም	የህፃኑ/ኗ ያታ		
				ወ.	ሴ.	ዕድሜ
44.1.	ወድቆ መሰበር					
44.2.	በእሳት መቃጠል					
44.3.	ሽንት ጨርቅ በጊዜ አለመቀየር					
44.4.	ማስፈራራት					
44.5.	ምግብ በሰዓት አለማግኘት					
44.6.	የዕንቅልፍ ሰዓት መዛባት					
44.7.	ስድብና እርግማን					
44.8.	መምታት					
44.9.	መታመም					
44.10.	በሌላ ሰው መደፈርና መመታት					
44.11.	ጠፍቶ ያለ ቦታ መተኛት					
44.12.	ሌላ ካለ ይጥቀሱ					

45. ከነዚህ ችግሮች የተነሳ በሕጻኑ/ኗ ላይ የደረሰ ተጽኖ አለ?

46. እነዚህ ከላይ ያመለከትሽቸው ችግሮች በህፃኑ/ኗ ላይ መድሳቸውን ለወላጅ አሳውቀሻል?

- ☐ አሳውቄአለሁ ☐ አላሳወኩም

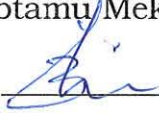
47. ካላሳወቅሽ ለምን? _____

አመሰግናለሁ

DECLARATION

I declare that this thesis is my original work. The sources used for
the thesis are adequately acknowledged.

Name: Habtamu Mekonnen

Signature:  _____

Date: July 6, 2007

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

Name: Dr. Belaye Tefera

Signature: _____

Date: _____