

**ADDIS ABABA UNIVERSITY
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**SOCIO-CULTURAL FACTORS AFFECTING SEXUAL & REPRODUCTIVE
HEALTH: THE ROLES OF TRADITIONAL INSTITUTIONS AMONG THE
BORANA PASTORALISTS OF OROMIYA, SOUTHERN ETHIOPIA**

BY

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Dedication

*To my mother for the pain and the love
And
All the Borana women for the endurance*

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Picture: Gumi Gayo Assembly (2004): One of the Borana Traditional Institutions

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Acronyms and Abbreviations

AACs: Ant-AIDS Clubs

ABC: Abstinence, Be faithful and use Condom

ANC: Antenatal Care

ART: Anti-Retroviral Treatment

BSS: Behavioral Surveillance Survey

CARE: Cooperative of America Relief Every where

CBRHA: Community Based Reproductive Health Agents

CBD: Community Based Distribution

CHA: Community Health Agents

CBO: Community Based Organization

CSWs: Commercial Sex Workers

DPT: Diphtheria, Pertusis and Tetanus

E.C.: Ethiopian Calendar

FBO: Faith Based Organization

FGC: Female Genital Cutting

FGD: Focus Group Discussion

FP: Family Planning

IDI: In-depth Interview

GO: Government Organization

GG: Gumi Gayo

GGA: Gumii Gaayoo Assembly

GGM: Gumii Gaayoo Meeting

GE: Gumi El-dallo

GEA: Gumii El-dalloo Assembly

GEM: Gumi El-dallo Meeting

HAPCO: HIV/AIDS Prevention and Control Office

HCT: Hematochrit

HIV/AIDS: Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome

MTCT: Mother-to-Child Transmission

MDG: Millennium Development Goals

MMR: Maternal Mortality Ratio

OVC: Orphan and Vulnerable Children

OHB: Oromiya Health Bureau

NGO: Non-governmental Organization

PLWHA: People Living With HIV/AIDS

PMTCT: Prevention of Mother to Child Transmission

SCF / USA: Save the Children Federation/ United States of America

SNNPR: South Nations, Nationalities, and Peoples Region

STD: Sexually Transmitted

STI: Sexually Transmitted Infections

TTBA: Trained Traditional Birth Attendants

TTA: Traditional Birth Attendants

VCT: Voluntary Counseling and Testing

VDRL: Venereal Disease Research Laborator

Glossary

- Aadaa: Custom; customary laws
- Aadaa-Seera Boorana: Custom and Laws of Boorana
- Abbaa: father, master of a ceremony/era
- Abbaa Gadaa: Prime Councilor, Master of Gadaa period, Gadaa leader
- Adulaa Hayyuu: Senior councilor, Luba Councilors in Gadaa class beyond the third Gadaa class
- Chabana: Sexual outcast, either a man or a woman
- Chabana Burre: A person who knowingly committed sex with a Chabana
- El-dalloo: A ritual place about 20KMs east of Nageelle town
- Dhaala: widow inheritance
- Dirree: The traditional western half of Boorana country
- Buusa-Gonofa: Boorana social security system usually among clan members
- Hamaa-Mudaammuddii: Open palms and Groins, killing a person by hitting in the open palms and the Groin with Bokkuu (a special stick), the practice called Luboomu
- Haraamu-Kobuu: Sexual relations with one's filial or paternal generation or Luba, sexual relation with one's clan member, uterine relatives or a wife of one's filial or paternal Luba
- Hariyya: age-set, age-set system
- Hayyu: a clan councilor; a traditional leader

- Gada: An Oromo indigenous, traditional socio-political system through which the Oromo society exercise self governance
- Gumi: Assembly of people/ multitude
- Gumi Gayo: Gaayoo Assembly
- Gumi El-dallo: El-dalloo assembly
- Gayo: A ritual place in Dirree district 30 KMs east of Dubuluq town
- For a: A temporary settlement camp away from home with dry livestock
- Jaala-Jaalt: Love-mistress relationship
- Karraa-Mataa: A form of punishment, literally someone's property and the mind
- Kebele: the lowest administrative body in a district, a sub-country
- Kuusoma: Youth peer group formation during rite de passage
- Luba: Gadaa class, generation set
- Nagaa-Boorana: Peace of Boorana
- Boorantitti: Boorana Identity
- Qaallu: Spiritual moiety leaders/ High priest
- Raaba: Prospective Gadaa leaders, the succeeding Gadaa
- Raaba-Gadaa: the Boorana governing body, joint council of Raaba and Gadaa
- Sabboo-Goonaa: Sabboo moiety and Goonaa moiety, Boorana two halves

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Abstract

Sexual and Reproductive Health conditions account for a substantial portion of the global burden of disease. But, for women in reproductive years the burden of SRH conditions is far higher than any other category of illness. Unfortunately, for women in sub-Saharan Africa the SRH conditions are much worse and alarming. According to the MDGs by 2015 the child mortality rate would be reduced by two-thirds, MMR would be reduced by three-quarters and HIV/AIDS epidemic have halted or began to reverse. Traditional beliefs and practices exist in all areas of life, including reproduction and sexuality. However, little is known about the social and cultural factors affecting SRH and the RH needs of pastoralist communities in Ethiopia such as Borana who have a distinct socio-cultural make-up compared to the mainstream farming highland population. Besides, the roles of traditional institutions such as the Gada and Gumi in SRH promotion are not well established and priorities in RH care not well documented. In these regards, the beliefs, values, and norms that underpin the socio-cultural factors that affect SRH, the roles of Traditional institutions in the promotion of SRH and priorities in the RH care should be explored.

An exploratory qualitative study was conducted in the lowland districts of Borana and Guji zones in January and February 2006. Interviews with focus groups and key informants, observations, and secondary data collection were used as data collection techniques. The Participants in FGDs and individual in-depth interviews were selected purposively. FGD participants were homogenous, were as key informants were heterogeneous and selected using snowball sampling techniques. The data was analyzed manually in the field and using computer soft wares.

SRH norms, rules, and regulations were identified. Sexual relationships are highly regulated and subject to certain restrictions. Sexual relation is forbidden with a woman or man, who belongs to the generation ‘Gada grade’ of one’s father or one’s son, or who belongs to one’s clan, or who has uterine and kinship relations. Girls must remain chaste and virgin before marriage; breastfeeding women must abstain from sexual intercourse while breastfeeding were among the salient sexual norms identified. There are strict rules and regulations against individuals who contravene the customs and laws of Borana known as Aada-Seera Borana. Jaala-Jaalto is an extramarital sexual relationship between married women and men. It is unlawful but tolerated and condoned by the society. Social factors that affect the SRH include among others, rampant consumption and sale of a local liquor ‘Arake’, religious crusades and education against the customs and laws, dramatic increase in urban-rural interaction, and conflict and militarization. There is a huge gap between the RH needs and the RH services rendered by stakeholders and actors in the area.

Traditional institutions in Borana society are still viable and have significant influence over the lives of the Borana people. These institutions play vital roles in the promotion of positive cultural behaviors, and have started playing significant roles in the prohibition and abandonment of practices identified as harmful by external development actors. Recommendations made were to recognize and empower traditional institutions as potential partners in the promotion of SRH especially in the fight against HIV/AIDS and eradication of harmful RH practices, and actions to be taken to improve the SRH service delivery in the area.

Introduction

Reproductive Health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Sexual Health is about the enhancement of life and personal relations, and not merely counseling and care related to reproduction and STDs.¹ Many aspects of sexuality are separate from reproduction and have consequences-both positive and negative-for physical and mental health independent of pregnancy and child bearing.² This point becomes critical for developing effective interventions, including strategies for preventing the transmission of HIV. Sexuality and reproduction-both separately and together are the core of the intimate, economic, and institutional relationships that characterize both women's oppression and their potentials for determining the course of their own lives.³

The global burden of sexual and reproductive Health conditions can be expressed in absolute numbers: 60-80 millions infertile couples; 120-201 millions couples with unmet need for contraception; 4 million newborn deaths, 8 million life-threatening maternal morbidities; 529,000 maternal deaths, including 68, 000 from unsafe abortions.⁴ According to the most recent calculations by the WHO, sexual and reproductive health conditions account for a substantial portion of the global burden of disease; 17.8% of DALYs lost. But, for women in their reproductive years (15-44) the burden of SRH conditions is far higher than any other category of illness, a full 31.5% of DALYs lost of which STIs including HIV, account for 16%. Maternal health conditions account for 12.4%- for women in Sub-Saharan Africa the burden of sexual and RH conditions is particularly alarming.⁵

Around the world, people celebrate the birth of a new baby. Societies expect women to bear children, and honor women for their role as mothers. Yet, in most of the world, pregnancy and childbirth is a perilous journey. In less developed world, more than half million mothers die each year from causes related to life giving event.⁶ The deaths are tip of the iceberg: for every death, at least another 30 women suffer serious illness or debilitating injuries such as infertility and damage to their reproductive organs. Ninety-nine percent of these deaths occur in less developed regions and most are due to inadequate medical care at the time of childbirth. This tragedy need not continue as evidence shows that motherhood can be safer for all women.^{7, 8} Women's lives can be saved and their suffering reduced if health systems could address serious and life threatening complications of pregnancy and child birth, when they occur, one of the best ways to make sure that women receive skilled care at delivery. Only about half of deliveries in less developed countries take place with the assistance of skilled health personnel. Ensuring that women receive skilled care at delivery is an essential part of safe motherhood programs. The same pregnancy related complications that threaten women's survival can also cause death and disability in newborns. The vast majority of the estimated 8 million perinatal deaths that occur each year in less developed countries are associated with maternal health problems or poor management of labor and delivery.⁹ In low income settings, therefore, promoting safemotherhood is as important for moving families out of poverty as it is for alleviation of human suffering.

As a result, RH matters were and remain among the public health priorities worldwide¹⁰ and that is of course why reducing under-five mortality rate by two-third and maternal

mortality ratio by three-fourth, and halt the spread of HIV/AIDS and reverse its spread by 2015 are among the Millennium Development Goals set by the Millennium Summit of United Nations General Assembly.¹¹

With more young people on earth than ever before, the sexual and reproductive lives of today's young women will have a dramatic effect on the health, prosperity, and size of the world's future population. Complications from pregnancy, childbirth, and unsafe abortion are the major causes of death for women ages 15 to 19 in less developed countries. Additionally, young people aged 15 to 24 have the highest infection rates for STIs, including HIV/AIDS, and teenage women are becoming infected at twice the rate of teenage men. Under existing socio-economic conditions and the inadequacy of medical and health facilities, women are at greater risk of morbidity and mortality from causes related to pregnancy.¹² On average, in developing countries pregnancy is 18 times more likely to end in the women's death than in developed countries.¹³ In Ethiopia Under-Five mortality rate is 166.2/1000 live births and Maternal Mortality Ratio is 871/100,000 (CSA, 2000).¹⁴ Where as the contraceptive prevalence rate which was 6% in 1997/8 has reached 22.99% in 2003/4(MOH, 2003/2004).¹⁵

Societies hand down traditions from generation to generation by teaching certain attitudes, practices, beliefs, legends, customs, and habits. There are traditional beliefs in all areas of life, including reproduction.¹⁶ Prevailing cultural values enhance the culture of silence and endurance. Women, generally, are taught to put up with pain and discomfort as part of their condition.¹⁷

Effective safe motherhood initiatives need to be implemented at all levels of the countries health system.¹⁸ Article 25 of the 1948 Universal Declaration of Human Rights states that motherhood and childhood are entitled to special care and assistance. Since, the 1948 Declaration of Human Rights, at least 14 international conventions, and conferences have affirmed and re-affirmed safe motherhood as a right and identified the central role of safe motherhood interventions. Governments have pledged to improve maternal health and can be held accountable for putting these plans into actions.¹⁹ Because every country faces unique challenges in improving the health of its mothers, maternal health officials must rely on the needs assessments to guide their program designs. An intervention that works in one setting may not be effective in another.²⁰

Research shows, however, in many settings, improving services that already exist, investing in upgrading the skills and competence of health care providers, and enhancing referral systems can have a significant impact. Nevertheless, for maternal mortality, progress has been more elusive. Despite 15 years of the safe motherhood initiatives, over all levels of maternal mortality are believed to have remained unchanged, with the latest estimate at about 530,000 a year.²¹ Although organized ambulance services appear to be part of the referral system in every country that has achieved success. From the perspective of a district health system as a whole it is the strength of the referral facilities and the associated supervision that should determine the level of skill that birth attendants must have in order to avert maternal deaths, or vice versa.²²

Public health researches in Ethiopia besides being inadequate to indicate solutions to the health problems in the country; the great majority are mainly concentrated in the central

part of the country and areas accessible to the higher teaching institutions. As a result, there are few studies done in pastoralist areas such as Borana. Little is known about the reproductive health needs and the factors affecting the reproductive health of the pastoralist communities who have a distinct socio-cultural set up compared to the mostly agrarian highland populations. Moreover, the scanty services available are not tailored towards the needs, culture, and traditions of the diverse societies in the country. No especially designed strategies are available to reach, for instance, pastoralist communities that represent significant proportion of the countries population. More importantly, it is known that culture and traditions are the most important determinants of health and health behavior²³

Besides, traditional institutions, which have a significant influence on the lives of the Borana pastoralist communities, have not been enabled to play positives roles in the promotion of positive health behavior.²⁴ In addition, the roles of traditional institutions in promoting reproductive health are not well established, and priority areas of reproductive health needs are not documented. In view of that, a study conducted by the Ethiopian Public Health Association recommends research into the effectiveness of the interventions in changing high-risk behavior, especially role of positive traditional practices and role of indigenous communication or folk media channels as one of the priority research areas.²⁵

Literature Review

Socio-Cultural Factors Affecting Sexual and Reproductive Behavior

The majority of Ethiopian people remain with their traditional health attitudes, values and practices due to the limited access to essential health and other relevant messages.²⁶

Women and girl-child are more vulnerable due to their biological reproductive role, strong cultural influence and the low socio-economic status. The great majority of women are illiterate and have no decision making power. Traditional practices and widely accepted norms of early marriage, expectations of bearing limitless number of children, subordination to the husband and others highly influence reproductive health behaviors of women in Ethiopia.²⁷ The cultural diversity in Ethiopia shows the existence of different influences on the reproductive health behavior. In Ethiopia, FP and RH services are limited in scope and geographic coverage. Most of the already available services are concentrated in the major towns.²⁸

Many ordinary residents in Ethiopia do not know the concept of RH, although the components were well known. The majority of the people had positive attitudes towards the provision of RH services; although, the services were perceived as inadequate, inappropriate, inaccessible, and not widely available (esp. to the rural population). According to a study done, the major RH problems identified in all the regions in Ethiopia were HIV/AIDS/STIs, teenage pregnancy, abortion, large family size and complicated delivery. Barriers to using available RH services included lack of accessibility, awareness or acceptability, negative attitude, poor quality of services, and poor health seeking behavior due to the influence of culture and religious practices. Low

motivation and negative attitude towards RH services among the service providers were also the barriers.²⁹

A study conducted in south-central Ethiopia revealed that basic equipments for RH services were not available in a considerable proportion of the institutions. The absolute minimum equipment required for delivery care, such as scissors and needle holders, were lacking in approximately 40% of the institutions.³⁰

Traditional methods constitute a considerable proportion of all contraceptive methods in both urban and rural Ethiopia. A qualitative study on the perception of fertility regulation of a community located in the remote south Ethiopia showed that the major means of fertility regulation were postpartum sexual abstinence and prolonged breastfeeding. However, in this community cultural values such as premarital sexual abstinence were disregarded.³¹ The reason for the child spacing practices by such traditional community were related to child feeding practices, maternal well-being for the fear of maternal depletion as a result of closely spaced births and the violent way of life that the community were involved in. The nomadic pastoral mobility necessitates the existence of traditional sexual norms such as Polygamy, extra marital sexual relation and child spacing by using traditional birth spacing methods.³²

A baseline survey on the KAP of contraceptive use in south Ethiopia showed that child spacing pattern depended less on postpartum sexual abstinence compared to prolonged breastfeeding and the associated postpartum amenorrhea. According to this study,

duration of breastfeeding was quite long among young women, and often shorter among older women.³³

Age at first marriage, husband-wife communication, and current use of contraceptives, infant/child death, and duration of breastfeeding, economic value of children, current household economic status indicators, and desired family size were reported as factors positively affecting the number of children ever born.^{34,35} A high level of awareness about the population problems in Ethiopia and the relationship between population growth and land degradation was observed among the elites with the exception of the religious leaders.³⁶ However, religion had very little influence over people's decision about whether to use contraceptive methods despite the perception that religious teaching forbids the use of artificial birth control.³⁷ Study conducted in 1991 in Showa province of Ethiopia showed that customs, beliefs, and traditions favor high fertility patterns.³⁸ However, in another study the fertility increase in Ethiopia was attributed to the decline in the infecundity, sub fecundity, and changes in the age pattern and marital fertility. This study recommended that to unfold such conflicting assertions conducting an in-depth anthropological investigation to determine the socio-economic determinants and the cultural values and beliefs underlying the rising fertility increase among the rural population and subgroups is necessary.³⁹

Study conducted on 900 males and females of age 12 to 19 years regarding their sexual behavior and level of awareness showed that nearly half of the males and one-fifth of the females had had sexual intercourse. The mean age of sexual commencement was 16.9

years and males become sexually active earlier than females.⁴⁰ A similar survey research carried out to determine the risk factors for adolescent premarital pregnancy in Awassa town of south Ethiopia indicated that the most significant determinants of the risk of having premarital pregnancy among sexually active adolescents were use of contraception at the initiation of premarital intercourse, communication with close friends and relatives, current marital status, parent's level of schooling, agreements to engage in first premarital sex, educational achievement, knowledge of pregnancy risk, period of menstrual cycle and family religion at age of 14 years ⁴¹ . An assessment conducted on rural communities around Jimma, Western Ethiopia, revealed that the majority of the people believed that God must decide how many children to bear and when to become pregnant ⁴². In a similar study, it was stated that as men play a dominant role in decision-making in family life matters, they should be considered an integral component in the development of FP programmes and its promotion in developing countries ⁴³ .

Reproductive Health Care in Borana

In pastoral areas, the provision of basic health services in general and reproductive health services in particular is the lowest. Alike many traditional societies in Ethiopia, the Borana society has cultural practices that fuel the spread of HIV/AIDS pandemic. Some of which are deep-rooted and wide-spread ⁴⁴ . The current HIV/AIDS situation in Borana is the result of a number of intricate socio-political and economic activities of the past decades. ^{45,46} There was no functional zonal HIV/AIDS Prevention and Control Office in Guji Zone until march 2003 and no HIV/AIDS coordinating office in Borana Zone at least until the mid of 2004. This indicates in its own way the existing situation of

HIV/AIDS interventions in these zones.⁴⁷ VCT service was not available in both Borana and Guji Zonal Hospitals until the second quarter of year 2003, but there had been diagnostic HIV testing for blood donors and suspected AIDS cases.^{48,49} According to 2000 health status report of Borana zone health department; in 1996 out of 86 male and 95 female-suspected AIDS cases tested, 45 males and 49 females were found HIV positive. In the year 1997, out of 121 male and 74 female patients tested for HIV, 43 male and 16 female were positive. In the year 2001, 97 out of 200 apparently healthy blood donors were tested HIV positive. In 2002, 37 out of 88 blood donors screened for HIV were found positive.⁵⁰ After the start of VCT service in the second quarter of 2004, in Nagelle Borana Hospital, out of 256 apparently healthy individuals voluntarily tested and suspected AIDS patients counseled and tested, 104 were tested positive to HIV-the virus that causes AIDS.^{51,52}

The National Sentinel Surveillance on HIV/AIDS conducted in 2001 reported that in Dhaddim Clinic of Yabello district and Gossa Clinic of Bore district (in Borana Zone) HIV prevalence among pregnant women attending ANC was 1.7%.⁴⁷ On the other hand , in 1999, in two rural towns surveyed in Oromiya HIV prevalence among pregnant women attending antenatal clinic had reached 10 %.⁵³

A study conducted in 1999-2000 among 72,000 new army recruits from allover Ethiopia revealed that the army recruits from the former Borana Zone had the highest zonal HIV prevalence in Oromiya even higher than East Showa Zone where Adaama and Shashamane towns are located.⁵⁴ The Borana Zone HIV prevalence among the new army

recruits at that time was 7.7%, only third to Gedio zone and South Tigray zone which had zonal prevalence of 9.3% and 8.5% respectively⁵⁵. Nevertheless, the 2002 National BSS report showed that the basic knowledge on the modes of HIV transmissions was 50% among the Borana pastoralists; it was very high in other areas.⁵⁶ Another study revealed that among the Borana community HIV/AIDS risk perception was very low and there was wide spread misconception about living with PLWHA. Besides, the highly prevalent and culturally condoned mistress keeping called Jaala-Jaalto is widely perceived as a practice that predisposes to HIV infection.^{57,58}

On the other hand, EPI coverage in Borana Zone was the second lowest in the country after Somali Regional State; when using DPT₃ as an indicator it was 2.6% in 2000. The EPI coverage of Oromiya Region in the same year was 66%. Regarding maternal health care in Borana Zone, in 1999, 30% of the pregnant mothers received antenatal care services, while institutional delivery was only 1.9%^{59, 60}

Traditional Institutions and Their Roles

The Borana society is one of the three major Pastoralist societies in Ethiopia with the Afar people in the north, the Somali in the east and southeast and the Borana in the south. Borana Pastoralists live both in southern Ethiopia and northern Kenya. But, the large majority live in southern Ethiopia of which the overwhelming majority are traditional cattle herders. As Pastoralists the Borana people move from place to place seasonally in search of pasture and water. Because of geographic inaccessibility, political marginalization and lack of representation in the mainstream politics, the Borana people remains to be one of the most disadvantaged communities in the country.

The Gada system, one of the prominent indigenous African political systems with a recorded history of over five centuries, is a hallmark of the Oromo democracy that survived many challenges of the “Modern” era to reach the present generation. It is one of the many traditional institutions that survived in its original context among the Borana Oromo of Southern Ethiopia. This institution is still a viable social-political system through which they exercise self-governance within the scope of the law.^{61, 62}

The Gada system is a system of Gada classes (Luba or generation sets) that succeed each other every eight years in assuming political, military, judicial, legislative and ritual responsibilities. There are other institutions which are still active among the Borana, these are; the Qaalluu institution, the age-set institution (Hariyya) and the Gumi (assembly of the multitudes)⁶³. Of all these institutions, the Borana General assembly called Gumi stands above all in that it is an all inclusive event in the Borana political life and has the highest degree of authority to which even the Gada leaders are accountable.⁶⁴

The Gada leaders are elected rulers who assume political leadership for a period of eight years. They takeover power when they reach the sixth Gada class; i.e., when the class reaches forty years of age.^{65, 66} Gada leaders among the Borana Oromo are elected starting from the third Gada class and then nurtured to become rulers during the 6th Gada class. Gada leaders do not make laws but they administer and lead people based on the laws, rules and regulations set and progressively revised by the Gayo Assembly.⁶⁷

In the Borana context, traditional leaders among others, the Gada councilors, and the Qaalluu (moiety leaders) have big roles to play as they have a significant influence over the ordinary Borana. They are often viewed as the custodians of the custom, and if

genuinely convinced can be potential partners in getting rid of harmful traditional practices and deal with cultural elements considered unacceptable in this era.⁶⁸ Hence, as of recent, many stakeholders are trying to lobby the Gada leaders to denounce and outlaw these alleged cultural practices. The sustained effort towards this goal started during El-dalloo Assembly, Borana Assembly of the Multitude at a place called El-dallo, when the Gada leaders were asked to condemn and pass new laws against a traditional extramarital relation called Jaala-Jaalto. But, the response of the Gada leaders was not affirmative.⁶⁹

In almost all regions of Ethiopia HIV/AIDS, intervention programs were started with raising the knowledge of the public on the modes of HIV transmission and methods of prevention. Only very recently, efforts towards promoting behavioral change targeting the risky behavior predisposing to HIV infection have been commenced. Even then, most of the stakeholders did not have a different strategy than the previously used conventional ways of awareness creation. NGOs and GOs, which were working on HIV/AIDS prevention and impact mitigation, targeted the nascent town based civil society organization such as Iddirs, Mahabers and religious institutions as though they represent all the CBOs and FBOs throughout the county. In Borana, material and financial assistance was being made to these so-called CBOs to enable them cope with the multifaceted problems of HIV/AIDS in their respective associations.^{70, 71} Unfortunately, in communities like Borana who are largely traditional, such community based associations like Iddirs and Mehabers does not exist except among the urban dwellers. It is important to note that CBOs such as Iddirs and FBOS were being given all the necessary supports

so that activities like HIV/AIDS awareness creation, care and support for PLWHA and OVC, is conducted through them for their respective target populations. In the Borana Context, where traditional institutions such as the Gada System and the moiety system exist, these institutions were not considered as community based organizations and hence did not get due attention as the former.⁷²

Regarding this Dr. Merera Gudina in his book entitled “Ethiopia: Competing Ethnic nationalism and the quest for democracy” cited Pause Wang:

*Indeed, Gada could offer an attractive model for building a new democratic spirit and practice, based on rural local traditions of co-responsibility. It appears that the Oromo Posses the cultural and personal strength to become a leading force in developing a modern and functional concept from their traditional cultural roots.*⁷³

Besides, a reputed scholar on the Oromo Gada System had written that; “The most known example of an organized form of social life in traditional Ethiopia, which used to operate out side of the control of the state and engaged in activities that resemble modern civil society were the traditional socio- political organizations like the Gada of Oromo.”⁷⁴ On this topic, it was stated that the Borana are among the most conservative of the Oromo populations who have preserved the essence of Oromo democracy as a living institution.⁷⁵

General Objectives

Assess factors affecting Reproductive Health of the Borana Pastoral communities
in South Oromiya

Specific Objectives

1. To Explore the Social and Cultural factors underpinning Traditional Reproductive Health Practices in the Borana pastoral communities
2. To describe the roles of traditional institutions of the Borana pastoral communities regarding Reproductive Health
3. To identify the reproductive health needs of men, women and youth in Borana pastoral communities

Methods

Study Design: An explanatory qualitative study was conducted in January and February 2006. The Study employed Focus Group Discussion (FGD) and interviews with key informants. FGDs were used to explore cultural values and group norms. Key informant in-depth interview was employed for its advantage of getting deeper insights into the research questions, explore the historical and cultural basis of identified RH practices and norms and the sub cultural elements that necessitates or allowed the existence for long period of time of the certain sexual and RH practices and norms. In depth interview helped in getting the socio- cultural underpinnings of the different and often complex beliefs and customs associated with sexual and reproductive health behavior in the Borana social system.

Observations were made to get first hand understanding and experience of the different issues pursued in the course of the research without necessarily interviewing informants. Secondary Data with NGOs and GOs and health facilities was collected to complement findings from the FGDs and in-depth interviews and highlight pattern of service utilization in the area.

Study Area: The Study was conducted in Borana and in Gujii Zones of Oromiya National Regional State in the lowland areas inhabited by the Borana people. Borana Zone Capital, Yabello, and Gujii Zone capital, Nagelle Borana, are located at 575 Kms and 600 Kms South of Addis Ababa city respectively. The Lowland districts in both Borana and Gujii Zones constitute what is known as ‘the Borana Plateau’ in South

Oromiya.⁵¹ Traditionally, these lowland districts are divided into two territories by a river called Dawwa. River Dawwa is called Liiban. River Dawwa is called Dirre. Presently, the Boranaland is divided into seven administrative districts known as Liiban, Dirre, Moyyale, Miyo, Yabello, Arero and Teltelle. The area is crossed by two major roads that connect the capital city, Addis Ababa in the south with Ethio-Kenyan border town of Moyyale and Ethio-Somali border town of Dollo.

Study Population: The study populations are Borana pastoralist communities in South Ethiopia. The Borana society is the major pastoralist group in south Ethiopia. The Borana live in South Ethiopia and Northern Kenya on a vast rangeland. The population of the Borana communities in Ethiopia is not well known. However, the population census conducted in 2000 jointly by district Administrations and NGOs estimated the population of the lowland districts inhabited by Borana at 575,000. In the area, there are three major Oromo groups known as Guji, Gabra, and Arsi who are predominantly pastoralists but with significant agro pastoralist communities. The Borana are by the far the largest group and occupy most of these lowland districts. The Borana in Ethiopia share borders with the Somali clans in the East and South East, Burji and Konso in the North West, and Hamar in the West.

Sample size: Although in a qualitative study the number of the people to be interviewed through FGDs and in-depth interviews is not decided at the beginning of the study, a reasonable number of the study participants was estimated in the thesis proposal submitted to the department. Nevertheless, saturation and redundancy of the information to be gathered through FGDs and in depth interviews was stated as factors to determine

the sample size during the field work. Nine FGDs were made with community based reproductive health agents, family planning users, traditional birth attendants, youth both the urban and rural areas, traditional leaders (Gada leaders), and the educated elites. In-depth interviews were made with knowledgeable persons, community leaders, RH service providers, health workers, local government officials, youth peer group leaders, and Gada councilors. A total of seventy-eight informants were interviewed through FGDs or in-depth interviews.

Sample selection techniques: Upon arrival in the study area, individuals who were familiar with the investigator were contacted. The purpose of the research was explained to them. These people were allowed to share ideas on the research topic with the investigator. During the preliminary discussions, the initial key informants were asked to recommend people working either in GOs or in NGOs who could help in recruiting participants for FGDs. They were asked to recommend whom they think have sound knowledge on issues surrounding the research topics. Based on the recommendations forwarded by these initial key informants two individuals who later assisted the investigator as recruiters and moderators of the FGDs were selected. The investigator did not need translators during FGDs or in-depth interviews, as he knows perfectly the local dialect of Afaan Oromo- the language used by Borana people.

The varieties of the techniques were used to obtain each informant. Heterogeneous sampling techniques were employed to get key informants from different age, sex, educational status and social groups in all the areas reached by the investigator.

Selection of informants also followed the purpose of filling the gaps observed from each day's information obtained from the interviews made. During the key informants interviews questions were asked taking into account the social standing, educational status, age, marital status and place of residence.

Sample selection techniques was based on the strategic approach to obtain key informants who could provide rich information on certain research topics identified from the outset or in the field during the in-depth exploration of the topic being researched. In this regard, purposive samplings of key informants or participants of FGDs was used to select subjects who were anticipated to shed light on the research questions or queries because he or she is most appropriate to respond to some of the questions that arose out of the previous interviews made. Due efforts were made to select samples from all places where a different experience or socio-cultural context were indicated to possibly exist.

Data Collection Techniques: Open-ended FGDs and in-depth interview guides was prepared in English and translated into Afaan Oromoo. FGD topic guide was made adaptive to the type of groups interviewed. During the FGDs effort were made to explore more on issues and points not well elaborated by modifying the topic guide towards the areas that need more elaborations over the research course. In depth interview guide were used to guide the over all research questions. However, the question put to each and every key informant was tailored based on the type of the respondent, the preliminary

results of the previous FGDs, in-depth interviews, and the progress made in the course of the research. The issues the topic guides tried to address were either prepared from the outset or emerged in the field following individual in depth interview or FGDs made with study subjects. The topic guides focused mainly on determining the social and cultural factors that affect SRH, the roles of the traditional institutions and community leaders in SRH promotion or in regulating sexual and RH behaviors of the members of the community and identifying the reproductive health needs of different community groups.

At the beginning of the field data collection, leaders of the salient traditional institutions and prominent educated elite were approached. The purpose of the study was well explained and they were told that in the course of the study they might be needed for the interview as deemed necessary. The warm welcome and appreciation of the research question by both traditional and educated elite gave the investigator the confidence to explore in-depth the complex and sometimes contradictory opinions, assertions and perspectives without too much worry about the attitudes of people towards such issues being researched. However, the fear among elites concerning premature and/or biased generalizations of the outsiders regarding the Borana social capitals was vigilantly handled.

Besides In-depth interviews and FGDs, observations and secondary data collection from relevant organizations were the methods of data collection employed by the study. Non-reactive and participatory observation techniques were used where appropriate for the

situation. Observations and In-depth interviews were used simultaneously as the case requires or when either of the situations unfolds. FGDs with the purposely selected participants was used mainly to get information on the sexual and RH norms, about the social factors or cultural elements that affect SRH or the SRH needs of the group. During the FGDs study subjects were made to feel free to raise their opinions, beliefs and questions on each other's point of view. By so doing, it was easy to get rich experiences and complex and/or conflicting ideas which necessitates further inquiry on the theme with other FGDs or key informants .

As the investigator knows the local language and well acquainted with the dialects and had a previous experience of handling similar subject matters in the area, no translator during interviews or transcription of the tape recorded interviews was used. However, an assistant moderator who received training on the research topic and skills required for moderation was made available to assist the investigator during FGDs in rephrasing or putting questions in a way easily understood by the subjects. Otherwise, the investigator led the FGDs himself most of the time. The moderators were selected on the merit such as their educational status (first degree, ability to speak the local dialect, and inter personal communication skills and knowing taboo words or idiomatic expression to put questions to participants, or understands some if arises. Adequate knowledge on the subject matter or similar issues with the local community was also among the merits considered.

The interview was interactive, study participants were encouraged to make a more active role in determining the flow of the interview. The role of the investigator was predominantly listening and allowing the informants to be free to raise all the issues that come to his or her mind with regard to the study questions. FGDs and in-depth interview with key informants were preplanned and arranged at the place and the time that suits study subjects best. In the course of the research, research themes that reached saturation were removed every evening after transcribing the day's work and doing preliminary analysis. New questions and research themes were added whenever an information gap was identified. All questions were framed in such a way that they include main question, follow up questions, and probes. Interviews always used to begin with general, open-ended questions that later moved to the greater precision as detailed information emerged.

Social phenomena cannot be understood outside of the context in which it occurred. Therefore, in order to achieve a holistic way of looking at these social phenomena relevant profile of each informant was recorded at the end of the interview and used in the analysis of the information they provided. These included sex, age, marital status, place of residence, occupation or educational status or adherence to their visible cultural identity. For instance, attitudes held by the study subjects towards the sexual intercourse with breast-feeding mother or girls before marriage can be seen against his place of residence, religion, or level of education. This could tell whether that attitude is in fact traditional or not.

Regarding the roles of traditional institutions and leaders about SRH promotion, at times when conflicting opinion occur, as many councilors as possible were interviewed in a snow ball technique until the information is understood beyond any reasonable doubt or until saturation and redundancy occurs enabling the investigator to figure out the reality. Prior to all interviews, consent of all study subjects was asked to tape-record the interview. However, if there is unfavorable situation such as the subject showing apprehension to the notion of being tape-recorded or has a fear that he/she might be blamed for putting his/her opinion, or the subject declines being tape recorded because he/she talks about culturally taboo issues, tape recording was avoided.

Instead, main points rose by the interviewee was jotted by the phrases and properly put in the form of statements at the end of the session. About 14 In-depth interviews were not tape-recorded. When necessary the investigator used to travel by car to remote places to find case of sexual out casts due to premarital sexual relations to fill the critical gap of information to better understand how such persons live in the community.

Non-formal visits to households of the previously interviewed subjects and attendance of ceremonies and arbitration meetings by community elders were made to obtain information related to the study question in a way that makes the study subjects behave, talk and express their way of thinking in a natural way than the formal interviews.

Observations were guided with checklists that were prepared as the research evolved. Interviews with respected traditional leaders and community elders were made after fulfilling all that is required by the tradition. This includes gift of sugar, tobacco, or tea to the would-be interviewee as an incentive. This is so because some people feel honored and respond to questions honestly than being interviewed for post-interview cash incentives. This is so especially, when the subjects are wealthy or community leaders with high self-esteem. Besides, the observations were made both from insiders and outsiders' perspectives.

Data processing and analysis: Data collection and analysis was done simultaneously in line with iterative nature of the qualitative methods. The preliminary data analysis in the field was done manually. Each tape-recorded interview was transcribed verbatim in Afaan Oromoo and then translated into English. The principal investigator used to summarize in English each contact with FGDs and key informant interview. Contact summaries were prepared for each encounter. The summary contains the main points of each interview according to the themes that were formulated initially. In addition, relevant issues that arose during each interview were included in each contact's summary. In the process, themes that reached saturation and those that needed further clarifications used to be differentiated. Those themes that were already saturated were left out. A separate note book was prepared to take notes on the meanings and concepts that used to emerge from day to day contacts. This helped in the revision and refinement of the research questions in the course of field data collection. The on going and simultaneous data collection and preliminary analysis after each encounter and

modification of the research questions was vital in following the emergent research design.

A useful component of the preliminary analysis was coding of the data generated from each interview, which was too much and highly complex to continue coding information on the daily basis. This was mainly due to the relatively short and tight schedule of the field data collection owing to time and resource constraints. However, the principal investigator used to read the transcribed texts and listen to tape recorded interviews in the car during long travel hours between districts. This helped the investigator to grasp the concepts and ideas solicited on different themes from each interview. Besides, the tape recorded interviews were frequently listened to during the subsequent months allocated for thesis draft write-up and literature review.

The process of analysis started with reading and re-reading the transcribed texts and each contact's summaries. Attempts were made to classify the data generated into themes and sub themes to facilitate analysis and interrelate opinions, definitions, concepts and descriptions on similar themes but from different contacts and areas. This helped somehow the efforts to give labels and give codes to the bulky texts on those themes. After going thoroughly through the texts, the codes were given either as interpretive or descriptive. Similar codes were brought together to form categories. These categories were formed taking into consideration the objective of the study. Codes that closely match the ideas and language used in the texts were chosen. This helped the investigator to see the data in neutrality. Nevertheless, the principal investigator made conscious effort to remain open as much as possible.

During the data analysis, efforts were made to relate the opinions and stories from each encounter with the social standing, religious convictions, educational status, place of residence and economic opportunities. This enabled the investigator to see how each encounter is situated in the broader socio-economic and cultural environments where the informant lives. Ideas, and opinions that appeared as exception or minorities in the series of texts and notes were identified and tracked to let better in sights and understanding of the research questions.

To let a theory arise from the analysis, the theoretical frame work developed earlier was not imposed at the beginning of the study. To better understand the complex perspectives from informants, probing, rephrasing, reflecting, questioning, theorizing and verifying were employed in the course of the study. The analysis primarily focused on the textual data in the form of expanded field notes and transcripts of recorded interviews. Facial expressions, reluctance to respond to certain questions or descriptions as reflection from earlier interviews were systematically interpreted and their meanings put on papers to be incorporated in the analysis.

Eventually, theme related files were displayed again. Main themes and sub themes were identified. At this stage the investigator returned to the data and examined the evidences that supported or negated each themes both qualitatively and quantitatively. The quantitative aspects of themes included the information on frequency, quantity, or size of phenomenon. The qualitative examination of each theme would include attention to specific vocabulary participants used to discuss the topic.

To get the over all sense of data, to distinguish central and secondary themes, to differentiate the essential from non-essential, data reduction was done. Meticulous

attempts were made at each steps of the research to understand the meaning of the thoughts, feelings, and behaviors described in the texts. This lead to interpretations which followed relating one thematic area with another, explaining how the various concepts are related to the original research questions. Consequently, the meaning of the findings beyond the specific context of the study was suggested.

Data Quality Assurance: Maximum efforts possible were made to select carefully the assistant moderators and recruiters. Besides, training and orientation on the research topics and questions was given. Key informants and participants of the FGDs were carefully selected with the assistance of the moderators. Good rapport was established with the study subjects, different data sources and methods were used (triangulation). The tape records were transcribed word-by-word and preliminary analysis was done manually in the field simultaneously with data collection. Thesis was reviewed and criticized by senior experts and professionals. Tape records and transcripts are available for auditng.

Ethical Consideration: Ethical clearance was obtained from A.A.U., Faculty of Medicine. Permission for the study was also obtained from the Zonal Administration and the traditional Borana leaders. Informed consent was obtained for every group or individuals interviewed and observations. Study subjects were reassured about the confidentiality of all the information obtained. Subsequently; the tape-records and the transcripts are kept in a safe place and would remain confidential.

Attempts were made to avoid descriptions that would make study participants identifiable. The findings of the study will be presented in the national and international

conferences and published in scientific journals. A workshop will be prepared in the study area to share the findings with study subjects who were told so and the stakeholders and actors in the area.

Pilot survey findings: In July 2005, the principal investigator conducted a pilot survey in the area. It was learnt that the great majority of the Borana people in the area are illiterate. Their time concept is also different. They use the Gada period /rule to refer to the time of occurrence of events. Hence, the use of questionnaire-based interview was ruled out. Use of qualitative study by using oral interviews and secondary data and observations was found appropriate and, therefore, employed as data collection methods for the study objectives in the area.

Results

Cultural Factors Affecting SRH Behavior

Beliefs about Fertility:

The Borana society alike other traditional societies have a set of sexual and RH behaviors that are accepted as normal and lawful. As a traditional society, the Borana have their own belief system, which they share with other traditional Oromo societies known as *Waaqefannaa* –meaning believing in God. During ritual ceremonies and meetings the Borana people pray for rain, peace and fertility and longevity /long life/. This is revealed in a commonly used blessing words used in the day-to-day life events and oaths taken to show that what somebody said is true. These expressions are-

“*Horaa Bulaa*”: meaning- May God bless you with long life and fertility

“*Dhalaa Dhalcha*”: meaning- I swear by my offsprings and fecundity

These expressions show that the ability to reproduce and have children and be able to prevail through generation is very much desired and highly valued in the Borana culture. Life is meaningful and worth living if only one can reproduce and make certain that one’s name prevails through continued generations of his offspring. This is evidenced by the fact that Borana men even pray for a son in a legal wedlock regardless of who impregnated the wife. It does not matter even if it is believed that the biological father of a son obtained in a legal wedlock is from an extramarital sexual partner of the wife. The Borana pray for a son in a holy matrimony as saying:

“*Waaqa ilma naa kenni, gudeeda ormaa keessaa yoo taatellee*”: Meaning- O God!

Bless me with a son; it could even be from another man.

As a result, dissolution of holy matrimony because of the husband's failure to impregnate his wife or have a baby son from his *gudeeda* 'which literally means the inner and upper parts of the thigh- to mean that the legal husband is the biological father,' is extremely rare. Borana men are satisfied if they could have a baby son from a holy matrimony. It is quite common to see people identifying baby boys obtained in holy matrimony as having '*Abbeeraa*': meaning having a biological father –who is a woman's extramarital lover, other than the legitimate husband who is the legitimate father. This is usually following physical resemblance of a son with a publicly known extramarital lover –Jaala.

In Borana society, it is unlawful to claim children born out of legal wedlock. This also includes children born to a widow years after the death of her first husband. Children born to a widow who is legally inherited by the brother of the deceased or a close relative or from the 'second' husband will forever be treated as legal children of the first husband. This emanates from the belief that holy matrimony is indissoluble. Consequently, remarriage of separated women in traditional Borana communities is an extremely rare phenomenon. Therefore, it can be assumed that the resultant effect of the aforementioned beliefs and values gave birth to an apparently very complex sexual rules and regulations that existed among the Borana communities for quite a long period.

Marriage Custom and Sexual relations:

According to Borana oral historians, the customs and laws by which the Borana are presently governed were formulated during the incumbency of Daawwe Gobbo (1706-1714). During the Gada period of Abbaa Gada Daawwe Gobbo the GGA proclaimed

cardinal laws and customs by which all the Borana must be governed. These customs and cardinal laws are called *Aadaa –seera Borana*. Aadaa means all things that are accepted as lawful to practice and normal, which every body is required to respect or abide by; where as Seera means laws enacted to enforce the Aadaa. Borana customs ‘Aadaa’ prevailed nearly intact for centuries but the laws that are proclaimed every eight years during the GGA were subject to modifications and revisions as the existing situations of time deemed it necessary. The sexual norms and marriage customs being exercised today were proclaimed at the GGA of Gada Daawwe Gobbo. At this historic juncture, the Borana society was divided into two halves ‘moieties’ called Sabbo and Goona. The Sabbo moiety has three large clans and the Goona moiety has fourteen small clans that are further divided into two sub moieties called Fullelle and Haroressa.

Before this period, there was an endogamy marriage rule. According to legends, there were rivalry and perennial conflicts among different clans prior to this period. The division of the Borana society into two moieties with subsequent exogamy marriage rules was meant to eliminate hostility and rivalry conflicts among clans. The exogamy rules stated that Sabbo can marry only from Goona and Goona can marry only from Sabbo moiety. As a result, ever since members of these moieties are ‘*Sodda*’- related by marriage through exogamy marriage rules. Every body is believed to belong to both moieties through either paternal or maternal bloodline or lineage. Traditionally, every Borana man or woman is half Sabbo and half Goona by lineage.

Nevertheless, the sexual relationships that were approved by the then GGA was somehow different from the exogamy rules. A modification to the sexual relations between men and women in the society was considered after a councilor was vehemently apposed to restriction of sexual relational only between two moieties. Women at the time expressed their support to the councilor through the popular women folk song called *kaarrilee*.

Ka Daawwee darsumaa: Dawwe's is foolish

Ka Dubbee dubbumaa : Dubbe's is eloquence

Duddubachuu fedhaa: I want to relish again and again

Dubbii Dubbee tanaa: this talk of Dubbe

Wanni Daawwee jedhee: what Dawwe said,

Nuu dhageetumaa: we only heard it

Following the councilor's opposition and overwhelming women's support for his position, a modification was made to the marriage rule: "Goona moiety marries only from Sabbo moiety; can establish sexual relationships with Goona women but outside his clan." Sexual norms that were stated and marriage customs are further restricted by other conditions. Sexual relationships between men and women in Borana society are subject to the following restrictions:

1. No sex with a woman who belongs to the Gada grade 'generation' of the father or son's –'Luba'
2. No sex with a woman whose husband belongs to the Gada grade of one's father or one's sons

3. No sex with a woman who belongs to one's clan
4. No sex with a woman with whom one has a kinship relation that is to whom someone is related by blood or marriage relationships

The afore-mentioned are restrictions under all circumstances for initiation of sexual relations. Nevertheless, other condition can lead to prohibition of sexual intercourse with people otherwise allowed. These include:

1. Sex with someone who had been declared as a sexual out cast
2. Sex with a breastfeeding mother

Based on the above-explicated prohibited sexual relationships between men and women in Borana society, it can be assumed that sexual relationships are too far from being liberal. The following sexual norms that exist in Borana would also help us in deepening our insights in to the complex issues of sexuality in the pastoralist Borana society.

Sexual Norms:

1. Girls must remain chaste and virgin before marriage (holy matrimony)
2. Breastfeeding women must abstain from sex before she stops breastfeeding
3. Women in holy matrimony should not have sex outside her home
4. Pregnant women should not have sex except with her husband and regular extramarital sexual partner
5. Men must not have sex with men

Because of the existence of numerous conditions from both the male and the female counterpart that should be fulfilled, spontaneous initiation of sexual intercourse between

persons who are strange to one another is a rare possibility. Because of stringent laws that protects girls and women from almost many forms of violence in the society, incidence of sexual violence such as rape and marriage by forced abduction is asserted to be very rare. Traditionally, in Borana society girls before marriage ‘*dubra gammee*’ and married women ‘*nadheen*’ have distinct hairstyle through which they are identified either as a chaste girl or as a married woman. A chaste girl is required to shave her hair in circular fashion at the apex of the head. She is not allowed to make a thinly woven hairstyle of a woman-dreadlock known as *cibra*. Girls are treated socially like boys and therefore, are allowed to engage in most of the jobs performed by men except taking part in traditional warfare ceremonies.

The following scenario can be used to show the complex sexual relationships that prevailed in Borana for hundreds of years.

Mr. X and Y are young men with the same age (belong to same age set- Hariyya).

Mr X’s parents are rich and he got married just recently. However, Mr. Y did not marry because his father could not afford the expenses required by the custom for an arranged marriage. Mr. X because of the distant generation of his father belongs to the 8th Gada grade. Mr. Y belongs to the 3rd Gada grade. Mr. X and Mr. Y belong to different moiety.

Fortunately, Mr. Y belongs to the same moiety as the wife of Mr. X but not from the same sub moiety. During the first encounter with the lady, he asked her questions such as to which clan she belongs and to which generation set she belongs. After her response, he knew that she is not from his clan and is in the 4th

Gada grade. As he was attracted to her, during the second encounter, he wanted to invite her for sexual relationship. She too was too much in fond of the character of the man, but they did not know each other very well. She was afraid that they might not be compatible. Traditionally, before making any gesture of sexual invitation as she is a married woman, Mr. Y has to know the Gada grade of her husband which he saw only once from a distance, she told him “he belongs to the 8th Gada grade” , which means her husband, even if he is in the same age set as Mr. Y, belongs to the Gada grade of Mr. Y’s father.

According to the custom to have sex with this lady means having sex with one’s father’s wife. If discovered he would be labeled as a sexual outcast in which case he will never be able to marry a sexually chaste girl the rest of his life. His appetite for sex was instantly killed. This was so because Mr. y has a strong belief in respecting his custom and does not want to transgress the norm, even if it is possible that he could have sex with her and conceal it if the woman is willing.

A twenty years old young man could be classified to the 8th Gada grade, which means members of his generation set could be older than 64 years of age. This young man is prohibited from having sexual relationships with a young woman married to a man in the 3rd Gada grade. The gentle man could belong to the age set ‘*Harriyya*’ of the husband but, because of his classification in the 8th Gada grade that is the generation of her husband’s father. The gentleman could not have acceptable sexual relationship with the woman simply because it would be considered traditionally the same as sleeping with his daughter or the wife of his son. He will automatically become a sexual outcast “Haraamu.”

The classification of men and women into generation sets and prohibition of sexual relationships based on one's position in the Gada grade system has far-reaching implications. Classification into Gada grades 'luba' is not only for the sake of administration but also meant to institute respect between generations of sons and fathers regarding sexual matters.

The Borana custom forbids sex with a woman that belongs to the luba of the fathers or sons either by birth or by marriage. That is belonging either to paternal or filial Gada grade. Respecting these sexual norms is a social must. Men and women who contravened these rules, during marriage or sexual relations are ostracized from the community and are condemned to lose all their social, psychological and economical rights indefinitely.

Rules and Regulations about Sexuality

C. Sexual customs, rules, and regulations for Girls

- (i) Girls before marriage are treated the same as boys, that is, inviting girls for sex will be considered the same as inviting a fellow man for sex 'equivalent to committing sodomy'
- (ii) Girls are forbidden by custom to engage in any form of sexual act before marriage. Girls must remain chaste and virgin before marriage.
- (iii) If a person is blamed by a girl as making a deliberate gesture implying invitation for sex such as touching private parts, he should be penalize with one head of cattle.

- (iv) If a girl is convicted to have committed sexual intercourse before marriage or become pregnant prior to marriage, both the girl and the man must be treated as sexual outcasts 'Chabana'. They cannot be cleansed forever.
- (v) If a girl accused a man of committing sexual intercourse with her, the confession must be taken for guaranteed. No witness is needed, but a skilled woman is required to check for her virginity. If the loss of virginity is proven, both the girl and the man must be treated as Chabana for the rest of their life. The guilty man shall be fined ten heads of cattle.
- (vi) If the girl is pregnant, the man should be coerced to marry her. No Chabana should be allowed to take part in any social obligation. They have no privileges in the Borana society. These sanctions from social events include:

Hamnaa –Duula: all type of ritual warfare

Dhawaa-Dhibayyuu :all types of ritual practices

Kormaa –Korbeessa: ritual ceremony performed by age-sets

Fuudhaa-Heeruma: from any normal marriage

Hadamo –Duula: game hunting or enemy combat operations

Besides, they should be excluded from all social events.

- Should not be looked for if reported missing
- Should not be buried if dead, etc

In fact, according to the old custom such persons should have been killed by hitting in the palms and groins "*Hamaa muddaamuddii*"—a practice called **Luboomu**

- (vii) If a Chabana man commits sexual intercourse with another woman by hiding his status, he shall be fined fifteen heads of cattle.

He was already dead. Besides, he killed the woman as well

- (viii) If a woman slept with a Chabana man knowingly, she shall be treated as Chabana and must be returned to her parents. Her husband should divorce her.

- (ix) If a previously pure gentleman commits sexual intercourse with a Chabana girl, He shall also be treated as Chabana.

B. Sexual customs, rules, and regulations for Women

- (i) If a man has sexual affair with a woman in wedlock, he should be cautioned and warned five times. Until this time, there is no fine. The Borana say, *'qakee hin qabdu'*. If the woman's extramarital partner is caught for the sixth time, he should be fined with three heads of cattle.
- (ii) If a woman's extramarital partner attacked the husband when caught at his homestead, he should be fined with five heads of cattle
- (iii) The offended (wronged) husband can only forbid the Jaala not to come near his homestead, but cannot forbid him not to come to his olla (village), as the village belongs to all Borana but not only to him. This rule is different for the Abba Gada. The Abba Gada and his councilors 'Hayyus' can only forbid one another to use one's bedroom but not the privilege of becoming one's guest. The Borana say, *"Rifanoo wal seerataa malee bultii keessummooma warra wal hin seeratan"*

- (iv) If a woman blamed a man for sexual harassment including physical abuse or otherwise, be at night or day time, the person shall be fined with one male calf (heifer)

C. Sexual customs, rules, and regulations for widows

- If a man committed sexual intercourse with a widow that is in grief period, he should be fined with fifteen heads of cattle. This applies also to deceased brother or a relative, which inherited her. Such woman in grief period are called “*Niitii Addeennaa*”

Sexual behaviors outlawed in Borana society

Chabana

Chabana also spelled, Cabana in the Oromo literature, is a term used to describe absolute sexual out casts in Borana society. A person who committed sexual intercourse with a girl before she is married is an absolute sexual out cast. Likewise, a girl who committed sexual intercourse before marriage or became pregnant because of such relations is also treated as an absolute sexual outcast. This is due to the fact that the Borana society highly values chastity and virginity of girls before marriage. The Borana people do not simply value chastity and virginity before marriage but also have an absolute hatred to premarital sexual relations with girls so much; as a result persons found guilty of such practices are treated like dead persons. Such persons face severe ostracization and exclusion from all forms of social life for the rest of their lives. No person, including the parents of a person

found guilty is allowed to sympathize with these sexual outcasts. This shows the degree of intolerance to girls' premarital sex and /or pregnancy.

A person is not treated as Chabana by any member of the community only because he/she is widely believed to have an established sexual relationship with each other. A person is treated as Chabana by the community only when a girl confesses about the alleged sexual relation or if they are caught red handed when having sexual intercourse and / or the person pleaded guilty to traditional adjudication of elders. Most of the time, such cases appear after the girl becomes pregnant and her pregnancy is detected by one of her parents, usually the mother. Traditionally, the confession of a girl who becomes pregnant before marriage is accepted with out the need for evidence against the accused person. Alleged persons become guilty automatically. To be labeled as Chabana means ostracization from all social life.

Chabana persons are subjected to absolute stigmatization and discrimination by all members of the community. It is the worst type of psychosocial punishment a person could possibly suffer in a Borana society. Therefore, no one dares to allege a person as Chabana unless he/she has actually seen the couples having sexual intercourse or absolutely certain that the persons have had sexual relations. A girl who had been widely believed to have sexual relations before marriage will not be officially treated as Chabana by any member of the society until the case is taken to adjudication. Nevertheless, she risks not getting married.

In Borana society, mothers have the responsibility of rearing daughters properly so that they know and respect all values in the community during girlhood and womanhood. Mothers are culturally expected to monitor closely the development and day-to-day

activities and relationships of daughters. It is up to a mother to listen actively to the gossips that are told about her daughter, and make sure that it had not happened. Otherwise, mothers are usually blamed for trying to hide their daughter's wrongdoing if ultimately the gossips become true.

If a girl had a premarital sexual intercourse and subsequently became pregnant, the mother is usually the first to know from the family. That is to say, if a girl has a frequent visitor, the mother is usually the first person to know or to be told about it. Once a girl is known to be pregnant, it is culturally expected that the mother must disclose the status of the girl. Borana societies do not practice folk medicine to induce abortion. Therefore, there is no big room for mothers or the family to hide the secret. According to the conviction of most of the informants, this is usually true in Borana communities where the culture is not diluted by external influences. This is so because parents of a girl who became pregnant before marriage have no opportunity to raise a baby born before wedlock anywhere near where they live in such communities, even if they are sympathetic to their daughter.

For the society is very much against being Chabana, the daughter and the son, who has brought so much shame to the family, is condemned to bear the burden of all kinds of punishments including deprivations of psychological, social, ritual, and economic rights. The man who committed the offense against the family is an inexcusable enemy. He could be beaten savagely by members of the offended family if found before the case is taken for adjudication. In fact, in the past before the formation of the modern Ethiopia state at end of 19th century, such persons used to be killed by hitting them in the open palms and groins, an action known as "*Hamaamudaammuddi*". The practice of killing

Chabana man is called *luboomu*. After the killing of such guilty persons by Gada leaders was outlawed by the imperial regime, it became a norm that a Chabana man must hide away from the offended family members until the case is brought in front of traditional adjudication.

Because of the grave consequence and fear of absolute ostracization, some of the men who were accused of impregnating girls before marriage fled to foreign lands to live in exile by hiding their whereabouts. However, since recent times things have changed regarding how Chabana cases are treated in Borana communities. Traditional adjudication regarding the issue of Chabana is very simple, as confession made by women and girls about any kind of harassment against them is accepted without any need for witness. The same is true concerning allegations about premarital sexual relations with girls. The Chabana girl could have sexual relations with many men. Nevertheless, only those who are alleged by the girl in front of a jury of elders are convicted.

It is up to the girl and the women to tell the truth only. If she tells lies, according to Borana belief, she will suffer from the inevitable consequences of sin. The nemesis of sinful deeds will happen to herself or any member of her family or offspring. The Borana say '*cubbuun hin dhaqqabdi*' - meaning one will meet his nemesis sooner or later. Therefore, due to this strong belief girls and women are not expected to blame innocent men. This gives elders the freedom to accept confessions as true. The verdicts given by Borana elders who sat for adjudication are binding on both parties and considered final. Persons who are convicted guilty of immoral deeds such as Chabana are not allowed to live with Borana people or participate in social activities.

Culturally, persons convicted, as Chabana would bear the following punishments and sanctions:

Psychosocial Punishments:

Chabana are absolute sexual out casts. Therefore, are totally ostracized from the community. They are excluded from participating in all social activities.

- Sanctions put on Chabana cases vary from community to community. For the young men the first isolation and stigmatization comes from age-set groups (Hariyya). The age-set prevent a person convicted as Chabana from participating in a ritual ceremony performed in rounds by age-set members called *Korma-Korbessa*.

This is followed by village members putting the following sanctions:

- He/she is not allowed to sit on somebody's chair. Nor are others allowed to sit on a chair used by such people.
- She /he is not allowed to use somebody's eating vessels. Nor are others allowed to use eating vessels used by such people.
- She /he is not allowed to take fire from other people's house; people do not take fire from her /his house.
- He is not allowed to sit with other community members in any village meeting
- He is not allowed to take part in traditional warfare with his age-set (Hariyya).
- He is not allowed to go for hunting with other community members.

- If reported missing, he is not looked for
- If reported dead, he is not buried

Psychosexual punishments and sanctions:

- A Chabana man is not allowed to have sexual relation with any “healthy” woman. Nobody is allowed to have sexual relations with his wife
- He is not allowed to marry anybody’s daughter
- People are prohibited from marrying his daughter

Other Punishments and Sanctions:

- The person convicted of impregnating a girl is compelled to marry her and make her his wife.
- Young couples that are forced to marry each other are expelled from Borana settlement camps. They are allowed to live far away from any settlement camps in isolation, that is, they are condemned to live in solitude.
- If a Chabana person is already married, spouses are advised to divorce. Otherwise, spouses are treated similarly.

Because of the afore-mentioned serious punishments and sanctions, in a traditional Borana community in the past, it was a very rare phenomenon to see a girl or a couple who were condemned to live with the status of Chabana. On the other hand, although boys are not allowed to have sexual relationship with girls, they are not prohibited from having sexual relations with married women.

The fate of Chabana persons is different in different Borana communities. Besides, how Chabana persons used to be treated in the Borana society have changed over the last several decades. This is because of the influence of the modern state laws through which the Borana are governed. Social change processes because of urban-rural population interaction has also played a role in the changing trends of Chabana treatment by Borana communities. Hence, the fate of Chabana persons in Borana society can be described better in scenarios. In the course of time, that is, over the last one hundred years, the fate of Chabana persons (male) changed from being killed for the crime to continuing to live with Borana people by denying the accusation or refusing to abide by the Borana traditional law. Therefore, the following different kinds of scenarios about the fate of Chabana persons can be found. These scenarios are:

Scenario One:

The person, who is accused, surrenders to village elders and face adjudication. He pleads guilty and accepts marriage proposal with all the punishments and sanctions passed against him. Such married couples are expelled from the community and forced to live in solitude away from settlement camps.

Scenario Two:

The guilty person disappears. His where about not known, therefore, he cannot be found to face the adjudication. The parents of the girl with unlawful pregnancy would take her to alien lands (other tribal territory) and abandon her. Such girls will forever remain in the alien land. No body from her family sees her. She will be forgotten like a dead person.

Scenario Three: (Obsolete)

This was the ancient type of punishment. It has not been practiced since the annexation of the Borana land to the Ethiopia Empire state. The guilty person is caught by group of men ordered by the Raaba – Gada. This is immediately following the discovery of the girl being pregnant by the mother who often screams for help. After adjudication, such persons would be killed if proven guilty. The Chabana girl would be taken to foreign lands. The parents and relatives could be relieved from the shame she has brought to the family by abandoning her. The above-mentioned three scenarios are the old types of treatments of Chabana cases in traditionally isolated Borana communities. Until few decades ago, these were the three common scenarios regarding the fate of Chabana cases. However, as the incidence of Chabana cases started to increase out of proportion to the cultural values and beliefs, new case scenarios started to emerge making the scenarios many.

The majority of the informants have the conviction that even though the occurrence of premarital sexual relationship and subsequent pregnancy has increased significantly, the attitude the traditional Borana people hold to this phenomenon has not changed much. The Borana people still value girls' chastity and virginity before marriage. However, because of the changes of many elements of the traditional life, there are also change processes occurring regarding feelings of people to affected girls. This necessitated other case scenarios to emerge in different communities in the Borana land. Regarding this, there are questions that can be asked rightfully. What are the major factors that lead to the changing trends of how Borana people treat Chabana cases?

Major social change factors are:

1. The existence of dual governance in Borana society, the traditional Borana governance and the modern state governance. This dual governance created confusion of accountability. People who are alleged of wrong doings have the advantage of choosing from the systems. This is so because of the existence of irregularities and disparities between the traditional laws and modern state laws. The confusions created gaps and it paved ways for wrongdoers to escape facing serious punishments. In Chabana case, the Borana traditional laws are stronger than the modern state laws. Those, who violate the customs, prefer to be loyal to the modern state laws and refuse to accept traditional adjudication as legitimate.
2. The establishment of many urban centre in the Borana land

For many decades after annexation to Ethiopian empire state, the Borana pastoralists followed a policy of self-isolation in the vast rangelands. The Borana people remained culturally and geographically inaccessible. Therefore, there was little influence of the cultures of the urban dwellers. Urban dwellers had been and even to date are mainly non-Borana people from the highland areas of Ethiopia. However, there has been growing interaction of the urban and rural communities, especially over the recent years leading to the dilution of the Borana culture and weakening of its laws.
3. Introduction of modern education

Massive adult education campaigns during the Dergue Regime and modern education received by few Borana boys brought changes in values and attitudes.

4. Introduction of religion in to the rural areas of Borana

These are mainly Islam and Protestant Christianity especially over the recent decades. Religious education has brought changes in beliefs and norms

5. Expansion of Arake drinking into rural areas

The rampant consumption of Arake in rural areas resulted in the weakening of the traditional institutions and its laws.

Hence, currently prevailing fates of Chabana cases in Borana can be summarized as follows. The following scenarios are formulated after studying the fate of different cases of Chabana in different areas in Borana land.

Scenario One:

The accused person surrenders to village elders and face adjudication. He pleads guilty and agrees to marry the Chabana girl; psychosocial punishments are still there. Nevertheless, the couples allowed living near or in the village.

Scenario Two:

The accused person disappears from the area to another Borana lands. The Chabana girl is taken to alien lands and given to people who are willing to marry her.

Scenario Three:

The accused person disappears from the area, or the Chabana person refuses marriage proposal to the girl. The Chabana girl with unlawful pregnancy is taken to towns along with few heads of cattle or money to poor man in the town that is willing to marry her.

Scenario Four:

The mother of the Chabana girl hides the case away from the village residents or community. The girl remains indoor, gives birth. But, the newborn is abandoned secretly, that is infanticide committed.

Scenario Five:

The mother of Chabana girl hides the case from the community and takes the girl to town for a paid abortion services by quacks.

Scenario Six:

The mother takes the Chabana girl for an abortion service secretly. If she fails to get the service in the town or the attempt of abortion fails, she takes her daughters case to traditional adjudication. The accused person may be forced to marry her.

Scenario Seven:

The accused person denies the case and pleads not guilty. In this case, if elders could not force or persuade the accused person to marry the girl, the parents of the Chabana girl take the case to women's affairs office and modern state court. Later on, the guilty person agrees to marry the girl to escape prison life. If the accused person refuses marriage

proposal and the girl's parents have witnesses, the guilty person gets imprisoned for some years.

Scenario Eight:

The alleged person disappears from the area, or refuses to abide by the verdicts of the elders. If the Chabana girl is from wealthy and influential family, the parents may decide to accept living with the girl rather than abandoning her to alien lands or take her to towns to live with a poor man. Such cases happened frequently. The Chabana girls of this type were made to immigrate to small rural towns and engage in petty trade such as sale of Arake.

A story of Chabana girl in Teltelle District

A poor woman with her daughter lives in Marmaro village, Teltelle district. In the village, there is a wealthy man who is married and has children. The wealthy man killed an ox for a ceremony known as 'Soriyoo'. All of his five brothers came to attend the ceremony. But, at night, when they saw their brother sleeping with an unmarried girl in his house, they boycotted the ceremony and called him a sexual out cast (Chabana).

Later, the mother of the girl discovered the fact that her daughter is pregnant. She screamed for help from villagers. The girl confessed to village elders that she was having sexual relation with the wealthy man. All the people who heard the case called the man Chabana. Using his wealth, the man persuaded the mother to drop her case against him. In reward, he promised to give her a lactating cow with a

calf. He promised to take her daughter to a place called Gallaba and arrange marriage for her, which he did.

Afterwards, he came back to his village and started living the routine life. After some time, he publicly denied the fact that he had sexual intercourse with the named girl. He declared himself innocent and took the cow with a calf from the poor woman. Hereafter, the case was brought to the attention of the woreda administration following the appeal of the woman. Consequently, the Chabana girl was brought back from where she was abandoned. The wealthy man is believed by all to have impregnated the girl. But, neither the district administration nor the Borana elders could force the man to marry the girl.

Later, the wealthy man took his case to his clan councilor 'Adula Hayyu' who later came to his village. At his village, a meeting was conducted and he was cleansed from his Chabana status. This case is widely believed to be one of the cases where the Borana Gada leaders corrupted the custom for some personal benefits.

The reasons given to cleanse the Chabana man from being a sexual out cast were:

- The Chabana girl was already married to another person in the alien land where she was abandoned. She cannot be married to the man again*
- The mother of the girl should not have accepted cattle gifts to accept the shame. She has to lose the case for she has accepted bribes to keep silent at the time the case erupted.*

Eventually, the poor woman failed to pursue her case any more. Her daughter, who became Chabana, moved to a village near the town to make a living by selling Arake.

The Current situation of Chabana in Borana society

According to a woreda administration council member in Borana zone, who is a Borana himself and served as local government official for many years, the recent increase in the number of Chabana girls can be described as an epidemic compared to the past time occurrence of such cases, which was rare. Most of the girls who were condemned as Chabana were daughters of the poor families. According to key informants, although not a significant factor, relative increase of the age at which girls marry contributed to the increase in the number of premarital pregnancies in the area. The looming poverty and inability of some families to afford for marriage expenses has increased the age at which young men marry. Together with this, the marriage age has increased for girls. There are significantly large numbers of girls whose age has passed the critical upper limit of marriage than past time.

Daughters of the impoverished families were mainly engaged in Arake business, which requires frequent travel to towns to buy Arake. This is so because traditionally the Borana people do not prepare Arake. These vulnerable girls also have increased risk of contact with clients who tend to breach the norms when drunk.

Young girls who are involved in Arake business and who travel from far places are forced to pass a night at small peri-urban market places for a rest. Frequent contacts with clients and inadvertent invitation to drink the liquor with attendant sexual attraction by drunken men towards them increase their vulnerability to voluntary premarital sexual

affair. Such relations will eventually end up in unwanted pregnancy. It is a common practice that such cases usually are deliberately blamed on a poor man in an area, when in reality the guilty persons could be many including among them the better offs.

One of the major reasons why the incidence of Chabana girls increased over the recent time is the failure of community elders to deliver justice due to the influence of Arake, which is usually used by alleged persons to corrupt the decision of the elders. The better off and wealthy Borana litigants buy Arake and make it served even at adjudication places or just prior to that. This is made in an attempt to corrupt the decisions passed by the elders.

Although traditionally Borana society values both chastity and virginity before marriage, other than the cases of girls who become pregnant before marriage, it is not common to see a bride returned to her parents because of absence of virginity. One of my informants, whose relative's daughter was recently given away for marriage after she was found to be pregnant before marriage, told me that the language being employed by Borana people especially those who live around the towns has changed. Some people would ask "*Bajjii moo maasaa fuutee?*" literally meaning, is your bride cultivated or uncultivated? This is to ask whether the person found her virgin or not during honeymoon. During the old days, such girls are returned to their parents with immense disgrace. However, this does not seem to happen nowadays, especially in Borana areas like Teltelle where the problem is very serious. It is hardly possible to see a girl returned to her parents only because she did not have virginity. I was told by most of my informants in this area that virginity does not seem to matter most as long as the girl is chaste and not pregnant at the time of marriage.

Underpinning all the social factors that exacerbated the occurrence of Chabana girls in communities, weakening of the custom and inability of the traditional Borana authorities to force guilty persons to marry Chabana girls is widely believed to be a major driving force as it created favorable conditions for other social evils to flourish. Regarding this issue, when an informant was asked about what happens to Chabana men these days and why Chabana cases increased significantly over the recent times, he gave the following answer:

“How on earth do you expect Borana people to be afraid of being called Chabana these days, when a Chabana is allowed to work as a Kebele chairman, not for a year but for about ten years? A Kebele chairman is by de facto Borana leader. When a Chabana person who traditionally let alone leading people but do not enter peoples house becomes a leader, how are others expected to be afraid of the consequences of being called Chabana? That is why the practice is becoming prevalent. I know a kebele chairman who was recently cleansed from being Chabana after living with the status for ten years.”

Not only is the modern state government super imposed on the traditional governance but also people who are traditionally considered wicked are recruited as Kebele leaders to administer people. This does not allow the traditional leaders to uphold their customs and laws, as people are accountable to the government appointees besides being accountable to their traditional leaders. The kebele chairman whose case is mentioned above was a Chabana man appointed to work as local government representative. He used his position to marry a Borana girl. About ten years later, he is a wealthy man, he can use his position to call his age-set members and community elders to bless him and cleanse him from his sins. ‘How could it be possible for traditional leaders to uphold custom and laws in

Borana?’ Was the question asked by an informant whose relative’s daughter became victim of the weakened tradition after she got pregnant premarital.

Chabana Burre

It is an expression used to refer to a person who contravened the rule and established sexual relation with a sexual outcast. Chabana Burre means secondary sexual out cast. They are treated the same as primary sexual out casts ‘Chabana’. A girl who committed premarital sex or became pregnant is Chabana. In the same manner, a woman who knowingly committed sexual intercourse with a man already declared as Chabana is called Chabana Burre. If a woman voluntarily sleeps with a Chabana man while knowing his status, she is believed to have committed a crime. Her husband is required to divorce her or else, he will also be treated as an outcast.

But, if a woman sleeps with a Chabana man unknowingly she is considered clean. This usually happens when a person declared Chabana changes his residential area and hides his status. If a Chabana man sleeps with a woman with out telling her his status, this is considered a serious crime punishable. The GGA passed a decree that such persons be fined fifteen heads of cattle if convicted guilty. The penalty for this crime is higher than sleeping with a virgin girl.

Haraamu

It is an expression used for a person who, established sexual relationship with someone that belongs to one’s paternal or filial Gada class-Luba. A Borana man should not have sexual relations with any Borana woman anywhere if she belongs to or married to his fathers’ or sons’Luba. Men and women who committed sexual intercourse against this

rule are known as Haraamu. Haraamu are sexually immoral persons. They are also treated as sexual out casts. In Borana, it is not the age of a woman or a man that matters. Rather, it is the generation set of a woman and her husband that matters to establish sexual relations. A ninety years old man can marry a fifteen years old girl if she does not belong to the generation of the sons. The sex rule that regulates Haraamu from happening explains why incest relationship in Borana society is extremely low. Being labeled as Haraamu has a lot of stigma; hence, it is extremely rare in Borana society.

Kobuu

It is an expression for a person who established sexual relationship with a uterine relative, one's own clan member or a kin whether close or distant. According to an oral historian, before three hundred years, there was no exogamy rule. According to this key informant, a Borana man then could establish sexual relations or marry a girl or a woman who belongs to his clan. But, this practice was abandoned with the adoption of exogamy marriage rules in Borana. Marriage with a uterine relative or a kin is a common practice among the neighboring Somali ethnic groups. The Borana people contend that the reason why the birth of babies with congenital malformations (anomaly) is not so common in Borana society is because of the marriage custom that prohibits marriage with uterine relatives and kin. In Borana, if a person marries a girl from his clan or uterine relative, the practice is known as Kobuu.

Jaala- Jaalto: women extramarital sexual partnership

Jaala-Jaalto is an expression coined very recently by stakeholders and actors working on HIV/AIDS prevention in Borana. Previously extramarital sexual relationships used to be called keeping Garayyu which literally means having a mistress. The word Garayyu in Borana means mistress and it refers only to Woman. In fact, in any heterosexual relationships, both men and women are involved. However, traditionally there are adjectives used when referring to either the male partner or the female partner. These adjectives are Jaala and Jaalto.

Jaala: The male counter part in the relationship- a woman's extramarital sexual partner

Jaalto: The Female counter part in the relationship- a man's extramarital sexual partner

When used ordinary, the word Jaala in Afaan Oromo means best friend. A man could refer to another man as being his best friend.

The Borana say, '*Jaala kiyya*'- meaning my best friend. However, if a man uses the word to refer to a woman, he means she is his mistress (Jaalto). If a woman refers to a man as her Jaala, she means he is her lover. Therefore, Jaala-Jaalto could be described as lover-mistress relationship.

In Borana society, one of the traditional institutions that still exist intact is the age set institution called *Hariyya*. Hariyya are the people who were born during the same Gada period. During the transition from adolescence to youthhood in a Borana community, young boys of the same 'Hariyya' aggregate together and Perform ritual practices collectively. This traditional peer group formation is known as *Kuusoma*. Young boys in this transition period eat together, hunt together, and move from village to village together. These boys have similar responsibilities, duties, and obligations in the society.

Hariyya is an institution in that once established it continues throughout the Gada cycles. Young boys who aggregate together as peer groups will eventually end up being friends. Between these peer groups there is a ritual obligation, which is performed in rounds. It is called “*Korma-Korbessa*”. Throughout adulthood these peer groups continue to have this ritual obligation together whether one is married or unmarried. The intimate relationship between these young boys will continue through their married life. Undoubtedly, it will continue to affect the sexual relationships among peer group members when they join another partnership within married life. Some of the extramarital sexual relationships occur between these peer group members when they get married. What happens during Kuusoma period continues to have an impact on the married life. It forms the basis and is one of the cultural elements that underpin Jaala- Jaalto relationships.

Extramarital sexual relationships by a husband and a wife in wedlock can have different features. Though sexual relations with girls before marriage is forbidden and seriously punishable, a married man can have sexual relationships only with married women. On the contrary, a married woman can have sexual relationships with both married and unmarried men. Women extramarital sexual relations can have different forms in Borana society. These are:

1. ***An explicit approval of a woman’s sexual partner by her husband:*** This type of Jaala- Jaalto relationship is called *Buusaa*. It means publicly recognizing somebody as one’s wife’s sexual partner. Buusaa can happen between intimate friends who were

once together during Kuusoma period and then after. On the other hand, occasionally it can occur when the husband is an old man who thinks he cannot gratify all the sexual needs of his young wife. The latter type does not occur simply. It usually happens after a series of efforts to forbid the young virile sexual partner and the wife to discontinue the relationships. In the end, the husband may explicitly approve the relationship recognizing the sexual needs of his wife or do so after a traditional adjudication. If the husband dislikes his wife's sexual partner too much for some of his characters, he could warn him in front of village elders that the person should not come near his homestead, which means he wants the relationship discontinued.

Nevertheless, if he is ambivalent about the person and/or the guilty person pleads to the husband to allow him to be his wife's legal Jaala, because he loves her so much, the husband may publicly accept the plea with conditions such as the person takes care of the husband's family and the property as his own. Besides, at all times the person is required to take care of and give due respect to the man's wife in life and death. According to a renowned Borana historian who was my key informant, three types of offerings in Borana society is valued the most. These are:

- i) Somebody who allows some one to become his wife's Jaala publicly. Allowing a person to share some body's wife voluntarily is considered the most valued gift. Such persons are given the highest due respect in the society
- ii) Somebody, who gives you his own horse, a horse is the most important asset in Borana. Horses are culturally well treated, at times as equally as a human being is.

iii) Somebody who allows you to marry his daughter. This is so because of the fact that once a girl joined a holy matrimony, her parents have little control over her and the marriage is almost everlasting. Therefore, in Borana society the parents of the wife are given the highest possible respect in life and death. This goes to the extent that a husband will not look at the wife's mother or her grave intentionally the whole of his married life. This practice is known as "Gollachu"- meaning covering the mother-in-law when she comes to visit her daughter or meet her son-in-law.

2. *An implicit approval of a woman's extramarital sexual partner (Jaala) by the husband:* In this type of relation, the husband knows about his wife's extramarital sexual partnership but he pretends to be unaware of the relationship. He may discuss about the relation with his wife but not in public, he simply pretends not to know about it. This type of Jaala-Jaalto relationship most of the time occurs between people who belong to the same Hariyya (age-set). The husband could any time call the person and warn him not to continue seeing his wife. Regarding this type of relationship one of the knowledge able persons interviewed made the following remark:

"A husband has the right to be jealous about his wife's extramarital sexual partnership. Let alone for a wife who is alive but even for a wife who is not alive. His right to be jealous about extramarital relations of his wife is reserved all the time". By this, the informant implied that the husband could forbid his wife's partner not to see his wife again. He can do this privately or in the presence of

village elders. In spite of this, according to the custom, the husband cannot take any property as compensation from the wife's partner if they both belong to the same Hariyya; that is, members of the same Peer group. Husbands are allowed to become jealous of their wife's sexual partners. But, traditionally it is considered shameful if a husband severely beats his wife or cause physical damage to her because of jealousy. If he does not want the person at all, he can seek the help of his friends to restrain him from visiting his wife again. Women are also expected to respect the will of their husbands regarding any extramarital sexual relationships.

On the other extreme, it is interesting to realize that there are some couples who choose not to have any extramarital sexual relationship. This usually happens when couples love each other very much and the husband is jealous and does not allow any one to visit his wife. In such cases, husbands are highly expected not to visit any body's wife. It means that such person does not publicly have, or is not expected to have an active extramarital partner at all. He is not willing to share his wife means he cannot share others' wife too.

3. A woman has a regular extramarital sexual partner without the knowledge of the husband

If a woman knows the reaction of her husband to her having sexual relations with someone whom he might aggressively react to, the relation might be steady but happens at long intervals when opportunities arise such as the husband is away for a duty for some

time. Such type of extramarital relationships could happen between a woman and her partner who does not belong to the age-set of the husband. It also happens when a jealous husband tells his wife not have any extramarital sexual affairs. Here, it is relevant to tell a story that was told by one of my informants.

“A husband loves his wife too much that he never allowed his wife to keep another sexual partner. He is a chaste man himself and does not keep mistresses like other husbands. He got a baby boy from his wife; when the boy is grown up as required by the culture; he prepared a naming ceremony of his son known as “Gubbisa”. At the ceremony as it is traditionally done, the wife accepted a gift from her secret Jaala. It is a privilege to accept precious gifts from lovers at such ceremonies. The husband saw a person giving a gift to his wife as her lover or ‘Jaala’ publicly. He was totally unaware of the relationship, reacted aggressively, and lost his temper. Subsequently, the husband become insane and did not return to his normal healthy condition ever since.”

4. *A casual and non-regular extramarital sexual affair:*

This type of sexual affair is known as Kaafannoo. It is usually a type of relation by young bachelors and men in remote areas away from home with dry livestock; that is, men in fora. Such types of sexual relationships might not be detected by husbands and may pass unnoticed. But, if caught red-handed the penalties are usually very grave. This is so especially if it happens to marriages when the husband and the woman’s lover fall in different age-sets ‘Hariyya.’

Customs about Jaala – Jaalto relationships:

- The Borana society tolerates the occurrence of infidelity as the inevitable weakness of a human being.
- Any type of extramarital sexual relationships is considered unlawful. Women are expected to tell frankly about their extramarital sexual affairs when asked to do so by their husbands. Traditionally wife beating is a shameful act, yet it is acceptable as long as the husband takes due care not to physically harm her but, only to the extent of restraining her from the relation or in cases when the husband is sure that she lied to him. The husband is liable to any beating considered to be in excess of her wrong doings. This is so because marriage in Borana is exogamous and the wife's clan members do litigate the husband at traditional adjudication if they think the wife beating is beyond the acceptable limit.
- If a husband caught a man having sexual intercourse with his wife, the guilty man must beg for mercy. He says "*lubbuu na baas*"- meaning, please have mercy on my life. In this case, the husband is not expected to inflict serious physical injury. During such encounters, the guilty person must act only in absolute submissiveness. He should not fight back at all. If he fights back or tries to escape, it is considered as a serious offense and highly punishable. The furious husband who is begged for mercy must respond positively and say "*ya lubbuu si baase*"- meaning, I have mercy on your life. Then the husband can take the case

to traditional arbitration. However, if the guilty person tried to fight back and in the process the husband kills him, the husband is not legally responsible. Here, it is worth mentioning the expression by a key informant to a question ‘what would happen if the husband killed the person while he was trying to escape?’

“A person who gets killed by a mad man and a person who gets killed by a husband while sleeping with his wife are the same. Borana traditional law does not hold them accountable as criminals for the action”

I asked a Borana Abba Gada, whether Jaala – Jaalto is lawful or not. He said, ‘how do you ever think it is lawful when what you ask the husband in the first place is to have mercy on the person’s life?’; “*Lubbuu Baas*” is all some one could ask the offended husband if one comes to rescue the offender. I then asked him a bit-challenging question, “If you say extramarital sexual relationships are unlawful, what happens if the husband refused to have mercy on the life of the offender?” the Abba Gada responded, “No Borana has the right to kill a fellow Borana”. According to the Abba Gada, “If the guilty person pleads for mercy he must get it, leave alone killing if he is seriously injured before any trial, the husband who inflicted the physical damage is required to nurse the person until full recovery. It is only after this that his case would be seen.”

Regarding the traditional adjudication of conflicts that arise from extramarital sexual affairs, a key informant, who is also an oral historian, made the following remarks:

“In Borana society verdicts about any case of disputes are passed by elders who sit for adjudication. But, there is only one exception. That is the dispute over Jaala-Jaalto

relation. Only in this case, the husband is the one who passes the decision as to what the guilty person should be penalized. Disputes between two men who belong to the same age-set over Jaala- Jaalto issue are not very serious. Usually it does not lead to any property fines. “Gatii hin qabdu”- meaning no fine is taken. But, the remaining types of Jaala – Jaalto relationships are theoretically punishable by any thing except death. However, every eight years, the number of cattle a guilty person should pay in compensation is stated at GGA. The punishment of a person who is guilty of unlawful extramarital sexual partnership is Karra-Mataa, which means the convicted person, could be penalized psychologically, socially, spiritually and by fines of many heads of cattle.

Jaala – Jaalto relationship can be considered as a sexual practice tolerated in Borana. But, any traditional institution does not prescribe it. The fact that it is tolerated can be seen by the attitude of elders who sit for adjudication. Elders usually, beg the offended husbands to reduce or refuse to accept the cattle the guilty person should pay in compensation for the damage. It seems that Jaala- Jaalto practice has got the conformity of elders and the community. The cultural beliefs and practices that underpin the tolerance to the Jaala- Jaalto practice include among others a belief that involving in extramarital relations is an inevitable human weakness, that is, infidelity is inevitable and the virtual absence of divorce, which is considered and despised as the worst social vice. A person, who fails to have mercy on the life of a fellow Borana, for an inevitable weakness, is considered wicked and shall not expect mercy for himself and his relatives for similar wrongdoings they committed against others.

Cultural Elements Underpinning Jaala – Jaalto Relationships:

Sexual behavior in Borana society is highly regulated. Initiation of sexual relationship is not spontaneous. Traditional institutions such as the Gada, as an administrative body, have the responsibility to make sure that culturally prohibited sexual behaviors do not occur and punish persons who contravene the customs and laws. However, contrary to the conservative principles of limiting sexual relations between men and women by different factors, one can see cultural tolerance to the existence of extramarital sexual affairs if it happens.

Following the intensified mass awareness creation campaigns and the identification of harmful cultural practices like Jaala- Jaalto, as factors that fuel the spread of disease, efforts have been under taken by stakeholders to abandon the practice. But, all the efforts to abandon the practice by creating awareness about its harmfulness among the Borana community and lobbying Gada leader for its abandonment was not without challenges. The Gada leaders and the GGA could not pass a declaration that abandons the practice as expected by outsiders. This was because of the failure of stakeholders and actors to see many cultural factors that are inseparably linked to its existence as “**a package**”. Cultural sexual and reproductive health behaviors that co-existed with or necessitated the occurrence of extramarital sexual relationships are explicated below:

1. ***Sexual abstinence by breastfeeding mothers:*** A breastfeeding woman is culturally required to abstain from sexual intercourse as long as she is

breastfeeding. Sexual intercourse is prohibited with any body including the husband. Sexual intercourse with a breastfeeding woman is not only a taboo but also a crime seriously punishable. The husband who, is culturally prohibited from having sexual intercourse with the wife while she is breastfeeding resorts to keeping a mistress. Here, it is good to note that sexual abstinence of a breastfeeding woman can last as long as four years especially if the child is a boy and highly wanted.

2. ***Polygamy among the wealthy class:*** The Borana society is one of traditional societies who exercise polygamous marriage. The prime motives behind polygamy are the desire to have many children and to have younger wives to fill the expanding labor demand as wealth increases. Even, these days polygamy rate among the wealthy Gada councilors is very high. A rich councilor could have as many wives as four. Some of these wives are younger and some are old. As a complementary behavior to the polygamy, one can find extramarital sexual relationship of women. An aged but wealthy Borana could marry a young girl if he believes he is still virile. Polygamy can also be practiced if the person fails to get a son from the first marriage. In the era of HIV/AIDS, especially with the continued Jaala-Jaalto relationship, polygamy could increase the vulnerability of women to acquire STIs, including HIV/AIDS. Not only the younger wives who have the need for

virile sexual partners, but also older wives in polygamous marriage are equally vulnerable to acquire HIV infection.

3. ***Young ladies' marriage to old men:*** In Borana tradition, an elderly man is expected to marry a young lady as soon as the wife dies. Marriage in such circumstances is not meant for sexual needs. Marriage is performed because a respected elderly person is not expected to be alone. He should be cared for by some one he considers his wife until his death. The possibility of an elderly man whose wife dies getting married is higher particularly if he is wealthy and assumes senior position in the community.

An old man who fails to get a son out of wedlock tends to marry another girl to increase his chance. The old man who cannot satisfy the sexual needs of his young wife, implicitly or explicitly may agree to his wife establishing extramarital sexual partnership with a young man she loves. Marriage with big age discrepancy therefore, necessitates the existence of Jaala –Jaalto relationship for the sake of the woman who might psychologically demand compensation by establishing extramarital sexual partnership to gratify her sexual desires.

4. ***Girls' arranged marriage:*** In Borana society, forced marriage out of the consent of the bride is not permissible. A girl has the right to decline marriage to the person whom she does not want. But, the norm is that

marriage negotiation between the bride's family and the family of the bridegroom starts with the consent of the two family heads involved. Asking the girl whether she accepts the marriage proposal or not is for the sake of conformity, girls are expected to comply with the parents will, this is so because they are culturally expected to respect the will of the parents. But, if a girl has any strong personal reasons why she does not want to accept the proposal, her parents are required to respect her decisions. Here, it is worth mentioning that the family members persuade the girl who is asked for marriage to accept the marriage proposal even though the person is not her choice. In Borana custom, marriage by eloping with a future bridegroom is not appreciated, that is 'Hawadii marriage', but it is acceptable as long as that is the girl's will.

However, contrary to expectations arranged marriage between an old man and a girl based on her will is not uncommon although the man she is going to marry might not be her first choice. A girl married to a person who is not her choice reserves her moral right to establish extramarital sexual partnership with another person whom she loves.

5. ***Delayed age of men at marriage:*** According to the Borana customary law, young men were used to be prohibited from marriage until they reach the age of thirty-two; that is, until they reach Raaba stage 'this is true for young people called *Ilmaan Kormaa*'. The young men were used to be barred from marriage before the Raaba stage so that they become

physically and emotionally fit for combat operations against the rival ethnic groups and enemies. Even if marriage occurs before this stage, until four decades ago, married young men were not allowed to raise children. Rather, they were encouraged to commit infanticide for the same purpose. This differential practice of infanticide had a serious impact on the demography of the Borana population. The young men who were prohibited from marriage before the age of thirty-two years were condoned to exercise premarital sexual partnership with married women.

Traditional Practices that promote Jaala-Jaalto:

As explicated above sexual abstinence during breast-feeding, polygamy, big age discrepancy between married couples and arranged marriages could be cited as practices that are associated with or necessitated the existence of Jaala- Jaalto relationships. However, there are cultural practices that promote the existence of Jaala-Jaalto relationships. The fact that certain practices are allowed to occur during ritual ceremonies can be considered as evidences to argue that extramarital sexual relationships are tolerated if not promoted by traditional institutions in Borana society. Some of these cultural practices are:

- i) Gifts to one's adored mistress: Woman accept special gifts from their extramarital lovers (Jaala) during a ceremony performed to give a name to the first-born son called *Gubbisa*. During this ceremony woman are usually

expected to receive precious gifts from their lovers (Jaala). The gift is given publicly.

- ii) *Gurro Tumuu: Earring gift to one's adored mistress.* Male extramarital lovers give earring gifts to their most adored mistresses. Earring gifts are put on and displaced publicly as a sign of "I am loved and admired". Such earring gifts worn by some women motivate other women to keep secret lovers. This practice, therefore, promotes Jaala-Jaalto relationship and enhances the ride of the HIV/AIDS epidemic in Borana society.
- iii) *Surre marachuu: putting cloth on one's head* (as a sign) and official exchange of gift between a woman and her extramarital sexual partner. A person who keeps mistress is recognized by cloth that he wraps around his head. Alike earring worn by mistresses this practice promotes other men to keep mistresses.
- iv) *"Koche" gift:* It is a special meal prepared by the mistress and given to her male lover during ritual ceremonies. People who eat the meal 'Koche' are expected to reward the mistress with gifts such as money. It is observed that this practice still lingers in Borana society to the present day.
- v) Woman folk song praising war heroes and successful male lovers: *Karrile*

Women who have extramarital lovers that are famous for extra ordinary accomplishments are praised in women folk songs called *Kaarrile*.' Not all women who have extramarital lovers praised but only those who have special qualities to attract fatally such persons like a celebrated hero in the community. Kaarrile is a love song about secret lovers, and

therefore, it is not sung in the presence of men, but only among a group of women. Unmarried girls do not sing it as they are expected to remain chaste.

Jaala-Jaalto Relationship in HIV/AIDS Era:

Jaala – Jaalto relationships have been practiced for long period in Borana society. The social realities that necessitated the existence of the practices many years ago may not be the same as the social realities that exist today.

To know the magnitude of the problem caused by STDs in the Borana society in the past, I interviewed people from different walks of life: oral historians, elderly men and women TBAs, young people and health professional who worked in the rural areas of Borana for over two decades. The response by many informants to a question whether the Borana people had morbid fear of the spread of STDs through Jaala- Jaalto relationships was similar. “There was no any time when Jaala-Jaalto relations were severed because of fear of disease transmission.” In fact, there were two sexually transmitted diseases mainly known to the Borana people. These are *Fanxoo* and *Copxuu*; that is, syphilis and gonorrhea respectively. Other types of STDs were not known and not seen as a disease of public health importance.

Regarding the attitude the Borana people had to syphilis and Gonorrhea in the past, people who were diagnosed by traditional healers to have syphilis used to be isolated from other healthy people until he/she is cured. An elderly TBA who was interviewed about how people with syphilis used to be treated made the following remark: “A person

who contracted syphilis, even when he comes to a water point (well), does not wash his body near the well like others. He takes water in a vessel, goes to a place far from the well, and washes his body. He is not allowed to share vessels with other healthy people.”

Indeed the Borana people had an elevated fear of contracting syphilis from people who have contracted the disease. The Borana say “*Saaba nama seenti*”- which means syphilis, is worse because it gets into the reproductive organs. Another TBA when asked about syphilis, said, “it is a dreadful disease, it kills the children born from a woman with the disease”. Concerning the level of fear of transmitting the disease to others, men who contracted the disease were said to have an attitude that one would be cured if he sleeps with a beautiful woman. The saying was; “*Fanxoo niitii midhaaddutti baasa*”

For gonorrhea, the Borana people believe there is an effective medicine that cures. All it requires is to take the medicine for a week and abstain from sex for a month. The commonly used folk medicine for gonorrhea is called *Hawaacho*. Regarding attitudes to someone who contracted gonorrhea, people are not too much afraid of getting gonorrhea because of sexual relations.

A health professional who worked in a remote rural area in Borana observed that most cases of gonorrhea were young people from fora, that are people who herd dry livestock's away from home. The highest seasonal attack is during the major rainy season when there is reduced labor demand, plenty of milk and subsequently increased casual sexual contacts of young men with married women. Young people who contract gonorrhea

appear to health facilities lately, this is due to the attitude that if it is treated early, the remnant of the infection will remain in the back and the joints. As far as the burden of the disease is concerned, there is a general feeling that especially since the awareness of HIV/AIDS, the numbers of people who visit health facilities with the disease (STDs) have shown dramatic decrease. People, who come to health facilities to seek treatment for STDs, mostly suspect themselves of being infected with HIV too.

Regarding Jaala – Jaalto practice in Borana society, the awareness about the existence of HIV/AIDS and its association with extramarital sexual relationship seems to have reached all corners of the society. However, the degree of awareness creation is still far from bringing the deserved behavioral change among the married couples and young people. There is an overwhelming consensus that Jaala-Jaalto practice now days do not exist in its past status. The practice is still enduring especially among remote inaccessible pastoral communities. What has changed most is people refraining from the overt talk in public about one's Jaala or Jaalto. There is also an apparent decrease in the magnitude of cultural practices that promote Jaala-Jaalto relationships.

The once public gift-giving spree of Jaala –Jaalto during traditional ceremonies such as naming ceremony has decreased significantly. But, regarding whether the actual magnitude of the practice is in fact decreasing or not, a woreda official who has been in office for over ten years and a Borana himself made the following remark. “When in fact these days there is an epidemic of girls’ premarital pregnancy (Chabana) in Borana, if in reality people’s behavior have changed the once protective sexual behavior such as girls’ chastity and virginity could not have changed and erupted like an epidemic. How on earth

then do we expect the culturally accepted practice to change when even the culturally despised practices are increasing.”

According to a knowledgeable person, change about Jaala – Jaalto practice is inevitably coming. In the past during traditional adjudication husbands used to forgive persons who are otherwise convicted guilty of unlawful extramarital sexual relations. Taking fines “*Gatii*” from a convicted guilty person was not common. But, these days even though aggressive reaction such as physical mutilation is not observed, the number of husbands who do not even accept fine before the guilty person is checked for HIV status is increasing. It is becoming a norm these days that disputes over Jaala-Jaalto relations would raise issues of being tested for HIV status before any arbitration. The fact that traditional leaders such as Gada councilors and GGA advised and continued to advice Borana people to refrain from engaging in Jaala-Jaalto relationship is considered as a good beginning towards behavioral change process.

Nevertheless, it is of paramount importance to note that accepting total abandonment of Jaala-Jaalto practice does not seem to materialize in few years. This is so especially when we see the fact that the GGA convened in 2004 did not pass strong penalties against alleged extramarital male lovers despite tremendous appeal from external stakeholders and actors to do so.

Widow Inheritance “Dhaala”

In Borana culture, a girl up on marriage joins the clan of the husband and the generation set “luba” of the husband. Culturally, marriage is considered indissoluble except under

circumstances beyond the control of the Gada councilor of both the husband's clan and the clan to which the wife belongs before marriage. Separated women who live near her parents homestead also called *Garoooba* and widowed women who were not inherited are unlikely to get married to another person legally.

If a husband dies, his widow is required by custom to mourn his death for a certain period. During this period, no person is allowed to establish sexual relationships with her, even with the person who inherited her who could be the brother or close relative of the deceased. A widow who is mourning the death of her husband is known as *Nadheen Addeennaa*, which implies that she is not expected to use butter to prevent her hair from drying or apply cosmetics on the face until she finishes the period.

According to the Borana belief, a widow is inherited by a close relative primarily to protect children of the deceased from possible abuses by others. After being inherited, a widow remains in the deceased family circle and clan. A brother of a deceased person or the closest kin is required by custom to propose his readiness to inherit the widow. This is especially so when the widow is very young. However, a widow has a right to decline being inherited and remains single. But, if a widow is an old woman with grown up sons, there is no strong sense of urgency to inherit her. She can choose to remain single. Such older widows usually get the support and care of their extramarital sexual lovers (*Jaala*). Children born to a widow from a person who legally inherited her or from extramarital sexual partner belong to the clan of the first husband and shall remain legal children of the deceased.

In Borana society, separated women who are household heads or a widow who choose not to be inherited can establish a regular extramarital sexual relationship with a lover who acts like and protects her like a husband. Nevertheless, such women can become vulnerable to multiple extramarital sexual partnerships. Men in temporary camps (fora) and paramilitary militia and young bachelors visit such women for casual sexual intercourse. Because of the awareness of the risk of HIV/AIDS, the number of widows who were not inherited is increasing from time to time. It is important to note that both widows who are inherited and not inherited are at higher risk of acquiring HIV infection. Widows whose husbands did not die from AIDS could acquire HIV infection from the persons who inherited them or from the risk of multiple sexual partnerships if they choose not to be inherited. The later is so because widows' remarriage with persons outside the family of the deceased is almost non-existent in the Borana society.

Traditionally, a Borana society is a warrior society, which used to wage wars on rivals to protect their grazing lands territorial integrity. The frequent war and cross border ethnic raids used to consume a lot of men. This phenomenon is believed to have created imbalance between the number of men and women. The fact that separated women and widows who choose not to be inherited are unlikely to remarry could be the result of this imbalance.

Social changes and HIV/AIDS emergence has affected the widow inheritance practice. Until few years ago, that is before the intensified campaign to create public awareness on HIV/AIDS following the establishment of HIV/AIDS secretariat, there had not been

active interventions to discourage widow inheritance in Borana. However, during the last few years widow inheritance is being actively discouraged through education. Men who were supposed to inherit or the widows resist the culture because of fear of HIV/AIDS. Because of the social change process and HIV/AIDS and Gender movements, the number of separated women and non-inherited widow has increased significantly over the recent years. Regarding the magnitude of the practice presently, a key informant made this remark, “Widow Inheritance is still being practiced among the remote and inaccessible pastoral communities. Even if there is fear of HIV/AIDS, inheritance is still a rule if the deceased is not suspected to have died of AIDS. But, among people who are highly sensitized and have the fear that the husband could have died of AIDS, widow inheritance is being resisted. (27 years old development worker)

Here, it is worth mentioning that among the educated elites and stakeholders there is no strong objection to the continuation of widow inheritance in this era as much as the campaign against abandonment of Jaala-Jaalto. Stakeholders and actors are advising prior VCT for HIV before widow inheritance.

Female Genital Cutting / Circumcision

Female genital cutting (FGC) has been and remains to be a widely accepted and performed cultural practice in Borana society. In Borana dialect of Afaan Oromo, it is called “*qabaanqabaa*”. Circumcision is performed on both females and males. The age at which circumcision is performed varies according to the generation class to which a boy

belongs and whether a girl would be married to a young man who will become a prospective Gada councilor (Raaba).

All sons of Gada classes under the incumbent Gada class known as *Ilman-Kormaa* are expected to be circumcised when their class reaches the Gada class that is in the sixth Gada class that is after 32 years of age to 42 years of age. Boys who are called *Ilman-Jaarsaa* because they are born to people whose Gada grade is beyond the Gada class, are circumcised in groups during adolescence period. Girls are also circumcised in adolescence before they get married unless she is expected to get married to Raaba. In this case, she gets circumcised together with her husband when he reaches Gada class. Girls who get married to Raaba are not circumcised. They may give birth to many children before getting circumcised together with their husbands.

Asked why female circumcision (FGC) is performed in Borana a middle aged CBRHA said uncircumcised women are insulted. People mock about them saying, “She carries that long and ugly thing.” Another elderly TBA said, “The only reason why female circumcision is performed, as long as I know, is because it appears ugly.” When asked about the differences they know between uncircumcised men and women and circumcised men and women, a woman CBRHA said in FGD: “I heard that the uncircumcised women have greater sexual desires and uncircumcised men are sexually stronger than those who are circumcised. (38 years old female, married)

Regarding the status of FGC in Borana, despite the fact that education is being given along with other RH education to TBAs and CHAs, there is no massive campaign towards abandonment of FGC by governmental and non-governmental actors active in the area. FGC is being practiced in all Borana communities as required by custom. The type of FGC practiced is clitoridectomy. There is no apparent reduction in the magnitude so far.

Maternal and Child Health Related Traditional Practices

Pregnant women in Borana society are cared for as much as possible. A pregnant woman is not allowed to perform heavy works. Besides, if in a village there is a pregnant woman any household that kills an animal is required by custom to give part of the meat to her. The fear here is that something bad would happen to the fetus if she did not get it, but wanted it. No food item is prohibited from being eaten during pregnancy.

Sexual intercourse with the husband or a recognized regular sexual partner is not discouraged until the last days of delivery. But, sex with a non-regular partner is considered to be a serious offence. It is punishable if litigated. This is based on the belief that such sexual relations might induce abortion. Pregnant women are culturally required to have check ups and follow-ups by a traditional birth attendant. Traditional birth attendants may massage or manipulate the gravid abdomen, when there is suspicion of mal-presentation of the fetus. There are customs that endanger the health of the woman in labor. The fact that a woman is having labour is not told to others until a serious problem is encountered. If a woman bled profusely during delivery, she would be given blood of

an animal to drink to replace the blood lost during delivery. Although any food is not prohibited during pregnancy, fresh milk is not given to a woman in puerperium until the end of sixth week post delivery. But, milk can be served after it is boiled and prepared in a form of soap. In addition, grain is not eaten unless the cover is removed.

A pregnant woman should be treated gently so that she may not be scared of anything. There is a belief that *Rifannoot*-sudden scary situation could cause abortion. Therefore, due care is taken to prevent women with pregnancy not to be scared. For instance, a person is required to awaken a pregnant woman from sleep gently. There is no tradition of inducing abortion, although traditional medicine that induces abortion is known. During delivery umbilical cord is cut off after the delivery of the placenta. The cut end of the umbilical cord is treated with butter to facilitate rapid fall off. The mother is not allowed to wash her body until three days post partum. She is advised not to give breast milk to the newborn for three days post partum. During these period, the newborn is given cow milk. This is done to train the newborn to drink milk with a cup. There is a belief that if a newborn is breastfed during the first three days post partum, he cries too much and could not be consoled when the mother is away for work after finishing puerperium period. Besides, children are not given solid foods for the belief that it distends the abdomen. Milk and milk products are what is commonly given to children until they are grown up.

Traditionally, a baby is allowed to breastfeed for a prolonged period. However, there are no set rules about the duration of breast-feeding. Deciding on the duration of

breastfeeding depends on the common interest of the husband and wife. Breastfeeding could last from 2-4 years. Boys are breast fed longer than female kids because of cultural preference of boys to girls. The duration of breastfeeding is determined by couples who may decide to breastfeed as long as four years. However, the duration of breastfeeding has decreased significantly since recent times.

“How long a woman breastfeeds her baby depends on the character of the couples. The duration of breastfeeding has decreased significantly. These days there are couples who resume sex very soon after puerperium. That is why couples have so many children these days. Some husband may decide to stop breast-feeding early. In fact, a drunken person may contravene the custom and commit sexual intercourse while his wife is breast-feeding. Yet, I know couples who still breastfeed their children for more than three years.” (60 years old TBA)

Sexual intercourse with a breastfeeding woman is forbidden. This is based on the belief that if sex is committed with a breastfeeding woman it contaminates the breast milk. Consequently, the baby becomes weak and easily vulnerable to diseases. The Borana call this condition “*dalaa*” meaning weak and compromised baby. Concerning this issue a traditional birth attendant said :

“We could tell women who committed sexual intercourse while breastfeeding, the child cannot learn to walk for years, always drooling saliva, mucus discharge running from the noses most of the time. Unfortunately, such women also have too many children you cannot differentiate one from another” (43 years old, CBRHA)

Sex with a woman who is breastfeeding is prohibited not to delay pregnancy so that a baby continues to breast-feed but, because of a belief that the child's health is jeopardized critically. Thus, if a person commits sexual intercourse with a breastfeeding woman, he is considered equivalent to a person who committed sodomy if the baby is a boy. Penalties for sleeping with a breastfeeding woman are different if it is a female or male baby. The assertion that sex with a breastfeeding women is prohibited for the fear of jeopardizing the child's health can justified indirectly if one looks at the response given to the question: "Nowadays there is modern contraception do you allow women to use contraceptives while breastfeeding and start sexual intercourse with her husband?" The answer to this question by an informant was "No, we do not; a woman can stop breast feeding and use contraceptives for FP. I do not agree to the idea of having sex while breast feeding with contraceptives or with out": (A Gada Councilor)

In Borana society, children are given more care than adults are in a household. Adults including the head of the household (usually husband) are served meal after all children are fed. 'Children first' is the wisdom. The following are the response given by elites regarding practices that promote the welfare of children in Borana society.

During drought and famine, in Borana one sees mal-nourished and edematous elderly people before many cases of mal nourished children occur. During times when there is shortage of food, whatever available food is given to children. Adults eat what is left over. That is why you do not very much see rampant malnutrition of children too early

during famine here in Borana’” this was the statement by educated elite, who proudly mentioned the wisdom of Borana society. (36 years old Borana elite)

“In Borana, at times of drought and famine it is common to see nutritionists working in NGOs measure malnutrition rate among adults besides measuring acute malnutrition rates among children. This is based on the observation that adult malnutrition occurs earlier than malnutrition among children.” (46 years, health worker)

In summary harmful traditional practices in Borana society include among others female genital cutting, massaging abdomen of pregnant women, not allowing mothers to wash their body during the first few days post delivery, food prohibition in puerperium, prohibiting breast milk for the first three days, boys preference to girls manifested in the duration of breastfeeding. Prohibition of sexual intercourse and resistance to use of modern contraceptive while breastfeeding for prolonged period in the presence of culturally condoned extramarital sexual relations can be sited as a harmful traditional practice in the era of HIV/AIDS. But, the children first wisdom in this society can be considered as traditional practice that promotes the welfare of children.

Social Factors Affecting Sexual and Reproductive Health

Arake Sale and Consumption:

Despite the emergence of small towns in Borana land after annexation to the modern Ethiopian empire state, the Borana communities were culturally isolated from the community of people who used to live in the towns. This is in addition to the nomadic pastoral way of life, which used to require frequent changes of residential areas in the vast rangelands.

Traditionally Borana households do not produce any kind of stimulant. Besides tobacco which is chewed widely by men and women, the young and elderly, roasted coffee called '*Buna qalaa*' is used as stimulant substance during traditional ceremonies and meetings. Occasionally, stimulants like 'chat' used to be chewed only for special ceremonies by the Gada pilgrims who migrate to the Borana holy-land of Liiban from Dirre. The chat that used to be chewed for the ritual ceremonies was wild chat known as *Lattu Liiban*. It is treated as a ceremonial and sacred plant. Therefore, the Borana people used to give due respect and use small amount to remain awake for ritual ceremonies. Other than the above-mentioned stimulants there had been hardly any stimulants used by the rural Borana people. Milk and milk products, meat and special foods such as Koche-prepared from barley- are the food items prepared for ritual occasions such as Gadammojjii and Gubbisa. However, during the past few decades the faces of traditional ceremonies and the types and amount of stimulant used changed significantly.

The Borana who live in the rural areas, until recent times, used to consider urban dwellers as alien people who share no values with them. As a result, the Borana were culturally inaccessible to the people who live in the towns. Consequently, there was little rural urban interaction. Borana under normal circumstances used to come to urban centres only during market days.

With the establishment of small towns, which were inhabited by new comers from highland areas of Ethiopia, came the introduction of locally brewed liquor called “Dadhi and Farso (borde). Few of the Borana people who used to come to town during market days used to consume these liquors. None of these liquors used to be taken into the rural areas for performance of ritual ceremonies or cultural festivals. In addition to, a large number of livestock plundered from Borana people who lived in the peripheries during the Somalia invasion of Ethiopia, the 1984 Ethiopian famine caused catastrophic humanitarian crisis and decimation of livestock wealth. Because of these two events, a large number of people were internally displaced. Consequently, the urban rural interaction started to take different course.

The impoverished households in the towns started producing Arake- local liquor, as an alternative source of income. The local production of Arake became more than the demand during the market days. As a result urban-based Arake retailers used to take Arake into the rural areas to look for markets. Years later, as the Borana people became accustomed to drinking Arake, to meet the growing demands, Arake used to be imported from far away places such as Negelle Arsi in East Shoa Zone and Konso District.

As more and more rural Borana households became impoverished, what used to be urban dwellers business changed its dimension. Disenfranchised rural women took over the Arake retail business in the rural areas. At this stage, Borana people do not consume Arake only during market days, but also during all the weekdays in their village.

“Arake drinking pervaded the Borana society to the extent that it became a custom. Arake retail house could be found in almost all villages in Borana. There was no ritual occasion, no community meeting and social occasion performed in the absence of Arake. It had become almost indispensable requirement of the Borana social and ritual occasions and community festivals.” (42 years old elite)

Counting on the damage caused by the Arake sale and consumption a 26 years old development worker says: “Village elders require the presence of Arake to attend community meeting. Elders who get drunk could not analyze and uphold customs and laws properly. Gradually, the judgments and decisions passed by community elders started to lose credibility and acceptability by the general public’”

On the other hand, the wealthy and better off Borana people started to use the influence of Arake and Arake bribes to corrupt the decisions of the community elders. The wealthy Borana were observed to use the influence of Arake to win disputes over resource use and Jaala- Jaalto. A significant proportion of Borana households became destitute ‘*Qolle*’, after losing their livestock due to Arake addiction. The inability to deliver justice

and uphold the customs and laws of Borana pervaded different traditional authorities such as Raaba-Gada and Gumi Gayo meeting; nowadays not only community elders but also even these authorities are blamed for failing to uphold the customs and laws.

The Borana sexual and RH norms and enforcement of rules and regulations become weak because of the rampant Arake drinking habits. As an educated elite observed, “No war in the history Borana, not even HIV/AIDS has caused as much damage to the Borana social and economic foundations.” As some of the consequences of rampant Arake drinking habits one could mention among other things loss of livestock wealth, personal dignity and cultural integrity. The erosion of the custom and lack of cultural integrity resulted in massive violations of sexual and RH normal. This has become the cause of immense disappointment among some Borana elites. Besides the culturally tolerated extramarital sexual partnership (Jaala-Jaalto), nowadays one can also find a surge of the otherwise culturally despised absolute sexual taboos such as sex with girls before marriage (Chabana), sex with breastfeeding women, sex with one’s siblings, sex with a persons belonging to one’s clan or one’s generation set (luba) as practices worsened by the rampant Arake drinking habits.

Cognizant of the unparalleled damage caused by Arake sale and drinking, the Borana Gada leaders, and local government authorities launched an all out war to eradicate Arake sale and drinking from all rural areas of Borana. There is an overwhelming support of this endeavor by the Borana society. The assembled multitude at the GGM unanimously endorsed the efforts of the Raaba-Gada to ban the sale and drinking of Arake in all

communities. At this juncture, the Borana people would stand united with one voice to testify that Arake drinking is their worst enemy ever. In this regard, a Borana elite and a local government official made this remark about Arake.

“unless Arake sale and drinking is totally prohibited and eradicated, it is hardly possible to reduce the cases of girls premarital sex and pregnancy “Chabana” and women extramarital sexual relations ‘Jaala – Jaalto’ in the Borana society today. The decisions of Raaba- Gada and GGA against Chabana and Jaala – Jaalto can only bear fruits if Arake sale and drinking is eradicated”. Married but separated women (*Garoooba*) and girls socially ostracized for premarital pregnancy (Chabana) are mainly engaged in Arake retail business in small rural towns. These groups of women are particularly vulnerable to multiple sexual partnership and casual sexual contacts. Hence, they are at highest risk of acquiring HIV/AIDS and serve as a focus of spread of the epidemic among their clients, the bridging population, and the broader society.

The daughters of the impoverished rural households are engaged in Arake retail business to assist their mothers. Inadvertently, they are exposed frequently to intoxicated clients who invite them to drink Arake. Because of exposure to this risky business, they are tempted to breach the sexual norms and commit sex before marriage; consequently, those who get pregnant before marriage are subjected to isolation and ostracization from the society. “If there is one single most important strategy to control sexuality and prevent the incidence of casual sex in Borana, it is the effort being made to completely ban the sale and drinking of Arake.” (36 years old, development worker)

In order to succeed in achieving the goals of eradicating Arake sale and drinking and abolish the resultant effects, there is one popular concern by the educated elite and the general public. The traditional supreme governing council -the Raaba-Gada and the wealthy Borana must play exemplary roles in all regards, which they failed to do so presently. Elites, both educated and traditional have the conviction that the Gada leaders and the wealthy persons that resorted to drinking factory Beer and serving Beer even at ritual ceremonies should be persuaded to give up their habits for the common good of their people. Leaders should play exemplary roles they contend.

Religious Education and Expansion:

The Borana people have an identity, which they call *Borantity*-meaning being a Borana. Being a Borana means being part and parcel of the Borana social fabric, while at the same time accepting the Borana traditional belief in *Waaqa*. It also means actively engaging in the traditional Borana livelihood that is pastoralism. A person is required to have at least a head of cattle as a symbol of his identity called Boran-Guutuu or Guutuu Abbaa Liiban. It means wholesome Borana who is father of Liiban. Liiban is a ritual holy land of Borana.

However, since the last few decades the introduction of Islam and Christianity with subsequent conversion to these religions of some Borana elite, there seems to be a change in the conservative definition. For a Borana person who is converted to either Islam or Christianity to claim a Borana identify, he/she has to show respect to the Borana cultural

values and be willing to be judged and be accountable to the Borana traditional institutions. Any one who rejects being judged and be accountable to these institutions (eg, Gada, Gumi Gayo) risks being rejected as non-Borana with subsequent isolation and discrimination from all socio-political and economic systems in the society. This is evidenced by Raaba-Gada and Gumi Gayo decisions against individuals who breached the cardinal customs and laws of Borana, who refused to appear when summoned by these institutions. Such persons were declared as being out of the Borana domain and deprived of their Borana identity.

The Borana say, “*Wanni Booranaa si bira hin jirtu*” which means you have nothing in life and death with Borana people. This leads to isolation, stigmatization, and discrimination in Borana society. Before the fall of Dergue regime, active religious education especially in the rural areas of Borana was being discouraged. Muslim clerks were used to be prohibited from teaching Islam in rural areas of Borana. Mass conversion of Borana people to Islam used to be seen by the then Ethiopian government politicians as the main strategy of the government of Somalia to claim the Borana land as its legitimate territory.

However, following the fall of Dergue regime, different religious sects got the freedom of religious education. Subsequently, there has been immense pressure on the traditional Borana people to accept new faiths. The highest such pressures were from Islam and protestant Christianity. Mosques and Churches had been built in many rural areas where literally there are no believers in that religion. The influence of religious crusades on the

rural Borana people was that there had been progressive erosion and weakening of the customs and laws of Borana. Certain religious education directly contradicts the Borana collective identity. After conversion, the converted were not only required to change their beliefs but abandon their values and way of life. Different religions targeted different segments of the society. For instance, some sects targeted mainly the young people. Others targeted adults and the elderly. But, opposition from the educated elite and traditional leaders and the community members is mainly on the sects that targeted adolescents and young peoples. “Young people and adolescent girls are called to attend prayer ceremonies at nighttime with out the prior notification of their parents. This practice is against the custom because; culturally no girl is allowed to go any where with out the knowledge of her mother, who is accountable for her future behavior. Boys and girls are not allowed to aggregate together. Such circumstances create gaps between parents and their children and open rooms for the young people to breach the sexual and marriage customs and laws” (38 years old, rural woman)

“When girls and grown up boys are gathered at one place for night prayers, the consequence usually is not good. In the first place, they are told to abandon their custom. Secondly, they are taught about individual rights. With this conducive environment, night time coming together and prayer in dark rooms predispose girls to premarital sex and pregnancy” (50 years old TTBA). The growing number of girls’ premarital sex and pregnancy, in areas where religious education is massive, is blamed on the influence of religious practices and teachings. Sexual rules, regulations, and marriage customs are breached because of the influence of new religions.

“To me the main source of the problem that has become rampant such as girls’ premarital sex and pregnancy ‘Chabana’ is what you external people call the right of women and girls. Today, a husband cannot control his wife. A mother cannot ask her daughter where she spent the day.” (48 years old TTBA). Gender and human rights education that is being given by stakeholders and actors in the area is still not well appreciated especially by the elderly people. The emerging culturally unacceptable sexual and marriage practices are perceived by some people to be due to the influence of new religious expansion, or Gender and human rights education given by development workers by others.

“According to our old custom, sex with breastfeeding mother is forbidden but the converted Borana do not respect this custom They say it is obsolete; consequently, they have many children and give birth to a child one after another.” The traditional wisdom of prolonged breastfeeding and sexual abstinence guarantees proper growth and development of children. This wisdom seems to be eroded. As a result, birth spacing became endangered where use of modern contraception is still very low. In this regard, the Borana traditional authorities, Raaba-Gada and Gumi Gayo passed declarations that the Borana identify should be maintained even when one is converted to another religion. The decree stated that all Borana people have the obligation to respect sexual norms and marriage customs.

At one time, the Borana traditional leaders and educated elite were vehemently opposed to any crusade to convert Borana to another religion. These firm protest and resistance to

another religion seems to have decreased. These days, the Borana traditional authorities such as GGA do not strongly condemn conversion rather, they advise the converted to uphold the customs and laws of Borana and maintain the Borana name as a symbol of identify and oneness.

Urban – Rural Interaction:

In the past, the overwhelming majority of the Borana people were pastoralist. Since recent times a significant proportion of Borana people, especially the poor and the moderately poor households have adapted opportunistic farming as an alternative livelihood system. The agro-pastoral communities are settled and therefore, some of the villages accessible to main roads have become meeting and market places. The numbers of market days and the number of people who come to marketplaces have increased significantly. Besides, there are large bush markets such as the Haro Bakke in Yabello and Bule Kormaa in Teltelle districts.

Parallel to the increased market days and market places, a number of women who engage in petty trade have increased remarkably over the recent years. Women who engage in petty trade are usually from the poor and moderately poor households. A significant proportion of these women are either widowed, separated, or socially outcasted women who live in small rural towns. The number of Borana men who are engaged as cattle merchants has increased significantly in some places. During market days, a large number of urban petty traders come to the bush markets and small towns. Women who are involved in microfinance activities and petty traders from urban areas also come to these market places for business transactions. On the other hands, a considerable

proportion of rural women participate in seminars, workshops, HIV/AIDS and health related trainings given in towns by state and non-state actors. The rapidly increasing urban rural interaction because of increased business interaction facilitated the mixing of rural Borana culture and the urban culture. As a result, there are fast progressing social change processes. It is apparently evidenced; from the expressions of the informants interviewed that, certain cultural norms are changing. But, it is changing mainly from the women's side.

A 40 years old male CBRHA says, "Traditionally women do not stay until the after noon in market places. They buy what they want and go home early. A woman is not allowed to sleep out side her home when her husband is at home. But, these days she goes to a market place comes after her husband. She goes to attend a meeting in a town and stays there for days. They are out of the control of husbands." Similarly, a 26 years old development worker described the social change processes happening in Borana as follows, "Borana women were not used to accept invitations for a drink from casual partners in market places. Borana women from rural area never allow sleeping in a hotel room, let alone with a casual partner, even with her husband or Jaala. But, it is common to find women who accept such invitations and sleep in rented hotel rooms for a casual sexual relation."

The movement of people between big town and small rural towns and the changing cultural norms can potentially contribute to the rapid dissemination of the largely urban concentrated HIV infection to the rural populations. This is so in light of the fact that

extramarital sexual relationships widely accepted and practiced in rural areas when coupled with dissemination of the infection from urban centers to rural areas would accelerate the rate at which the infection occurs in the Borana society.

Conflicts and Militarization:

The Borana people as nomadic pastoralists were involved in perennial armed conflicts with the neighboring ethnic groups over grazing land and territorial claims. Because of these conflicts, significant proportions of households were impoverished and internally displaced. The frequency and intensity of inter-ethnic conflicts increased during the last few decades. Besides, there had been recurrent armed insurgence from forces opposed to incumbent government. Subsequently, there had been quite a large number of government soldiers not only in the camps but also in the towns and small rural settlement areas. In addition, there was significant presence of local para military militia in rural areas to patrol the movements of insurgents and rivalry ethnic groups. The government soldiers and local militia had also an additional duty of controlling contraband business in their respective duty areas.

Attracted by the presence of large military in the area and the lucrative contraband business, there had been a wave of commercial sex workers (CSWs) influx into the area from the major commercial centers in the highland central parts of the country. Despite this, the significant presence of impoverished rural women and women headed households created favorable grounds for the urban to rural spread of HIV infection in Borana. It is worth mentioning that in some parts of Borana inhabited areas such as Liiban district there was also significant Dergue regime ex-soldiers and popular militia

presence, which is believed to have served as a bridging population between the urban and rural population. Borana traditional authorities played vital roles in the prevention, management and resolution of cross border inter- ethnic conflicts. At the GEA, the Borana Gada leaders passed resolutions concerning the minority Merrihan Somali living in pocket areas. At the GEA, the Borana people were advised to treat Merrihan Somali as brotherly people as long as they are willing to abide by the law of the land.

However, when disputes beyond the traditional grazing land control arise, the Borana traditional authorities were highly defensive in maintaining territorial integrity. In this regard, the GGA of 2004 appealed to Oromiya Regional Government and the Federal Government to seek peaceful settlement of Oromo-Somali territorial disputes. Subsequently, a referendum was held on most of the disputed territories to resolve some of the inter-ethnic conflicts. Efforts like this one can be considered as part of the roles of Gada leaders and traditional institutions in dealing with social and political issues that have direct or indirect association with the endeavors to prevent or mitigate the impact of HIV/AIDS in pastoralist areas.

Reproductive Health Needs

RH Status:

Reproductive health (RH) service delivery in Borana zone is one of the lowest in the country. This statement is based on RH related service coverage and service utilization rate of the health facilities in the zone. Accordingly, in 1997 E.C. the antenatal service coverage in Borana zone was 25%. The ANC service coverage of Oromiya region during the same year was 33%. But, according to the 1998 E.C. half year performance report, the ANC service coverage in Borana zone was 6%, where as the ANC service coverage of Oromiya region during the same period was 26.3%.

Family planning, institutional delivery and postnatal care service coverage in 1997 was 6.8%, 3.3% and 3.4% respectively. The 1998 half-year performance report shows that the coverage for these services rather decreased. Institutional delivery care and postnatal care services coverage in 1998 E.C. (half year) was 1.5% and 2% respectively.

The Oromiya region 1997 FP, and postnatal care service coverage was 23% and 8% respectively. Based on this service coverage reports, it is obvious that RH service delivery in Oromiya region is below the national service coverage level. Unfortunately, looking at the above figures, it is clearly visible that the RH related services delivery in Borana is very low even compared to that of Oromiya. Concerning HIV prevalence, according to the national sentinel surveillance conducted in 1993, HIV prevalence rate among pregnant women attending antenatal care at Dhadim Clinic in Yabello district was 1.7%. In 1995 and 1996, the HIV Sero-prevalence rate among ANC clients attending Dhadim Clinic was 0.9% and 1% respectively. This shows a declining trend in the

prevalence among clients who have access to this clinic. These are mainly communities living around Dhadim area who are mainly settled agro-pastoralists and believed to be exposed to frequent HIV/AIDS education by Catholic missionaries who operate in the area for more than two decades.

Sexual and Reproductive Health Needs of Young People:

In Borana society, there is an age set institution called *Hariyya*. Males form the age set institution. Females do not have their own separate age set institution. But, by de facto females belong to one of the age sets. Different age sets have defined social responsibilities and duties in the society. Each age-set has its own elected leaders called *Hayyu Hariyya*. Normally ages set leaders are engaged in organizing and overseeing social activities of the members. During the transition from young hood to adulthood peer groups are formed. These peer groups are called *Kuuchu*. The transition rite is known as *Kuusoma*. During Kuusoma, young boys are fed well and cared for as much as possible. Culturally, young boys are required to exercise restraint regarding their sexual behavior. Nevertheless, these young boys are not actively discouraged from having casual sexual intercourse with married women. On the other hand, girls are absolutely forbidden from having sexual intercourse with anyone.

Culturally, girls are required to remain chaste and virgin before marriage. Both in the urban and rural settings girls premarital sex is a taboo. But, the degree of tolerance to the initiation of sex before marriage is significantly different between urban and rural

populations. In the urban setting, there is moderate tolerance to premarital sexual relations as long as it does not lead to pregnancy. This is especially true for couples who are expected to marry in the future. In rural setting, both premarital sex and pregnancy is forbidden and leads to ostracization. Regarding the changes occurring in Kuusoma period, a educated Borana man who lives in a town made the following remark: “In the past Kuuchu, young boys in peer groups eat meat and drink milk in each village. They dance, play, and go from village to village in the countryside. But, of the recent time boys peer groups come to towns, drink liquor and sing on the streets. Contrary to the tradition, some peer groups verbally abuse individuals who refused, to kill a bull or give them what they requested. They insult people with otherwise culturally taboo words.” (36 years, educated elite)

Over the recent time, the number of girls who became pregnant before marriage increased in the rural areas; these girls were totally expelled, ostracized or psychologically stigmatized and discriminated by the community. In the urban setting, the situation is worse but less aggressively treated by the community. Efforts are being made by governmental and non-governmental organizations and actors to raise the awareness of adolescents and young people on HIV/AIDS and other RH problems, both in the rural and urban areas. Concerning interventions being made to reduce HIV/AIDS and other RH problems, an informant said; “We give HIV/AIDS and RH education to the public during market days, community meetings and at health facilities. We use youth anti-AIDS clubs in schools and health workers to deliver educational messages. In the rural areas, we do not have youth out of school anti AIDS clubs in our district. Besides, we do

not separately treat female and male adolescents during education.” (46 years old, district HAPCO staff)

The Great majority of the young people in Borana society are not in schools. Literacy rate in Borana is very low for both school age children and adults. Absence of out of the school youth HIV/AIDS and RH clubs makes difficult optimum awareness creation and leaves the great majority of the young people vulnerable to STIs and RH problems due to lack of information. The effectiveness of the in-school youth anti-AIDS clubs is questionable as club members were not seen as role models by students and the community. Here, it is good to look at the story of AACs in one of the junior school in a district in Borana Zone.

“In 1996 E.C., we established anti-AIDS club in one school. The members of the AAC were unfortunately boys and girls recruited based on their ability and courage to play dramas and perform in the presence of large audience. The girls who were enrolled in AAC activities later started going out with new batches of policemen assigned to the district. We advised them to refrain from bad behaviors. It failed, and seven of the girls who were members of the AAC were dismissed from the school for misconduct. Unfortunately, almost all of them became pregnant. Some had abortions others got married. None came back to school” (26 years, female teacher)

Similar stories were obtained from others districts on the effectiveness and the ability to act as role models of members of AACs in schools. According to some informants, efforts are being made to recruit prudently members of in-school AACs. For instance, in

Teltelle district members of in-school AACs were selected based on criteria such as to be member of an AAC a student should be among the top twenty students from his/her class.

Stakeholders, especially NGOs are working on HIV/AIDS and RH promotion in some areas. But, educational messages are not supported by appropriate health facility based HIV/AIDS and RH services. For instance, VCT for HIV was not available in all the health centers until 1997. There is no ART service in the zone. The only Zonal Hospital could not start ART for AIDS patients because of lack of physicians. At the time of the field data collection of this research, there was only one physician in a hospital; none of the health centers had doctors. Regarding efforts to make available this service, “We intended to start VCT service in three district health centers in 1995. We facilitated training of nurses and laboratory technicians the same year. But, the RHB could not provide test kits until 1997. It was difficult for us to link HIV/AIDS and RH education with the necessary service when the need arose.” (37 years old, NGO worker)

Ideally, for educational messages to bring desired behavioral change in a community it is necessary to link IEC/BCC and advocacy with appropriate client friendly HIV/AIDS and RH services.

It is learnt from interview made with stakeholders that in 1998, efforts are being made to increase the utilization of VCT services in some districts. The numbers of people who come to health centers to get tested for HIV is still very low and the number of people who are publicly known to live with HIV/AIDS in the area is near to non-existent. This is partly because of the absence of VCT service in Borana zone for many years, until it

became available in 1997. On the other hand, it was not possible to give the due care and support for those individuals who had the courage to know their status.

Twenty-seven years old NGO worker says, “Here, in Borana PLHA cannot get ART. We supported some of them to go to Yirgalem Hospital in SNNPR to start ART. Unfortunately, they were returned as there was shortage of CD4 reagent in the hospital.” NGOs are supporting health centers to launch mobile VCT services and scale up HIV/AIDS interventions in rural communities. “One critical problem we have is the absence of adequate youth friendly information centers both in the towns and rural areas. Few HIV/AIDS information centers were started but are not properly equipped to provide relevant and timely information to young people.” (Supervisor, youth peer educator)

When this is the reality, elites although concerned about the possible impacts of continued HIV/AIDS epidemic, most are opposed to the promotion of condom according to the ABC rules. “We do not accept the education about using condoms to prevent HIV/AIDS. Availability of condoms motivates young people especially girls to engage in sexual intercourse before marriage. This teaching is against our custom that girls must remain chaste and virgin before marriage.” (46 years, Borana elite)

These elites argue that promotion of condom and teachings based on ABC rule is not compatible with the Borana custom. They are afraid that the current educational messages being given weaken the positive and protective cultural values of girls’ absolute sexual abstinence before marriage. However, the truth is that young men, who are not married although not allowed to have sex with girls, are not prohibited culturally from having sex with married women. The fear of the elite in fact is valid when one considers

the alarming increase of girls with premarital pregnancy in Borana society. Here, a young man who is a government employee asks a question, “If against the custom girls’ premarital pregnancy is increasing, is it not appropriate to give them HIV/AIDS and RH education, so that they can use condoms to prevent the unwanted consequences of premarital sexual intercourse?” It was learnt from the FGDs and key informants interview made that a number of girls that visit quacks or go to places where illegal abortions are performed have increased significantly. Despite all this, I did not observe any NGO or private clinic that publicly advocate the importance of post abortion care or provide PAC service to young ladies, who need the service to escape the otherwise inevitable brutal social and psychological punishments and sanctions by the community for premarital pregnancy.

Role of traditional institutions in youth sexual and RH promotion

The GGA passed strong declarations that young people should refrain from premarital sexual relations. It stated that sex with girls before marriage leads to absolute ostracization from all social life and that it is seriously punishable. Besides, young boys in peer group activities were advised to refrain from using culturally taboo words and expressions. The GGA passed declarations that village elders should punish young boys who misbehave, insult people and continue to use taboo words.

Reproductive Health Needs of Women:

Antenatal and obstetric care Needs:

The Borana pastoralist and agro-pastoralist communities are among the highly disadvantaged and marginalized communities. This marginalization can be seen in terms of the numbers of health professionals of different category assigned to the zone by OHB during the last few years, in 1998 E.C., no health specialist was assigned to Borana zone. In 1997 E.C. out of 3 physicians and 21 health officers assigned to Oromiya region, none came to work in Borana zone. Currently, there is no health center with a medical doctor. The only zonal hospital has only one medical doctor. The number of clinical nurses assigned to the zone was 24, out of 555 assigned in the region. The health centers and clinics in the districts are poorly staffed by health professionals. Most of the health workers in the health facilities are beginners with little or no experience in the profession. The health centers are not only poorly staffed but have serious organizational constraints to deliver quality health care services. There is no health center in the zone that has functional ambulance for activities such as emergency obstetric referrals.

“Our health center gives delivery service. In fact, the rural women are not using our delivery service. They come only when the delivery is complicated. The urban dwellers also do not like to use the health center for delivery. The health center does not have a regular water supply. As a result, the health center as a whole and the delivery room in particular is unsightly dirty and has bad odor. Besides, after delivery since there is no ambulance service, it is often difficult to let mothers walk on foot to their houses.

Additionally, there are serious shortage of gloves and other protective materials for health workers. Those who delivered here complain very much about the lack of due care and negligence of the health professionals.” (Junior health professional, over 20 years service in the area). In most of the health centers, delivery services are not regularly given due to shortage of supplies and materials, lack of electricity and water supply and low hygiene standards. Clients, therefore, do not come to seek delivery care unless they encounter difficult labor.

Most of the districts are very large. For instance, Dirre and Teltelle woreda are both greater than 10,000 Km² in size. There are no transportation facilities in rural areas and it is often difficult for a woman with difficult and complicated labor to come in time. Besides, the absence of physicians usually leads to referral of such women to higher health facilities. However, the lack of Ambulances in all health centers also creates significant delays, which puts the life of the mothers and the fetus at risk. A trained traditional birth attendant in Arero district made the following remark about delivery care in the health facility. “Why do we send our clients to the health facility? They ‘health workers’ are not better equipped than us. Some of the health professionals are new to the profession that they are not even as good as we are.”

Regarding ANC service in health centers, the shortage and absence of basic tests such as urine, HCT, and VDRL discourage clients from seeking ANC services. Some times, clients are referred to private clinics to get these tests if it is deemed necessary. Pregnant women go to health facilities mainly to get TT vaccination and know about the status of their pregnancy. The great majority of the ANC clients do not come to health facilities for delivery care. Poor institutional set up and failed reputation of health centers is the prime

reason behind the low rate of institutional delivery compared to ANC attendance. Traditional birth attendants are being trained about safe motherhood and life saving skills by NGOs working in some areas. But, only a small number are provided with the necessary equipments and materials. Besides the number of TTBAAs being inadequate, the current health facility based service delivery arrangement is not appropriate to the culture and life style of the Borana society.

Family Planning Needs:

Traditionally the Borana people use prolonged breastfeeding and sexual abstinence to space birth of children. Birth spacing and sexual abstinence are both meant for the well-being and healthy growth of the child. The use of modern contraceptive methods is very low among the rural Borana communities. However, since the last few years there is a significant increase due to the intervention made by stakeholders and actors especially NGOs. There are community based reproductive health agents (CBRHAs) in many Kebeles who distribute contraceptives such as oral pills and condoms.

The contraceptive demand has increased as the number of clients in the rural areas increased significantly following the community based FP programs by NGOs. The role of NGOs in Borana up to now is limited only to awareness creation and linking CBRHAs to health facilities and skill training to health workers. The health centers and district health offices are responsible for the supply of contraceptives to CBRHAs and clients.

According to FP users and CBRHAs interviewed during FGDs, there is shortage of contraceptives. Clients do not always get the contraceptive methods of their choice or are forced to shift to other methods because of shortage of the methods of their choice. Yet,

there are still widespread misconceptions towards the use of modern contraception. The Borana communities still consider FP clients as people with bad behaviors and therefore continue to express contempt and stigmatize them.

According to CBRHAs interviewed, most FP clients use contraceptives without the knowledge of their husbands and the community members. The presence of CBRHAs near by resolved the problem of privacy, which occurs if they have to go to health facilities that are usually located far away. However, for clients who want to use methods that are given only by health professions in health facilities such as injectables and implants they are required to come back again and again to get the services. Some of the obstacles to get these latter methods include absence of the method, trained health worker not available and the need to undergo pregnancy test in private clinics if she is not presently having menses although she claims not to have sexual intercourse after her last menses. This according to informants does not only discourage clients but also the CBRHAs who usually make tremendous efforts to convince clients to use FP. This is said to decrease the credibility of CBRHAs who advise clients about availability of such methods if clients wanted to use them.

A CBRHA who claimed that he has the highest number of clients in the district made the following remark about the challenges he faced while working to deliver the services required from him: “Sometimes I escort clients to the health facilities to help them get the contraceptive method of their choice. Most of these types of clients do not want others to know that they are using contraceptives. When clients go to health facilities and could not get the method of their choice or the service, they treat as like liars. At times, I had to

prove my gentility by going to private clinics, get some vials, and give it to the health workers to inject them. This was how I maintained my credibility.” (Male CBRHA, Dirre district). Injectables are by far the most preferred methods. Nevertheless, clients cannot get them easily. Regarding the roles of men in FP issues, “Women are truly considering use of contraceptives for birth spacing. Nowadays, the problem is with husbands who are not happy about it. Education should also be given to these husbands, not only to women” (55 years, TTBA)

As regards the use of condoms for FP, there is always one answer; condom is not used at all between husbands and wives. However, the CBRHAs reported that they have few condom clients. These clients use condom with their extramarital sexual partners (Jaalto). One of the reasons, why husbands keep mistresses (Jaalto), is that they are prohibited by custom from having sexual intercourse with their breastfeeding women. Regarding this, I asked FP users and CBRHAs if some couples in Borana have already considered using contraceptives while breastfeeding in order to prevent pregnancy due to initiation of sexual intercourse while child spacing is wanted. However, surprisingly enough none of my respondents reported knowing any couple or a woman who uses contraceptives while still breastfeeding. I asked a Borana Gada leader if he could agree to a compromise on letting sexual intercourse with breastfeeding women, which is changing the norm if women agree to use contraceptives while breastfeeding. He said: ‘this is not at all permissible, if couples want use contraceptives, they can stop breastfeeding the child and start sexual intercourse.

The Roles of Traditional Institutions in Sexual and RH Promotion

Presently the Borana pastoral communities are under dual governance; that of their own traditional Gada governance and the modern state governance. This makes the Borana uniquely different from almost all traditional communities in Ethiopia. This is so because when the influence of traditional governance has almost died in other communities, it is still viable among the Borana communities. Gada system, moiety system ‘Qaallu’, age-set system ‘Hariyya’ and assembly of the multitude ‘Gumi’ are still among the viable traditional institutions in Borana. However, the roles of Gada and Gumi by far surpass the roles of other institutions in Borana communities. The common goal of almost all of these institutions is to uphold the customs and laws of Borana. The Gumi institution such as the GG is the highest legislative body that has the authority of modifying, removing, or restating customary laws according to the existing realities of the time and the judgments of the multitude. All the authorities in Borana society are accountable to this institution. The mandates of institutions such as the Gada derives from the customs and laws stated at Gumi meetings such as the Gumi Gayo assembly held once every eight years in the middle of each Gada period.

Traditional institutions such as Gada and moiety system, besides upholding the customs and laws, have the responsibility to maintain the peace of Borana -“*Nagaa Booranaa*.” Maintaining the peace of Borana requires effective and equitable utilization of resources such as pasture and water by all clan members. Although, the overlap with modern state

administrative system and looming poverty had gradually undermined the capacity of the traditional institutions. The emergence of dreadful epidemics such as HIV/AIDS, and growing support to these institutions by development actors for sustainable and community owned participatory development endeavors has more than ever revealed the indispensable roles of these institutions in bringing rapid and lasting social changes.

Therefore, over the last two decades the Borana traditional institutions with their leaders have become active partners in advocacy regarding HIV/AIDS prevention and elimination of harmful traditional practices.

The Raaba-Gada, the joint leadership of the Gada class in power and their successors and the Gumi meetings played significant roles in protecting cultural values and norms that promote sexual and RH and discouraging the continuation of social and cultural factors recognized as detrimental to sexual and RH of the members of the community. The roles that the Raaba-Gada and Gumi meeting can play towards achieving optimum sexual and RH became conspicuously apparent when development actors embarked on participatory community development and collective behavioral change campaigns to abandon cultural sexual behaviors such as Jaala-Jaalto, which is believed to fuel the spread of HIV infection among the rural Borana communities.

Raaba-Gada and Gumi meetings such as the GEM and GGM were enabled through development actors' support and advocacy to include in their major agendas issues such as girls education, and abandonment of harmful sexual practices like Jaala-Jaalto. The series of traditional leaders meeting regarding issues related to sexual and RH prior to

and including the 38th GGA will be explicated in detail. The rules and regulations proclaimed at this GGM and the resolutions passed are elaborated as follows.

The roles of traditional institutions in HIV prevention

HIV/AIDS prevention activities in the rural areas of Borana, before a decade, were considered mainly as the responsibility of the few non -state actors such as NGOs and the health sector. A few health facilities used to give health education as to how to prevent HIV infection to their clients who come to seek medical treatments. Development actors working around HIV prevention in Borana identified the fact that among the rural Borana communities there are widespread harmful sexual behavior such as ‘Jaala-Jaalto’ early.

The historic participation of traditional institutions in HIV prevention by the support of NGOs started in the mid 1990’s. However, at the time the involvement of traditional institutions in HIV prevention and the role of NGOs were not more than getting the consent of traditional leaders to pass educational messages to the multitude that came to attend meetings such as the GGM of the Gada Boru Madha (1996). It is said that because of the seriousness of the issue, for the first time in contemporary history of Borana society a lady was allowed to address the GGA on the issue of HIV/AIDS. This lady is said to be a staff of catholic mission who served the Borana community for long time. She delivered a message that HIV infection did exist and that Borana should refrain from keeping mistress ‘Garayyu.’

The major turning point when the roles of traditional institutions and its leaders was considered crucial coincided with the establishment of zonal and woreda HIV/AIDS prevention and control offices in Borana administrative zone. This was in 2003. In 2003 HIV/AIDS interventions which mainly focused on awareness raising through delivery of educational messages, by almost all stakeholders, was replaced by another methodology known as 'community conversation' on HIV/AIDS, which was conducted in few selected Kebeles of Yabello district. The community conversation on HIV/AIDS and associated issues lead to the identification of a number of traditional harmful practices that fuel the spread of HIV epidemic among the traditional Borana communities. Most of the identified traditional harmful practices were linked to the prevailing customs. It was learnt that abandonment of the traditional harmful practices from the communities practicing it is hardly possible with out the due involvement of the custodians of the customs and laws of Borana- the traditional leaders of Borana people 'Raaba-Gada'. Following a series of educational activities and community conversations in the pilot areas, it was observed that individual behaviors could be changed because of the intensified programs. However, for collective community behaviors to happen, it was suggested that Gada leaders should be targeted as the key allies of the efforts to abandon, modify, or allow the change of traditional practices in the community. The change of behavior in the community required the change of customs, which the Gada leaders are mandated and authorized to uphold.

Subsequently, many stakeholders started lobbying traditional institutions and its leaders to denounce the continuation of traditional sexual behaviors such as extramarital lover-mistress relationship 'Jaala-Jaalto.' Working with traditional leaders as key stakeholders

in HIV/AIDS intervention activities became a common practice, and gained significant momentum during the period prior to the commencement of the Gumi El-dallo meeting in September 2003. Gumi El-dallo meeting is a traditional pan Borana assembly held in Liiban district of Gujii zone by the incumbent Gada class. This institution is a ritual ceremony with an authority to make new laws, modify or abandon old customs.

Development actors working on HIV/AIDS prevention, care and support programs including governmental and non-governmental organizations after realizing the paramount importance of Borana traditional institutions in sustaining or abandoning identified risky sexual behaviors, held a number of consultative meetings with Gada leaders on issues surrounding HIV/AIDS prevention. It was learnt that the mandate of the Gada leaders was to show affirmative actions to mainstream HIV/AIDS prevention in their set of agendas for deliberation at the assembly. As the attendance of the GEA was anticipated to be very big, many stakeholders made preparations, used the ceremony to propagate educational messages on HIV/AIDS, and associated harmful traditional practices via different channels to participants during meetings and recreation periods.

One of the major themes of the GEA was HIV/AIDS and Jaala-Jaalto sexual behavior. Almost all external development actors and partners wanted the Gada leaders to proclaim Jaala-Jaalto relationship as an old custom that must not be practiced any more in Borana communities. Towards, this end, tremendous efforts were made to lobby prominent Borana personalities and influential Gada leaders to pass the declaration. The Gada leaders initially were observed to hold affirmative opinions for the abandonment of the practice. Few Gada councilors were reluctant. However, the major opposition to the

intensified pressure to abandon Jaala-Jaalto practice during the actual plenary meetings of GEA was from certain senior Gada councilors. The Gada leaders, the retired Gada councilors, and the prospective Gada councilors 'Raaba' held a closed session discussion among themselves regarding the issue of absolute outlawing or cursing of the continuation of Jaala-Jaalto practice. Nevertheless, rather than disclosing the points of arguments, only resolutions passed during the closed session deliberation regarding the issue were revealed to the multitude during the plenary meeting. The resolution passed was:

- We are fully aware of the fact that Jaala-Jaalto relationships are harmful sexual behavior that put the lives of Borana people in danger. Therefore, we advise the Borana people to refrain from engaging in this risky for life behavior.
- We want to declare that Jaala-Jaalto is not a lawful practice. It has always been illegal in Borana culture. It has never been given legal recognition as an institution.
- GEA could not pass any declaration as to curse or abandon the practice totally. The GEA is a small assembly compared to GGA. It is convened at the periphery of the Borana land and is not accessible to all Borana people in all the areas. In addition to this there are large population of Borana people who do not have adequate awareness about the association between HIV/AIDS and Jaala-Jaalto. It is premature, therefore, to outlaw Jaala-Jaalto practice or curse those who continue to engage in the practice. Adequate awareness should be created in all areas and segments of the

Borana communities prior to the commencement of the forth-coming GGA. Hence, the issue of outlawing Jaala-Jaalto was postponed to the GGA -an assembly with a very big attendance from all over the Borana land.

Following this, in 2004, the Gada leaders were invited to take part in different forums organized by civic society organizations, NGOs, and the government. The main purpose of these forums was to lobby Gada leaders to outlaw Jaala-Jaalto practice in Borana society. The most prominent of these forums was the forums attended by the then Oromiya regional state president and the First Lady in Yabello town- Borana zone capital. The conference was attended in addition to Borana Gada leaders by Gujji and Gabra Oromo Gada leaders and other invited prominent local government officials and invited renowned personalities. The forum was apparently organized with an intention to convince all the Gada leaders of the three Oromo groups to jointly outlaw Jaala-Jaalto practice in their communities.

The Borana Gada leaders expressed their opinion that only the GGA has the authority to make new laws or outlaw Jaala-Jaalto practice. They put their roles as playing facilitation roles at the GGA by putting HIV/AIDS and Jaala- Jaalto issue as an agenda. The Abba Gada made his position very clear by telling the Government officials that other than taking the issue to GGA he would not even promise that the then forth-coming GGA would outlaw Jaala-Jaalto practice. The Oromiya Region President and the First Lady pleaded with the Borana Gada leaders for a strong resolution against the Jaala-Jaalto practice. However, the Borana traditional leaders took a very firm stand that such resolution is possible only at the GGA.

At the GGA, almost all actors working on HIV/AIDS intervention activities in the area came to deliver educational messages, and lobby traditional leaders for a tough decision against Jaala-Jaalto practice in Borana society. Different stakeholders employed quite a variety of HIV/AIDS sensitization and awareness creation and behavioral change communication tools. Therefore, to any person who came to attend the meeting it was apparent that HIV/AIDS issue was a hot agenda at the GGA. The GGA deliberated during the preparatory and plenary meetings on issues related to HIV/AIDS prevention in Borana and associated harmful traditional practices feared to fuel the spread of the epidemic.

Opinions of the Gada councilors, HIV/AIDS activists, political leaders, and prominent Borana personalities were heard at the GGA during both the preparatory meetings and pan Borana plenary meetings. Consequently, resolutions were passed regarding cases of violations of the customs and laws brought to the meeting. Customs and laws by which the Borana people will be governed for the coming eight years were restated. No special declaration than the declarations passed at GEA was made. Measures to be taken against those found guilty of transgressing the customs and the laws of Borana were declared at the GGA. Borana elders and leaders were advised to uphold the customs and maintain the values in the society.

Discussion

This qualitative study attempted to explore the social and cultural factors affecting the sexual and reproductive health of the Borana society. Besides, it attempted to identify the reproductive health needs of the different segments of the population and describe the roles of traditional institutions in the promotion of SRH of the Borana Pastoralist people. The fact that the study was conducted on very wide topics and on the Borana society as a whole made the information generated by this research so huge that it was hardly possible to greatly reduce the volume of this document despite repeated attempts to do so. This is apparent especially when one recognizes the fact that each theme is very much related to one another. In qualitative studies of such scope one cannot rightly estimate the amount of information to be generated at the inception or at the start of the research. Moreover, every bit of information obtained is worth writing for researches conducted in marginalized and disadvantaged societies like Borana where operational public health researches social behaviors are virtually non-existent.

Social behavior involves three variables-individuals, society and culture. After birth, the individual grows and develops a pattern of behavior, which is borrowed from the society by imitation and identification. An individual has his own way of doing things but in the group he has to fit in by proper adjustment of his behavior as required by the society and its culture. Socialization, therefore, is a process by which the individual learns to get himself accepted by the society.

Despite the fact that human society seems to continue with its traditional beliefs, attitudes and cultural patterns, there is always under current of change taking place from time to time. In a day-to-day life, society is not static. It continues to perform for the productivity, utility, consumption, and enjoyment of the society itself. What is interesting in the society and structure is that there is a continuous change of needs, perceptions, experiences, etc, which brings about corresponding changes in the structure and functions of the society. One of the objectives, of the study was to explore the social interactions and factors that affect the sexual and reproductive health of individuals and community groups in the Borana society.

This study has identified a number of social factors that affect the sexual & RH behavior of the different segments of the Borana society that caused the currently observable sexual & RH problems. Besides, a number of cultural factors were also identified, which adversely affect the S& RH of the Borana people. Culture is the integrated social, economic, biological, ethnic, modes of behavior of a group of a society.

It is a complete whole, which includes knowledge, belief, customs, art, morals, law and any other capabilities and habits acquired by man as a member of society. The development of a culture of society is dependent on the different factors, which govern perception and learning and development of behavior. It is through socialization that the culture diffuses, stays and changes from time to time in society. Culture is a complete whole of all ways of life, which undergoes dynamic change process. It becomes, therefore, a ready- made frame of reference for every individual and society with regard what is acceptable and what is unsocial or harmful or not permitted.

The purpose of culture is to give to the society by continuous process of learning and experience, patterns of behavior, which are found useful for a harmonious existence, smooth functioning in all occupations and interactions, and there by ensure individual and group survival and perpetuation.⁵⁵ From this perspective all the sexual norms and reproductive health behaviors that are enforced by rules and regulations enacted by the Borana traditional institutions and leaders can be justified from their insider's perspective as acts necessary to maintain optimum sexual and RH of community groups in the Borana society. However, some of these behaviors can be classified as harmful to the sexual & reproductive health of the people when taking in to consideration the prevailing RH threats such as HIV/AIDS and the level of SRH desired to be attained in today's world.

The study revealed that the Borana society held a number of reproductive health beliefs, attitudes, and values that affect the RH of people either positively or negatively. For instance, the Borana people's belief that a son obtained in a legal wedlock is one's son irrespective of the biological dissimilarity with the father supports the belief that holy matrimony is indissoluble. It enables men to be satisfied only by having sons out of wedlock and never claim sons or daughters born to extramarital sexual partners. This custom prevents the emergence of conflicts over disputes that would arise from property inheritance among sons from legal wedlock and extramarital partners in cases of accidental deaths of the fathers. However, studies done among other traditional communities in Ethiopia such as among the Suri in SNNPR showed that there is claim for property compensation if a child obtained out of wedlock is a boy.⁵⁶

Attitudes that men should not commit sexual intercourse with girls what so ever before marriage and belief that girls and women should not be asked for witness if they accuse a man for sexually harassing them, can be considered as societal norms that promote the psychological and social well being of girls and women in the society. As a result, it can be stated that the incidence of rape and non-intimate sexual partner abuse in Borana society is very minimal to non-existent compared to the practice in some communities in Ethiopia where the problem is reported to be a serious public health problem.⁵⁷

Cultural values given to girls' remaining chaste and virgin before marriage, is also protective against premarital unintended pregnancies and subsequent unsafe abortions by the teenage girls. In this regard, the sexual norm of the Borana society is quite different and contrary to that of the Suri community that permits premarital sexual exercise of girls with boys or married men.⁵⁶

However, in the absence of culture that do not prohibit boys and young men from having sex with married women these norms does not protect girls from acquiring HIV infection after marriage. This is particularly so when premarital HIV testing and counseling has not become a norm for couples who intend to marry both in the urban & rural settings in the Borana area. Here, it should be noted that because of a widespread societal attitude towards girls remaining chaste before marriage, social sanctions, and punishments against those girls who transgressed the norm is disproportionately high when compared to their male counterparts. Because of the social change processes and aggravating factors such as weakening of traditional norms and rampant consumption of Arake, the occurrence of premarital pregnancy among adolescent girls is largely increasing in the rural areas. The increase in the cases of premarital sexual relations and premarital pregnancies aroused

overt condemnation and brutal treatments of girls that are driven into this most detested practice due to the influence of many social changes. Studies done in Ethiopia and other countries in Africa revealed that adolescent's premarital sexuality and unintended premarital pregnancies is increasing at a fast pace. What happens during adolescence period can influence a young person's future life course. For African adolescents, increasing modernization has changed the course of this transition period between childhood and adulthood.

To day, extended families are fragmented and elders traditionally responsible for educating and preparing young people for sexuality and parent hood are no longer able to communicate across geographic distance, different languages, or generations.^{58, 59}

In this study, it is learnt that the attitude of the Borana society towards girl's premarital sexual abstinence has not changed despite the fact that the incidence of Chabana girls has increased alarmingly in almost all of the areas. Although societal attitudes and reactions to the occurrence of premarital pregnancy did not change significantly, the social, psychological and economic punishments and sanctions against alleged or convicted persons has changed significantly. The Borana society who once never allows a Chabana girl to live in their community or residential area now tolerates the practice to the extent of letting such girls live with them. Nevertheless, It can be stated that the Borana society are still among the traditional communities with the highest degree of intolerance to the act of premarital sex and /or pregnancy and subsequently, with the smallest number of adolescent girls who engage in premarital sexual relations. This is particularly true when

one considers the degree of such practice in other communities in Ethiopia and other African countries.

For instance, the study conducted in northwestern Ethiopia among out of school youth revealed that the proportion of sexually active never married adolescents who used modern contraceptives was 57% compared to only 12% of those who had ever married.⁵⁷

This implies that unmarried adolescent do not only engage freely in premarital sexual relations but also have the knowledge and the courage to use modern contraception to prevent unintended pregnancies. In some African countries studied large proportion of adolescent youth are sexually active. Among urban women aged 20 to 24, 3/4 in Botswana, Liberia, Togo, and Uganda and 2/3 in Ghana and Kenya report engaging in premarital sexual activity before age of 20.⁶¹

In spite of the fact that premarital sexual activity is increasing sexual activity among un married adolescents is socially proscribed in most countries. There is a good deal of debate over what motivates girls to enter and maintain sexual relationships. Both African and western observers point to the weakening of traditional controls on adolescent sexual activity out side of marriage. As families move into cities, adolescents may be separated geographically from kins who traditionally taught the young people about values and life events. An adolescents school and peer group have replaced her kin group as the main socializing agents.^{61,62} Besides, traditional norms may be further eroded by adolescents exposure to non traditional values through novels, radio and television as well as through formal education /schooling. Adolescent and order men may pressure young women to become sexually active.⁶¹

In the case of Borana society weakening of traditional institutions to enforce the Aada-Seera Borana -customs & laws of Borana, the existence of rampant Arake consumption and sale, and social changes due to enhanced urban- rural population interaction and the influence of religious education are believed to contribute significantly to the increased adolescents' premarital sexual activity. Because of serious punishments and sanctions, in Borana society premarital sexual relations of girls is very rarely known by the community. However, girls who got pregnant premarital are usually known by the community. Therefore, cases of premarital sexual activity with out pregnancy is not as many as those condemned for becoming pregnant premarital (absolute proof is the pregnancy or giving birth out of wedlock)

The incidence of adolescent premarital births varies widely across Africa. Forty three percent of women aged 20 to 24 in Botswana report having had a premarital birth. But, in Mali, Burundi Ghana and Nigeria, the figure is less than 10%. In Kenya and Liberia, about one in five women aged 20 to 24 reported having given birth before marriage.⁶¹

What is farther interesting is that the proportion of women experiencing a premarital birth by age 20 appears to be increasing in some countries. In Botswana, 34% of the older women [age 35 to 39] but 43% of women aged 20 to 24 report having had a premarital birth by age 20. Kenya and Liberia have experienced similar increases, with about 12% to 13% of women aged 35 to 39 but about 20% of women aged 20 to 24 reporting a premarital birth by age 20. In Kenya, almost half of all first births are premaritally conceived; in Benin, Cameroon, and Nigeria, the proportion is about one-third.⁶²

This study revealed that among the Borana people the possibility of adolescent girls who conceived premaritally to undergo 'healthy' and legal marriage with the male counterpart is near to non-existent. If known by the community such couples would automatically be declared social and sexual out casts. Therefore, premarital sexual activity between would be future brides and bride- grooms is never allowed. However, here, there is a possibility that an adolescent girl who conceived premaritally would get married to her male partner secretly by eloping with him. Such type of marriage, i.e, marriage by eloping with a girl is reportedly increasing in Borana society. Fortunately, increasingly, attention is being paid to the different policies and programs that must be developed to reach married and un- married girls and women.

A complex set of social, culture and economic forces shapes and constrains the social worlds in which adolescents struggle to make choices, younger women are more likely to lack accurate information about RH, FP, and STIs, including HIV/AIDS. As a result, married and unmarried adolescent often engage in sexual activity in ways that place them at risk. They lack the knowledge and the access to health services or FP that would help them protect themselves from STIs and unplanned pregnancies.^{63,64}

The Borana society like other Oromo groups has traditional governance that is delivered by traditional institutions and their leaders. Some of the traditional institutions have a law making authority while others have the authority to enforce the laws proclaimed as binding on all Borana people. Customs and laws regarding sexual relations and marriage

are restated every eight years. This is to say that the Borana people do not only have traditions, customs, and values but also have traditional institutions that work to maintain or modify it. Traditional institutions therefore, make new laws, modify laws, and elect leaders to enforce the laws. Ultimately, all of these roles is designed to keep the peace and security of the Borana society. The rules and laws about sexuality and reproduction are formulated to uphold cultural sexual norms that are envisaged to result in healthy sexual life and reproduction. These laws also protect women from sexual harassment and violence perpetrated by their husbands or by men in the community.

While intimate partner abuse is wide spread in many communities, it is not universal. Anthropologists have documented small-scale societies where domestic violence is virtually absent. For instance, although not totally protective among certain Oromo groups there is a tradition of guarding pregnant and recently delivered women from violence. These findings stand as a testament to the fact that social relations can be organized in a way that minimizes partner abuse ⁶⁵.

Among the Borana people the social rule that girls and women are not required to call witnesses if they claim to be sexually harassed by men, stands as testimony to the above assertion that among the traditional Oromo people girls and women are protected from sexual harassments and improper treatment by their husbands or strangers in the community. The Borana Gada leaders, Gumi legislative body, and Qaallu institution (moiety system) were deliberating over SRH issues such as HIV/AIDS and Jaala-Jaalto practice time and again. These institutions revised the Borana sexual and reproductive health related customs and laws in order to combat HIV/AIDS epidemic while at the

same time working to uphold the cultural values, norms and beliefs. In this regard, it seems that the Borana society has the wisdom that cultural norms are not static and are subject to change based on the changing perceptions, experiences, and social realities of the time.

Gumi Gayo Assembly- a pan Borana meeting and a legislative body- is convened every eight years with a purpose of delivering justice concerning cases of unsettled disputes among Borana people, critically reviewing the customs of the land in line with the perceptions and experiences of the society and amending or abandoning it if the need arises. It also proclaims laws binding on all citizens to enforce the customs of Borana society agreed upon by the multitudes at Gayo.

The Borana society does not let traditions continue through generations unchecked. The Borana supreme governing council, Raaba- Gada and the Gumi institutions are among traditional systems that continues to check the laws and customs against the existing social realities and the will of the majority.^{45, 50} Nevertheless, there were cultural norms and values that used to pass from generation to generation because it got the approval of the Borana society and its institutions and leaders. Among these cultural norms are the exogamy marriage rules, widow inheritance, polygamy, girls' premarital abstinence from sex, and abstinence from sex by breastfeeding women. Laws enforce these norms and therefore those who transgress it are penalized.

A cultural norm is a concept of what is expected to exist or to take place as human behavior. It is a set of behavioral expectation and consists of standardized expected ways of feeling and acting. Cultural norms are generally derived from the previous generation

from the way in which things were done for good and convenience of the society. A social norm is a type of social behavior that is valued by the society as appropriate and befitting. A departure from this accepted and valued types of behavior is socially condemned.⁵⁵

Keeping extramarital sexual partner is a sexual behavior observed widely in Borana society.^{44, 45} However, it is not a social behavior approved or proclaimed as mores neither by the Gumi Gayo assemblies nor by the Borana supreme governing body. This is clearly seen when one examines the response by a Gada leader “if Jaala-Jaalto is a Borana custom, people who have not had extramarital sexual partners should have been litigated publicly and punished. There was no time in history when such a thing happened”. Jaala– Jaalto, therefore, is a folk way but not a more. Folk ways are norms that are generally practiced but at the same time, there is no harm experienced by any body in the society by these habits or customs not being observed or practiced.⁵⁵ However, the degree of tolerance and acceptance of the different forms of women extramarital sexual partnership varies. As a result, the extent of punishments and sanctions of peoples convicted of engaging in such relations is different for different types of Jaala -Jaalto.

Cultural norms such as exogamy, absolute sexual abstinence of girls before marriage and breastfeeding women are rigid norms and are meant to be followed by individuals for a specific advantage for the society. They are vitally important to the society from an ethical and moral point of view. Therefore, these norms can be considered as mores in

light of the fact that the society considers it as right or wrong, proper or improper, accepted or prohibited.

The mores give society the social control. The person who violated the mores is punished by the society as considered fit by the common judgments and consensus. The individual learns all these norms during the process of socialization and by the teaching of elders.⁵⁵

However, in the Borana society consensus as to the punishment of violations of norms is reached at the Gumi meetings. Individuals do not only learn about these norms through the process of socialization and teaching of elders but also by attending Gumi meetings or actively following the laws enacted or restated at the Gumi meetings every eight years.^{45,50} This makes the Borana society uniquely different from acephalous traditional tribal communities or from those who have chiefs but do not have well evolved traditional institutions like Gumi meetings.

Regarding the roles of Gada leaders and Gumi Gayo meetings, Gumi Gayo held in 1998 and 2004 prohibited any violations of exogamy marriage rules, premarital sexual abstinence of girls, prohibitions of sex with someone who belongs to one's paternal or filial Gada grade or uterine relatives (Haraamu-Kobuu).^{66,45} It also enacted laws and passed resolutions against religious expansion, rampant consumption of Arake "local liquor" and penalties for violations of cultural sexual and reproductive norms believed to be vital for the well being and security of the Borana society.

As Hind A.S. Khattab noted "prevailing cultural values enhance the culture of silence and endurance women generally are taught to put up with pain and discomfort as part

of their condition”¹⁷ Cultural and social factors that affect maternal health and fertility regulation are identified. Because of the limited scope of this study, I would like to pinpoint some of the salient ones that deserve mentioning. Traditional surgical procedure performed on girls before marriage or after marriage such as FGC, the culture of silence regarding laboring mothers until she faces serious problems or complications, restriction of fresh milk in puerperium and prohibition of breastfeeding of a newborn for the first three days are among the practices associated with poor maternal and child health. On the other hand, there are cultural and social factors that are associated with good maternal and child health outcome. These include among others proper nourishment and protection from harassment, and domestic violence and exemption from heavy work of pregnant women and, nursing care and nourishment of the women in puerperium, prolonged breastfeeding, and culture of traditional birth spacing. Similar cultural norm is reported to exist among the Arsi Oromo.⁶⁵

Each society hands down traditions from generation to generation by teaching certain attitude, practices, beliefs regarding customs and habits. There are traditional beliefs and practices in all areas of life, including reproduction. Throughout history, the traditional family planning practices used to space children have been rich and varied. The creative and occasionally life threatening techniques used to limit child bearing show how intensely women and men have tried to control reproduction and sexual practices.¹⁶

In Borana society, prolonged breastfeeding with sexual abstinence by mothers is traditionally used to space birth. Birth spacing is mainly for healthy growth and well-being of children. In some areas where conflict with rival ethnic groups is recurrent birth

spacing is also justified as a means to ensure safety, i.e., breastfeeding and sexual abstinence is continued until the child is able to run and escape from dangers during the time of conflict and war. This practice was also reported to exist among the Suri communities in SNNPR.⁵⁶

A number of customs & traditions increase the likelihood of abstinence in a society. The culture may encourage postpartum abstinence for a variety of reasons, ranging from multiple wives (polygamy) to concern about postpartum infection, healing of the episiotomy (tear) or maternal depletion syndrome. Because of mistaken notions that semen pollutes breast milk or that sexual intercourse causes malnutrition in the suckling infant, abstinence may also be practiced to space birth so that each child will receive enough breast milk to survive.⁶⁷

Among the Borana people, there is the wisdom that prolonged breast-feeding is good for proper growth and development of babies. This seems to be the main reason behind longer breastfeeding duration for male babies than female babies, as male babies are more wanted. However, the practice of sexual abstinence mainly emanates from the belief that semen contaminates breast milk and children whose mother committed sexual intercourse while breastfeeding would become fragile and suffer from illnesses and delayed growth and development.

Although since recent times the norm of absolute sexual abstinence while breastfeeding is reported to be weakening, the Borana people still hold the view that sexual intercourse should not be committed with breastfeeding women even if she is willing to use modern contraceptives. This strengthens the opinion that prohibition of sex is not for prevention

of pregnancy but based on the belief that contamination of breast milk with semen is not good for the well being of babies.

A common effect of modernization is a decrease in breastfeeding but an increase in use of contraception. However, the decrease in breastfeeding often occurs before the increase in the use of contraception.⁶⁷ It has been estimated that if unmet need for contraception were filled and women had only the number of pregnancies at the intervals they wanted, maternal mortality would drop by 20-35 percent.^{71, 72}

In Borana society like the Suri communities in SNNPR, prolonged breastfeeding as a traditional method to space births is associated with other reproductive norms such as polygamy, extramarital sexual partnership.⁵⁶ Therefore, decisions to ban polygamy and extramarital sexual partnership of men in order to combat HIV/AIDS epidemic would affect traditional fertility regulation mechanisms. A husband, who decides to stop having extramarital sexual relations for fear of HIV infection, would make decisions to shorten the duration of breastfeeding and subsequently the birth interval. In this situation, promotion of modern contraception as a substitute of traditional birth spacing by abstinence would prevent the risk of HIV infection while at the same time maintaining the child spacing tradition.

Adolescents and young people's sexual and reproductive health needs in Borana have not been well studied and used for setting priorities in RH service delivery by health planners. Despite the importance of adolescents, their reproductive and sexual health

needs have long been ignored and their views silenced by decision makers who influence health and education policy and programs.⁷³

Adolescents in Ethiopia are also estimated to be 19.3% of the total population. The fact that adolescents have a large and significant share of the worlds and developing countries population, make imperative the need to address their problems.⁶⁸

Adolescent girls in Borana are culturally required to abstain from having sexual relations before marriage. This cultural norm is enforced by law and remains very much active to date. Nevertheless, because of the changing social realities the number of girls who engage in premarital sex is increasing from time to time subsequently the occurrence of premarital pregnancy is on the rise in rural areas of Borana over the recent times. On the other hand, boys although not culturally promoted to exercise premarital sex they are not actively prohibited from having sexual relations with married women. Each year more than one out of 20 adolescents contract curable STD, excluding viral infections. Globally more than half of all new HIV infection are among 15-24 years old.⁷⁴ In Ethiopia, among man age 15-19 and 20-24 nearly 5% and 2% had experienced STI or associated symptoms respectively.⁶⁹

The incidence of sexually transmitted diseases such as gonorrhea that affect sexually active young men especially during major rainy season, due to increased sexual activity during this period, is reported to have decreased. However, health facility based information show that the number of young people who live with HIV/AIDS is increasing. According to VCT for HIV done in health facilities in Borana zone, the percentage of positive cases out of 1107 people tested in 1997 was 7.4 %. VCT was

available until 1997 only in one zonal hospital, where as the remaining health centers where not able to provide this service due to lack of test materials although health professionals were trained. To date there is no ART service is available in the zone for people with HIV/ADS who deserve to take it. FP use rate in the Borana zone was only 6.8% in 1997 E.C. compared to 23% in Oromia during the same year.⁷⁰ This shows that contraceptive use is very low in the zone. Adolescent girls and young men do not have access to adequate and appropriate HIV/AIDS and RH information and services including provision of contraceptives and PAC when the need arises.

The low levels of contraceptive use among adolescents are paralleled by high estimates of unmet need for FP. In most the unmet need for FP is higher among sexually active experienced but never married women who are eager to avoid un intended pregnancy.⁶⁷ A study conducted in northwestern Ethiopia among out of school youth revealed that the proportion of sexually active never married adolescents who used modern contraception was 57% compared to only 12% of those who had ever married. Only 13% of the rural and 35% of the urban sexually active had ever used condom.⁶⁰

This reveals that in areas such as northwestern Ethiopia the proportion of sexually active never married who used contraceptive (condom) is much greater compared even to the proportion of women who used contraceptives in Borana. In many countries in Africa, being young and female means having a substantially higher risk of HIV/AIDS. In some settings, women ages 15-24 are 2.5 times as likely as their male counterparts to be infected with HIV. In Gambia & Zimbabwe, women account for 80 percent of all 15 to 24 years old with HIV/AIDS.⁷⁵

For biological and social reasons, adolescents particularly adolescent girls are a vulnerable group in many areas of the world, especially South Asia and west, east and central Africa, a large percentage of girls are already married by their mid to late teenage years and have given birth at least once by the age of 18.⁷⁶ The MDG on HIV/AIDS includes an indicator for reducing HIV/AIDS among pregnant women ages 15-24. HIV is not the only issue for adolescents. Fifteen million girls between 15 and 19 give birth every year and another 5 million adolescent pregnancies end in abortion.⁷⁷

Unfortunately, because of the absence or lack of access to RH information and services such as PAC, adolescents who got pregnant before marriage in Borana are condemned to become social out casts; only because they have no chances to get such services even if they want to clandestinely get abortion service in order to avoid the risk of life time sanction and ostracization. Globally, in addition to HIV, there are 340 million new cases of curable STIs each year, with massive implication for the health of both women (including infertility and sub fertility) and newborn.⁷⁸ Services for preventing STIs must be integrated in to other RH programs in order to improve access to women. Programs offering integrated services including education and counseling, FP, RH service, diagnosis, and treatment of STIs are more likely to be effective for women, although they often fail to reach men.³

In Borana zone delivery of RH information and services is very low compared to the level of achievement in the region. Most of the districts are very large.^{46, 48} The health

facilities are not only poorly staffed but the large majority of the staffs are beginners to the health profession. Most of the health centers do not have ambulance cars for referral and transportation of emergency patients. Besides, there are shortage of essential drugs and laboratory reagents. All of these together greatly comprise the quality of RH services delivered which have implications on the maternal morbidity and mortality in the area.

The same pregnancy related complications that threaten women's survival can also cause death and disabilities in newborns. The vast majority of the estimated 8 million prenatal deaths that occur each year in less developed countries are also associated with maternal health problems or poor management of labor or delivery.²⁰ In low income settings, therefore, promoting safe motherhood is as important for moving families out of poverty as it is for alleviating women suffering.²¹

In less developed world, more than half a million mothers die each year from causes related to life saving event. For every woman who dies, about 30 suffer from devastating health problems such as infertility and damage to their reproductive organs. Ninety-nine percent of these deaths occur in less developed regions and most are due to inadequate medical care at the time of childbirth. This tragedy must not continue as evidences show that motherhood can be safe for all women over the last decades experts have largely came to agree on a set of life saving strategies that can work even in low resource settings. What remains is for governments to commit to making safe motherhood a priority.¹⁹

Research shows that women's lives can be saved and their suffering reduced if, health systems could address, serious and life threatening complications of pregnancy and childbirth when they occur. One of the best ways is to make sure that women receive skilled care at delivery. Only about half of deliveries in less developed countries take places with the assistance of skilled health personnel. Providing skilled care means ensuring that health professionals such as doctors, nurses, or midwives can manage normal deliveries and treat the life threatening complications of pregnancy and childbirth. Insuring that women receive skilled care at delivery is an essential part of safe motherhood programs. Antenatal care among other services can play a role in detecting and treating some complications of pregnancy. Contraceptives prevent maternal deaths by reducing women's exposure to the risk of pregnancy and childbirth. Preventing unintended pregnancies protects women, since unsafe abortions cause about a quarter of all maternal deaths. Contraceptives also allow women to delay motherhood, space births, and protect themselves from STIs, including HIV/AIDS. Women face multiple delays in seeking and receiving life saving care when they need it. One of the delays is created when it takes too long to reach appropriate care and the other cause of delay is when a woman likely to receive substandard or slow care at health facilities.⁷⁹

In the case of the Borana zone health care system, the absence of ambulance facility and the long distance between residential areas and the towns where the health centers are located creates a major delay for a women-seeking life saving care. The absence of doctors, skilled nurses, and essential drugs in these facilities makes the services sub standard contributing to the maternal morbidity and mortality by causing delay in getting

life saving care at the health facilities. Increasing contraceptive use rate by making FP services available to rural people through training of large numbers of TBAs in life saving care and CBD of contraceptives can decrease maternal mortality and infant mortality and reduce the number of girls who start premarital sex and develop unintended pregnancies with the risk of facing ostracization and stigmatization. Contraceptives of different types should be made available in adequate amount to the CBRHAs & TTBAAs and clients. Health centers should have regular electric and water supply, which are very important for keeping the health facilities hygienic and thereby inviting clients to use services such as institutional delivery care.

Making essential Laboratory reagents available also, increases the quality of ANC service and enables health care workers identify high-risk pregnancies and subsequently reduce maternal morbidities and mortalities. Besides, PMTCT services and VCT services should be made accessible to rural women attending ANC. This reduces the incidence of MTCT of HIV. These services should be integrated with the already existing ANC services being rendered in health facilities in the zone.

Strength of the Study

- ❖ Familiarity of the researcher to the study site
- ❖ Suitability of the study design to answer the research questions
- ❖ The fact that it is done in one of the remotest and marginalized communities where adequate reproductive health information is not available
- ❖ The wide areas of reproductive health issues explored by the research

Limitation of the Study

- ❖ Shortage of relevant literature is one of the limitations of the study

Conclusions

- Jaalaa-Jaalto is a sexual practice tolerated in Borana. But, not prescribed by its traditional institutions. Nevertheless, it has got the conformity of elders and the community.
- Jaalaa-Jaalto, widow inheritance, and polygamy in their current forms could potentially fuel the spread of HIV/AIDS epidemic in the Borana society.
- Jaalaa-Jaalto practice is associated with other RH practices such as absolute sexual abstinence of breastfeeding women for long period. Therefore, efforts at eradication of Jaalaa-Jaalto need serious modification of the existing SRH norms.
- Rampant consumption of Arake in the rural areas, rapid urban-rural interaction, conflict and militarization are among the salient social factors that affected the SRH of the Borana society.
- The RH care service delivery in Borana is very poor compared to the achievements in Oromiya.
- Traditional institutions play vital irreplaceable roles and can be potential partners in the promotion of SRH of the Borana Pastoralist people.

Recommendations

1. Sexual and reproductive health related norms such as absolute premarital sexual abstinence of girls before marriage, prolonged breastfeeding and child spacing are among positive traditional practices that should be promoted to enhance reproductive health of people in the Borana society.
2. Strengthening and scaling up VCT services, especially outreach VCT programs in the area, is of paramount importance in preventing HIV infection among different segments of the Borana population.
3. Make available and accessible ART, PMTCT in the all district health centers to improve the quality of life of PLHA and advance prevention and control.
4. Make available and accessible youth friendly reproductive health education and services such as post abortion care and counseling in the area to reduce Adolescent RH burdens, especially of the rural girls.
5. Strengthen the roles of traditional institutions such as the Gada, Hariyya and Qaallu in the promotion of SRH of the Borana society i.e. in HIV AIDS prevention, care and support for OVC and people infected and affected by HIV and AIDS, and RH education.
6. Increase the currently ongoing community based contraceptive distribution by promoting services through CBRHAs and health extension agents.
7. Ensure availability and accessibility of condoms in all small rural towns and settlement camps.

8. Enhance utility and quality of health care services by solving problems such as the serious shortage of adequate skilled health professions, ambulance cars and essential medicines.
9. Stakeholders should lobby the government to formulate a better health care policy for pastoralist communities especially regarding the management of health professionals willing to give services in remotely located and marginalized Pastoralist areas such as Borana.
10. Large-scale quantitative study should be conducted to determine the magnitude of socio-cultural factors affecting SRH and the unmet RH needs of the Borana Pastoralist people.

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Annexes

I. Topic Guides: English Version

Annex one. Topic Guide for In-Depth Interview with Key Informants

Introduction

Thank you for coming to this session. My name is Dr. Ibrahim Amae. I am a post graduate student at the Addis Ababa University, Faculty of Medicine. As you know we have discussed in brief previously on the research idea and now I am going to have a broad discussion on the relevant topics items. If you don't mind I will record (audio tape) the discussion. The purpose is to ensure that I don't miss anything you say since it has paramount importance to the study. In addition I would like to tell you that what we are going to discuss is very confidential and it will be used only for the research. Are you willing to continue in the way? (Yes)._____

(Signature of participant)

Closing

- Summarize the themes discussed.
- Before we end up this discussion, is there any thing you would like to add or suggest any body to which I shall talk or other issues you like to rise?
- Thank you so much

Annex two. Topic Guide for Focus Group Discussion

Introduction

Thank you for coming to this session. My name is Dr. Ibrahim Amae. I am a post graduate student at the Addis Ababa University, Faculty of Medicine. As you know we have discussed in brief previously on the research idea and now I am going to have a broad discussion on the relevant topics items.

Before going to the discussion let's introduce ourselves. Would you tell us your name so that we can call by name and other backgrounds which you think important (age, occupation, educational status, marital status....)

We have some instruction to follow. We shall speak one at a time so that the recording will be perfect. We have to respect the view of every participant despite that it is unacceptable from your point view. In addition, I would like to tell you that what we are going to discuss is very confidential and it will be used only for the research. Are you willing to continue in the way? (Yes)_____.

(Signature of participant)

Closing

- Summarize the themes discussed.
- Before we end up this discussion is there any thing you would like to add or suggest any body to which I shall talk or other issues you like to rise?
- Thank you so much.

Annex three. Written Consent Form for In-depth Interviews

Title of the study – Factors Affecting RH among the Borana pastoralists, South Ethiopia

Investigator – Dr. Ibrahim Amae

This interview is conducted to gather diverse background information on factors affecting reproductive among the Borana Pastoralists, south Ethiopia. We are taking to people believed to have rich information on the subject matter through recommendation (s) and presumptive assumptions. The result of this study will help better understanding on the factors affecting RH in the Borana society and the roles of traditional institutions. The result of the study will help the efforts being made to promote reproductive health in Borana. The interview could take 1 ½ - 2 hours. Since every word you are going to give me in the discussion shall not be missed, I would be recording the discussion that we are going to have. But if you are not comfortable with this I will not record the discussion.

During the discussion you can refuse to answer any issue you don't like to answer and withdraw any time you want.

I will be compensating the time you are sacrificing with me. I further agree to keep confidential every thing said by you. Are now are you willing to continue the discussion?

Signature _____ Name (Optional) _____

Date _____

Annex four. Written Consent Form for FGDs

Title of the study – Factors Affecting RH among the Borana Pastoralists, South Ethiopia

Investigator – Dr. Ibrahim Amae

This group discussion is conducted to gather diverse background information on factors affecting reproductive among the Borana Pastoralists, south Ethiopia. We are taking to people believed to have rich information on the subject matter through recommendation (s) and presumptive assumptions. The result of this study will help better understanding on the factors affecting RH in the Borana society and the roles of traditional institutions. The result of the study will help the efforts being made to promote reproductive health in Borana. You are asked to participate in the group discussion because we thought you have good information on the subject matter. The discussion helps to share your views & learn from it a lot. It might take 1 ½ - 2 hours. We are also going to record with audiotape your discussion since every word of the discussion has paramount importance to the study. The note taker will write down the opinions of the group during the session. We will not record your name in line with personal thing, which may arise in the discussion. The recorded or other data will be kept confidential. At last, we will compensate for the time you sacrifice with us.

Signature _____ Name (Optional) _____

Date _____

Annex five. Sample FGD/ Interview Recording Sheet

Title of the study – – Factors Affecting RH among the Borana Pastoralists, South Ethiopia

- FGD/ interview identification code: _____
- Date _____
- Type and no of participants _____
- Location: _____
- Moderator: _____
- Note taker: _____
- Time started: _____
- Time ended _____

Annex six. Registration Form for FGD and In Depth Interview

Title of the study – – Factors Affecting RH among the Borana Pastoralists, South Ethiopia

- FGD/ interview identification code _____
- Date _____
- Full name of participant _____ (optional)
- Sex _____
- Age _____
- Education status _____
- Occupation _____
- Any other information _____

II. Topic Guide: Afaan Oromo Version

Annex one. Gaafii Qajeelfamaa Gaafiifi Deebii Kan Keessaa Beettuu Waliin Tolfame.

Galumsa:

Waan mariif dhuftaniif qaraa fiixee horaa bulaa isaniin jedha. Maqaan kiyyaa doktoor Ibraahim Amee jedhama. Aniin barata Digrii lameessoo yunivarsiitii Finfinnee, Kutaa barumsa Fayyaa, irraa dhufe. Waan ani asii dhufeef waan reefuu isanii ibsee irraa ni hubattuu yaada jedhu qaba. Yaadni kiyyaa waan dubbannee sun akka dansaa gaafiifi deebiin mariin gabbisuu fedha. Yoo isanii hayyamaa naa kennitan taatanii waan dubbannuu kana waraabachuu fedha. Wanni ani qoonqoo keessaan waraabuuf wanni isan dubbataan akka tokkolleen na jala hin baaneef maal jennaan wanni isan dubbatana qorannoo kiyyaa guddoo na gargaara. Ammallee wanni ani isanitti himuu fedhuu wanni kun waan qorannoo kiyyaaf ala waan dhibiif tajaajila hin kennuu. Yaadi isanii naaf kennitan haalan tiffama. Ammaa duuba yoo jalqannee maal fakkattii?..... Eeyee.-----

(mallattoo hirmaataa)

Muumeessuu

- ❖ Waan Mari'annee gabaabsinee lafa kaa'uu
- ❖ Adoo marii keennaa kana hin buufataini wanni isani dubbachuu feetaan ni jirti?
Maal daruuu feetani? Yookaan yaada biraa maal qabdan? Yookaan namni yaada qabu kana qofaa naan dubbachuu barabaaduu ni jira?
- ❖ Goddoo galatoomaa!

Annex two. Gaafii Qajeelfamaa Kan Marii Kallattiin Tuuta Waliin Tolfame

Waan mariif dhuftaniif qaraa fiixee horaa bulaa isaniin jedha. Maqaan kiyyaa doktoor Ibraahim Amee jedhama. Aniin barata Digrii lameessoo yunivarsiitii Finfinnee, Kutaa barumsa Fayyaa, irraa dhufe. Waan ani asii dhufeef waan reefuu isanii ibsee irraa ni hubattuu yaada jedhu qaba. Yaadni kiyyaa waan dubbannee sun akka dansaa gaafiifi deebiin mariiin gabbisuu fedha.

Odoo gara marii hin deemini mee ha fuula wal-barannuu. Maqaa keessan mee walti himaa akka maqaan wal yaamnuuf, fulaa abaluu wallin jennuu. Waan biraa waan mataa keessan nutti himuu dandeettan (fakkeenaa: Ganna, hojii, haala barumsaa, waan bultii keessan...)

Qajeelfama tokko qabna. Namu marroo ofiitin haa dubbatuu waraabbiin akka dansaa ta'uuf. Namuu wal haa caqasuu, yaada waliillee walii haa kabajinuu yoo yaadi sun dharaallee taatee. Ammallee wanni ani isanitti himuu wanni ani nuu dubbannuu kun qorannoo kanaaf ala waan biraaf hin ooluu kanaafuu dubbachuu yaadi isan hin seeniin. Bilisaa taha dubbadha. Yaadi keessan kun akka dansa tiffama. Akkanaa itti haa fuufnuu?-----Eeyee-----

(mallattoo hirmaataa)_____

Muumeessuu

- ❖ Waan Mari'annee gabaabsinee lafa kaa'uu
- ❖ Adoo marii keennaa kana hin buufataini wanni isani dubbachuu feetaan ni jirti?
Maal daruuu feetani? Yookaan yaada biraa maal qabdan? Yookaan namni yaada qabu kana qofaa naan dubbachuu barabaaduu ni jira?
- ❖ Goddoo galatoomaa!

Annex three. Gucaa Walgaltii kan keessa beekaa waliin mallatteefamuu

Maqaa Qorannoo: Wantoota Wal Hormaata Dhalaa Nama Miidhaa Kan Naanoo Horsiisee Bulaa Booranaa, Kibbaa Toophiyaa

Qorataan Doktoor Ibraahim Ameer

Gaafiifi deebiin kun odeeffannoo wal fayyaa wal hormaataa ga'aa argachuuf jedhame kan Naannoo Horsiisee Bulaa Booranatti, Kibbaa Toophiyaa, kan tolfamuudha. Nu yaada ga'aafi odeeffannoo ga'aa qabdan yaada jedhu qabna. Qorannoon kun dhumarratti wantoota wal hormaataa fayyaa nama miidhaa kan horsiisee bulaa Naannoo Booranaafi ga'ee jaarmiiyoota aadaa ni garsiisa jedhe amanama. Bu'aan qormaata kana fayyaa wal hormaataa nama ka naanoo Booranaa ni fooyeeessaa yaada jedhu qabna hegeri. Gaafiifi deebiin haga sa'Addis Ababa tokkoofi wadhakkaa haga lama deemuu ni dandaya. Wanni isani jettan tokkolleen akka na jala hin baanee waan isani jettan kana teephiin waraabachuu fedha. Yoo isan hin feenee ammo dhiisuu ni dandaya. Gaafii feetan kana ani isan gaafadhuu deebiisuu dhiisuu ni dandeettan. Yeroo feetanitti marii keennaa dhiistan deemullee ni dandeettan.

Yeroo keessan kan isan naa wareegdan isanii baasaa. Waan isan jettanillee namni tokkollen na malee itti hin fayyadamu. Ani ammo waan isan jettaan isan tissa. Itti fuufuuf fedhii ni qabduu?

Mallattoo----- Maqaa (Maqaa Abbaan fedhuu)-----

Guyyaa-----

Annex four. Gucaa Walgaltii kan keessa beekaa waliin mallatteefamuu

Maqaa Qorannoo: Wantoota Wal Hormaata Dhalaa Nama Miidhaa Kan Naanoo Horsiisee Bulaa Booranaa, Kibbaa Toophiyaa

Qorataan: Doktoori Ibraahim Amee

Gaafiifi deebiin kun odeeffannoo wal fayyaa wal hormaataa ga'aa argachuuf jedhame kan Naannoo Horsiisee Bulaa Boorannatti, Kibbaa Toophiyaa, kan tolfamuudha. Nuuyaada ga'aafi odeeffannoo ga'aa qabdan yaada jedhu qabna. Qorannoon kun dhumarratti wantoota wal hormaataa fayyaa nama miidhaa kan horsiisee bulaa Naannoo Booranaafi ga'ee jaarmiiyoota aadaa ni garsiisa jedhe amanama. Bu'aan qormaata kana fayyaa wal hormaataa nama ka naanoo Booranaa ni fooyeeessaa yaada jedhu qabna hegeri. Gaafiifi deebiin haga sa'aa tokkoofi wadhakkaa haga lama deemuu ni dandaya.. Namni Yaadannoo qabatu yeroo nu dubbannuu waan nu dubbannuu ni barreessa. Maqaa keetiif waan kankee kan marii keessaa ka'uu hin waraabnuu Wanni isani jettan tokkolleen akka na jala hin baanee waan isani jettan kana teephiin waraabachuu fedha.

Yeroo keessan kan isan naa wareegdan isanii baasaa. Waan isan jettanillee namni tokkollen na malee itti hin fayyadamu. Ani ammo waan isan jettaan isan tissa. Itti fuufuuf fedhii ni qabduu?

Mallattoo----- Maqaa (Abbaan fedhuu)-----

Guyyaa-----

Annex five. Yaadannoo Saampilii ka Marii Kallattiin Tuutaa Waliin Tolfame

Maqaa Qorannoo: Wantoota Wal Hormaata Dhalaa Nama Miidhaa Kan Naanoo Horsiisee Bulaa Booranaa, Kibbaa Toophiyaa

- ❖ lakkoofsa FGD yookaan kan gaafiifi deebii
- ❖ guyyaa
- ❖ gosaafi lakkoofsa hirmaatootaa
- ❖ teessooo
- ❖ gargaaraa
- ❖ qabduu yaadannoo
- ❖ yeroo itti jalqabee
- ❖ yeroo itti dhume

Annex six. Gucaa Galmee kan FGD fi ka Marii Kallattiin Tuutaa Waliin Tolfameefi gaafiifi deebii keessa beekaa

Maqaa Qorannoo: Wantootaa Wal Hormaata Dhalaa Nama Miidhaa Kan Naanoo

Horsiisee Bulaa Booranaa, Kibbaa Toophiyaa

- ❖ lakkoofsa FGD yookaan kan gaafiifi deebii
- ❖ Guyyaa
- ❖ Maqaa guutuu hirmaataa.....(yoo feedhe)
- ❖ Saala
- ❖ Ganna
- ❖ Haala barumsaa
- ❖ Hujii
- ❖ Yaada

dabalataa_____
