

IMPROVING CHILDREN'S LIVES THROUGH RESEARCH

**SUMMARIES FROM PRESENTATIONS AT THE MONTHLY SEMINAR
SERIES OF THE CHILD RESEARCH AND PRACTICE FORUM**

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Improving Children's Lives through Research: Summaries from Presentations at the Monthly Seminar Series of the Child Research and Practice

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Foreword

Although a substantial number of studies have been carried out on issues related to children in Ethiopia, these are often underused in terms of informing policy and practice. Furthermore, existing research findings are often not well disseminated and easily accessible. Practitioners may feel they don't need research since taking action is a more immediate priority. Policymakers tend to focus on statistics and questions of 'what works'. Researchers are interested in detailed investigation of issues and they may not translate this into broader messages and recommendations which can be used for policy decision-making and to improve practice. In general there is limited dialogue and consultation between policymakers, practitioners and researchers in Ethiopia. This is partly due to the lack of networks and fora which can bring the three parties together in fruitful dialogue.

The Child Research and Practice Forum (CRPF) was established in 2010 by a group of local as well as international humanitarian organizations with the aim to promote the links between research, policy and practice relating to children in the country. The suggestion to establish the Forum was proposed during a consultative meeting organized by Young Lives, an international study of childhood poverty coordinated by the University of Oxford. The meeting brought together group of researchers, policymakers and practitioners working in the area of Orphans and Vulnerable Children in Ethiopia from 28 – 29 April 2010. A key recommendation was the formation of a forum to enhance dialogue between researchers, practitioners and policy makers.

The Forum currently has a steering committee comprising eleven members with representatives from African Child Policy Forum (ACPF), CHAD-ET, Concern Worldwide, Consortium Christian Relief and Development Association (CCRDA), Forum on Sustainable Child Empowerment (FSCE); Norwegian Church Aid, Oak Foundation; Plan Ethiopia, Save the Children UK, UNICEF and Young Lives. The Forum has also held discussions with the Ministries of Women, Children and Youth Affairs, Education, Health, Justice, Labour and Social Affairs, and Culture and Tourism, and representatives from the ministries have been attending the Forum meetings.

The Forum aims to communicate new research primarily from Ethiopia, and eventually also the region and globally and to publicize other new documents related to children to a wide audience. The Forum also seeks to promote the usage of online and physical resource centers and to facilitate dialogue and consultation between researchers, policymakers and practitioners. The Forum also plans to provide practitioners with the skills to use research findings to strengthen their programmes for children; and strives to make research more relevant to the questions that practitioners and policymakers raise. The audience the Forum seeks to address include policymakers, researchers (both academic and nonacademic), relevant government agencies, politicians, the media, members of local and international NGOs and civil society groups, donors and international organizations working on issues affecting the lives of children in Ethiopia.

Since its inception in September 2010, the Child Research and Practice Forum has been organizing a series of monthly seminars where various research results on children are presented to policy makers, practitioners, researchers and other interested individuals and institutions. The Forum has also produced two newsletters with summaries from the monthly presentations as well as coordinating other activities to link research, policy and practice.

As part of its monthly seminar, the forum brings together participants from government and non-government organizations, donors, bilateral and multilateral organizations, the media, research institutions and interested individuals to attend presentation and forward questions, debate and discuss ideas that help create, strengthen and sustain linkages between research, policy and practice with the overall aim of improving the lives of children in the country. So far, some 14 papers have been presented during seminars. Summaries of these 14 studies are presented in this booklet. The papers cover key thematic areas in child research, including vulnerability, livelihoods, health, education and child protection.

In addition to the monthly seminars, the Forum has also organized its first annual workshop for researchers, policy makers, development partners and practitioners. The workshop is designed to introduce the Child Research and Practice Forum and to provide an update on its progress; the workshop will disseminate summaries of monthly seminar research reports and identify future priority topics for monthly seminar presentations. The workshop will also explore the research to practice to policy links around two specific key areas that have been addressed in several presentations at the monthly meetings: FGM and Child Migration.

It is hoped that this booklet summarizing the 14 monthly presentations at the Child Research and Practice Forum will be of interest to those who were unable to attend the presentations, will provide a useful summary of the issues that have been addressed so far, and will stimulate further interest in the Forum and encourage participation in its activities in the future.

ACKNOWLEDGMENTS

CRPF would like to thank all partners, organizations and individuals who have shown their support to the Forum through participation in the monthly seminars both as presenters and as participants.

CRPF is also indebted to all the steering committee members for their commitment towards ensuring the success of the Forum's activities. Special thanks go to Simret for her coordination work and preparing the quarterly newsletters.

CRPF is most grateful for the support of OAK Foundation that has enabled the Forum to hire a Coordinator.

CRPF owes special gratitude to UNICEF for providing the venue and refreshments for the monthly meetings.

Finally, CRPF extends its appreciation to Young Lives that enabled the production of the summaries of presentations included in this booklet and ACPF, which covered the cost of publication.

CHILDREN AND WOMEN'S PROTECTION

by Yonas Biremata and Professor Tilahun Teshome

INTRODUCTION

This study, prepared in 2010 focusing on special protection measures needed for children and women is a background working paper commissioned in preparation of a report called Investment in Boys and Girls in Ethiopia: past, present and future, prepared by the Ministry of Finance and Economic Development, supported by several other ministries and the United Nations. The full eleven chapter report will be published early in 2012.

METHODOLOGY

The study reviews international laws and conventions, including the United Nations Convention on the Rights of the Child (UNCRC), national legislation and those parts of Ethiopia's constitution that relate to vulnerable children and women. It deals with twelve categories of vulnerable children and young women, scrutinising the available information on the prevalence and causes of the situations that they are in, the legal response and any interventions undertaken to address the issues. It lists the recommendations of the Committee on the Rights of the Child and adds its own observations on what duty-bearers at different levels of society must do to ensure the further progressive realisation of children's protection rights noting that a duty bearer is also a rights holder themselves and have the right to the necessary human, organisational and financial resources needed to be able to implement their duties.

FINDINGS

Children who are victims of physical and mental violence: Surveys indicate that more than 90 per cent of children in Ethiopia have suffered from physical and psychological abuse. It is common for children to be subjected to corporal punishment despite it being outlawed in schools, and legislation allows parents and other guardians the right of correction and disciplinary measures. Traditional attitudes include a tendency to consider crimes against women and children as minor offences.

The Government has made some attempts to reform policy and legislation relating to the protection of women and children. In May 2010 the Federal Supreme Court issued a guideline on sentencing to ensure penalties for crimes against women and children match the gravity of the crimes. Nevertheless, much needs to be done, including: repeal of the Criminal Code provision that allows parents and guardians to inflict 'reasonable chastisement'; undertake activities to improve parenting skills; and introduction of mandatory reporting of abuse and deliberate neglect of children.

Orphans and child-headed households: A survey in 2003 revealed that there were 4.6 million orphans in the country. Of these, 537,000 were orphans as a result of the HIV/AIDS epidemic. The 2007 census revealed a lower number of orphans than the estimate in the 2003 survey and Central Statistics Agency projected the numbers of orphans as being 3.8 million in 2009. As well as often lacking proper food and clothing, orphans from poor backgrounds are at greater risk of abuse, exploitation, isolation, stigma and discrimination. School attendance for orphans aged 10–14 is 34%, and only 26% in the case of 'double orphans', compared with 43% for non-orphans. In 2005 the number of child-headed households was estimated at 77,000.

While special services supporting orphans are limited in 2010 the Ministry of Women Affairs and the Federal HIV/AIDS Prevention and Control Office issued Standard Service Delivery Guidelines for Orphans and Vulnerable Children's Care and Support Programmes.

Children in alternative care: There are a growing number of childcare institutions, most of them run by civil society organisations. Children in institutional care are exposed to physical and psychological harm. In 2010 there was insufficient supervision of institutions and little attention has been paid to other forms of care such as community-based and foster care. Starting in 2011 the Ministry of Women, Children and Youth Affairs has been focusing on improving the supervision of alternative care service providers and several have been closed down due to their inability to ensure a required minimum standard.

Children and women victims of trafficking: Systematic data relating to trafficking in Ethiopia is limited but research suggests there are in the region of 1.2 million victims every year. Children and young women are lured with false

promises from rural areas to urban centres and to the Middle-East. The working paper suggested existing legislation prohibiting trafficking needs to be more vigorously enforced, and shelters for victims established.

Children with disabilities: The National Plan of Action for Children estimated in 2003 that there were about 2.5 million disabled children in the country. The 2007 census counted 231,192 children with disabilities. These children are vulnerable to abuse and neglect, and often are exploited for begging. Measures required include systematic data collection, adequate funding for social services targeting disabled people, improved accessibility of education, health and other services, and public awareness-raising.

Children in conflict and contact with the law: The scant statistics available suggest that Ethiopian society falls short of the protection these children are entitled to under international conventions and guidelines. The age of criminal responsibility is only 9 years. Children between the ages of 15 and 18 are treated by the justice system as adults. The Child Justice Project Office has taken steps to improve the juvenile justice system but lacks sufficient resources to fulfil their duties. A comprehensive policy is needed on preventing juvenile offending, and children should be held in detention only as a last resort.

Child labour: A national survey on child labour in 2001 found that 84.5 per cent of the country's children were engaged in productive activities or domestic work. The 2011 Ethiopia Demographic and Health Survey also asked about child labour and these results will be available early in 2012. According to the 2001 survey 12.6 million children under 15 were working. Many children are engaged in harmful or hazardous work, even though legislation prohibits this. The Government is drawing up a National Plan of Action on the Elimination of the Worst Forms of Child Labour, 2010-14. Better data collection and an effective system of labour inspection are required.

Street children: Children 'on the street' work on the street to earn money for themselves and their families; those 'of the street' are homeless. A 2007 Ministry of Labour and Social Affairs study estimated the overall number of children on or of the street at around 150,000 with about 60,000 living in Addis Ababa. A follow-up study in 2010 and early 2011 indicated that there are an estimated 12,000 street children in Addis Ababa. The majority are boys, some as young as 4. These children are vulnerable to a range of risks, they drop out of education, and are stigmatised by society. There is a need for support to parents, and safe complaint mechanisms for the children concerned.

Child commercial sex workers: The government estimated in 2002 that 90,000 women and girls were involved in commercial sex. About 20% of them were aged 12-18. A National Action Plan to Combat the Sexual Abuse and Exploitation of Children, 2006-10, emphasised prevention as well as the rehabilitation of victims. However, more resources are needed to investigate reported cases, and stricter enforcement of legislation.

Harmful traditional practices (HTPs): It was estimated in 1988 that 72.7% of girls and women had been subjected to female genital mutilation (FGM). The 2005 Criminal Code proscribes many forms of HTP, including FGM. Concerted efforts to eliminate the practice has resulted in a decline. The 2005 DHS survey found that while 81 per cent of women aged 45-49 had been circumcised the figure for 15-19 year olds had declines to 62 per cent.

Early marriage: The legal age for marriage is 18, but marriage at younger ages is widespread. Interventions focused on education and recourse to the law have resulted in a slow but steady reduction especially in Amhara, Tigray and SNNPR. For example the 2005 DHS indicated the average age of marriage for 20-24 year olds in SNNPR was over 19 years while for 45-49 year olds it was less than age 17. In Amhara for 20-24 year olds it was just over 15 years while for 40-45 year olds the average was close to 13.5. In Somali on the other hand the average age has been declining; 20-24 year olds reported an average age of marriage of just over 17 while 45-49 year olds reported an average age of marriage of 19.5.

Children in emergencies: These children are at risk of disease, injury and death as well as sexual exploitation, and have limited access to education or health services. There is a need to mainstream the actions described un UNICEF's Core Commitments for Children in Humanitarian Action.

CONCLUSIONS AND RECOMMENDATIONS

The working paper ends with the conclusion that budget allocations must be increased for those institutions of the state responsible for realising children's rights to protection. Capacity-building for responsible individuals and institutions is urgently required. Action points agreed upon in a series of consultations with senior civil servants

to help the state ensure that children are properly protected were grouped in seven categories:

Legislative framework and enforcement mechanisms: promulgate the UNCRC and African Charter of Rights and Welfare of the Child in the official law gazette; adopt a binding Children's Code, ratify all relevant international treaties; accelerate the birth registration system.

Policy development: adopt the draft National Policy for Children; formulate a National Child Protection Policy and a plan of action for all vulnerable children.

Service delivery: improve provision of services to support child victims of violence, abuse and neglect; improve children's access to justice; introduce alternatives to detention; introduce a free 'hotline' for children in distress; strengthen the regulation of care of children in institutions.

Social welfare system: strengthen and promote the role of communities and community-based organisations in protecting vulnerable children; improve family support services; promote alternative community-based care.

Communication for social change: promote and reinforce dialogue and social change at all levels of society to reduce and prevent violence, exploitation and abuse of children; encourage community participation in child protection initiatives.

Data management and evidence-based advocacy: conduct a child protection systems mapping and assessment; introduce a National Child Protection Register of reported incidents; introduce mandatory and anonymous reporting of abuse; improve data collection, management and evidence for child protection programming.

Participation: encourage the active involvement of children in the development and implementation of a national protection system.

The working paper served as a foundation for further deliberations in the course of 2011 led by the Ministry of Finance and Economic Development and a further iteration of the suggested action points will appear in the 2012 publication, *Investment in Boys and Girls in Ethiopia: Past, Present and Future*.

THE EFFECTS OF EARLY CHILDHOOD EDUCATION ATTENDANCE ON COGNITIVE DEVELOPMENT: EVIDENCE FROM URBAN ETHIOPIA

by Tassew Woldehanna, Associate Professor, School of Economics, Addis Ababa University and Principal Investigator of Young Lives Study, Ethiopia, Ethiopian Development Research Institute (EDRI)

INTRODUCTION

Analysing data from the Young Lives longitudinal survey in Ethiopia, the paper examines the effects that early childhood education attendance has had on the cognitive development of 5-year-olds, particularly in urban areas. The terms 'preschool education' and 'early childhood education' are used interchangeably in this paper, and refer to education provided by nursery schools and kindergartens for children aged 3 to 6.

A review of the relevant literature, documenting studies in many countries, reveals how preschool education is linked not only to substantial improvements in cognitive development, but also to the acquisition of skills such as motivation, self-discipline and socialisation. The study examines the pattern and trends of preschool enrolment in Ethiopia. Outside Addis Ababa and other urban areas, enrolment is at an extremely low level. The government has very little involvement in early childhood education and there is almost no public investment in it. The findings of this research indicate there is a crucial need for the government to become more involved in this first and critical stage of education. It needs to adopt measures to encourage the expansion of public preschool education and to make it accessible to the poor in both rural and urban areas.

METHODOLOGY

An extensive review of the literature was carried out to establish the rationale for public investment in early childhood education. The review also covered a large body of work describing the experience of other countries. The study then examined the general trends and structure of the early childhood education sector in Ethiopia, using data from the Ministry of Education.

Data from the Young Lives longitudinal survey in Ethiopia was used in the study to investigate the effects of preschool education on children's cognitive development at the age of 5. The data concerned the younger cohort (1,912 children from 20 communities in the five regions where most of the population lives). The cognitive development of children was measured by the Peabody Picture Vocabulary Test (PPVT) and Cognitive Development Assessment – Quantity Test (CDA-QA). The former is a test of vocabulary recognition as a general measure of cognitive achievement, the latter is used for assessing cognitive development. The study applied a rigorous statistical analysis in order to adjust the raw scores obtained through these tests. Moreover, the study used econometric analysis such as propensity score matching and instrumental variable estimation techniques to assess the impact of preschool on the cognitive development of children, taking into account factors such as rural and urban environments, gender differences, nutritional status, health status, wealth of household, household composition, villages where children were residing.

FINDINGS

The literature review, combined with the results of analysis of the data obtained in Ethiopia, provides a sound rationale for public investment in early education. The findings show that preschool attendance enables children to gain more from education at primary and subsequent stages of education.

In Ethiopia almost all preschool education is provided by the private sector, non-governmental organisations (NGOs) and religious institutions. The government has very little involvement and does not allocate any budget for preschool education. According to Ministry of Education figures, in 2000/01 only about 2% of preschool-age children were enrolled. By 2009/09 the proportion had risen, but only to some 4.2% of the 7 million children of that age group.

TABLE 1: Trend of Early Childhood Education in Ethiopia

Year	Preschool-age population ('000)			Enrolled pupils ('000)			No. kindergartens
	Boys	Girls	Total	Boys	Girls	Total	
2000/1	2,781	2,709	5,490	56	54	109	964
2008/9	3,539	3,418	6,997	150	143	293	2,904

The scope of the present study is limited mainly to urban areas, given the lack of awareness and expansion of early childhood education in rural areas. Data from the Young Lives survey found that, of the sample of 1,912 children of preschool age, 25% attended preschool education. The overwhelming majority of children in preschool live in urban or semi-urban areas. They are mainly from middle-class families, who can afford the fees. In Addis Ababa, the enrolment rate has risen impressively, from about 36% in 2001/02 to 73.8% in 2008/09. Enrolment in rural areas has remained at a very low level. This means that the poor and the marginalised are virtually excluded from this fundamental stage of education.

TABLE 2: Enrolment rate (%) across regions and over time recorded by the Ministry of Education

Region	2000/01	2008/09
Tigray	2.2	1.0
Afar	0.6	0.6
Amhara	1.3	2.2
Oromiya	1.4	3.4
Somalia	0.3	0.6
B.Gumuz	1.8	3.7
SNNPR	1.5	3.5
Gambella	0.8	2.4
Harari	12.0	11.4
Addis Ababa	35.7	73.8
Dire Dawa	9.7	19.7

One finding was that in urban areas a household with a large number of active female members, there was less chance of a child being sent to a kindergarten as he or she could be well looked after at home. This implies that families don't see preschool as an essential stage of basic education, but rather as day care.

Results showed that children aged 5 who had been attending preschool scored consistently higher on the basis of various cognitive development measurements than those who had not. They scored 24.5% higher in the PVVT and 19.6% higher in the CDA than non-attenders, when the results were adjusted to take into account the effect of variable factors.

Factors taken into account in the analysis included a child's early health-related problems, and a high number of dependants in a household, both of which had a negative effect on the child's cognitive development. However, the analysis found that gender and early nutritional status had a fairly insignificant effect on scores.

CONCLUSIONS AND RECOMMENDATIONS

The results of this study persistently show that early childhood education attendance leads to a substantial improvement in children's cognitive development. Preschool education therefore lays the foundation for a child's later academic achievement. It is worth noting that, although the primary school enrolment rate in Ethiopia stands at 94.3%, there is a high rate of children dropping out of school or having to repeat years.

The literature review indicates that countries that invest in early childhood education do so because it helps to break the cycle of intergenerational poverty, and ultimately benefits the nation as a whole. In Ethiopia, however,

there is practically no public investment in this critical stage of education. The sector is dominated by fee-charging kindergartens and nursery schools, so children from low-income families have little chance of attending. The implications of the findings of this research are crucial and timely for the Ethiopian government. On the basis of the empirical analysis and triangulating it with data from the Ministry of Education, the following policy implications emerge:

- The government needs to invest in preschool education, recognising it as an integral part of basic education.
- It needs to establish public preschools for the poor in both rural and urban areas of the country. In turn, this would raise communities' awareness of the importance of this stage of education. Media campaigns could help to stimulate demand from parents.
- Private provision should continue, and should also be encouraged. It should, of course, be carefully regulated, with the government defining and monitoring standards of quality regarding curriculum and teaching methods, staffing ratios, and teachers' qualifications.
- These standards should be established on the basis of international best practices and experiences.
- All stakeholders – including parents, teachers and others in the community – as well as experts in the field, should be consulted on the planning and development of early childhood education.

CONCLUSIONS AND RECOMMENDATIONS

The implications of these results are quite crucial and timely for the Ethiopian government. Hence, based on the empirical analysis and triangulating it with data acquired from the Ministry of Education, the following public policy implications are provided.

Despite the fact that preschool education has incalculable importance for children's cognitive development, public investment in this critical stage of education is currently almost none in the country. The majority of activities in this stage of education are instead left to the private sector. As the result, it is obvious to see that the subsector is dominated by fee-charging kindergartens in which children from low socioeconomic backgrounds have very little opportunity to attend this first and critical stage of education. For instance, in numerical terms, while the data from the Young Lives indicates that out of the sample of 1,912, 25% of them attend preschool education, we find a surprising figure for data acquired from the Ministry of Education for the whole country: only 4.2% of the 7 million preschool age children attend preschool education. This clearly demonstrates that only some privileged children have access to this fundamental stage of education. Furthermore, though enrolment in primary education is currently recording a high rate of 94.3% gross enrolment, the sector is generally characterised by a high dropout rate, high repetition rate and overall quality deterioration.

Therefore, although early childhood education is not a panacea, the obtained results reveal that early education programmes can substantially improve the cognitive development, academic success, and lives of children in poverty while benefiting the nation as a whole. Therefore, given this low participation rate and low quality of basic education, the government has to derive some lessons from the empirical analysis. The fact is that early childhood education is a foundation on which later achievements in school and life are built. In view of that, the government must do more in this first and essential stage of education. It is paradoxical to expect that high-quality basic education will be genuinely available for all children if the provision of early childhood schemes favours richer households in urban areas and excludes the poor and the marginalised. The government has to be aware that early childhood is a critical window of opportunity that helps break the intergenerational transmission of poverty (Siraj-Blatchford, 2009). Investing in young children is one of the wisest investments a nation can make. The reviewed literatures indicate that countries that invest in early childhood education do so not because they have surplus resources; they do so because they appreciate the advantages for children, families, communities and ultimately entire nations. So, the government needs to look at the existing preschool system with new eyes. The government, instead of spending huge amounts on building the capacities of old people, would do better to invest in children, who will be more able in the future. At least, by giving equal attention to that given to primary, secondary and tertiary education, the government should establish public preschools for the poor in both rural and urban areas of the country.

Nevertheless, caution is needed; public intervention in early childhood education does not necessarily imply

that it is supplied by the public sector alone. Helping stimulate demand from parents for such schemes through media campaigns is one method of achieving this. Private provision should also be encouraged. Incentives must be given to private providers who work mainly with disadvantaged groups. Of course, private provision needs to be carefully regulated. The government has a very important role in defining standards of quality and in devising and publishing guidelines. Nationally accepted standards of quality should specify minimum requirements for developmentally appropriate curriculum and teaching methodologies, staffing ratios, and the qualifications and numbers of teachers, as well as a system of monitoring the schemes and its impact on children's readiness for schooling. These criteria or standards should be developed and established on the basis of best practices and experience around the globe and through intensive consultations among all stakeholders – including experts, parents, teachers and others.

Finally, we would like to conclude by saying that early childhood education must be conceptualised within a child rights framework. A child rights framework is an important tool for guiding the development of policy, plans and monitoring tools because it places the child in the centre and analyses the obligations of different levels of society or duty-bearers in meeting the rights of the child. These levels include the family and community as well as local, district, regional and national institutions. Just as a child's rights are indivisible and non-hierarchical, early childhood education cannot and must not exist in a separate compartment from basic health, nutrition and community development priorities. Hence, all relevant sectors need to contribute synergistically to the development of every child.

An Assessment of Child Sex Tourism in Some Selected Tourist Attraction Sites in Ethiopia

**ECPAT (End Child Prostitution, Child Pornography and Trafficking for Sexual Purposes)/FSCE (Forum on Sustainable Child Empowerment) in Collaboration with Ministry of Culture and Tourism
by Desta Ayode and Getnet Tadele**

INTRODUCTION

Child sex tourism (CST) is a lucrative and ubiquitous practice involving the commercial sexual exploitation of children. The practice has expanded rapidly in recent years, mainly because of globalisation and the growth of the tourist industry. CST is an assault on the dignity of children and is among the worst forms of violent child abuse. In Ethiopia, little has been known so far about the scale and trends of CST. However, fragmented studies on commercial sexual exploitation of children give some clues as to the extent of the problem. The serious lack of data prompted ECPAT/FSCE, in collaboration with the Ministry of Culture and Tourism, to carry out this research. The study looked at six selected tourist attraction sites in the country: Addis Ababa, Bishofu Town, Gondar Town, Harar, Axum and Hamer Woreda.

METHODOLOGY

The study used mixed methods to generate both quantitative and qualitative data from primary sources, secondary sources and systematic observations. A total of 359 informants (children and adults) took part in the study. Girls/children engaged in commercial sex were the primary source of information for the quantitative data: 214 children aged 14 to 17 were interviewed. In-depth interviews with key informants and victims, and focus group discussions (FGDs) with children and the community in every study site, supported the quantitative data. In addition, secondary sources of information, including the existing policy and legal frameworks relating to child sex tourism in Ethiopia, were reviewed. The quantitative data was analysed using the SPSS (Statistical Package for Social Sciences) software package. Descriptive quantitative findings were supported by anecdotes and case studies.

FINDINGS

- Overall, quantitative and qualitative data revealed that CST is currently on the rise in all the tourist sites examined. In some of the sites it is rampant. Nearly one-third of young girls engaged in commercial sex had come to the tourist destination sites from other areas. The great majority (90.2%) had had sexual contact with domestic or foreign tourists.
- Most children enter into the sex trade in their early teens. This implies high demand among tourists for younger children.
- The problem of CST seems to be particularly serious in the main towns (Addis Ababa, Boshoftu and Gondar).
- Most of the key informants denied the existence of the problem of CST. This could be attributed to lack of concrete data about the extent of the problem, or it could be deliberate denial for fear that it might tarnish the country's image.
- Incidents are under-reported or not reported at all. This hinders attempts to trace evidence, and hence leaves perpetrators unpunished.
- CST is conceived by the overwhelming majority of victims and some key informants as a non-criminal act. About 60.8% of the respondents either understood CST as a non-criminal act or were uncertain about it. About 75.6% also reported that sexual proposals from tourists are mostly welcomed by girls. In general, these findings suggest informants were not aware that sexual intercourse with children (with or without their consent) constituted a crime.
- Girls' mistaken perceptions of foreign tourists, the clandestine nature of the problem (lack of concrete evidence), corruption and deliberate silence on the part of some government bodies, were major impediments to reporting CST.
- With regard to vulnerability to CST, poverty was stated as the main cause. Other factors were peer influence and the children's lack of awareness or erroneous perceptions.
- Young girls in general are considered to be at risk of exposure to CST. Those who are particularly vulnerable include children from low-income families, child local guides, children with little or no education, children from

broken families and street children.

- Tourists' preference for younger girls, the growing number of tourists and a corresponding increase in unauthorised tour guides, and easy ways of communication via the internet have all contributed to growth in demand. Major factors on the supply side of the problem were said to be the increase in the number of girls coming into the tourist destinations; girls' interest in and perceptions of tourists and members of the Ethiopian Diaspora; poverty and destitution pushing children into commercial sex; and unscrupulous local guides, traffickers, hoteliers and taxi-drivers luring girls into involvement in commercial sex in general and sex with tourists in particular.
- Domestic tourists and the Diaspora constituted 60.6% of tourists involved in CST, while foreign sex tourists accounted for 39.4% of total offenders. Asians constituted the highest proportion of foreign sex tourists (30%). Europeans, Africans and North Americans accounted for 19.7%, 15.8% and 13.2% respectively, while 21% of the respondents were not certain about the nationality of the offenders.
- The study identified unauthorised tour guides, traffickers, brokers, taxi drivers, and some hotel receptionists and hotel owners as major actors in facilitating the involvement of children in CST.
- Some 41.5 % of tourists who engage in CST approach girls through local intermediaries. The main means that tourists use to lure girls into having sex with them are: paying more than other customers (in the case of girls already engaged in commercial sex); 'grooming' (offering the children and their families gifts, invitations, etc); marriage proposals; and promising to take the children abroad and employ them as housemaids.
- The impact of CST on the children, family and the public at large is grave. The consequences include serious health problems, particularly HIV/AIDS and unwanted pregnancy (one-quarter of the respondent were not consistently using condoms), exploitation, abuses and unconventional sex, dropping out of school, and early child marriage.
- Although there is no specific reference to CST in the existing legislative framework, there are plenty of provisions aimed at protecting children from sexual abuse and exploitation. However, these provisions are not properly enforced. There are constraints and challenges relating to structural gaps, human and financial resource problems, lack of commitment, low level of awareness, poor reporting systems and lack of accurate and up-to-date information.

CONCLUSIONS AND RECOMMENDATIONS

Multi-sectoral interventions are needed, with joint programmes for the prevention of CST and the protection and rehabilitation of child victims of CST. It is vital to strengthen the public information campaign about the problem and to make the public aware of various measures that need to be taken to protect children. In this regard:

- o Tourism authorities should utilise existing tourism structures to make the public in the tourist destinations aware of the problem of CST; establish and strengthen collaboration with NGOs; provide training for tour guides on protecting children from abuse; develop guidelines and codes of conduct for the tourism industry; and carry out appropriate action plans and strategies at national and regional levels.
- o Children's Affairs Office should promote birth registration to facilitate legal protection of victims; strengthen the steering committee on sexual abuse and commercial sexual exploitation; and draw up a national children's policy to guide future interventions concerning children in general and CST in particular.
- o NGOs and ECPAT/FSCE need to conduct extensive education campaigns to make the public aware of the problem, particularly in schools, religious institutions and community-based organisations; provide technical assistance to law enforcement institutions; develop training manuals for use in refresher courses for police officers and the judiciary; build the capacity of community organisations and local structures to enable them to launch appropriate initiatives; improve the economic situation of destitute families; and establish child help lines to encourage the reporting of CST.
- o Law enforcement bodies should introduce/improve documentation and recording systems at the Child Protection Units (CPUs), prosecutors' office and the courts; encourage the public to report incidences of CST to the relevant legal bodies; work in close collaboration with the key actors in the tourism sector to protect children and prevent their vulnerability to CST; strengthen the role of the Child Protection Structures and boost the CPUs' ability to handle reported cases and systematically organise data.

MEN'S KNOWLEDGE, ATTITUDES AND BEHAVIOURS RELATED TO CHILD SEXUAL ABUSE, EXPLOITATION AND PROTECTION IN OAK FOUNDATION SUPPORTED PROJECT SITES

by Etsub Brhanesilassie and Awraris Alemayehu

INTRODUCTION

A growing body of literature points to the fact that most acts of child sexual abuse are committed by men. Either solely for this reason or for other factors as well, many interventions against child sexual abuse tend to consider men as threats to child safety and hence have barely included men in efforts to protect children from sexual abuse. With the aim of generating evidence on the value of including men in programmes against child sexual abuse, OAK Foundation and Hiwot Ethiopia has undertaken an 18-month pilot project mainstreaming male involvement in programmes to combat sexual abuse of children. Baseline research was carried out in the initial phase of the project, and its findings are presented below.

The general objective of the research was to explore men's knowledge, attitudes and behaviours relating to gender and violence, in the context of child sexual abuse, exploitation and protection.

METHODOLOGY

A literature review was carried out, but in the absence of adequate literature about men's attitudes to sexual abuse and to fatherhood in Ethiopia, researchers had to resort to readily available western references.

The study was conducted in Addis Ababa city and rural part of Debre Zeit. Primary data were collected between April and May 2010 from a sample of 400 men. A cross-sectional design was used for collecting quantitative information while a snowball technique was employed for generating qualitative data. The quantitative variables were analysed by SPSS version 15 and the FGD information was analysed manually. The FGD targeted 96 men and boys.

RESULTS

- Half of the respondents in the quantitative study were from rural Debre Zeit, and the rest were from Addis. Their mean age was 45 years. Of the total participants, 90% were married; 35% were illiterate. Over 90% were Christians while the rest were Muslims.

- Sixty-three per cent of men believed children in their own communities were not at risk of child sexual abuse.
- Most men believed that they had fulfilled their role of protecting children from abuse. On the other hand, they saw women as being primarily responsible for childcare.

- Only 4% believed children could be exposed to sexual abuse within their own family environment. Urban men seemed more aware than their rural counterparts of the extent of child sexual abuse.

- In response to a set of questions about their own sexual behaviours, 35% men reported that they preferred sex with young girls; 25% believed it was acceptable to have sexual relations with a 15-year-old girl.

- With regard to the reasons for child sexual abuse, 52% believed men can't control their sexual urges; 64% said it was because girls dressed in a provocative manner.

- Most men (68%) had been victims of some form of violence by their fathers at one time or another.

- The majority (82%) had never discussed sexual abuse issues with their children.

- Only 11% of the men had ever participated in any child protection programmes.

- Nevertheless, 70% said they would like to play a better role in their children's lives in the future. Nearly all admitted that men should be educated in childcare.

CONCLUSIONS AND RECOMMENDATIONS

This study demonstrated that the majority of men who participated in this study hold attitudes on violence and sexuality which could contribute to the perpetuation of child sexual abuse in particular and gender-based violence in general. Most men seem to be less involved in their children's lives in terms of caring, communication and attachment, which may be attributed to their understanding of what it means to be a man. The misconceptions these men hold may be the barriers to participation in programmes to combat the sexual abuse and exploitation of children. Practitioners working against child sexual abuse and exploitation should take into consideration the following points:

- Interventions to combat child sexual abuse need to examine the reasons why men and their communities justify some of the abuses, and address traditional harmful masculine attitudes.

- It is important that interventions challenge communities' harmful attitudes, norms and misconceptions that may

lead to violence, and offer some support for men to act out non-violent masculine norms at home and outside relating to children.

- Men and communities in general should be made aware that family environments or households can be unsafe spaces when no proper protection mechanisms are in place.
- The intergenerational chain of violence can be interrupted by targeting and engaging men, particularly fathers.
- Men should be given the chance to reflect on their masculine attitudes and behaviours, and redefine what it means to be a man without violence. This should be the starting point for behaviour change communication.
- Education in fatherhood, sexuality and manhood should be an essential component of programmes to combat child sexual abuse. This will help to enhance men's involvement in children's lives, and increase their confidence in participating in and contributing to child protection efforts. It can also improve the socialisation of children at an early age by demonstrating balanced gender roles at home and in the community.
- It should be acknowledged that there are some fathers in the targeted communities who are properly involved in the lives of their children; it is crucial that future studies look into these groups of men for separate data analysis, and use the findings for advancing good fatherhood and manhood to protect children in Ethiopia.

FEMALE GENITAL MUTILATION: FOLLOW-UP SURVEY OF HARMFUL TRADITIONAL PRACTICES IN ETHIOPIA

by Yayehyirad Kitaw, MD, MPH

INTRODUCTION

In 1997 National Committee on Traditional Practices–Ethiopia (NCTPE), now EGLDAM, conducted a nationwide baseline survey (BLS) on Harmful Traditional Practices (HTPs). Ten years later, a follow-up survey (FUS) was launched by EGLDAM with the support of the Norwegian Embassy and Save the Children. The aim of the FUS was to study the current situation regarding the prevalence of and attitudes to HTPs and the changes over the previous ten years, and to recommend strategies for the future.

Female genital mutilation (FGM) is just one of a number of HTPs specifically directed at women. The Constitution protects the rights of women, and Ethiopia has ratified most of the international conventions relating to human rights; however, there is a lack of effective legal measures, and those that exist are not consistently enforced. Poverty, together with low rates of literacy and school attendance are major constraints on the eradication of FGM. Only 52% of males and 67% of females have ever attended school, and only 4% of males and 2% of females have completed primary education.

EGLDAM, supported by Norwegian Church Aid, has created a network of 44 organisations working against FGM. The network coordinates efforts to share knowledge and experience and develop strategies, enabling programmes and activities to be set up wherever there are gaps in provision.

METHODOLOGY

The FUS included a framework for social change analysis, including methods of assessing changes and their applicability to HTPs in Ethiopia; a framework for statistical analysis, including a sample frame in line with the BLS, and a large enough sample size to enable changes in the prevalence of FGM to be measured.

The survey used both a quantitative cross-sectional survey to gather data from the general population and qualitative methods – key informant interviews and focus groups discussions (FGD) – for in-depth probing of certain aspects of FGM. The study population, numbering more than 20,000, covered almost all ethnic groups in Ethiopia. A structured questionnaire was used to collect data from the adult population on 20 selected HTPs, in a cluster of 100 sample households. Information was gathered from selected opinion-makers (OMs) – individuals regarded in the community as educated and well informed. Two FDGs were held, one in an urban area, one in a rural area. A literature and document review was carried out to assess changes and new developments regarding HTPs.

A total of 65,256 people took part in the field survey. A more or less equal number of males and females responded to the household questionnaires, while males represented 69% of respondents in the opinion makers in-depth interviews, and 74% in the FDGs. Christians made up 63% of the total, Muslims 30% and traditional religions 4.5%.

Some 44% of the total were illiterate.

FINDINGS

There had been a 24% decrease in the prevalence of FGM over the ten-year period. The decline was largest in Tigray and SNNP, whereas there had been almost no decrease in Afar or Somali. In Gambella, FGM is not practised by the indigenous ethnic groups.

Asked whether they had received any information on FGM, 73.8% said they had, mostly from health facilities and meetings. The mass media did not seem to be a major source of information.

Reasons given for the practice of FGM included prevention of 'sexiness'; respect for tradition; to control the woman's emotions; to avoid shame; hygiene. Most reasons are related to the dominant position and gratification of the potential husband.

In 1997, 33.6% knew FGM to be harmful; by 2007 this proportion had grown to 82.7%.

In Addis Ababa 92.8% knew about the harmful effects, compared with only 61% in Somali – but this was up from 51% ten years earlier.

Harmful effects mentioned included: difficulty at delivery; bleeding; infection; diminished sexual satisfaction; pain; fistula and urinary incontinence; damage to vagina during intercourse or delivery.

Declared support for the eradication of FGM was nearly 80%, and 77% promised not to practise it in the future.

A large number of interventions had been carried out. Mass education was the most common in all regions; Community Conversation (CC) was a method gaining ground in most regions; legal-related measures were mentioned. However, very few respondents referred to health service-related or practitioner-related initiatives. In almost all regions, respondents believed that increased awareness resulting from interventions had led to behavioural change.

The research addressed 100 institutions and found that a large number of government bodies and NGOs take part directly or indirectly in activities concerned with HTPs. Seventy-eight of the institutions had addressed the issue of FGM during the previous two decades.

Organisations identified important gaps in the efforts to combat FGM. These gaps were in: coordination and continuity of interventions; budgetary allocations; follow-up and monitoring; mainstreaming in various sectors; experience-sharing; officials' commitment; advocacy directed at religious leaders.

Some pointed out that most interventions were concentrated in urban areas, and insufficient awareness-raising took place among rural communities.

Legal provisions against HTPs have been strengthened and made more explicit. Nevertheless, there is little awareness of existing legislation; perpetrators too often are not punished, and even when they are, the punishments do not match the gravity of the crime.

CONCLUSIONS AND RECOMMENDATIONS

The research indicates a high level of awareness and declared support for the elimination of FGM. It has clearly progressed from being a taboo issue to one of open debate. Strong legal frameworks have been established, both nationally and internationally, to eradicate FGM. However, it seems there has been only a limited change in behaviour, and the practice of FGM persists. On the basis of experience to date, the following courses of action are suggested:

- The numerous ad hoc activities conducted by various government and non-government organisations to combat FGM and other HTPs need to be better planned and better coordinated. A specially created government unit, or else an existing organisation, should be mandated to undertake the task of coordinating these interventions.
- There is a call for better evidence-based, consistent and sustained strategies. The focus should be more on Behaviour Change Communication (BCC) approaches including Community Conversations.
- It is essential to provide training to improve the skills of facilitators and activists, so that they are better prepared for confronting voices that strongly argue for the continuation of FGM.
- Eliminating FGM and other HTPs will require increased financial resources, and although most should be generated within the country, international support will also be required.
- Approaches based on restrictive laws could be counterproductive. Although they might send important policy messages, they could result in FGM being practised clandestinely. They must be nuanced to meet the reality of the local area.
- In the early stages of an intervention, focus on information and preventive activities, and encourage participation of community-based organisations. It is important to undertake activities to educate people about the relevant laws, in clear, simple language, to gain people's acceptance of them.

- Health services have a major role to play in the fight against FGM, by providing information and raising awareness of the harmful effects of the practice.
- Awareness-raising messages that link FGM to potential HIV transmission can result in 'improved' procedures such as using a new blade for each case of FGM; the implication of this for the zero tolerance strategy should be explored.
- Educational institutions should continue to play an important part in the elimination of FGM. Including the issue in the curriculum has enormous potential to affect not only the students but their families and the community at large.
- Involving community and religious leaders in educating the population about FGM is very important. They are in an excellent position to transmit messages to large numbers of people. Clear, simple messages should be developed in consultation with the leaders themselves.
- It is important to develop innovative approaches to strengthen grassroots activism in the fight against FGM, particularly in rural communities.
- Further studies are needed to strengthen the evidence base for further plans and programmes. In-depth analysis of data should be carried out at regional level, as each region presents specific difficulties or advantages. The extensive data already collected could be further analysed and exploited, for example by the relevant departments of Addis Ababa and other Universities.

RETHINKING ORPHANHOOD AND VULNERABILITY IN ETHIOPIA

by Gina Crivello and Nardos Chuta

INTRODUCTION

'Orphans' became a category of vulnerable children deserving special protection in the context of the global AIDS epidemic. The disproportionate attention given to orphans suggests that orphanhood is a major or even the main factor affecting child vulnerability. The notion of 'orphans and vulnerable children' (OVC) currently dominates much of the policy for protecting children across sub-Saharan Africa. However, the very concept of OVC illustrates the tension that exists between targeting specific groups of children – orphans – for support, and addressing child vulnerability more generally.

The present paper examines this question with reference to Ethiopia, where an OVC approach guides child protection. The research used evidence from the Young Lives survey that has been operating in Ethiopia since 2000. The aim was to examine the degree to which child development outcomes were associated with orphan status and how much with other factors, such as household poverty. Analysis of qualitative data focused on children's own views and experiences of parental death within the context of their everyday lives.

There were nearly 2.7 million single and double orphans in Ethiopia in 1987, according to the Ministry of Health, and the total had reached over 5 million for children under the age of 15. About 20% of the children have been orphaned as a result of HIV/AIDS, but other major causes of orphanhood are poverty, famine, conflict and displacement.

METHODOLOGY

The researchers analysed data from the Young Lives 2009 survey and a qualitative sub-study carried out in 2010, focusing on children's experiences of orphanhood and vulnerability. Prior to fieldwork, a policy context analysis was carried out involving 17 semi-structured interviews with representatives of NGOs, government and international organisations working in the area of OVC in Addis Ababa.

About 21% of study participants had been orphaned by the age of 15, and 10% by the age of 8. Participants were from the existing Young Lives sample in areas of Addis Ababa and Hawassa cities (Atkilt Tera and Leku respectively) where poverty is widespread and living conditions very bad. Data was collected through 63 individual interviews, with 26 children aged 9–16, caregivers, non-governmental organisation (NGO) and local government representatives, teachers, healthcare providers and local leaders, as well as through separate group discussions with children and caregivers. The paper presents case studies based on interviews with individual children. These illustrate children's own experiences with regard to their relationship with caregivers, their social and material conditions in which they live, and the ways in which they made sense of parental death.

FINDINGS

Ethiopia's Demographic Health Surveys have shown that 83% of paternal orphans live with their mothers, 70% of maternal orphans with their fathers, and 51% of double orphans with a grandparent. In the study sample, only 2% of the older cohort (aged 14–15) and 0.4% of the younger cohort (aged 7–8) were living with non-relatives (including in-laws).

Children who had lost one or both parents were more likely to be living in better-off households. This possibly reflects a tendency for children to be taken in by better-off family members.

Younger orphans were slightly more likely to be enrolled in school than younger children whose parents were both alive. Older orphans, on the other hand, were slightly less likely than other children of their age to be in school. Children of both age groups, whether or not they were orphans, were more likely to be enrolled in school if they lived in urban areas and if they were from better-off households.

The research found that 36% of all the older children had a body mass index (BMI) that was below the healthy range. There were only minor differences in BMI (in the case of older children) and in height-for-age (in the case of younger children) between orphans and non-orphans. Health inequalities were larger when set in the context of other dimensions of vulnerability rather than orphanhood, such as whether children lived in urban or rural

areas, and the wealth status of their household.

Family and informal networks were crucial for the support and survival of the sample households surveyed. Children's own contributions were often essential for household survival. Older orphans who were living in extreme poverty earned some money through labouring and similar jobs, which they combined with their school work. They were proud of this, and did not see themselves as victims. The opportunities for girls to earn money, however, was much more limited than it was for boys.

Illness of caregivers was common among the households in the study, and frequently had severe economic and social repercussions. It often meant having to rent out space in the house, usually to strangers, which could pose risks to children in the household. Crowded living conditions were common.

Many young people lacked detailed knowledge of their parents' death. They did not refer to parental death as a main factor shaping their current lives, particularly when the death had occurred when they were very young, or when they were currently living in relatively better-off households. Some, however, recognised that the family's current state of deep poverty was the result of the death.

CONCLUSIONS AND RECOMMENDATIONS

Analysis of survey and qualitative data from Young Lives in Ethiopia found that orphanhood does not necessarily have the assumed negative impacts on children's lives. Indeed, poverty and household location are more significant than orphan status as causes of inequalities between children than orphan status. The findings of the present research suggest that a focus on orphans obscures the vulnerabilities of other groups of children.

- To date, use of the term OVC has not been widely questioned. However, it obscures acute poverty as a main source of child vulnerability and is an outdated approach. Therefore, tackling childhood poverty needs to be at the heart of strategies to address the needs of all vulnerable children in the country.
- Since many of the disadvantages that orphans face are the same as those faced by other disadvantaged children, it is imperative to ensure there is universal access to basic support for children, including food, school materials, and clothing.
- Rethinking orphanhood and vulnerability requires improved understanding of risk factors for children. Further research is needed on the interaction and accumulation of risk for children, and on what factors reduce or increase their vulnerability.
- Children's experiences of family, vulnerability and orphanhood vary greatly according to the context. Greater attention must therefore be paid to the social dimensions of child vulnerability.
- Policies for protecting children should acknowledge the resources that young people themselves bring to bear on their household circumstances through their roles and responsibilities.
- Ethiopia is planning a new National Plan of Action for OVC, in addition to the National Plan of Action for Children that is currently being developed. The need for generating new data and for producing separate plans should be questioned, and researchers and policy-makers should make use of existing research on OVC.

SCHOOL IMPROVEMENT PROGRAMME: LINK'S REFLECTIONS FROM WOLAITA

Learning Assessment of Grades 4 and 7 students in Bolosso Sore and Damot Gale in Wolaita Zone, 2007–2010

INTRODUCTION

Link Community Development (LCD) is working in Wolaita Zone, through its Woreda School Improvement Project. Its objective is more responsive and effective basic education delivery. This is to be achieved through better access to school performance data for parents and local communities, and increased stakeholder demand for improvements.

The project collects annual data against the Ministry of Education's School Improvement Programme domains, standards and indicators, and also administers learner tests in all government elementary schools in the target woredas. The test scores provide one important measure of how well the curriculum is being learned. In the academic years 2007 and 2010 it conducted assessments in three subjects at Grade 4 and in five subjects at Grade 7. The objective was to determine and compare the achievement levels in the two academic years, and across subgroups (gender, school, cluster, woreda). This report presents the outputs of the statistical analyses based on the test scores.

METHODOLOGY

The learning assessment was conducted in Bolosso Sore and Damot Gale woredas of Wolaita Zone. This represents phase one of the Woreda School Improvement Project which is now in phase two and working with four woredas and a total of 114 schools. The 2007 test scores were taken as baseline data to make comparisons in subsequent years. All students in Grades 4 and 7 in schools where LCD is operating were included in the study. A total of 6,000 students in Grade 4 and 4,000 in Grade 7 took the tests. The main tools for data collecting were the achievement tests, which were developed by subject teachers and piloted and approved by woreda and zone examination experts. A rigorous test administration procedure was followed. In Grade 4, the subjects tested were Mathematics, English and Science; in Grade 7, the subjects were Mathematics, English, Biology, Chemistry and Physics. Standardised scale scores were generated from the collected data, for the purpose of making comparisons between the tested subjects. Proficiency levels were determined on the basis of the scaled scores.

RESULTS

In 2010, the mean score for each subject was found to be below the pass mark set by the Ministry of Education (50%) for both Grade 4 and 7. In both grades, students who performed well in one subject did so in others.

Grade 7, 2010

The average score for all subjects was 40.8%.

The mean score for Mathematics (32.8%) was the lowest for all subjects.

The widest variation was in Biology (8.6%) and the least was in Mathematics.

Compared with the 2007 figures, average score was 3.9% higher; gains in individual subjects ranged from 0.7% in Mathematics to 18.8% in English.

Only 10% of the students scored 51% and above average score for all five subjects; the bottom 10% scored 33% or less.

In Mathematics only 10% were able to score 39% and above; 50% of students scored less than 32%.

Biology was the only subject where students had a mean score slightly above 50%.

Grade 4, 2010

The average score for all subjects was 46%.

The mean score for English (40.6%) was the lowest for all subjects.

The widest variation was in English (8.28%) and the least in Mathematics (6.66%).

Only 10% of students achieved an average score of 54.7% or more for all three subjects; the bottom 10% scored 37.3% or less.

In English, only 10% were able to score 50.2% or more; half the students scored less than 39%.

In Mathematics the median score was 49%.

The most difficult subject for the low achievers was English, which was also the most difficult for the high achievers. Mathematics was relatively easier for the low achievers.

Grade 7, 2007

Only 10% of students had an average score for all five subjects of 49.8%; the bottom 10% scored only 28.5% or less.

In Mathematics, only 10% managed 40.3% or more; half the students scored less than 31.3%.

The most difficult subject for the low achievers was English, followed by Mathematics.

Grade 4, 2007

Only 10% achieved an average score of 51.7% or above for all three subjects; the bottom 10% scored 37.6% or below.

In English, only 10% scored 54.3% or more; half the students scored less than 44.1%.

In Mathematics the median score 50.7%.

The most difficult subject for the low achievers was English. Science was the most difficult for the high achievers. Mathematics was relatively easier for the low achievers.

Gender differences

In 2010 in Grade 7, boys achieved mean scores for all subjects 7.3% higher than girls, and between 4.4% and 7.1% higher in the five individual subjects. The mean difference in Mathematics was the least, indicating that the subject was difficult for both sexes. In 2007, boys achieved mean scores for all subjects 6.9% higher than girls, and between 3.1% and 10.1% higher in the five individual subjects. Mathematics was difficult for both groups.

In 2010 in Grade 4, boys achieved mean scores for all subjects 6.1% higher than girls, and between 4.8% and 7% higher in the three individual subjects than girls. English was difficult for both groups. In 2007, boys achieved mean scores for all subjects 4% higher than girls, and between 3.8% and 4.3% higher in the three individual subjects than girls.

Differences between the two woredas

In 2010 the mean difference in average scores of the two woredas was found to be very small, with Bolosso Sore's slightly higher. In Mathematics Damot Gale performed better than Bolosso Sore. In all other subjects Bolosso Sore performed better, but only slightly – except in the case of Biology, where the mean difference was 2%. In Bolosso Sore in 2007, the average Grade 7 score was 4.7% higher. It scored better in all subjects at Grade 7, whereas at Grade 4, Damot Gale performed better in all subjects. 49.8%.

CONCLUSIONS

Analysis of the 2007 baseline data and data from 2010 showed that students had achieved improved scores in both Grades 4 and 7. However, the scores achieved in all the subjects were below the expected level. Boys performed better than girls. There exist wide variations in the scores, between the schools and within individual schools.

HEAD COUNTING OF STREET CHILDREN IN ADDIS ABABA AND ADAMA

Commissioned by UNICEF Ethiopia in collaboration with Bureau of Women, Children and Youth Affairs (BOWCYA) and StreetInvest, London

INTRODUCTION

Many people who have migrated from rural areas to Addis Ababa and other cities in search of a better life find themselves instead living in extreme poverty and unable to support their children. Family break-up and the death of parents from HIV/AIDS are other factors that push children on to the street as their only option for survival. The community and the government fail to protect them or offer them viable alternatives. The public views street children with suspicion. The children are vulnerable to destitution and exploitation; many girls on the street are exposed to rape or are forced into commercial sex work.

In 2010, UNICEF asked the UK charity StreetInvest to undertake a head counting exercise to determine the numbers of street children in Addis in a five-week period in October/November 2010 and January 2011. In January/February 2011, StreetInvest carried out a similar exercise in Adama. This city, capital of Oromia region, is 100 kilometres from Addis Ababa. It is located on the railway line that links the capital to Djibouti and has expanded rapidly in recent years.

The objectives of the head counting are: to identify those areas of the city where groups of street children are found but no organisation is working for them; to determine the numbers of street children in each area so that government and non-governmental organisations (NGOs) can focus their resources on these areas; to find out what is happening to the children, particularly girls, on the street at night; to ensure that a better approach to working with and for these children can be developed and presented to government policy-makers. The ultimate goal is that all these children can be included in national policy and practice.

METHODOLOGY

The Head Count project utilises a quantitative method of research centred on observation, using teams of counters in order to bring discussion, debate and agreement at the end of each week's counting. The method used for this research was developed by Patrick Shanahan, President and Co-founder of StreetInvest, in Ghana in the 1990s. It has subsequently been refined and utilised elsewhere including in the Democratic Republic of Congo and in Sierra Leone where a national head count of 14 cities was completed in 2011.

Effective head counting, using a methodology that is reflective and uses the skills of street workers, familiar with the environment of the street child, can result in a clearer identification of the number of children, and the trends within a city/town of their movements and activities. Teams of social workers, or those workers who have worked with street children and who understand street children's lives, count children in key areas of the city where street children are located. Each team counts every day for a period of five days. They then change with other workers and begin the process over again. The workers are provided with a week of training before the actual counting activity is initiated. Every Friday afternoon all the social workers of the head counting meet together to discuss the data collected from the street. This discussion process is a crucial point of the methodology used.

Those involved in the Ethiopia project adopted a working description of street children as: "Any child whose life is controlled by the street is a street child". They also decided on an age range of 0–22.

Addis Ababa was divided into five areas for the head counting. Sixteen workers were divided into four groups, each of which worked for 8 hours a day, sometimes during the day, sometimes at night. They were provided, free of charge, by seven different NGOs in the city, and all knew the streets of Addis very well. In addition, three other people were responsible for the project's administration, management and training. The counting was completed in January 2011.

There were nine workers for the Adama project; five were independent consultants while the other four came from two NGOs that work with street children. Three other people in charge of administration, management and training, made up the team. The head counters divided into two groups, working in the same way as in Addis Ababa.

RESULTS

Addis Ababa

The final results of the counting in Addis showed a total of 11,830 street children, a much lower figure than is usually assumed. Of these, 8,506 were male and 3,324 were female; 1,301 were under six years old. Of the under-sixes, 51 had disabilities; in the older group, 218 had disabilities.

The largest number (3,010) were jobless, while 2,177 were beggars. Almost all those engaged in shoe-shining (2,224) were boys. Other activities were 'movable business' (e.g. selling chewing gum, fruits, national lottery tickets, etc around the city) and 'fixed business' (e.g. in local markets, bus station areas, etc), day labouring or waiting. The number of girls who were commercial sex workers was 807; perhaps surprisingly, the workers found only 31 pregnant girls.

The head counters saw very little evidence of any work being done with these children, particularly at night. In three areas the team found a total of 218 children who were in need of medical assistance. The children themselves said there were two places in the city where medical attention was available to them: Zewiditu Hospital and Missionary of Charity in Sidst killo.

Adama

The total number counted during the three-week period was 4,796, of whom 1,309 were girls. This represents 2.17% of the city's total population, a much larger proportion than is the case in Addis Ababa. Of the total, 351 were under the age of 6, and 4,445 were aged 6–22.

There were 1,625 jobless children, but only 152 beggars, which represent 3.17% of the total, compared with 18.4% for beggars in Addis Ababa. The team found that 1,189 had 'fixed business' work, 875 'movable business' work, and 687 found daily work or waiting jobs. Girls engaged in commercial sex work numbered 266; they are not found in the main streets as in Addis Ababa, but around the bars area. Only two pregnant girls were found, and only two disabled children.

The team met one organisation that takes care of street girls who are pregnant or have small babies; they met no organisation working with disabled people, and only one NGO, called Life in Abundance, working for street children.

CONCLUSIONS AND RECOMMENDATIONS

The report of a baseline survey of street children in Addis Ababa carried out in 2007 stated that the services provided to these children were very limited in scope and lacked an overarching strategy. There is little evidence that much has been done to help them since then. This head counting exercise should be the starting point for the following set of actions:

1. There needs to be a coalition of government departments and NGOs that claim they work for street children; it should be put together and supported by UNICEF. Without such a coalition there is no hope of an overarching strategy and lasting interventions.
2. The head counters in Addis Ababa and Adama met almost no workers on the streets working for street children. There must be more street workers, who need to be trained and monitored, and must work full time on the streets. UNICEF and other large agencies will have to be asked to fund these new workers for the first three years. Ten new workers in the three areas of Addis Ababa with the largest number of street children would make an enormous difference.
3. A precise database is required of all the agencies and organisations serving children's needs, and then provision of these services to street children must be facilitated.
4. It is essential to engage with the under-sixes on the streets. Almost all live on the streets with their mothers. Today's street babies are tomorrow's street children. A pilot scheme specifically tailored for these small children should be started in Cherka Sefer in Addis Ababa; it would be a perfect first task for the recommended Coalition for Street Children.

5. Over one-quarter of all the girls on the streets are prostitutes. A better interaction with these girls is needed.
 6. Street children cannot be forceably removed from the streets. They need the presence of significant adults whom they trust and to whom they can talk, and who understand their problems and needs.
6. Future intervention programmes should be
- Age-sensitive (there is no point offering education to a youth who has been out of formal education for over 10 years, for example) and must address the ambiguities inherent in classifying children according to universal constructs of age.
 - Gender-sensitive: (girls do not necessarily want to be shoe shine 'girls!'), but not at the exclusion of gender-sensitive programmes for boys too.
 - Developed to measure 'success' in terms of Street Children's well-being and engagement, rather than just in terms of children returned to school and family. For many long-term street youth, these are not realistic or chosen options for their lives.

RAPID ASSESSMENT OF CHILD PROTECTION IN ADDIS ABABA, ARADA SUB CITY, WOREDA 08

**Forum on Sustainable Child Empowerment (FSCE)
by Desta Ayode (Consultant)**

INTRODUCTION

Interventions to protect children from abuse and exploitation have been mostly piecemeal projects, lacking co-ordination and a holistic approach. The Forum on Sustainable Child Empowerment (FSCE) is now shifting its strategy, and adopting a comprehensive and community-based multi-stakeholder approach. It therefore decided to put this approach into effect, with a baseline assessment in one of its target communities in Addis Ababa. The present rapid assessment explores major problems of child protection in Addis Ababa, Arada Sub-city, Woreda 08. The data obtained from the project has the potential to form the basis of a multi-stakeholder intervention in the woreda.

The objectives of the assessment were: to deploy a multi-stakeholder team to collect information that could be developed as benchmark data to be used in future interventions; to assess the situation of children in the target area with regard to child protection issues; to determine the major causes of child protection problems and the gaps in efforts to address these problems; and to outline concrete recommendations based on the assessment findings.

Woreda 08 is a large district adjacent to the parliament building and main palace. It has an estimated population of more than 30,000, about 15,000 of whom are children. Most of the area consists of congested slum dwellings. The inhabitants have very low incomes but the area does benefit from a variety of social services and has two schools, a health centre, a police station, a youth centre, a multipurpose child centre and a market.

METHODS

A robust participatory approach was taken. Relevant stakeholders took part, both as data collectors and as informants providing data. A quantitative survey was carried out through a household questionnaire and record form. A random sampling method was used to identify the households, which represented 10% of the total in the woreda. The enumerators collected data about the community in relation to the 12 child protection indicators set out in UNICEF's Annual Progress Report Card 2009. Information was also gathered through unstructured key informant interviews and focus group discussions (FDGs). The total number of informants was 504: 46 children in FDGs, 350 household heads through the questionnaire and record form; 96 members of local community groups in FDGs, 12 key informants (individuals or from government bodies and NGOs), through interviews.

FINDINGS

Women accounted for 77.7% of respondents in the household survey because during data collection the enumerators came across more women than men in the home. Respondents' ages ranged from 20 to 78. In 33.3% of houses one or both parents were either dead or absent. Nearly 22% had never attended any school, while 40% had had some primary education.

Birth registration. Out of 541 under-fives in the households surveyed, only 45 had been formally registered at birth. Many others had some type of document provided by a religious institution or a vaccination certificate from a health centre. However, some parents get their children registered even several years after their birth. Many respondents had no knowledge of how to register a birth and no idea of the importance of registration.

Violence against children. Asked what measures they took to discipline their children, 17% reported beating, 34.3% scolding. Several FDG participants believed that there was less beating now because children were aware of their rights.

Early marriage. The number of marriages of children under 18 was insignificant. It is much more common in rural areas.

Child migration. Only 3.4% said one or more of their children had left the family to live elsewhere. When it did happen, poverty was the main cause. When asked about street children in the locality, 18.3% said they had ob-

served them, but half claimed there were none in the woreda.

Female genital cutting. The overwhelming majority were against the practice; 8.1% said they did have it done, by traditional practitioners, and the main reason they gave was 'chastity'.

Child labour. All children aged 5–18 were engaged in domestic work in the house or other work outside, e.g. as taxi call boys or petty traders. The average time spent was 5 or 6 hours a day, but the range was from 1 hour to 11 hours a day. Over one-quarter of households employed a domestic worker, 63% of them under 18. Many of these children have been brought in from rural areas and are vulnerable to severe exploitation, as they are 'invisible'.

Children in emergency. Fire hazard and car accidents were cited as the major risks to children in the area. Children said they risked being knocked down by cars because they had to play in the road, as there were no playgrounds or football fields.

Children with disabilities. There were only about 26 children with a disability: 7 with profound or partial hearing loss, 4 blind or partially sighted, 8 with an arm or leg disability, 5 with a learning disability and 2 with multiple disabilities. A few of the children had never attended school, 12 had dropped out, but the rest were in school.

Sexual abuse and exploitation of children. Over half the respondents claimed there were no instances in the locality, over one-third said they were not sure, but 8.6% knew of instances. Children in particular referred to an increasing risk of violence against boys. This was connected with video rooms where groups of youths watch pornographic films and chew chat. Asked about girls engaged in commercial sex work, over half the respondents said it didn't exist in the woreda but 11.7% said it did, and the remainder didn't know.

Child trafficking. About one-quarter of respondents said there were trafficked children in the community; 43.4% said there were none, and the remainder were not sure. Most of the trafficked children do domestic work or look after babies but some work in shops and a large number are forced into prostitution. Trafficked children are 'hidden victims' and cases appear in court only when some kind of serious violence or abuse comes to light.

Children in conflict with the law. Police data indicated that in the past two years, 21 serious offences had been committed by children; most of the children concerned had received corrective measures and counselling at the police station's Child Protection Unit. When asked how they thought children were handled at correction centres, nearly one-quarter of respondents said children were beaten by the police.

Children without parental care. There were 126 orphans; 42 of them were living with grandparents, others with uncles, aunts or other relatives, and only 4 lived with non-relatives. Women's groups stressed that not all orphans were poor, and it was important to target the poorest children in general.

CONCLUSIONS AND RECOMMENDATIONS

The findings revealed child protection problems in the woreda in relation to each of the child protection indicators, although with wide variations in prevalence and magnitude. The issue reported by far the largest number of households was the absence of birth registration, but the problems of violence, child labour, child trafficking, sexual abuse, children without parental care and child offenders were all present. There were low rates of children with disabilities, child migration, early marriage and FMG. Poverty is the major factor increasing children's vulnerability to various forms of abuse, together with lack of awareness of child protection issues and few or no reporting mechanisms in place.

The following recommendations were made by the assessment committee:

- Focus on preventive programmes based on community awareness-raising.
- Strengthen initiatives to encourage birth registration, which is a fundamental element of child protection.
- Enhance collaboration including information-sharing between stakeholders.
- Provide training for personnel and child protective activists.

- Encourage community participation in child protection endeavours.
- Develop alternative livelihood promotion strategies for destitute families.
- Establish documentation on each child protection issue and ensure that all stakeholders have access to it.
- On the basis of the assessment findings, set up indicators for each child protection issue, by which the outcomes of intervention strategies can be measured.
- Conduct an awareness-raising campaign in the community through posters, fliers, rallies, etc. and working with schools and clubs.
- Mobilise local grassroots bodies to identify and address child protection problems in the community.
- Identify children under severe exploitation and rescue them, by gradually withdrawing them from the exploitative situation.
- Encourage the reporting of violence and abuse, e.g. by setting up free child help lines and making the community aware of where and how they can report cases confidentially.
- Enhance the capacity of local government structures and community-based organisations to help destitute families, improve documentation and record-keeping and set up temporary shelters for child victims of abuse.

BREAKING THE SILENCE: Violence Against Children with Disabilities in Africa

The African Child Policy Forum

(Report prepared with financial support from Plan Norway, and using data and country reports prepared by the research team for each country concerned including the Ethiopian Centre for Disability and Development)

INTRODUCTION

This study is an assessment of physical, emotional and sexual violence against children with disabilities in five African countries – Cameroon, Ethiopia, Senegal, Uganda and Zambia. Its aim is to increase understanding of the patterns and dynamics of violence experienced by this vulnerable and frequently overlooked group of children. The assessment hopes to enhance awareness of the situation of children with disabilities, and to promote their protection from violence and abuse.

Fundamentally, the fulfilment of the basic human rights of children with disabilities depends on genuine acceptance by their families, communities, societies and governments as equal citizens. It is worth noting that the majority of existing laws and policies on disability are not only outdated, but also don't prioritise issues of disability. This is despite the ratification by many countries of relevant child rights treaties including the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child and the United Nations Convention on the Rights of Persons with Disabilities.

Despite the many initiatives aimed at meeting the needs of children with disabilities, there are still many cracks in our understanding of the magnitude of the problems faced by these children. Their issues and challenges are often under-represented in the research and policy documents, as a result of which there is not sufficient information and data to support policy and legislative reforms to promote the full participation, equality and empowerment of children with disabilities. This has also been confirmed by ACPF's research. This lack of research information has led to a limited level of engagement with policy makers in an effort to provide an environment that is conducive to children with disabilities. This study is therefore a contribution to putting issues of children with disabilities on the public agenda and promotes their protection from violence and abuse.

METHODOLOGY

The study was conducted between November 2008 and March 2009 in each country by a dedicated team of disability specialists. Data was collected via 956 in-depth retrospective structured interviews with young adults with disabilities aged 18-24, alongside semi-structured focus group discussions and semi-structured interviews with key informants.

The sample of 956 individuals was 49% female and 51% male, comprising of respondents with sensory, physical and cognitive impairments from a wide range of socio-economic and geographical backgrounds. Thirty one per cent had visual impairment, 20% had hearing impairment and the remaining 19% had intellectual impairment. The data collectors selected in each country to conduct the retrospective interviews were all young people with disabilities.

FINDINGS

The interview findings, alongside the findings of focus group discussions, interviews with key informants and secondary research, show evidence across all five countries of disturbing practices of recurrent and socially accepted multiple episodes of violence against children with disabilities, which have a negative impact on their social and emotional development.

One hundred per cent of the sample had suffered at least one episode of emotional and sexual violence (all 956 persons surveyed), and 81.5% had additionally suffered at least one category of physical violence – this does not include multiple episodes of the same category of violence, which further raises the magnitude.

Children in Uganda and Zambia were the most vulnerable to physical violence, children in Ethiopia and Uganda the most vulnerable to emotional violence and children in Zambia the most vulnerable to sexual violence. Male children were not only more vulnerable to more types of physical violence than girls, but also more vulnerable to frequent physical abuse than girls. Boys were also more vulnerable to emotional violence, while girl children were more vulnerable to sexual violence – although not by a large margin, and not in Ethiopia or Senegal – across the entire sample. Children with physical and hearing disabilities were more at risk of physical, emotional and sexual violence than children with visual or intellectual disabilities.

An astonishingly high and varied prevalence of sexual violence was seen across the sample, ranging from 1.9 counts of sexual violence per child in Senegal to 3.9 counts per child in Cameroon, where 52% of the sample had been raped, 30% forced into prostitution and 43% touched indecently. The incidence of female genital mutilation (FGM) also varied, from zero in Zambia to 57% in Ethiopia, and with disturbing trends in resulting health impacts.

Children were most vulnerable to both physical and emotional abuse from unrelated children (15.5%) followed by parents and other relatives, and to sexual violence from children, neighbours, extended relatives, boyfriends and teachers. Whilst 64% of physical violence in Uganda was reported, only 31% of abuse against the Zambian sample was told to a third party. Moreover, despite the astonishing high prevalence of rape, those countries with the highest prevalence had the lowest reporting levels with up to 94% of the 63 Zambian boys forced into intercourse never having previously reported the incident to anyone before this research. Family members and friends were most frequently told, and only 1% of children reported physical violence to the police. Twenty three per cent of girls and 9% of boys were happy with the action taken; the remainder stated that nothing had been done, the response had been inadequate, or they had been punished for reporting.

The findings of the study highlight the current negligence of the states and communities within them to protect children with disabilities and to include them within child rights legislation and implementation. Even in countries with seemingly more inclusive societies (e.g. Uganda) the issue of violence against children with disabilities is not adequately being addressed. Without adequate support to caregivers and information dissemination to communities, violence against children with disabilities remains socially accepted, as prejudice and traditional beliefs surrounding disabilities prevail.

The study report recommends the inclusion of children with disabilities in all child rights advocacy efforts, alongside the fostering of advocacy that specifically addresses violence against children with disabilities. The current prevalence and acceptance of violence against such vulnerable individuals in Cameroon, Ethiopia, Senegal, Uganda and Zambia must be curtailed.

Inclusive education of children with disabilities and education of their caregivers and the wider community is critical to this end, so as to foster social integration and information dissemination. Protection in the supportive institutions, legal frameworks and policies is equally imperative so as to decrease the vulnerability of children with disabilities, and further investigation is recommended into several of the counter-intuitive trends uncovered in the data.

Violence against children with disabilities is a social and human rights issue of grave global importance. Article 19 of the United Nations Convention on the Rights of the Child (UNCRC) asserts that all state parties have a responsibility to ensure the appropriate legislative, administrative, social and educational measures to protect all children of the state from all forms of violence, including abuse and neglect (UNCRC 1989). Despite the ratification of the Convention by 193 countries, including all five case study countries in the early 1990s, Article 19 is frequently violated in respect of violence against children with disabilities. Violence against children with disabilities continues to be socially sanctioned by apathetic communities and states in flagrant abuse of human rights.

TEACHER TRAINING AND DEVELOPMENT IN ETHIOPIA: IMPROVING EDUCATION QUALITY AND STUDENT ACHIEVEMENT

by Workneh Abebe, Young Lives

INTRODUCTION

Children in rural Ethiopia face many barriers to achieving educational success; in particular, the shortage of well-trained and experienced teachers in their schools. This paper examines how such teachers contribute to the improvement of education quality and student achievement; the constraints that prevent teachers from delivering good-quality teaching and learning; and the impact of teacher-training and development programmes on student achievement. It also considers the degree to which other factors such as language of instruction, availability of school facilities, and household poverty affect teachers' and students' performance.

Despite very great improvement in the number of trained teachers in recent years, there are still big shortages at all levels, which means an unsatisfactory ratio of teachers to students.

Qualified teachers by level (%)

Level	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Primary (G1–4)	97.1	97.6	96.3	97.3	89.4	15.5
Primary (G5–8)	55.0	59.4	53.4	66.3	71.6	77.8

The targets for the proportion of fully qualified primary school teachers in 2008/09 had been 99.8% for the 1st cycle (grades 1–4) and 87% for the 2nd cycle (grades 5–8). The fact that these targets were not met indicates that teacher training had not kept pace with the expansion of schools at this level. In 2009/10 the proportion of qualified teachers for the 2nd cycle had continued to grow well. The huge fall in the proportion of qualified teachers for the 1st cycle is due to a change in policy: from 2010 onwards teachers with a Teacher Training Institute (TTI) certificate are not considered as fully qualified teachers for this level.

For secondary education (grades 9–12) the proportion of qualified teachers rose from 41% in 2004/05 to 75.2% in 2008/09, well above the target level of 71%. This increase is attributable to the establishment of new universities.

METHOD

This paper uses the qualitative data collected in 2010 through in-depth interviews with classroom teachers and school principals as part of the Young Lives study of schools in Ethiopia. The data was collected from five communities in the 20 sentinel sites of the Young Lives study. Interviews were conducted with 53 classroom teachers (33 rural and 20 urban) and 20 school principals (10 rural and 10 urban).

FINDINGS

Teacher-related quality indicators

Pre-service training. Most teachers in the 1st cycle of primary education have graduated from colleges of teacher education (CTEs). Teachers reported that the expansion of CTEs had greatly contributed to the improvement of teachers' skills for this level. Teachers for 2nd cycle primary and for secondary level are expected to have a first degree.

In-service teacher training. This relates mainly to the upgrading of teacher qualification through various kinds of teacher development programmes, which are conducted through summer schools, distance education and scholarship opportunities, as well as workshops, conferences and short courses, for example in the English language.

Informal training – on-the-job teaching experience. Many teachers believe that teaching in itself is a learning experience. Despite the rapid expansion of primary schools in rural areas, there are still large numbers of

teachers with long experience, especially in the 2nd cycle. Respondents said that the experienced teachers had developed good teaching skills over the years.

Teacher motivation. One of the key indicators of teacher quality that emerged from this research is the importance of teacher motivation and its impact on student achievement. Teachers considered financial incentives, material benefits and psychological support as important motivators. They mentioned low salaries and the fact that most teachers work extra hours without compensation. Teachers are sometimes awarded with formal recognition on the basis of continuous evaluation by students and parents. However, evaluation by students is often biased.

Effective school management, including instructional supervision. Many teachers reported the poor day-to-day management by school principals/directors, who paid insufficient attention to supervising classroom teaching. Instead they were occupied with financial and general management matters, etc. In the most remote rural schools, the data indicates that principals do not deal effectively with problems such as teachers' repeated absences, poor student supervision, and failure to complete a year's courses; nor do they prevent teachers from administering corporal punishment, which is banned from schools by the current education policy.

Major challenges for teaching and learning

Teachers' own attitudes and behaviours. Many teachers wanted to leave the profession. The main reasons for their dissatisfaction are society's attitude to teaching, and insufficient effort on the part of government and other bodies to emphasise the importance of the teaching profession for the country's development. One teacher said parents looked down on teachers, and refused to take their advice about the importance of sending children to school.

Teachers must love their job if they are to be good at it; they must also love their students and be supportive of children living in difficult situations. There is evidence that in many rural and some urban schools this is not the case; schools and teachers give more attention to the cleverer students. 'Smart clubs' have been established in schools. The idea was to bring together the clever students, who would also support the weaker ones, individually or in an organised way. In practice, these clubs generally serve to protect the rights and benefits of the high achievers. There is evidence of special classes for the brightest students set up in some schools in Amhara region. These classes get better teachers and better resources. The impact is devastating for the poor achievers, who feel discouraged and lose hope. The majority of the latter children live in poverty and have family responsibilities that meant they don't have enough time for studying.

Teacher absenteeism. Teachers, mainly in rural areas, are often absent from school. Lax supervision by school directors is one cause, but another is the distance between the school and the teachers' homes. It is particularly damaging in the 1st cycle of primary school where a single teacher teaches all the subjects.

Teacher assignment/allocation. In rural areas, the under-resourced, remote schools with few facilities and poor infrastructure are allocated the new and less-experienced teachers.

Shortage of trained teachers. The Teacher Development Programme (TDP) has helped to reduce the shortage but there are still not enough teachers to match the fast expansion of primary schools. This has led to large class sizes. In most rural schools one teacher teaches all subjects for grades 1 to 4. Sometimes if a teacher is ill or on maternity leave, the children are left without any teacher.

Community's perception of the teaching profession. The majority of teachers said that parents and the community in general did not give teachers due recognition, especially in rural areas. Parents' participation in school activities is still insignificant. Teachers in rural areas say many families keep their children at home working rather than sending them to school.

Language of instruction. Many teachers do not have the necessary knowledge of languages, mainly English. In the CTEs, training for the 1st cycle of primary school teachers is based on mathematics, basic science and civics; therefore many teachers are unable to properly teach the English language.

CONCLUSIONS AND RECOMMENDATIONS

The education system has shown rapid expansion but insufficient improvement in quality. The opening of so many new schools in rural communities has meant too few qualified teachers and classes that are far too big. The creation of new universities has led to a sharp rise in the number of qualified secondary school teachers, but there is still a serious shortage. This indicates that training of teachers has been lagging behind the expansion of the education system and of student enrolment.

- The shortage could be resolved through training additional teachers in both pre-service and in-service teacher training programmes.
- Committed, dedicated and motivated teachers are needed. Their salaries should match the responsibilities they are given.
- Incentives and good school management schemes help to enhance teachers' motivation. Teachers should not be overburdened by a variety of non-teaching activities. If they do have to take part in some extra-curricular activities, they should be properly compensated.
- Parents and other community members can play a pivotal role in helping to reduce the drop-out rate and encouraging improved access and equity in education. This can happen only if the community in general becomes more aware of the importance of education and of good teachers.
- Teachers and principals must be made aware of the importance of treating all students equally and should provide more support to children who live in difficult circumstances.

MATERNAL HEALTH-SEEKING BEHAVIOUR AND THE INFLUENCING FACTORS IN FIVE DISTRICTS OF SOUTH WOLLO ZONE OF AMHARA REGION

by Dr K Juliet A Bedford

INTRODUCTION

Save the Children has recently started Maternal Newborn and Child Health (MNCH) interventions across five woredas in South Wollo, Amhara Region: Kelala, Genete, Sayint, Mekane-selam and Wogidi. This report results from a qualitative needs assessment that aimed to: improve understanding of maternal health-seeking behaviour in relation to the socio-cultural environment of South Wollo; identify and assess factors contributing to the low uptake of maternal health services; and make recommendations concerning MNCH interventions and future programming.

METHODOLOGY

Using critical and applied anthropology methods, 46 case studies were completed in a two-week period in January 2011. A detailed analysis of narratives of pregnant and new mothers revealed dominant themes regarding aspects of MNCH and maternal health-seeking behaviour. Discussions about ante- and post-natal experiences were held with first-time, multiparous and grand-multiparous mothers, grandmothers and other close relatives. Interviews were conducted with healthcare professionals, to place these narratives in a context.

FINDINGS

Despite advances in MNCH services, in terms of how they are provided, accessibility and uptake, they continue to be underutilised. The reasons are complex and interrelated. The research identified a number of key themes influencing maternal health-seeking.

Perception of a normal birth and perceptions of risk

A 'normal delivery' is perceived to be short (around four hours), easy and at home. Normal delivery did not require medical intervention, or advance planning. Mothers consider giving birth at a health centre only if labour is protracted or there are complications. Although childbirth is perceived as a 'normal' activity, it is also regarded as dangerous. Fear of death in childbirth is a constant underlying worry. Labour and childbirth are never discussed among women in case such conversations frighten an expectant mother. Childbirth is seen as being less risky now than in the past because of the existence of health centres and trained health professionals.

Motivation to attend a health centre

Mothers are motivated to attend a health centre to confirm pregnancy and to receive immunisations. Physical examination and check-up are not key motivations, and nor is health education. Mothers are more likely to use a health centre if it is nearby. Most mothers do not plan to give birth at a health centre, although some young women would prefer to, in order to avoid delivering in front of relatives. The main reason, in cases where the birth does take place at a health centre, is a long, difficult or complicated labour. Mothers do generally attend a health facility after delivery to have their baby vaccinated at about 40 days.

Deterrents to attendance at a primary health care unit

There are several aspects of delivery at health centres that deter a mother from attending. At home she is surrounded by familiar people – relatives, neighbours and often a traditional birth attendant. At a health centre she is not allowed to be accompanied into the delivery unit. A key issue is the position of delivery. Instead of being able to move freely and deliver in a kneeling position, at health centres women have to lie down, often with their legs in stirrups. This physical exposure is considered to be very problematic. Women also dislike internal examinations and the brightness of delivery units. The presence of male health professionals during labour, however, is not a deterrent. In remote rural areas, distance and lack of transport makes it impossible to deliver at a health facility. Being carried to the health centre on a stretcher is seen as a public display that a mother is in difficulty, and gives rise to a sense of shame. Mothers are reluctant to return to a health centre during pregnancy if they were not given enough information at their first visit. If a mother is sent away during early stage labour she will often opt to deliver at home. Mothers who deliver at home, even after a protracted labour, do not think of presenting for a check-up after the baby is born.

Breastfeeding

There is a lack of structured post-natal care. Apart from vaccinations after 40 days, there is very little interaction between mothers and health facilities. Few mothers are visited during the first 40 days after delivery and the baby does not receive post-natal checks. Mothers receive little information about how to breastfeed. Some do not breastfeed immediately, but give butter, tea, sugared water or dough for the first three days. Others squeeze out the colostrum, believing that it can block the nipple, choke the baby or cause stomach problems. However, there is a move away from these practices, as parents note the improvement in the health of young children who were immediately breastfed.

Decision-making processes and the ability to act

The male head of a household usually makes the final decisions in the family. Most women claim their husbands know they use contraception. However, some husbands prevent its use and some women hide it from their husbands. The decision to take a labouring woman to a health centre is usually a collective one, made by the couple with relatives and neighbours present. But women are not always able to do what they themselves want, or to force others to take action on their behalf. The wider community needs to be educated in maternal health to enable the right decisions to be taken collectively, and to ensure that women can determine their own actions.

Level of knowledge and health education

Health education for mothers should be more easily accessible. There is widespread desire for information on all aspects of MNCH. Many women cannot identify early-stage pregnancy. Loss of appetite rather than lack of menstruation is seen as the key sign. Some do not realise they are pregnant until they feel movement in their stomach. There is a need for more sustained health education to women and the wider community. There are opportunities for experience-sharing during ante-natal visits to health centres.

CONCLUSIONS AND RECOMMENDATIONS

There is great potential for improving MNCH in Ethiopia, not only to expand the provision of good-quality services but, crucially, to focus on the context of delivery in order to develop effective utilisation and increase the rate of uptake.

Mothers' own ideas and perspectives should be incorporated in MNCH interventions. This will increase the relevance, appropriateness and acceptability of the interventions. The recommendations below relate to issues that the community in South Wollo identified as priorities and they derive from the examination of the socio-cultural context described in this report. Their aim is to maximise opportunities to encourage appropriate and timely maternal health-seeking behaviour and to minimise the barriers preventing it.

- Maximise every visit. Most mothers visit a health centre at least once during their pregnancy, but many do not maintain regular contact. The low number who deliver at a health facility suggests the potential of the first visit is not being maximised. Health professionals could try to foster a positive relationship, provide useful information and key messages, and encourage the mother to attend regularly and for delivery. Dismissing women during the early stages of pregnancy or, worse, the early stages of labour, will dissuade many from attending again. Mothers who have given birth at a health facility can be actively encouraged to return for future deliveries.

- Improve and expand health education. Most interviewees wanted more information. Clear, concise, consistent and accurate messages are essential, with the benefits of services explained. Instructions should be reinforced with clear explanations, which can be repeated frequently. Health education should provide information to the general community as well as mothers. It is possible to target information at specific groups. Both male and female educators should be able to speak to both mixed and single-sex gatherings. New platforms could be delivered for giving health education in a location other than a health facility. Mothers who have used the services successfully can be used as advocates to encourage positive behaviour change. More use should be made of Save the Children's Birth Preparedness Plan and the government's Family Health Card. They were both very well received but not known to all the interviewees.

- Facilitate more post-natal care. Most mothers are not visited during their post-natal confinement. This is a missed opportunity for effective management of the mother and newborn's health, and to reinforce key messages about post-natal care, including breastfeeding and vaccinations.

- Maximise maternity units. There is a need to alter the perception of a health centre as a place of illness, and

to change the culture of attendance. A delivery environment that is more acceptable to women could be created in the new maternity units in four of Save the Children's intervention woredas. Action could be taken to address mothers' concerns about attending a health centre. Mothers should be encouraged to stay on after delivery, so that the baby can be given a 24-hour check-up. It is important to give careful consideration to the most appropriate and effective way of opening new maternity units and introducing them to the community. In due course, the units' impact and their utilisation should be evaluated. If the improvements to the delivery environment are seen to have increased utilisation, they should be showcased, as a means of encouraging positive maternal health-seeking behaviour.

- Design and implement MNCH services that take the socio-cultural environment fully into account. Interventions must incorporate the ideas and perspectives of the intended beneficiaries if they are to be relevant, appropriate and acceptable.

MIGRATION PATTERNS OF CHILDREN EXPOSED TO SEXUAL EXPLOITATION IN SELECTED ZONES OF AMHARA REGION AND SUB-CITIES OF ADDIS ABABA

A study undertaken by Organization for Children Development and Transformation (CHAD-ET) by Ayalew Gebre, Assistant Professor, Department of Sociology and Social Anthropology, Addis Ababa University

INTRODUCTION

The study was conducted in three selected zones of Amhara Region (Dessie, South Wollo; Bahir Dar, West Gojjam; South Gondar, North Gondar) and focal points within the Addis Ketema, Kirqos and Lidetta sub-cities of Addis Ababa.

The main objective was to identify rural–urban migration patterns of children, girls in particular, who are exposed to sexual exploitation. A further aim was to gain an understanding of the ‘push’ and ‘pull’ factors that drive rural children to leave their homes and migrate to urban centers. On the basis of the study’s findings, recommendations are made for measures to be taken to curb this migration and to ameliorate the situation that migrant girls have to endure.

METHODOLOGY

Qualitative and quantitative data were obtained through questionnaires, in-depth interviews, focus group discussions with: a randomly selected sample of migrant children aged 13–18 (100 in each site); local residents; leaders of community-based organizations; members of school communities; local government and administrative officials; representatives of non-governmental organizations (NGOs); and government employees in the areas of health, education, and women and children’s affairs. The information and views obtained were backed up by individual case studies.

FINDINGS

Age, marital status and educational background of migrant children

The great majority (90%) of the migrant children interviewed had left home when they were between the ages of 16 and 20; 69% of them had been married before they left their homes, and had unilaterally decided to divorce or separate from their spouse. The majority were illiterate: 57% had had no education at all, 35% had had some access to primary school but slipped back into illiteracy after migrating to an urban area.

Only 4% had attended secondary school, and another 4% had received some education through church or mosque.

Destinations and migration routes

Large numbers of young girls in west and south-west Wollo migrate to Dessie town; smaller numbers go to Kombolcha. Bahir Dar Town is a major destination from rural areas of South Gondar. Gondar Town, in North Gondar, attracts an influx of migrant children from the rural highlands in the north-east and extreme north and along the main highway to the Sudan border. Addis Ababa had massive migrant child population. The data collected shows that most of the children have come from rural parts of Amhara Region in Wollo, Gojjam and Gondar as well as villages in the neighboring Oromia zones of north and west Shoa.

Children often stay for a while in smaller towns en route for their main destination. They may find work, for example, serving in drinking houses, earning money for their onward transport. They are already highly vulnerable to sexual exploitation.

Most of the movement is from rural to urban areas. However, sometimes girls decide to move back closer to their home villages, when they can no longer cope with the problems they have endured in the town. ‘Urban to urban’ migration happens when children move from their home town to another town because they are engaging in a way of life that they think their families will find unacceptable.

Seasons for migration

The time of year when most children migrate is during harvest time, January–February. It coincides with the three major religious holidays, Christmas, Epiphany and Asterio Mariam. Large numbers of people who have migrated to the towns return to visit their native villages for the festivities. When they go back, scores of others decide

or are persuaded to migrate with them. A similar thing happens after Easter, in April–May. In the wet season, June–August, food is very scarce and many migrate to the towns to find work and earn money to buy food; most never return to their villages.

Push factors

Children are driven to leave their home villages by many factors, including the harsh conditions in rural societies, poverty, under-employment, periodic severe droughts leading to hunger, population pressure causing a shortage of agricultural land and family disintegration. Other factors are the monotony of life in poor villages, absence of social amenities such as education and traditional practices such as child marriage.

Pull factors

People have an image of life in towns that is far removed from the reality. They have dreams of escaping poverty and destitution, and improving their lot in a town. False impressions are given by the apparent prosperity of migrants on return visits to their native villages.

Child migrants' experiences

The children lack even the bare necessities of life when they arrive at their destination, which makes them immediately vulnerable to exploitation. Young girls find themselves at the mercy of brokers or traffickers and pimps, who entrap them at bus terminals at the moment of their arrival. In drinking houses and brothels, or on the streets, the girls are exposed to the worst forms of commercial sexual exploitation, including gang rape, and being robbed, beaten and coerced into unsafe sex, leading to infection with HIV/AIDS or other sexually transmitted infections (STIs), or to unwanted pregnancy and unsafe abortion.

CONCLUSIONS AND RECOMMENDATIONS

The findings of the research suggest two sets of measures to be introduced. The first concentrates on addressing the problem at its source, where gender-mainstreamed multisectoral rural development programmes are needed, to curb the flow of children migrating out of their home areas. The second focuses on rehabilitation programmes to ameliorate the situation of migrant children exposed to sexual exploitation in the destination areas and at points of transit towns along the migration routes.

Preventive measures

- It is of paramount importance that women are actively involved in all stages of the design and implementation of rural development programmes. They must be included as decision-makers and as beneficiaries.
- Education and health programmes should be gender-mainstreamed to increase women's access to training and to reproductive health services.
- Family planning services tailored to the specific needs and circumstances of rural women are essential.
- Efforts must be made to build the capacities of women and to raise their awareness of their own potential. Families should be encouraged to send girls to school.
- Ways need to be found of promoting off-farm income-generating activities that enhance women's economic capacity and help to reduce family poverty. Livelihood diversification also helps to reduce the pressure on land.
- The incidence of child marriage could be reduced by sustained advocacy and awareness-raising, encouraging the involvement of whole communities in combating this custom, and enforcement of the law to stop specific cases taking place.

Rehabilitation and reintegration measures

- The children and others interviewed strongly emphasized the need for access to micro-finance and credit facilities. This would enable the children to liberate themselves from commercial sexual exploitation, and start earning their living through petty trading activities. Government and NGOs should set aside funds for small-scale credit to help these children.
- Key informants said that skills training and possibly apprenticeships with labour-intensive enterprises might be

considered, before micro-credit is made available. Migrant children would be offered training programmes on marketable areas of the time based on actual market assessment and analysis.

- For such a scheme to work, however, the problem of housing has to be addressed. The children described very high rents as a major factor forcing them into their present situation. A solution would be to set up low-cost accommodation schemes alongside any skills training programmes.

- Rehabilitation must include services to help the children undergo behavioural changes. Drop-in centers, for example, could provide some education, information on reproductive health and contraception, and guidance and counseling in connection with HIV/IDS and other STIs, and on their legal rights as children.

- These intervention should be tailored to suit the needs of targeted groups, according to the degree of their exposure to the various problems.

- Because of the complexity and huge magnitude of the problem of migrant children, it remains inadequately researched. More exhaustive research, including separate examination of each of the components described in this report, is highly recommended in order to adequately inform future programme interventions.

HARMFUL TRADITIONAL PRACTICES AND CHILD PROTECTION: Contested Understandings and Customs of Female Early Marriage and Genital Cutting in Ethiopia

by Jo Boyden, Alula Pankhurst, Yisak Tafere

INTRODUCTION

This paper explores the contrasting perspectives of female early marriage and genital cutting in Ethiopia. International norms conflict with local understandings, and interventions that fail to pay sufficient regard to the local cultural context can have unintended adverse consequences. The practices of early marriage and genital cutting persist in the face of campaigns to eradicate them.

The term 'early marriage' relates to marriage below the legal age of 18. About one-third of girls in Ethiopia are estimated to be married before they are 15, according to some research. 'Female genital cutting' (FGC) denotes all procedures involving partial or total removal of, or other injury to, the external female genitalia, for non-medical reasons. There are three forms of genital cutting in Ethiopia: cliterodectomy, excision and infibulation. The latter, the most severe and debilitating form, is not practised in any of the Young Lives sites. Studies have indicated that three in four women in Ethiopia have undergone genital cutting; the prevalence is lowest in urban areas.

Several international conventions and protocols proscribe female early marriage and FGC. International objections to early marriage centre on harmful consequences for the girls' health and education. Most of the criticism of FGC focuses on adverse health impacts. The government of Ethiopia vehemently opposes both customs, labelling them Harmful Traditional Practices (HTPs) and proscribing them in law. There is a range of preventive measures including advocacy campaigns in schools, in the media and among local associations.

METHODOLOGY

The findings are based on qualitative research with 50 children born in 1994/95 in five of the 20 Young Lives sites in Ethiopia, as well as with their peers, caregivers and community representatives. Three rounds of data were gathered from the same communities, children and adults. Focus group discussions were conducted with boys, girls and adults in separate sessions, and interviews with community and religious leaders, elders and service providers. The five sites were selected to include one from each of the main regions from which the wider sample of sites was drawn, plus Addis Ababa.

FINDINGS

Early marriage for girls is understood to offer many social and economic advantages to families and kin. It can cement an alliance as a means of social insurance or social mobility. Even though the practice clearly infringes girls' autonomy, the consolidation of intergenerational ties and family resources is a way of protecting them, and enabling them to make the transition into adulthood.

Families might sometimes marry off a daughter in order to get themselves out of poverty. In some areas bride-wealth often involves substantial sums of money and several cattle being paid to the bride's family.

Given the high maternal and infant mortality rates, marrying off girls early may help to ensure continuity of a family's social heritage.

Early marriage extends a woman's reproducing years, thus expanding a household's labour capacity.

Concerns about girls engaging in premarital sex were widespread among adult respondents in all survey sites. Early marriage was perceived as preventing the risk of promiscuity. Respondents in Addis Ababa saw setting the age of marriage at 18 as posing a risk for girls, since they are 'ready for sex' at a much earlier age.

A large number of respondents saw the government's promotion of girls' rights to self-determination in matters of marriage as encroaching on the authority of parents. Many agreed, however, that the couple's own views should be taken into account and they believed it was wrong to force a girl to marry against her will.

FGC plays a role in the girls' social standing during their transition to adulthood, increasing their marriageability.

In many parts of Ethiopia it is believed that uncircumcised girls are unlikely to find a husband, or that they will be unable to conceive or give birth.

FGC is thought to constrain errant sexual behaviour, thus safeguarding girls' moral standing and marriageability. Some respondents considered the practice to be preordained by their faith, although there is no religious endorsement for the practice in Ethiopia.

Muslim girls in Addis Ababa claimed that circumcised girls were 'cleaner' and 'calmer'; uncircumcised girls were prone to 'bad behaviour' and developed sexual need at an early age. Being uncircumcised and therefore 'im-pure' was perceived by respondents in Hawassa as linked to clumsiness about the house.

In the Oromia and Addis Abba sites it is girls, not adults, who most favour the continuance of FGC. This arises from peer pressure and reflects the importance girls attach to social acceptance and readiness for marriage. Parents are now often reluctant to have girls circumcised because of fear of prosecution. This has led to many girls, under pressure from their circumcised peers, to organise their own circumcision, some even clandestinely.

The research found that eradication efforts have increased awareness and changed attitudes in some areas. There has been a rise in the median age of marriage in some areas and FGC has declined significantly in urban areas and in Amara Region, where there have been more campaigns. The most determined opposition to FGC was in Hawassa, where the many harmful effects on girls' health were stressed in advocacy efforts.

Respondents attributed the decline in FGC to the imposition of fines; education in schools; awareness-raising activities by local non-governmental organisations; advocacy and other work by local government officials with women's associations, youth groups and school clubs; and educational films.

However, despite the legal ban and concerted campaigns against early marriage and FGC, the research uncovered significant resistance to reform. The varying reactions to the campaigns has led to conflict within some families.

CONCLUSIONS AND RECOMMENDATIONS

Substantial efforts have been put into measures to eliminate FGC and early marriage. These, together with broader changes in society, are slowly transforming values and attitudes in many communities. All government officials, professionals and community leaders in the research opposed both early marriage and FGC, as did some caregivers and some girls and boys. Nevertheless the practices persist to varying degrees.

There is a clear dilemma: who is in the best position to judge what is harmful and what is protective of children? What criteria should be applied? Modern globalised norms emphasise health and individual rights, but traditional values focus more on social acceptance and integration. Both approaches have girls' wellbeing in mind, but they cannot easily be reconciled. Child protection policy in this respect must be developed with the following points kept in mind.

- It is essential that interventions to promote change pay due regard to the socio-cultural and economic context. They must consider the rationale underlying the practices of early marriage and FGC and the potential effects of reform for all those involved. If they fail to address legitimate social concerns they are unlikely to achieve their aims and may bring about resistance and unintended adverse outcomes.
- Measures aimed at reducing or eliminating early marriage and FGC should not be introduced in isolation; there is a need to include other actions such as providing reproductive health services and promoting women's education and employment.
- It is not at all evident that a punitive approach involving imprisonment and fines is an appropriate way of addressing the issues of early marriage and FGC. They could drive prohibited practices underground, thereby increasing the risks for children.
- In the lack of access to contraception and reproductive healthcare or support for girls who give birth out of wedlock, enforcing the legal age of marriage can result in serious consequences for some girls.

- A ban on early marriage does nothing to solve the other problems facing adolescent girls, including the issue of girls' education, and lack of employment opportunities.
- Given that attitudes in Ethiopia are in any case slowly changing and the practice of early marriage and FGC appears to be declining, even though more in urban areas and certain regions where there have been targeted advocacy campaigns, it is possible that intervention beyond awareness-raising and advocacy may not be necessary.

