

REPRODUCTIVE *Health Journal*

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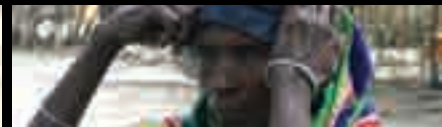
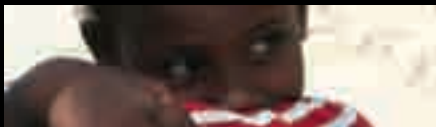
SALOT

Deep-rooted social sanction

EDUCATION

FOR GIRLS

The wise decision







CONTENTS

2	AMREF in Ethiopia
3	Foreword
5	Highlights
6	Salot: Deep-rooted Social Sanction
15	Education for Girls: The Wise Decision
17	Strengthening Health Systems
19	Empowering the Youth
22	Helping one Another: The Afar Way of Life

BETTER HEALTH FOR THE PEOPLE OF AFRICA



About the Journal

This Reproductive Health Journal is an educational publication with due emphasis on reproductive health. It is published four times a year by AMREF in Ethiopia's Pastoralist Youth Reproductive Health Program (PYRHP) with funds from, the Dutch Ministry of Foreign Affairs. It provides valuable information on reproductive health issues to low level and peripheral health workers and youth.

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All materials and opinions in the journal represent the opinion of the author and may not necessarily reflect the policy of AMREF in Ethiopia.

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AMREF in Ethiopia

The presence of AMREF in Ethiopia goes back to the 1960s when there were only occasional surgical outreach visits to hospitals in the country. These visits continued until the mid 1970s with ad-hoc training activities in partnership with Gondar and Jimma medical colleges. Then, AMREF returned to Ethiopia in 1995 with a regional project on Adolescent Sexual and Reproductive Health (ASRH). At that time, AMREF only had one project in Addis Ababa. In 2002, AMREF took a significant step forward, establishing a full-fledged country programme.

Since then, AMREF in Ethiopia has grown tremendously, reaching out to disadvantaged communities. Its programmes which were limited only within the capital now stretches to Afar National Regional State and the Southern Nations Nationalities and Peoples Regional state. Currently AMREF in Ethiopia runs 22 projects in seven regions.

Through alliances and partnerships with key players in the health sector, AMREF in Ethiopia strives to make a change in peoples' lives. We focus on strengthening health systems and enhancing interventions that improve people's access to health by way of active community participation. Our strategy is pillared on three interdependent programme themes: community partnering, capacity building, and health systems research for policy and practice.

Country Goal

Advancing better health for Ethiopian people using evidence-based strategy aimed at reducing the gap between the marginalised and vulnerable communities and their access to basic health services.

Programme Themes

Partnering with communities for better health is our main objective. We favour working with communities because we in AMREF believe that everyone is entitled to good health. We also work to generate evidence to influence better policy making and identify best practices. We build capacities of people, communities, health professionals, and health systems so that they can advance better health services.



FOREWORD

Availing education for women is a wise decision. Therefore encouraging and helping young girls to go to school can result in meaningful development results. These results can be easily seen on health, and most importantly reproductive health. Girls' education is found to be positively associated with the reduction of child and maternal mortality, the MDG4, which is still far from achievement. Research findings have indicated that women with a formal education are much more likely to use family planning methods, delay pregnancy, and have fewer and healthier babies. Moreover, educated women are better informed about health care practices, immunization and HIV/AIDS. Girl's education is therefore essential to envision a brighter future for any society.

But, education does not come easy for girls. Many cultural and social challenges continue to be a problem. Such cultural norms like early marriage and female genital cutting pose serious drawbacks to young girls. We abhor female genital cutting not just as a mere social practice. Rather, it is an offence on women's sexuality and a form of violence against them. Women get increased risk during delivery due to the practice of female genital cutting. Cognizant of this fact AMREF has targeted TBAs to build their skills so that they can work closely with HEWs. It is therefore our responsibility to ensure the safety of women at all levels. Therefore, we continue working with religious leaders, local administrators, TTBA's and other players to ensure better future for young girls.

Our efforts so far have showed encouraging results. Our TBAs now have the knowledge and skills not only to assist deliveries, but they are also quite instrumental in doing surveillance activities to make sure that no girl in their village undergoes circumcision. At this juncture, I would like to thank local administrators, religious leaders, elderly, and all those who have been working with us. Without their valuable contributions, it would have been impossible to bring these results.

As a crucial entry point in addressing problems regarding reproductive health, we invest in young children both in-school and out of school. We provide training for the youth so that these youngsters can be a catalyst for change. For instance, young children in schools are active setting up school clubs on different issues. In collaboration with their teachers, school club members teach their peers using different media formats. They are also teaching their families, neighbors and communities. Though they are constrained by resource shortages, the young boys and girls' enthusiasm and interest is very encouraging.

By implementing such a comprehensive approach to reproductive health, we are able to bring meaningful results. Yet, much remains ahead. We need to work together and act head on towards addressing reproductive health challenges such as maternal and child mortality, female genital cutting and others.

Joao Soares

Country Director, AMREF in Ethiopia



Vision

Better Health for Africa.

Mission

AMREF is committed to improving health and health care in Africa. We aim to ensure that every African can enjoy the right to good health by helping to create vibrant networks of informed and empowered communities and health care providers working together in strong health systems.

Highlights

AMREF Joins the FGM network



AMREF in Ethiopia has joined the FGM network. The FGM network is a national coalition of organizations working on the practice of Female Genital Mutilation (FGM). It is coordinated by Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Mahiber” (EGLDAM), the former National Committee on Traditional Practices (NCTPE). The network aims to reduce and ultimately eradicate FGM and other harmful traditional practices through coordinated efforts and resources. Therefore by sharing experience and bringing different players together, it is believed that tangible results can be achieved. The network has established a website (<http://www.egldam-fgm.net>) and publishes a quarterly newsletter. AMREF has also shared its experience to the network by organizing a field visit.

Training on MNCH/PMTCT & Family Planning



A one-week training on MNCH/PMTCT & Family Planning has been given to Afar project staff members in Adama town. The training aimed to increase the knowledge of staff members on the national comprehensive MNCH/PMTCT guideline. The Ministry of Health (MoH) has developed a comprehensive guide on PMTCT for use by all levels of health service providers in Ethiopia. The training also gives valuable insights to the participant on HIV/AIDS epidemiology, ART, VCT and FP.

Religious leaders and community members participate in the fight against FGC

Community members from different walks of life participated in an event organized by AMREF in Ethiopia on FGC, STI, and HIV/AIDS in Dulesa, Afar. Participants from the Health office, District Administration, the Sharia, Muslims Affairs, Education office and



Women Affairs were all in attendance. Religious leaders from the Shari explained that the practice of FGC has nothing to do with the Islamic faith. The religious leaders also ordered circumcisers to make a pledge not to carry out that act any more. In addition to FGC, education was also given on STIs, HIV/AIDS, and safe sexuality. The Awash Deseno youth club members also made the event colourful by organizing different educational entertainment activities such as drama, cultural music, and question and answer session.

SALOT

Deep-rooted social sanction



*S*alaot is the Afar term for female genital cutting. It is usually performed starting from the first week of birth to 12 years of age varying from place to place. Though women understand the downsides of this practice, it is still carried out for fear of religion and not having a husband. In most instances, Female Genital Cutting (FGC) is associated with religion and accepted as a social sanction. In his recent travel to Afar the writer has recapped the case of female genital cutting from different people's perspectives. Stories ranging from a victim to an Uletina, a circumciser who was doing the ritual for a long time, the effort of religious leader, and local administration are all covered.

"I STILL REMEMBER THE PAIN"

Momina, a school girl

It was early in the morning before the sun got very hot in Badhamo, a small village in Afar. Little did Momina and her little sister know about what had been going on around the house. Their mother was quite busy preparing her daughters. Momina, the elder sister was then only five and her sister a year younger than she. A little further from their home under a big tree, there were a few other girls dressed up and waiting for the ceremony to begin. The women were chanting and dancing for the little children. Feeling nervous Momina and her sister joined the other girls. They were told by their mother that it won't be painful and they should be brave girls for the sake of their family name and themselves. While the clapping and dancing was going on, a lady who would be doing the circumcision arrived. She had a sharp knife and a powder she would put on the girls bleeding. Soon she was on the move and one-by-one the girls were given the horrible cut on their genitals. Then it was Momina's turn. She was held back with her legs open wide by another women and the circumciser did all the cutting - slicing genital parts which were considered impure. With a lot of pain and agony Momina had to wait until the circumcisers did the stitching with a thorn of a tree. And finally Momina's legs were tied together from the ankles to the hip so that the wound would heal soon. The same ritual was also carried out on her sister and all the other girls who were waiting under the tree that day- the

same women, the same knife.

Momina is now sixteen, a beautiful young girl and a seventh grader. But she still remembers what had been a painful experience so far in her life. "I sometimes have to skip class whenever I am on my period. And the same is also true to some of my classmates who have been circumcised," Momina told us. The trauma of Female Genital Cutting (FGC) challenges women both in their adolescence and child birth.

Momina does not want to see FGC practiced. She even wants to be an advocate on the issue. Though most of the girls at her age have been circumcised there is still some hope for the little girls. Parents are now becoming aware of female circumcision. "My parents regret what has happened to me and my sister. They used to believe that female genital cutting was put as a religious requirement on the scriptures" Momina remembers.

Many still believe that FGC is a religious requirement; nonetheless, it has got nothing to do with the Islamic faith. This horrible traditional practice is rather a violation of human right, an offence on women sexuality, and a threat for their life during birth.

“ *I sometimes have to skip class whenever I am on my period. And the same is also true to some of my classmates who have been circumcised*



“The blood of the young girls still haunts me”

Hasna Mohammed, Circumciser

Hasna Mohammed spent most of her adult life doing circumcisions. She herself was circumcised at early age. Nobody taught her how to do female circumcision, but after observing all the processes she became a circumciser in Bedulale village. She is now sixty, and an old woman who is haunted by all the blood she has seen while doing all the cuttings. “It was just our culture, I myself was circumcised and it seemed to be a normal thing” claimed Hasna. When a girl turns three or four years old, Hasna performs the circumcision cutting almost everything visible around the genitals. But later on the pressure was on her. “We used to cut everything and tie the legs together. We even clip the cut with a tree thorn” It was very painful for the girls” Hasna remembers. “But later on we minimize the cut only on to the Suna type”.



Hasna used to get 10 birr on each circumcision. It was believed by Hasna and every other person in the culture that if girls got circumcision, they would have an easy delivery. Yet the irony is that child birth is such a painful experience for circumcised women, at times delivery is even fatal.

Hasna now got all the lessons, though it is late. It is almost four years since she stopped doing FGC. She now refuses to do circumcision and she even teaches other women not to do it. "I am now an old woman, I can't have children but I make sure that the little one are safe. The blood of the young girls circumcised still haunts me" Hasna says.

Just before we leave, Hasna had one question to ask "do women in other places get circumcision like we do it here?" I must be honest with her; I told her what I know. Soon her face sunk in sadness. She was unhappy to know that FGC is practiced in other places too, but that was the reality.



“I am happy that my daughter is Safe”

Nehina Mohammed, a mother



Nehina Mohammed, 35, is a mother of two, a boy and a girl. She is a hard working woman, working as a daily laborer in the nearby cotton plantation. Like many other Afari women, she had undergone circumcision. Nehina had to stand bravely and get the cutting when she was only a little girl. “I wanted to get circumcised because it was the norm.” she says. “I had to be brave because I don’t want to be considered weak.” The lash can stay for a week or two depending on the condition of the wound.

Lucky enough, Nehina had no serious trouble when she had her two children. She is now grateful about her little daughter. She refused to have her kid circumcised and her husband is also adamant about this. She even got her daughter registered in the Kebele’s list of uncircumcised children. She also is keen to send her daughter to school. She believes that FGC is such an old fashioned thing. But she doesn’t seem to challenge religious values. “If the Sharias say that there should be a little bit of cutting just for the sake of the Suna, I will accept it” she says “But I prefer to abandon FGC in all its forms.”



“I had to argue with other religious leaders”

Haji Abdu Naaso, Religious Leader

Haji Abdu Na'aso is a religious leader in Bedulale village. Some of his top engagements

in his little village has something to do with FGC. When the campaign against female circumcision was carried out five years ago, he was one of the forefront religious leaders. Though it takes a while to convince himself, he soon learned that female genital cutting has nothing to do with religion.



“People have different level of understanding when it comes to the scripture” Haji Abdu reports “even those elders who have been teaching the religion have different level of understanding. We have tried so much, but no one was able to get the right justification from the Quaran about female genital cutting. So I believe it has nothing to do with religion”.

It was not such an easy debate for Haji Abdu and fellow religious leaders to persuade the hardliners. “Some insist that there should be at least a little cutting for the sake of the Suna” Haji Abdu says. But after a long discussion the religious leaders finally accept that there should no FGC in the area. Haji Abdu was motivated after he knew that FGC harms women seriously. However, most of the impetus for him came after he learned that female genital cutting is not even in the religious books but rather is a cultural norm that has been sustained from generation to generation.

Nowadays Haji Abdu and fellow religious leaders, who reject FGC, are trying their best to teach others in the mosque after Friday prayers. The Derasa (religious teachers) also teach the people in every occasion according to Haji.

Haji Abdu is happy about his involvements in the fight against FGC. It seems unusual for a religious leader to take the front fighting FGC, but the reality is that if religious leaders take charge, it will not be very long to see a community free from the horrible practice of FGC.

“We take them to the Court”

Abdule Hero Bedulale , Kebele Chairman



FGC is not a simple practice that goes away easily. Yet with coordinated effort change seems inevitable. The efforts made by different stakeholders in Bedulale Kebele is a good example. The local administration works closely with religious leaders, Women’s Affair Office, police, the court and NGOs. Bedulale is one of the Kebeles in Afar that took the initiative to teach the community about the disadvantages of FGC. It has also been selected as a model by the region. “There are still some people who are doing it underground, but we are observing a significant change in our area” claims Abdule, the chairperson, comparing it with the previous situation. “If we found villagers doing female circumcision, we would take them to court. It will then be up to the court to take measures”

The Bedulale Kebele administration also keeps

track of records of those uncircumcised children and does surveillance work. Thanks to the rich culture of Dagu, the traditional information exchange, information on every activity of the village reaches the officials quickly. Dagu also helps them to teach about the nuisance of FGC even in the remote areas. “It is still very challenging to change the attitude of the people on FGC,” Abdule told us, “it is a deep rooted cultural practice which people claim to inherit from their parents. It is almost normal and accepted. But religious leaders have great influence in changing peoples’ minds. That’s why we want them to get involved seriously.”

According to Abdule , though FGC has no religious justifications, people still believe that the religion has got something to do with FGC. It appears that not all religious leaders accept the ideal of abandoning FGC at once. Some still insists that there should be some form of cutting for the sake of Suna. So there is still a job to be done for Abdule’s administration.

AMREF works closely with Badulale's communities by training mothers' coordinators who teach their peers on Malaria, FGC, personal hygiene and other relevant health issues. These mothers take every opportunity to advocate against FGC and do surveillance as well. Chairman Abdule also acknowledges this when he says, "AMREF trained mothers

to teach the community about malaria. The women also teach the community about FGC and personal hygiene" reports Abdule. "We all want to save many people, it is such a virtuous act so we urge AMREF to continue its support and work closely with us" was Abdule's final remark.

AMREF towards fighting FGC

One of the objectives of the AMREF' Afar Pastoralist Youth Reproductive Health Project is to contribute to the reduction of FGC. When AMREF started the program it was not an easy matter to address all the problems of FGC. FGC as a practice has deep-rooted, intricate religious and social dimensions. "It wasn't about lack of awareness" remembers Jemal the project manager. "People accepted the ideal of abolishing FGC, but in reality they were doing it in hideouts. It was so challenging to change people's attitude as they were doing it through generations."

AMREF has to take a pioneering approach. In 2008 a research study was conducted to investigate the reason why FGC persists in the region. The research findings showed that the most prominent justification people were having towards FGC had



Jemal Yousuf

Selamawit Adinew



to do with religion. It was also found out that traditional birth attendants (TBAs) were also circumcisers. These TBAs make money out of each procedure- a form of income generation. So it was easier said than done, to address all the dimensions of the issue. As a key entry point, successive community dialogues and debates were held. Members of the local administration, religious leaders, tribal leaders, TBAs, and other community members were involved in the discussions. The project also coordinates its effort with the respective Women's Affairs office and the Health Bureau in order to keep things in perspective. Then TBAs were also given training not only on FGC but also in addressing other reproductive health issues like antenatal care and post natal care.

The intervention experience showed that FGC is not only a matter of concern to women. Men have strong positions in making decisions regarding women's reproductive health issues. Men decide when women should seek health related services. Men may also refuse to marry an uncircumcised woman. It is therefore imperative for the women to get the cutting even though they understand the consequences. For that reason, men were involved in every activity. Whether they are religious leaders or local administrators, men were encouraged to be instrumental in community discussions and dialogues. The consensus made in one community

discussion session was also shared to others and those who were willing to speak do so in front of their community.

Another important step taken in this project was to acknowledge the role of boys and girls towards fighting FGC and other reproductive health issues. Therefore, continued training was given to both in school and out of school youth. Empowered youngsters in turn established school clubs to teach their peers about FGC, HIV, and other reproductive health issues. The same was also true with out of school youth. "Boys used to refuse to get married with uncircumcised girls," says Selamawit, a project

officer, "But now these boys are teaching others and it doesn't matter whether a girl is circumcised or not when it come to marriage." Investing in the youth has yet another advantage. These youngsters teach their parents and neighbors about the disadvantages of FGC. Trained TBAs in their part carried out surveillance work and keep track of uncircumcised girls' status in their area. They also work closely with their respective local administration. Though FGC is still practiced in Afar, the efforts made by the region's administration and other stakeholders are encouraging. Afar regional state criminalizes the practice of female genital cutting.

FGC & THE SOCIETY

Most beliefs on female genital cutting can be either psychosexual, sociological, religious or mythology. Sociological reasons on Female Genital Cutting are much more related with cultural heritage. Female Genital Cutting is considered as an initiation of girls into womanhood. It is practiced to maintain social integration and avoid ostracization and stigmatization. When it comes to the psychosexual reasons behind this practice, it is believed that without the reduction or elimination of the sensitive tissue of the outer genitalia, particularly the clitoris, women would have excessive sexual desires. Hence, in order to maintain chastity and virginity before and fidelity during marriage, cutting the genital parts is taken as an option. It is also believed that female circumcision increases male sexual pleasure. Female genital cutting is also practiced for hygiene and aesthetic reasons. The external female genitalia are considered impure and unattractive and are to be removed to promote hygiene, prevent illness, and ensure aesthetic appeal. There is also deep-rooted myth that FGC improves fertility and increases child survival, though the reverse is actually true. Most importantly, some Muslim communities believe that FGC is the religion's requirement. But Islamic faith does not require female genital cutting at all.

Source: Yayehyirad Kitaw, Fesseha Hailemeskel and Amare Dejene (2008). Old Beyond Imaginings: Ethiopia Harmful Traditional Practices, sec. ed. EGLDAM, Addis Ababa, Ethiopia.

EDUCATION FOR GIRLS:



The wise decision

Basic education is considered to be a universal human right. Since the launch of the Education for All (EFA) initiative, in Jomtien, Thailand, (1990) many progressive achievements have been observed, though the initial results were sluggish. The international initiative, Education for All, aims to bring the benefits of education

to “every citizen in every society”. One of its main goals is the elimination of “gender disparities in primary and secondary education by 2005, and achieve gender equality in education by 2015, with a focus on ensuring girls’ full and equal access to and achievement in basic education of good quality.”

Universal girls' education envisions a better future for the coming generation. The dimensions of girls' education can be viewed from different angles. Educating girls is the equivalent of educating the future generation- as girls in many cultures play a pivotal role in their families and communities. Educating girls has immense benefits for a society. Most importantly, education for girls has a significant importance when it comes to women's reproductive health issues. Several research findings have revealed that women with basic education have been found to be well equipped and informed on different reproductive health issues. For instance, the World Bank indicated that, girls' education is positively associated with the reduction of child and maternal mortality, improvement of child nutrition and health, and lower fertility rates.¹

It is also indicated that women with a formal education are much more likely to use family planning methods, delay pregnancy, and have fewer and healthier babies. Moreover, educated women are better informed about health care practices, immunization and HIV/AIDS. Girl's education therefore, yields very valuable results that can bring visible results to a country's development.

However, there are many challenges girls have to face when it comes to education. Cultural norms like early marriage and gender discrimination deprive girls of educational opportunities. In addition to that, girls who have the chance to attend school are expected to work in the house after class, leaving them with no time to study or do their homework. This significantly affects their academic performance and often leads them to failure.

In a place like Afar, women have to bear burdensome responsibilities. The cultural norm that gives women all the household tasks: providing for the family, fetching water and firewood, has serious implications for a girl's performance at school. Young girls are also expected to get married at an early age. The cross-cousin marriages between relatives neglect the girls' choice to continue education and choose their own mate.

But with all the challenges, giving education to girls can lead to a respectful future. The stories of Hasna and Goabi clearly show this. These two Afar girls live in a small village called Doho and they are attending

school. "I work every house work when I came back for school" says Hasna Humed a seventeen year old and a seventh grader. Though Hasna is seventeen, she is still in the seventh grade. But having all the challenges of attending school in such remote place, Hasna's performance is good enough. "I don't want to get married until I finish school, and I keep telling this to my parents" says Hasna firmly. Hasna also has great visions for the future. She wants to become a physician. She got the inspiration from her cousin who is a health extension worker. Hasna usually observes her cousin, Asya, doing examinations and teaching the community about health care. Hasna wants to continue her education to the highest level possible. Hasna's parents are persuaded to continue sending her to school, especially her father who has a good outlook towards education.

Unlike Hasna, Goabi's wish is to become a teacher. Goabi Mohammed, 18, is also a seventh grader and Hasna's friend. She is performing well in her class. As she is advancing in her education she is seeing college as not so far away. Whether it is in Addis or in Semera, the regional capital, she doesn't mind. All she wishes for now is college. Goabi has her own reason as to why she wants to become a teacher. "There is a lot I learned in school that helps me understand things. That is why I want to be a teacher" says Goabi. Goabi has observed and lived the life of every Afar women. Every day, she has to prepare breakfast and milk the cows before she goes to school. Then she has to walk a long way to get to school. When she returns home, she works every house-work left for her. Even in this situation, Gabi is performing well in her class. No matter how small the encouragement is, she has to prove herself and education is the only way out.

For now the girls are safe from becoming a house wife at early age. They are also keen to continue their education. The problem is that the nearest school in the village is only up to grade eight. High school is very far and this distance might be another stumbling block on the girls' success. Hasna and Goabi are better informed girls. They know much about basic health care and other social issues. They also inform their neighbors and relatives as much as they can. They are the change agents; and the hopes for their community.

1. The World Bank Girls Education [www. Worldbank.org/ education/girls](http://www.Worldbank.org/education/girls) accessed on 6/07/2010

STRENGTHENING *Health systems*



The small shaded room made of corrugated metal sheets was filled with mothers who carried little babies in their arms. Inside, two health officers were busy preparing the immunizations. As more mothers started to arrive, the tiny room was not enough to ac-

commodate all. Latecomers had to wait outside under a tree. Each time, Shewatatek asks the women their names and runs his pen down a register book. If he finds a name he asks the women again for a card in which the type of immunization the woman and her

child have already received, is written on. Then he goes back registering the current vaccine making sure that the time is also put on the visitors' cards and in the register book. After that he tells his colleague Hussen which vaccination to give. Hussen on his part swiftly unpacks a syringe and sucks a fluid from a tube, holding it upside down. He then gives injections both to the babies and the mothers as appropriate.

Though mid day was approaching, there were still more mothers coming. The two health officers found the turn out unusual that day. Shewatatek put his pen down and took a glance around. Then he asked a woman sitting in the corner of the room where she came from. The sweat on her face indicated that she came from far away. "Why do you come here? We have already announced that we will be having a vaccination post in your area" he was serious this time. "I know" said the woman looking at her baby. "Then you should not come here" says he returning back to his chair. Then the woman went on explaining her reasons. She came far from her village because she doesn't want to miss the immunization for her baby- in case the health officers canceled the program at her village.

Soon after, it was Halima Mohammed's turn. She had a seven-month-old boy, and he had never been vaccinated before. Hussen was unhappy about Halima's actions. He asked "Why didn't you bring the baby every time we have an immunization campaign?" But Halima had a little excuse, she goes on telling him that one of her family member had passed away and she was mourning. She was also complaining about transportation, though Hussen didn't buy it. After a brief lesson about the advantages of immunization, Halima was given a shot in her arm. Her little infant also got two shots in the arm and in his buttocks. The little one shrieked as the needle pierced his soft body. His older brother who was watching what was going on also cried loudly and hid himself behind his mother. He was so afraid that the sharp needle might come to him as well. Then Halima was given a card and she received a serious notice from the health officers. She was also told when to come again. The smile on her face told that she was relieved.

Just before noon, the team runs out of medicines. Nevertheless, there were still many mothers awaiting immunization. Then Hussen told Regan (AMREF community animator) about the situation. Regan was not even nervous as he had already arranged AMREF's car on standby for any emergency. Then the health officers told the women that they will be back and rushed to their station.

That day Hussen and Shewatatek were having Expanded Program of Immunization (EPI) campaign for the small village of Badahamo and the nearby areas. These two health officers are working in the regions Health bureau at Werrera.

AMREF has coordinated immunization campaigns together with Woreda health offices and local administrations.

AMREF also provides transportation and pay per diems for the health officers and facilitators. No matter how inaccessible places may be, AMREF reaches remote communities to make sure that mothers and their little children get their immunizations on time. AMREF is also concerned about the constraints of the local health systems in mobilizing logistics. That's why it is actively engaged at a grassroots level to make sure that every mother and newborn gets the necessary vaccines.

FACTS/ETHIOPIA

Infant mortality rate both sexes (probability of dying by age 1 per 1000 live birth, 2008)		69	
Neonatal mortality rate (per 1000 live birth, 2008)		39	
Immunization Coverage among one-year-olds (2008):			
Measles	DTP3	HepB3	Hib3
74	81	81	81

Source: WHO (2010). World Health Statistics 2010.

EMPOWERING *THE Youth*



Young people represent the future. It is therefore very important to ensure young people's healthy transition towards adulthood. Those behavioral patterns which are acquired during adolescence can determine young people's

Students Humed, Hayat, and Bruck with their teacher Solomon: second from left

future to a great deal. Hence, understanding and addressing their reproductive rights and their sexuality in a healthy and positive manner is vital.

For AMREF, young people are valuable assets. Empowering them to make informed and meaningful decisions is at the heart of its reproductive health intervention. In Afar region, where AMREF is actively engaging, both in-school and out-of-school youth receive trainings on reproductive health issues. The lessons from the trainings aim to improve the knowledge and attitude of the youth on sexual and reproductive health. It is also the aim of the trainings to equip the youngsters with the necessary skills so that they will be able to influence their peers, family members and their community. Trained youth groups are also key entry points in advancing social change at the community level.

School youth at Werer elementary and high school are good examples. Werer is a small village found in the Amibarah Woreda of the Afar regional state. The elementary and high schools are found next to each other. We first arrived at the elementary school to meet with the school club members to know more about their activities. Since it was Saturday, there was almost no one in the compound. It seems that the dusty play ground got a rest that day. Near the entrance, there was one block of classrooms where few students were having a conversation with their teacher. These youngsters are the school club members who usually spent their time in their school even on weekends. They are so passionate about their involvement in different school clubs and teaching their fellow schoolmates.

Hayat Abdu is a very confident eighth grade girl and an outstanding academic performer. She is also the chairperson of the school's Reproductive Health club. She is motivated by her aunt who is the region's Women's Affair Office head. "I am grateful to have a father who really supports us. He doesn't put pressure on us (his daughters) to get married; rather he wanted us to be educated," says Hayat happily. Hayat has also received training organized by AMREF on adolescence and sexuality. Empowered and informed by the lessons she got from the training, she eagerly teaches her friends. "I feel happy when students come to me to know about different things" says Hayat. "Girls get confused about how they should handle matters with the opposite sex. Some don't even understand about their period and

how to avoid unwanted pregnancy. So they come to me and I tell them."

Hayat also teaches her neighbors about FGC. She teaches the mothers about the trauma of female genital cutting. Though she finds it tough to argue with the elders, she never hesitates to say what she believes in.

Like Hayat, Humed Mohammed is also active in his school. He is in charge of student policing and head of the school's class monitors. "I have a limited understanding when it comes to gender" says Humed "I didn't give much attention even to my own sister because I believed that men are superior. But when I know more about gender and gender roles in AMREF training I have changed my mind. Gender roles are all constructed by the society. I have now great respect for women"

Humed and his colleagues organize events in which they teach students with their teachers. They try to make all of their programmes as interesting as possible. They even invite elderly people to speak at their events. "When our fathers see that we, their children, talk about some harmful traditional practices, they say that how come the elders didn't see this problem which our children clearly understood" says Humed. But all the engagement with older people must be carried out with care. "It is only a matter of sharing knowledge" Humed continues "our fathers have ample traditional knowledge. We also got some from our education so we share what we have to make things better." It appears that the youth understood the traditional values well. They confront the already established cultural downsides systematically.

The school mini-media helps to put the youths' initiatives into perspective. In this regard Brook plays a great role. He is the one who manages the mini media programmes. According to his weekly plan, Monday is dedicated for sport. Then comes health on Tuesday. Wednesday is dedicated for the women while health issues will be again presented on Thursday and finally on Friday he presents the roundup news regarding all the school activities. Though Brook loves his journalism job at his school, he wants to be a lawyer. It is quite unusual to find a student like Brook who is actively engaged in school media activities to pursue a future as a lawyer, but that is his dream.



In Werer high school as well, AMREF gives trainings to empower the school youth. Similar to Hayat, and her friends, here seniors are very active in the school club activities. They have similar club activities and active mini media. Though they get busy making preparation for the national exams, they still have time to organize events for students.

Behind all these successful school activities lie the efforts of teachers like Solomon. He is not only a good role model, but also a nice friend whom students freely talk to. It is his and other teachers' dedication that is making the difference.

Mitike, Abosetu and Jemal at Werrer Highschool

Helping one Another:

Scattered around in the wide arid lowlands of the Ethiopian rift valley, the Afar people lead a modest communal life. Though the continuous interaction with neighboring cultures and the increasing advancement of modern infrastructures has forced some to migrate to the cities, many still enjoy the pastoralist way of living- raising goats, sheep and cattle. This way of living often requires moving from place to place looking for pasture and water for the herds and it has been there for generations, dictating their social relationships and shaping their interaction with the neighbors. The lowland temperature; which can sometimes soar up to forty degrees and the fragile rainfall distribution in the area makes living very challenging. So helping each other, in good and bad times, is very vital for the Afar people. Afars also have a strong mutual support networks among members of the community both in resource sharing and solidarity. It is this culture that I am interested to learn more about.

When I first travelled to Afar, I had a very limited knowledge about the communal existence that sustains the people. To know more about this rich culture, I had to find an elder who would be willing to have a little con-

versation. So I travelled to a little village called Bedulale, a relatively green neighborhood near the cotton plantation in Ambraha. Just before I went in to the village where some Ari (traditional Afar house) were scattered around, I saw a certain social gathering. Under a big acacia tree, some men were discussing their village issues. Haji Abdu Naaso an elderly religious leader was sitting in the middle in his typical Muslim hat. He must be the center of attention, so I had to wait for a brief pause, but soon enough he was willing to talk to me. After a short introduction I sit with Haji Abdu. The witty old man was very interesting to talk to.

“We live in an area where medical support is in short supply or very far away” told me Haji Abdu a respected religion leader in Bedulale village. “When somebody gets very sick, I give orders for the men to gather around”. So men who are close by get in to the house of the sick person. Then they will decide what to do. If taking the patient to a health center is the last resort, one has to carry the sick person to the nearby health center no matter how far the place may be. It is very impolite for a man to refuse the elderly orders. He might even receive punishment. But if the patient is to be treated at home, he will be comforted by members of his family and neighbors. Those who hear the news bring milk, butter, or any food they can afford to offer. A goat will also be slaughtered for the patient so that he can eat good food for his fast recovery. The prayers and best wishes are also there, especially from the elders and religious leaders.

When someone passes away the same ritual will be carried out. According to Haji, when a person passes away, men gather to arrange his funeral. A person doesn't

“*We live in an area where medical support is in short supply or very far away.... When somebody gets very sick, I give orders for the men to gather around*”

the Afar Way of Life



have to be a close relative or a neighbor to get involved. The same way, he who refuses to attend without any good reason, will be easily identified and receive punishment.

The Afar people also develop a strong clan solidarity and kin relationship in which the action of one affects the life of the other. Therefore, one needs to understand the consequences of his actions. A research document by OSSREA, a regional think-tank, for example reveals the following. "According to Afar customary laws (Madaa), the whole clan is responsible for any of-

fence taken against members of another clan within the Afar territory. This is manifested in the process of conflict resolution in which clan members contribute their own share in collecting the money and livestock to be paid as compensation."

In times of celebrations, the Afar people come together to attend the festivities. It can be a wedding, a newborn or a male circumcision. Male circumcision is such an important event in the life of a boy. When a boy is about to get circumcised, men make the event colorful with their traditional songs and dancing. The

circumcision usually carried out in a place a bit far from homes. Women are not allowed to attend, but prepare the food and drinks. A goat will be slaughtered; the milk and butter will be made ready and then there is dancing and chanting.

Women on the other hand are responsible for building the traditional home the Ari and dismantle it when it is time for the clan to move. Here women help each other in making the huts. Once the woman who wants to have a hut collects the wood and all the necessary materials, she soon gets assistance from other women. The women build the huts while singing and chatting. Turn by turn they build each other's huts and make the settlements suitable.

The Afar way of communal existence is also revealed in times of movement. Afars do not move from place to place without care. "Men get together to arrange the travel, but first one or two people will be sent out to do a closer watch on water, grass and any sort of danger" Says Haji. When these men send their reports, the clan decides when to travel. This way the Afar people save resources and avoid danger. In this way, the traditional information exchange, the Dagu, is instrumental in keeping the people informed.

One thing which I found very amazing about the Afar culture is their respect for young children. Children are welcome to express their ideas. Unlike most cultures in Ethiopia, the Afar people do not simply shut children up. "You never know what a boy has seen or encountered unless you gave him a chance to explain" told me Haji. Therefore if a boy wants to talk, then the elders spare a little more time to listen.



OUR HEROS



◀ Ahammed Husein



◀ Regen Mohammed

Ahammed Husein, Regen Mohammed and Ali Dawd are among AMREF's community animators in Afar. They organise project activities together with program officers and program managers. They also serve as a key entry point in community activities stationed in different woredas. The three have been very instrumental in translating the local language. We commend their hard work and dedication to AMREF.



▶ Ali Dawd

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