

Methods of Child-Rearing in Rural Ethiopia and a Comparison with Methods in American Lower Socio-economic Families

T. A. Ringness and Mary J. Gander

Introduction

Traditional (rural) methods of child-rearing in Ethiopia are discussed followed by a comparison with the child-rearing methods of impoverished Americans. The fact that many fundamental similarities exist might suggest that there are certain universal "poverty styles" that contribute to the perpetuation of low socio-economic status and lack of self-improvement and progress. Though the rural Ethiopian's child-rearing methods are deeply engrained and undoubtedly have a complicated history of development, the authors believe that education in select areas would have definite value in improving the Ethiopian child's life and future prospects without any immediate major cultural upsets.

The information provided below about traditional, rural Ethiopian ways of child-rearing was obtained from 102 papers written by the writer's students in Adolescent Development classes at Haile Sellassie I University during the spring of 1972. Students were asked to discuss the ways families in their home communities dealt with such aspects of child-rearing as feeding, toilet training, discipline, play, sex role development, education, etc. The sample may be biased in that it was not possible to systematically sample every tribe or geographical area of Ethiopia; yet a wide variety of communities was represented by the students. Validity, of course, depends upon the honesty and knowledge of the students; it is presumed to be high since they were asked only to report what they wished and what they knew from their home experiences.

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people from different tribes often speaking different languages and having different religions), yet the same students reported practices which were similar or identical to those reported by other students from different areas of the country. In other words, while some differences in child-rearing methods do exist, the generalizations following were valid in the sense that they were reported by a majority of the students, representing a wide cross section of Ethiopian subcultures.

Ethiopian Methods of Child-Rearing

PREGNANCY AND BIRTH

A child is considered to be a "gift from God" and children are the "wealth of family." The purpose of intercourse is to produce children, and it is desirable to have as many as possible for economic reasons and because infant mortality is so high. Many children are needed to help their parents with their work, to be sure there will be married children to take care of the parents in their old age, and to insure that the family lineage will be carried on. Indeed, it is sometimes said of a man who has several surviving sons that "he is not dead" when deceased. Barrenness often leads to divorce or the rearing of someone else's children as if they were their own. Thus children are loved though there is also an economic factor involved.

In some groups the pregnant wife is excused from hard work and given better foods in the late stages of her pregnancy. In other groups no special care is taken, she will work hard up until the day of the birth, may suffer from malnutrition, or may even be beaten by her husband. Most groups have no knowledge of prenatal care. Delivery is in the home. The natural birth is aided by an older woman (or women) experienced in these matters. The hospital may be used only as a last resort in cases where there are severe complications. The umbilical cord is cut with a razor blade or piece of broken glass. Sanitation does not exist. If there is excess bleeding of the mother, gunfire or the rattle of an aluminum sheet is used to keep the mother awake; if she sleeps, it is feared she may never wake up. Needless to say many women and children are lost in childbirth.

The bathed infant is wrapped in a cloth and placed on the mother's bed where they will sleep together for several weeks. The birth of a child (particularly a male) is cause for rejoicing and feasting with friends and relatives. In almost all subcultures butter is given to the newborn, for reasons such as helping him develop a soft voice, to clean his alimentary canal, or to prevent future talkativeness. The infant is breast fed, on demand, for as long as two or three years, or until the mother becomes pregnant again. When the baby is between six months to a year old, he will begin eating semisolid foods such as butter, cereal, or porridge. Solid food is provided after one year including rice, *injera*, *wat*, and perhaps *fafa*. Eggs may not be given, since they are white, and this leads some to think they produce tapeworms. If the child is to be weaned, the mother paints her breast with a sour or bitter plant juice; he may be force fed on mushy food, using the mother's hand as a sort of cup.

In some cultures the father does not rejoin the mother for at least two weeks. In most cultures the infant is kept inside the house from 20 to 80 days because the sunshine is believed to be bad for him, and to keep certain people from giving him the "evil eye." Menstruating women and women who had intercourse the previous day are not allowed to see the baby; they are considered unclean. Circumcision usually takes place for the male infant at 40 days old, and in the subcultures where this practice is carried on with females, at 80 days. This operation is performed by the local "medicine man." The child may then be baptized.

EARLY CHILDHOOD (Infancy to five years)

The care and safety of the small child leave much to be desired. An infant may be carried on his mother's back in a type of sling and thus be constantly with her. This, in addition to poor nutrition, is believed to be the cause of the common problem of bowed legs. If she must leave him, he is placed on her bed with a knife or a Bible to "protect" him. If cloth "diapers" are used, they are washed only every three to four days. Often no care is taken to protect the infant from the cold because it is believed that "the face and babies do not feel cold." Since there is a lack of knowledge about nutrition, infants and children do not receive a balanced diet, thus they are subject to rickets and other diseases associated with malnutrition. When a child does get sick, the local "medicine man" is sent for or he may be taken to a holy place or given "sacred dirt" to eat from near the church, or given holy water. The parents might take a child to a hospital only when he is nearly dead or all else has failed. Parents tend to be fatalistic about the health of their children; it is "God's will" whether a child lives or dies. Death rates are high. When a child cries, he is given food as the answer to all of his problems.

The mother has by far the most significant part in the early care of the child. The infant is often with her and enjoys much attention for her. However, as the infant grows older or if the mother has another baby, less affection and attention are shown him. Accordingly, he becomes cranky and even aggressive. Ethiopian children frequently are not able to walk until about two years old. After learning to walk, they are not well supervised and little care is taken to keep them clean or to keep their clothes clean. "Clothes," in most cases, means just a type of shirt which may be washed only every three weeks. Baths, too, are infrequent and lice are common. The child is usually not taught how to dress himself, he may learn just by watching his older brothers and sisters. Some type of toilet training may or may not be given according to subculture. Since there are no toilets, a child is encouraged to go outside or punished for urinating during the night in bed. Very young children may sleep with their parents and later with their siblings.

At this early age play is generally mixed and unsupervised. There are no toys so Ethiopian children play with whatever they might find fun to play with-in their environment, including sticks, mud, etc. A favorite game is called "bride and groom" or "husband and wife" where the little boy and girl act out the wedding and other adult roles. Other boys and girls play relatives and friends. This game often ends in "divorce." Another game is "farmer" where the children imitate their like-sexed parent in play "work." Running and hide-and-peek are also popular. Boys

are encouraged to be aggressive, they must not return home from a fight crying. Girls are encouraged to be quiet and inhibited. As children grow older, they are given more responsibilities.

AGE FIVE TO ADOLESCENCE

When a child is between five and seven, depending upon the area, he is considered old enough to do some work. The boys go to the pastures and watch the goats and sheep as herdsmen or later help their fathers working in the field with their crops. The girls most often stay in the home learning how to cook and take care of the household. Thus the boys learn their role from the fathers, and the girls from their mothers. It is said that the role of the Ethiopian child is so clearly defined that it becomes automatic. Deviation is not tolerated. Since formal education is often not available or taken advantage of, the child's behavior is entirely shaped by the environment and culture of the village and by the parents. At the age of seven boys may attend a priests' school where they are supposed to learn about religion. However, these schools are remarkably authoritarian and of dubious educational value. Some children may attend government schools after the age of ten, but because of family demands for the services of the children, enrollment is relatively low and absenteeism is high.

Discipline is completely authoritarian, the father usually being the punishing agent. Children are controlled by fear and physical punishment. A child is punished when he displeases and he is not given a reason for the punishment. Children are not allowed to speak in the presence of adults unless given permission, and they are not supposed to ask questions or display curiosity. Punishment may be a beating, the child may be hung upside down, tied to a tree, kept out of the house at night, forced to breathe burning peppers, or deprived of food. In addition, fear of the hyena, giants, or the "ear cutter" may be instilled in children to keep them from misbehaving. Children are the servants of their parents, for example, the father may ride his horse to the village, the son walking behind, carrying his cane and umbrella. While the father is in a tavern drinking and socializing, the son holds his horse. Children may be required to pour water for their parents to wash their hands before dinner, to serve the food, and to hold the light while the parents are eating. Children usually cannot eat until the parents have finished. They may later prepare the bed for their parents. Children must show a great deal of respect to their parents, indeed, to any adult. They are considered to be ignorant and therefore, to have nothing of value to contribute in a conversation. Children who do not behave properly are a source of great embarrassment to the family. Girls, in particular, must conform or they will not attract a husband.

ADOLESCENCE

Sometime before the onset of adolescence the sexes are separated and not allowed to date or otherwise intermingle. Boys are allowed much more freedom than girls, can earn money, and need not account for their whereabouts to the same extent that girls must. Girls are closely watched. Since such a high value is

placed on virginity before marriage, and the parents' security in old age may rest on their daughter's attracting a good husband, they must be sure she is not prematurely deflowered. The male role is the preferred and dominant role in rural Ethiopia. The sexes and their roles are very distinct and care is taken to be sure children adopt their correct role. No education in human sexuality is allowed. Any subject connected with human reproduction is considered to be bad and unfit for conversation (except among adult males). Early marriages are arranged, roughly from age twelve for girls and eighteen for boys. They are treated as adults after they are married and living in their own house.

OVERVIEW

Thus there is a lack of stimulation in early childhood and a lack of verbal interaction with adults throughout childhood. Children are considered inferior to adults and have duties similar to those of servants. Respect for parents and other adults is essential. Children who displease their parents may be harshly punished. Fear is also used as a means of control. Superstition enters here as it does in the treatment of the ill. Care in the supervision, cleanliness, and nutrition of young children is not adequate.

These methods of child-rearing tend to contribute to the development of a personality which is dominant to inferiors and submissive to superiors, of a person who is a blind conformer, and one who lacks reasoning ability and is rigid in his thinking and behavior.

A COMPARISON WITH CHILD-REARING AND ATTRIBUTES OF VERY POOR AMERICAN FAMILIES

Table I indicates the child-rearing and family styles of impoverished Americans as compared to those which facilitate successful living in today's society. Table II compares child-rearing and family life patterns of emotionally healthy children with those of the very poor. Similarities between very poor American and rural Ethiopian methods of child-rearing can be seen.

TABLE I

Child-Rearing and Family Life Styles
More Prevalent Among the Very Poor Compared with Patterns Associated
with Effective Adaptation to the Demands of Today's Society

Patterns Reported to Be More Prevalent Among the Very Poor	Patterns Conducive to Adaptation to Today's Society
1. Inconsistent, harsh, physical punishment.	1. Mild, firm, consistent discipline.
2. Fatalistic, personalistic attitudes, magical thinking.	2. Rational, evidence-oriented, objective attitudes.
3. Orientation in the present.	3. Future orientation, goal commitment.
4. Authoritarian, rigid family structure; strict definition of male and female role.	4. Democratic, equalitarian, flexible family structure.
5. "Keep out of trouble," alienated distrustful approach to society outside family; constricted experiences.	5. Self-confident, positive, trustful approach to new experiences; wealth of experiences.
6. Limited verbal communication; relative absence of subtlety and abstract concepts; a physical action style.	6. Extensive verbal communication; values placed on complexity, abstractions.
7. Human behavior seen as unpredictable and judged in terms of its immediate impact.	7. Human behavior seen as having many causes and being developmental in nature.
8. Low self-esteem, little belief in one's own coping capacity; passive attitude.	8. High self-esteem, belief in one's own coping capacity; an active attitude.
9. Distrust of opposite sex, exploitive attitude; ignorance of physiology of reproductive system and of contraceptive.	9. Acceptance of sex, positive sex expression within marriage by both husband and wife valued as part of total marital relationship; understanding of physiology of reproductive system, effective use of contraceptives.
10. Tendency not to differentiate clearly one child from another.	10. Each child seen as a separate individual and valued for his uniqueness.
11. Lack of consistent nurturance with abrupt and early granting of independence.	11. Consistent nurturant support with gradual training for independence.
12. Rates of marital conflict high; high rates of family breakdown.	12. Harmonious marriage; both husband and wife present.

(TABLE I CONTINUEE)

13. Parents have low levels of educational achievement. 13. Parents have achieved educational and occupational success.

Source: Report of the Joint Commission on Mental Health of Children. *Crisis in Child Mental Health: Challenge for the 1970's*. New York: Harper and Row, 1970.

TABLE II

Child-Rearing and Family Life Patterns Reported To Be More Characteristic of Families of Children Who Are Emotionally Healthy Compared With Relevant Patterns Reported To Be More Characteristic of Very Poor Families

Emotionally Healthy Children	Poverty Life Styles
1. Respect for child as individual whose behavior is caused by a multiple of factors. Acceptance of own role in events that occur. others.	1. Misbehavior regarded as such in terms of concrete pragmatic outcomes; reasons for behavior not considered. Projection of blame on others.
2. Commitment to slow development of child from infancy to maturity; stresses and pressures of each stage accepted by parent because of perceived worth of ultimate goal of raising "happy," successful son or daughter.	2. Lack of goal commitment and of belief in long-range success; a main object for parent and child is to "keep out of trouble"; orientation toward fatalism, impulse gratification, and sense of alientation.
3. Relative sense of competence in handling child's behavior.	3. Sense of powerlessness in handling children's behavior, as well as in other areas.
4. Discipline chiefly verbal, mild, reasonable, consistent, based on needs of child and family and of society; more emphasis on rewarding good behavior than on punishing bad behavior.	4. Discipline harsh, inconsistent, physical, makes use of ridicule; punishment based on whether child's behavior does or does not annoy parent.
5. Open, free, verbal communication between parent and child; control largely verbal.	5. Limited verbal communication, control largely physical.
6. Democratic rather than autocratic or laissez-faire methods of rearing, with both parents in	6. Authoritarian rearing methods; mother chief child-care agent; father, when in home, mainly punitive figure.

(TABLE II CONTINUED)

equalitarian but not necessarily interchangeable roles. Companionship between parents and children.	Little support and acceptance of child as an individual.
7. Parents view selves as generally competent adults and are generally satisfied with themselves and their situation.	7. Low parental self-esteem, sense of of defeat.
8. Intimate, expressive, warm relationship between parent and child, allowing for gradually increasing independence. Sense of continuing parental responsibility.	8. Large families; more impulsive, narcissistic parent behavior. Orientation to "excitement." Abrupt, early yielding of independence.
Emotionally Healthy Children	Poverty Life Styles
9. Free verbal communication about sex, acceptance of child's sex needs, channeling of sex drive through "healthy" psychological defenses, acceptance of slow growth toward impulse control and sex satisfaction in marriage; sex education by both father and mother.	9. Repressive, punitive attitude about sex, sex questioning, and experimentation. Sex viewed as exploitative relation.
10. Acceptance of child's drive for aggression but channelling it into socially approved outlets.	10. Alternating encouragement and restriction of aggression, primarily related to consequences of aggression for parents.
11. In favor of new experiences; flexible.	11. Distrust of new experiences, Constricted life, rigidity.
12. Happiness of parental marriage	12. High rates of marital conflict and family breakdown.

Source: Report of the Joint Commission on Mental Health of Children.

Crisis in Child Mental Health: Challenge for the 1970's. New York: Harper and Row, 1970.

Like rural Ethiopians, poor American families are authoritarian and tend to give harsh, inconsistent, physical punishment. Both are marked by a sense of fatalism and a feeling of lack of control over their lives. Moreover, there are strict definitions of the male and female roles and a separation of the sexes. Both tend to have constricted experiences, limited educational stimulation for young children,

and limited verbal communication. Matters related to human reproduction are considered taboo and thus, no sex education is given. Both show high rates of marital unhappiness and family breakdown. Parents have a low educational level and tend to not differentiate clearly, one child from another. Lack of consistent nurturance and abrupt, early granting of independence are typical of both poor American and rural Ethiopian patterns of child-rearing. Both tend to be superstitious.

There are contrasts, of course, for example, the rural Ethiopian is somewhat future oriented in that he wants his son to take on the same occupation as he has and takes care that he learns it well in order to become successful in adulthood. Girls are closely watched and care is taken that they learn their role well as the parents will be able to find her a successful husband and thus, be taken care of in old age, etc. However, the similarities cannot go unnoticed.

DISCUSSION

It may be argued that the American and Ethiopian cultures are vastly different, that what may be a desirable life style or child-rearing methods producing healthy children in American culture, need not be the same as those for Ethiopian culture. However, Ethiopia is a developing nation. In cities such as Addis Ababa, for example, the average person is more educated and "Westernized." Children are disciplined through reasoning rather than corporal punishment. Nutrition is better, sanitation and cleanliness are emphasized, families tend to have fewer children, the woman's position is raised, modern medical care is utilized, and so on. In a word, the practices most useful to the American middle class also seem most useful to the educated, modern Ethiopian.

There is a possibility of a somewhat universal poverty style that is self-perpetuating. It would seem that the child-rearing methods of American poverty families are more similar to those of rural Ethiopians than to those of middle and upper-middle class Americans, that life styles of urban Ethiopians are more similar to those of middle class Americans than rural Ethiopians. The personalities accompanying the child-rearing practices in both rural Ethiopia and impoverished America seem to be self-defeating.

Lack of education is related to poor child care and poor nutrition, lack of sanitation, mistrust of modern medicine, belief in superstitions, infant mortality, having large families, and use of children as economic chattels. If it could be shown, as it is in urban Ethiopia and middle class America, that fewer children, reared properly, can contribute more to the family in social and emotional as well as economic terms, the poverty style might be slowly changed through education in these select areas. Moreover, the lives of children born in poverty would be improved greatly as would their chances of future success. Education in child care, cleanliness, nutrition, health care, and human sexuality would not disrupt the culture to any great extent if handled properly and done gradually. The attitudes continuing these life styles are deeply engrained and rationalized but not totally resistant to

change, they are slowly changing in many areas of Ethiopia with the introduction of even very fundamental formal education; and urban areas reflect a great deal of change.

CONCLUSION

The point has been made that certain, child-rearing practices seem to be characteristic of poverty families in at least two cultures, that these practices contribute to the perpetuation of low socioeconomic status, and that socioeconomic class (along with level of education, etc.) may possibly differentiate life styles more fundamentally than culture (nationality, etc.). Accordingly, information in areas such as birth control, preventive health care (nutrition, sex education, sanitation, health facilities, etc.), prenatal care, and child care should be given to rural Ethiopians as well as poverty stricken Americans.

REFERENCES

Report of the Joint Commission on Mental Health of Children. *Crisis in Child Mental Health: Challenge for the 1970's*. New York: Harper and Row, 1970.