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"CARING FOR CHILDREN IN RURAL ETHIOPIA"

A Qualitative Data Analysis of Roles and Responsibilities for Childcare within Families and the Community in the Rural Villages Mere-Mieti and Ilkin

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"Caring for Children in Rural Ethiopia" – *A Qualitative Data Analysis for Roles and Responsibilities of Childcare within Families and the Community in the Rural Villages Mere-Mieti and Ilkin.*

Abstract

Aim of this research is exploring the childcare responsibilities within the households and on community-level in two rural villages in the Tigray region, Ethiopia. A focus on childcare providers such as parents, children, other relatives, the community and care institutions, has to provide an insight in understanding the management of childcare in the rural villages. In rural Ethiopia, as expected, the lack of formal care institutions resulted in the finding that childcare is predominantly provided within the informal sphere. Despite the limited presence of formal care institutions, a focus on healthcare issues was included, which shows attention is paid to improve utilization of the healthcare services. However, creating awareness by the use of HEW's and network leaders is mainly focused on maternal and child health under the age of 5 and on preventing diseases. Children older than five are treated the same as adults and due accessibility, financial resources and to the fact that it is unclear which treatment they have to pay for, utilization is limited. Concerning the informal sphere, childcare responsibilities are predominantly divided within the household. As such, parents and children take the main responsibilities. Although the mother is seen as the primary caretaker due to her presence in the household, and the father as the secondary due to his financial contributions, it is found that children play a significant role as well generally starting from age 7. It depends on gender in which way the boy or girl embodies their role as childcare providers. Household and direct childcare activities are conceived as women's tasks whereas agricultural activities or forms of generating income are performed by boys. Lastly, the community members and other relatives are less involved in taking care of children. Their contribution can be found in advising families on health issues but not particularly on childcare within the household.

Keywords: Childcare, Childcare activities, Childcare receivers, Role patterns of children, Childcare providers.

Utrecht University

PREFACE

In front of you, I present my master thesis on childcare roles and responsibilities in rural Ethiopia. This is a qualitative research conducted in two villages in the Tigray region in Ethiopia; Mere-Mieti and Ilkin. This research has been conducted to fulfill the graduation requirements of the Master's Program 'International Development Studies' at the University of Utrecht. The fieldwork took place from February 2018 until June 2018.

The aim of this explorative research was to examine the roles and responsibilities regarding childcare arrangements within households and the community in rural Ethiopia. It appeared a very interesting fieldwork experience in which not only childcare was explored, but also a deeper understanding of the daily lives, culture and traditions of the people was created. Despite feeling completely out of your comfort zone in the beginning of the research, Ethiopia has been an eye-opener for me and I am grateful for the experience of the Ethiopian hospitality, kindness and curiosity which made conducting data a lot easier and more fun. While the respondents themselves often lack in resources, the endless and almost mandatory coffee ceremonies and the offers of food characterize their hospitality.

In particular, I would like to thank my supervisor Annelies Zoomers for the supportive guidance and for expressing her confidence in me during this process. With her supervision, a research suiting to my preferences and ideas could be designed and performed. During the research, I kept her advice in mind to focus on the topics suiting my personal interest.

Furthermore, I would like to thank Kebede Manjur for his help during our stay in Mekelle. He has been of great support with facilitating us an office, accommodation, translators and looking for our research sites. Besides, I would like to thank the translators Amsalu and TG for their great contribution to my research. Without them, it would not be possible to have any results especially as Tigrigna is a difficult language and impossible to learn next to the obligations of doing fieldwork. Moreover, I would like to thank all the respondents participating in this study. Without their curiosity, patience and openness, it would not be able for me to obtain such in-depth results.

Lastly, to Robin Muzea; thank you for all your support during our stay in Mekelle. Special thanks to you as I benefitted from our discussions, ideas and attitude towards our fieldwork projects. It provided me new insights and kept me motivated as well as this experience would not be this fun without your company.

Josine Sunter

Utrecht, 10 august 2018

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LIST OF ABBREVIATIONS

AEW	=	Agricultural Extension Worker
DGL	=	Development Group Leader
HEE	=	Health Extension Expert
HEW	=	Health Extension Worker
HEP	=	Health Extension Program
MDG	=	Millennium Development Goals
R	=	Respondent
SDG	=	Sustainable Development Goals
STD	=	Sexual Transmittable Disease
UN	=	United Nations
WHO	=	World Health Organization

INTRODUCTION

Everyone can visualize them: the images of sick babies and little children who need your help. The consumer is asked for a donation to help these children in saving their lives. Commercials about poor living circumstances in the Global South are regularly shown on daily television and the Internet. In particular regarding the poor health status of women and their children, during the pregnancy, the childbirth and childcare, which cause high maternal and child mortality rates[1]. These images mention worldwide interrelated problems such as poverty, hunger, illnesses and bad quality of healthcare causing these unnecessary high rates. Solutions for those problems are invented by mainly Western organizations who try to raise money to provide resources for improving the standards of living of the poor. It is argued that due to poverty, people do not have enough money to afford good qualitative nutrition for their children to secure survival and development. This results in poor health and development problems for children (Oldewage-Theron, Dicks & Napier 2006, Walker, S.P. et al 2007, and Antony & Laxmaiah 2007). The resources provided to increase those situations are mainly focused on healthcare by food packages for malnutrition, vaccinations and medicines for diseases (UNICEF 2018). Governments, non-governmental organizations as well as an international agenda to increase development supply development and emergency aid. However, the programs implemented to improve the living standards, mainly focus on medical healthcare instead of the social side of childcare (Admasu, Balcha & Getahun 2015, and Pettigrew et al. 2015). The social scale of childcare on household and community level is mostly disregarded when looking at development. In this sense, a lot is said about the advancement of the healthcare of children when diseases or malnutrition for example occurs. Little is known about the social level of childcare activities and responsibilities, which could be important to indicate the source of the problems. Therefore, the question arises: What is actually known about childcare on the social scale in developing countries? This research aims to illustrate the local context of childcare in rural families in Ethiopia in which children are not only perceived as care receivers, but are also part of the care providers.

Relevance

Childcare is a broadly discussed topic in academic literature. First of all, healthcare of children takes an important position. Especially infant care and maternal health are widely examined regarding causes of maternal and child mortality and solutions to improve these rates

[1] *Stop Kindersterfte*, https://www.youtube.com/watch?v=VK-yV476dRQ, consulted on 1 February 2018.

(Mekonnen & Mekonnen 2003, Birmeta et al. 2013, Aboud & Yousafzai 2015). The United Nations (UN) designed the Millennium Development Goals (MDG's) followed by the Sustainable Development Goals (SDG's) targeting the improvements of these rates in developing countries. Reflections and evaluations emphasizes the efficiency of the programs (Ruducha et al. 2017, Haines et al. 2007). However, these (medical) studies predominantly restrict to maternal health and child health under the age of 5. Hereby emphasizing the practical issues such as the existence of hospitals and medical instruments, the accessibility of hospitals, hygiene issues, skilled staff and the prevention of diseases. Concerning childcare in Ethiopia, the accent lies on effectiveness of health extension workers and the implementation of the Health Extension Program (HEP) by the government resulting in the improvement and prevention of health issues (Mullan 2016, Banteyerga 2011).

Furthermore, child-rearing is portrayed by Brody (2004) stating that the relationship between siblings can be influential in children's cognitive, social and emotional development. Older siblings can teach younger siblings several skills including language and can educate them how to adjust to other people. Furthermore, helping with homework can be assisted by the older siblings which will help to develop their own performances as well (Brody 2004: 124). However, further focus, is on treatment of the children by the parents and the different approaches regarding the children, which leads to behavioural problems. Despite most articles are written from a Western perspective, child-rearing is also explained on the basis of responsibilities of parents, grandparents and other community members in developing countries (Sriram & Ganapathy 1997). Exceptionally, Weisner & Gallimore (1977) write about sibling caretaking for younger brothers and sisters and their importance regarding socialization, watching the younger siblings and train them certain skills. Lastly, an interesting study about child-rearing in rural Ethiopia illustrates the care provided by caregivers, especially looking at parents, but also the changing position of the children regarding their aging. Parents take full responsibility of children until the age of 2 to 3, from thereon children are taught activities to become at some part independent and can start helping the parents (Ringness & Gander 1974).

Despite the aforementioned studies emphasize childcare on household level and community level, the sources date from 20 – 45 years ago and nowadays less is written about the roles and responsibilities regarding childcare on social scale in developing nations. Furthermore, less is known about the position of the child within the household. In developed countries, there are various solutions regarding child caretaking responsibilities. Forms of formal as well as informal childcare exist, in which child caretaking responsibilities are divided between caretaking provisions and parental caretaking. Examples of caretaking provisions can be found in obstetrical care, day-care centres, pre-school care, schools and the deployment of a babysitter (Glass & Estes 1997). For developing countries, less is known about the spreading of

caretaking activities for children in the household and who is fulfilling them. Kehily (2004) explains the shift of approaches about childhood in Western societies: “In a fairly short period of time, the position of working-class children changed from one of supplementing the family income to that of a relatively inactive member of the household in economic terms, to be protected from the adult world of work and hardship” (Kehily 2004: 2). The economic value of children is still predominantly existing in developing countries.

To get a better understanding of the needs of the population, the local context is studied to show the characteristics of childcare and as such, this research focuses on household- and community-level. A focus will be laid upon the role of the children in the household as they are care receivers as well as care providers. There is a need for understanding the local context to suit programs, designed to ensure healthy lives and well-being, to the behaviour of the population and therefore establish development from a bottom-up perspective. Therefore, the following research question is designed: “What are the characteristics of receiving and providing childcare within households and on community-level in the rural villages Mere-Mieti and Ilkin, Ethiopia?”.

Structure

This research will start with the theoretical framework in which the topic of childcare is introduced and embedded into existing literature complemented with the conceptual model and research questions. Secondly, the methodology used will be explained together with the research design, positionality and reflection on methodology. This is followed by the contextual framework describing the regional setting, the most important subjects related to this research and the formal care facilities existing in the locality. Afterwards the research findings will be presented divided into three chapters related to the topics of the sub-questions. In the discussion, a critical analysis will be given about the research finding interrelating it with the existing literature. The research questions will be answered in the conclusion. Lastly, recommendations will be given concerning improving childcare in the rural areas around Mekelle, Ethiopia.

1. THEORETICAL FRAMEWORK

In the theoretical framework, the main concepts regarding this research will be defined and discussed on the basis of academic literature, in order to apply them onto the research field of childcare in the rural area around Mekelle, Ethiopia. This research will be a community-based study with a bottom-up approach. According to Willis (2011), the bottom-up approach focuses on direct involvement of the people in order to achieve development instead of activities and decisions made on national scale. There is a focus on ensuring basic needs for the 'poorest people' in society which could also lead to improvement of the 'poor'. Basic needs entail physical survival as well as access to services, such as health care, employment and decision-making to contribute to the level of participation (Willis 2011: 104). The bottom-up approach is often linked to the term 'participation'. Willis (2011) explains that this term refers to the extent in which the local people are involved in development activities. Rosato et al. (2008) also explain participation as an indicator to measure the involvement of the community in the decision-making process. Villagers or communities have certain knowledge and awareness of their surroundings which makes their participation valuable. Taking the bottom-up approach into account, the positioning within the literature will explicitly be on how families and communities deal with childcare, as well as the access to and utilization of care services.

Important themes and concepts discussed are 'social capital', 'children and childhood', 'childcare', 'community care' and 'healthcare'. The cohesion between the concepts will be further illustrated on the basis of a conceptual model, in which a distinction is made between care receivers and care providers related to the childcare activities.

1.1. Social Capital

Social capital is one of the livelihood assets, according to Serrat (2017), and refers to the social networks an individual or group of people have, such as their neighbourhood and kinship. Other examples of social capital are trust within the relations, shared understanding and protection, but also sharing the norms, values and behaviour, as well as the rules and sanctions. Lastly, unified representation, opportunities for participation in decision-making and leadership characterize social capital (Serrat 2017: 23). This is supported by Willis (2011), who defines social capital as the social relationships between individuals and groups. Willis (2011) also mentions the notions of trust and expectations which play a significant role within social capital. It determines how individuals should behave within their social interactions: "Networks of friends, kin and acquaintances are clearly important in helping individuals throughout the world

meet their basic needs, as well as forming the basis for community organizations that make up civil society" (Willis 2011: 124). Social capital can be meaningful for the relationships between the individuals and groups within a certain community or locality. Capital in this term refers to investments made in social relationships and the expectation of reciprocity (Ferlander 2007: 116). Concerning childcare, social capital can be decisive because it can show how those relationships are reflected on the persons caring for children. Childcare is based on a degree of trust between individuals and groups. Besides, it can be important to link to individuals with a prestigious position, to ensure mobilization concerning development. This could also be an influential factor relating to this research on child- and healthcare as the local people can be influential in decision-making and the person with an authoritative position can support the local community. Ferlander (2007) argues that social capital can have both positive and negative influences; it could be valuable to promote particular actions, but it can also be harmful for other people. Furthermore Ferlander (2007) explains the effect of social capital on public health. Social capital ca be an instrument used to influence the politics of health. It can provide access to a wide range of resources which could help in coping with various health situations on the basis of a high degree of "support, tolerance, exchange of certain information, accessibility and empowerment" (Ferlander 2007: 124). Regarding childcare, social capital can illustrate the support of the people to each other and their relationships and it can be linked to the healthcare facilities.

1.2. Children & Childhood

The definition of 'children' has not always been captured and it differs between nations, cultures and relational setting. Schapiro (1999) argues that a child can be defined as a person who is situated in the process of developing and yet not fully grown. Due to this condition, children are approached and treated in a different way than adults are. The idea that, to improve development, adults have certain responsibilities which oblige them to care for children, such as protection, nurturing, disciplinary action and educating them. In sum, these responsibilities are covered in the term 'raising' (Schapiro 1999: 716). For defining the concept 'child', Schapiro (1999) refers to the laws existing on when to treat someone as a child. According to the Declaration of the Rights of the Child, designed by the United Nations in November 1989, a child is a person younger than the age of 18 years, unless the national legislation uses another age-limit[2]. In this declaration, the definition of a 'child' shows the unclear components and differences between countries. These uncertainties are also described by Montgomery (2012)

[2] *Verdrag inzake de Rechten van het Kind*, https://www.unicef.nl/files/20091116_kinderrechtenverdrag.pdf, consulted on 15 January 2018.

who writes from an anthropological perspective. She states that the international legal definition, saying children are persons under the age of 18 years, would not be applicable to every child. Therefore, she focuses not only on the international legal definition but on a broader perspective in which cultural differences are taken into account as well. Childhood consists of different phases and is conceived in various ways. Montgomery (2012) explains that gender, age, birth order and ethnicity are all factors that influence the interpretations and experiences of childhood. Furthermore, Morrow (2011) writes about understanding children and childhood in a sociological way. She refers to the various definitions existing in dictionaries, including the boundaries by age, the relational connections between family members and a state of being (childish for example). During the 19th and 20th century, there existed another idea of being a child in Australia and the United Kingdom, related "to the age at which children left school". This implies that the definition of a child was flexible because over time, the age of children leaving school heightened (Morrow 2011: 2).

Concerning childhood, Kehily (2004) draws upon the historical approaches and illustrates the differences between approaches on 'childhood'. As such, she uses an example of how childhood might be comprehended in the United Kingdom: "as a period of life where play and carefree pleasure should be indulged, where the child is protected from the adult world of work and is cared for, kept warm and well fed" (Kehily 2004: 3). Relating this to the situation in Ethiopia, it is interesting which role children play in the household and how they are valued by the parents.

When looking at data about children, such as the birth rate or mortality rate, it is striking that mostly a division is made on the variable 'age'. Mortality rate for example shows death rate of infants (0-1 years old), children under the age of 5, children between 5-14 years old and youth from the age of 15 until 25 (World Bank 2018). The importance of age differs, depending on the subject of the data but more or less children are announced until the age of 15. Regarding childcare within the households this is interesting, because the roles of children and being a child vary. Montgomery (2012) explains that children can become an adult with marriage, first menstruation, becoming pregnant, when their parents die or with other traditional acts.

1.3. Childcare

Childcare is a main concept in this research as it is one of the main components studied in the field. Sriram & Ganapathy (1997) state: "childcare has traditionally been viewed as the actual activity of caring for a child such as feeding or bathing" (Sriram & Ganapathy 1997: 65). Weisner & Gallimore (1977: 169) involve not only the practical issues concerning childcare, but also focus on socialization, training and routine responsibilities which are childcare activities. They

use the word 'caretaking' for explaining childcare and describe that this term involves the activities ranging from complete and independent full-time care of a child. Currently, according to Sriram & Ganapathy (1997), it is generally acknowledged that childcare changes when children age and come into a different phase of their lives. Therefore, not only caretaking by parents is important, also other childcare providers play a significant role. Childcare is a broad term and to study childcare, it is important to know the main childcare activities as well as the providers who fulfil those activities. Many types of providers can be discussed, ranging from childcare services where people pay for (Glass & Estes 1997), to informal care, care provided by for example family members, the neighbourhood and communities (Sriram & Ganapathy 1997). Regarding this research, conducted in the rural area around Mekelle, it is expected that the availability as well as the use of childcare services will be limited. This is the reason why this research especially focuses on childcare provided by the social environment of the child. Ringness & Gander (1974) illustrate the child-rearing methods throughout Ethiopia and explain the changing roles of children when they become older. In the next paragraph, childcare providers and childcare activities will be further explained.

1.3.1. Childcare Providers

Childcare provisions

The provision of childcare can occur in various ways. In this sense, childcare can be completed on the basis of familial ties, by the community, and through services. The difference between these provisions are mostly based on the financial aspect. Between family members and the community, childcare occurs without paying for it. This is more based on reciprocity; doing something in return for each other. The services are often paid for. This can be a childcare service such as day-care, the hiring of nannies but also healthcare services in which children are cared for their illnesses. Regarding the childcare services, Weisner & Gallimore (1977) describe the use of hired child nurses or the exchange of young children between households. Furthermore, Sriram & Ganapathy (1997) describe that other childcare services, such as day-care, can be so poor and the costs relatively high for the population, that it is not always worth it to for them to put their children at the services provided. Instead, family members such as siblings and grandparents take the responsibilities to take care of the infants, as well as the neighbours. Seeing women in developing countries often perform unpaid domestic work or agricultural activities, taking their children to work is another solution (Sriram & Ganapathy 1997). As this situation was expected regarding the unavailability of childcare services, this research predominantly focused on the importance of family members and the community in taking care of the children. Next to this, healthcare will be shortly explained to respond to the

possible needs of the rural population in case children face health problems. The use of these forms of childcare differ throughout the world. In this part, the importance of kin and family members will be further explained. The other providers who are part of this research, the concepts of 'community' and 'healthcare' are separately discussed.

Kinship & Childcare

According to Weisner & Gallimore (1977) the childcare arrangements within Western, industrialized nations, are different than in other countries in the world. They state that mothers are the primary childcare takers and that the importance of other non-parental caretakers are often neglected. However, in most societies, other caretakers such as siblings or other kin play a significant role in childcare. The term non-parental caretakers, refers to adult kin of the parents (such as grandparents and aunts), non-kin adults (such as nannies, neighbours and community members), and a variety of children, in particular siblings (Weisner & Gallimore 1977: 169). Kin can play an important role in childcare arrangements. Kinship systems can vary worldwide, but they are more or less always focused on social relations instead of biological relations, according to Good (2012). The kin relations can be determined by different links. Descent links are for example based upon links between parents and children and alliance links on marriage. These descent link can explain the unilineal system someone belongs to. Good (2012: 399) explains that a distinction can be made between a matrilineal descent, reckoned only through females, and a patrilineal system, reckoned only through males. The alliance links, in which marriage is a primary element, can occur in a single direction with two linkages; or the wife will connect to the husband's kin, or the husband will connect to the wife's kin. Although it will be hard to study the kinship systems within the rural area, it could be an explanation for why certain childcare providers play a more important role than others. Next to this, it could illustrate the relationship between people within a community.

Childcare Responsibilities

Concerning who is taking the responsibility of childcare, the composition of the household can be decisive. The number of children, the connection to other family and community members and the workload for the parents can influence the distribution of the childcare activities. Sriram & Ganapathy (1997) are focused on the rural population and emphasize the fact that women as well as men work for their income. The need for income and the long working hours coherent to it, influence the time available for parents to care for their children, as well as it influences the energy level. Therefore, childcare can be done at the same time which means that often women take their younger children with them to their land. However, Ringness & Gander (1974: 58) studied the child-rearing practices in Ethiopia and come to the conclusion that there is a strict

division between gender in the household. Women stay in the home to take care of household activities and the children, men work on the land. This results in the full caretaking ensured by mothers. Especially infants stay at least two years continuously with their mother as they are breastfed until this age. When having more children or the availability of grandparents or neighbours, the responsibility can shift from the parents to the before named groups (Sriram & Ganapathy 1997). The grandparents can take over childcare when they are, due to physical matters, unable to work themselves. The siblings can take over childcare as well. This happens with siblings mostly under the age of seven because when they are older, they will go to school. The neighbours or community members can take over childcare if they are older and don't have children in their home anymore, or if they have children, the others can join.

1.3.2. Childcare Activities

The activities regarding childcare can be important indicators for studying who is taking the responsibilities of childcare and if there are different tasks for the different childcare providers. To ensure child survival and to develop physically as well as socially and psychologically, childcare activities are the main practicalities. The childcare activities included are not only physical care, but also socialization and child rearing. Sriram & Ganapathy (1997) distinguish childcare into direct (feeding, bathing, health etc.) and indirect (verbal instructions or reprimands) forms and this changes with the growth of the child. The different care activities are also described by Weisner & Gallimore (1977). Within the daily routine, feeding and bathing are important care activities. Next to this, educating social rules and behaviour are also significant in the process of growing up. The childcare is fitted to the age of the child, starting with the infancy in which feeding is the most primary activity. When a child gets older, it starts walking, talking and needs to understand the common social rules within the family or community. The operationalization will illustrate the measurement of the activities that are studied in this research.

1.4. Community Care

1.4.1. Community

The concept community is explained by multiple scientists. Willis (2011: 27) explains actors in development and sees the community "as a group of people with shared interests in some senses, which are usually based on shared residential location. This could be a village or urban district but could also refer to a community based on shared social identity". Also, Rapport

(2012) indicates three characteristics of a 'community', namely the common interest between people, the common ecology or locality and a common social structure (Rapport 2012: 142). Ragoff (2003) uses a broader understanding of the concept 'community'. Rogoff (2003) sees communities not particularly as a group of individuals who share some characteristics. She defines 'community' as a "group of people who have some common and continuing organization, values, understanding, history and practices". A community involves people trying to accomplish some things together, with stability of involvement and attention to the ways they relate to each other. It requires a structured communication with commitment and shared meaning. It develops cultural practices and traditions that transcend the particular individuals involved, as one generation replaces another.

There is also a structure within the division of roles. Each individual has its own role and responsibilities and the quality of the relationships with other members can vary. However, the relationships between the members of the community can be characterized by the fact that they support each other as well as they are familiar with aspects of each other's lives. Rogoff (2003) not only focuses on a certain location as a village or region, but also to the relationships people have with others at distance. She refers to a personal network in which the assumptions and tools used are also shared within that community.

1.4.2. Community care

Community care is a broad concept and entails different aspects of care. One of those aspects is childcare regarding child rearing. When having children, it is not easy to find support if needed, but the community can help in those situations. Sriram & Ganaputhy (1997) state that community care regarding childcare is based upon unspoken agreements between the community member and the parents. Also, on the field of healthcare, the community can be of significant influence.

There is a lot said about the importance of the community concerning the healthcare they obtain. Rosato et al. (2008) write about participation and mobilisation to describe the position of the community within the implementation of health care programs. Rosato et al. (2008: 962) describe that the term participation is used to indicate active or passive community involvement. Mobilisation refers to the way in which the community responds to the directions given by the professionals to improve their health (962). With this they state that for implementing a health care program in the past, the participation of the community was merely seen in the way that the community was passively involved as the setting. Nowadays, the idea is to actively involve the local communities with health improvements and outcomes. Therefore, they are involved in both activities and decisions concerning their own health as well as that they are a resource that can provide "assets to address a health problem or an agent of change

that uses its own supportive and developmental capacities to address its needs" (962). The idea is not only to involve the community within implemented programs, but furthermore to improve empowerment of communities. Rosato et al. (2008: 963) define this as: "the process and outcome of those without power gaining information, skills, and confidence and thus control over decisions about their own lives, and can take place on an individual, organisational, and community level". So, they are not only looking at decisions made for programs but also how communities sustain their own health care. The authors mostly refer to the mobilisation of the community and how this shift ensures self-sufficient health care. Regarding this research, it is interesting to see whether the provision of health care is adopted by communities and how they handle with this in their own practices. Also, Rosato et al. (2008) describe the effectiveness of programs and different interventions which are implemented resulting in for example, village health committees established for maternal and newborn health. This is something to take into account to further look for health care established by the community.

1.5. Healthcare

1.5.1. Systems and Services

The term health is defined by the World Health Organization (2018) as follows: "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[3] Globally, different types of healthcare provision exist; such as childcare, elderly care, mental healthcare, physical healthcare and so on. The healthcare provision varies greatly between countries, especially the population in the Global South have limited access to healthcare provision. This is due to for example financial matters, lack of infrastructure, lack of good working healthcare systems and educated staff. According to Pfau-Effinger (2005), the healthcare systems in Europe changed drastically after World War II. Since women entered the labour markets, the childcare tasks shifted from informal forms to more institutionalized forms. The European states adapted these changes and provided social care services on national scale. This resulted in payable day-care and other forms of childcare services. Furthermore, education is mostly obligated until a certain age. The social care system or welfare system mostly relies on the taxes paid by the citizens and a compensation for social care services in return. In most developing countries, such a welfare system does not particularly occur. However, although Ethiopia does not have a particular social care system, the country greatly improves the healthcare provision. For example, Ethiopia reduced its under-five mortality rate with two-third

[3] WHO (2018) *Constitution of WHO: principles,* http://www.who.int/about/mission/en/, consulted on 06-08-2018.

from 2000 until 2015 (Melaku and Shi: 2017). Melaku and Shi (2017) suggest that due to reforms of national policies and adaptation of programs, health financing, and health interventions, such improvements could be made. For developing the healthcare system in Ethiopia, the deployment of 'Community Health Workers' is of significant influence, as stated by Haines et al. (2007). Therefore, this group of people is further explained.

1.5.2. Community health workers

Haines et al. (2007) write about achieving the fourth and fifth Millennium Development Goals, on maternal health care and prevention of child mortality and how that can be improved by inserting community health workers. In the 1970s and 1980s, the Alma At declaration states that community health workers were seen as of main importance in primary health care. However, after the 1990s, community health workers were not that popular anymore due to several reasons relating to effectiveness and success. Haines et al. (2007: 2121) show that "Ethiopia is training 30 000 community-based health extension workers (women) to focus on maternal, newborn and child health, malaria and HIV". Haines et al. (2007) use the terminology of the WHO to define community health workers; "community health workers should be members of the communities where they work, should be selected by the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers" (Haines et al. 2007: 2122). The authors show the importance of interventions on community-based levels as three delivery approaches are analysed: outreach, family-community care, and facility-based clinical care. In this sense, they mostly refer to medical treatments to prevent child mortality. Concerning the responsibility of childcare, this is not particularly useful, although they argue that the subjective is to strengthen community, outreach and facility care so deaths can be prevented.
In this research, community health workers could be of high importance as they are not only focused on health care for pregnant women or antenatal health care, but also on the provision of child care in general. So, it would be interesting to study in what kind of clinics, hospitals or other health care provision child care takes place and if this is more medical or also informational or other kinds of care. Next to this, it would be of importance to see which place in the community or society the community health workers have and how many people actually reach them. Furthermore, curiosity rises concerning paid or unpaid labour and if the community health workers do have other jobs to gain income. This to show the dedication and security ofthe community health workers.

1.6. Conceptual model

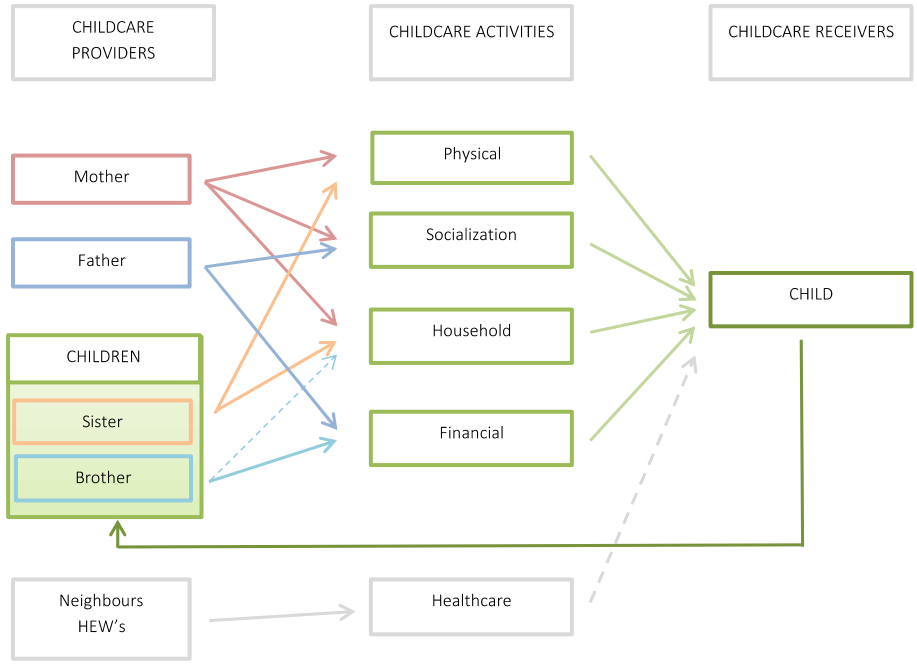

Figure 1. Conceptual model

1.7. Research questions

The research question, which is about the characteristics of receiving and providing childcare within families and communities living in Mere-Mieti and Ilkin, will be answered with the support of the following sub-questions:

1. What are the activities provided to fulfil in the needs of childcare within the household?
2. What is the role of the child in the household as care receiver and care provider?
3. Who are additional childcare providers and what activities do they fulfil within the households and the community in Mere-Mieti and lkin?

1.8. Hypotheses

The hypotheses are formed due to the expectations raised by studying literature and information about Ethiopia.

1. The childcare activities are fulfilled within familiar sphere (parents, siblings, grandparents).
2. The most important childcare activities include activities on the field of nutrition, attention and health.
3. There are no child caretaking provisions used other than within the familiar sphere.

2. METHODOLOGY

2.1. Research Design

2.1.1. Location

For the location, it was the idea to do research in Nekemte, in the Oromiya Region in Ethiopia. However, due to the political situation in Ethiopia, it was necessary to move to another research site. Before leaving to Ethiopia it was not clear that the political situation was this tense. Initially, Nekemte was chosen because of the relation to the ORIO project about maternal and child health. In this project the location for implementation was Wollega, which is a district in the Oromiya Region. As it was for my research not mandatory to stick to this site, because childcare within households could be studied anywhere in Ethiopia, it was appositely to make this decision to secure safety and access to the research site.

The location chosen was Mekelle in the Tigray Region, north of Ethiopia. The decision was made with support of our contact person and Kebede Manjur. He lives in Mekelle and was willing to help with finding accommodation, a research site, a translator and providing an office to work on the data.

The villages Mere-Mieti and Ilkin have some differences which made it interesting to visit both. Mere-Mieti is located next to a main road, has a healthcare centre and electricity. Furthermore, facilities include an administrative office, elementary school, high school, agricultural training centre and a weekly market. Contrary, in Ilkin, electricity is not available, there is no road and no healthcare centre or other facilities. The only facilities in Ilkin present are an elementary school and a small supermarket. The houses in both villages consist of stones and soil. Most houses only have one room in which the whole family sleeps including the cattle because of the danger of hyenas. In the pictures below, the houses are illustrated to get an understanding of the primitive living conditions.

Figure 2. Kitchen Area of a Household, Ilkin.

Figure 3. House for Living, Ilkin

2.1.2. Research Population

The research population included families with children, who carry childcare responsibilities and children themselves in the rural area around Mekelle. During the research, it turned out that childcare responsibilities are mostly performed within the household. So, either the mother, the father or the children take responsibility for caretaking. Other relatives or community members are rarely involved so they are not included in the research population.

The mothers were sampled through random selection in the form of household visits and sometimes through the snowball sampling as neighbours could tell where to find the research population. For this research, it was easy to find mothers as they are mainly staying in the home working on household activities and childcare. The respondents seemed curious and enthusiastic to share their stories.

The fathers were sometimes harder to find; they were either in the household for lunch break or just on the streets walking from work to home. We could ask them by random sampling on the streets and coincidently in the household.

The children questioned lived with their parents in the house and were not married yet, varying from age 12 up to 25. However, it was expected that children would stop schooling at a young age and start working or taking responsibilities for the household to contribute to the family. Especially with girls, it was expected they would leave the house at a younger age, get married and then become an adult. Sampling of children happened on the streets in the villages. Children walking around were asked to answer some questions if they gave permission. Permission was asked to them and it was asked if their parents would approve it, especially when the child was younger than 18 years old. In the following table the numbers of respondents and the sampling methods are shown.

Respondents	**Surveys**	**In-depth Interview**	**Focus Group**	**Sampling**
Mothers	54	38	7	Snowball - Random
Fathers	15	13	7	Random
Children	0	15	0	Random
Other (DGL, HEW)	0	4	0	Snowball
Total	69	70	14	

Table 1. Respondent selection

2.2. Research Methods

2.2.1. Surveys

Bryman (2012: 232-234) explains the characteristics of a survey. This can be described as a list of questions which is completed by the respondents themselves. An example is an online survey spread by mail or social media. Due to a clear introduction, core and closing in the survey, the respondent should be able to fill in the survey individually and without asking question to the researcher. The advantages of using a survey is to generate a higher amount of data and to generate data in a short amount of time. It is also easier for respondents to answer closed questions instead of open questions. Furthermore, it provides a general and clear overview of the data. The data can be illustrated and structured easily. The disadvantages of surveys are gaining more in-depth information and there is a higher risk of missing data as it is possible for people not to answer all the questions. In this research, surveys were used as a starting point for the conversation so I started with survey questions. In the surveys, questions were asked about daily activities, income activities, childcare activities fulfilled by the respondents, and whom was fulfilling them within the household or community. Furthermore, personal and general information was questioned. The main target population were the parents in which the mothers were most easily approachable because of their attendance in the houses. Also, the fathers were questioned with survey questions. The idea was to ask other caregivers as well, but it turned out that most of the childcare activities were done within the household and the community was in this sense less involved. Furthermore, the planning was to ask survey questions to children as well. However, in the first part of the research the children seemed shy and scared to answer questions. Furthermore, the questionnaire was somewhat long and less suitable for children to answer so the questionnaires were not filled in by children. Although the surveys were designed to be filled in by the respondents, I had to fill them in myself. This was due to illiteracy of many respondents, as well as the language barrier. Therefore, the translator asked the questions in Tigrigna to the respondents and answered in English to me so I could fill in the survey. Because the questions were mostly asked openly, I received more information and explanations from the respondents. In total I had 69 respondents answering the survey questions. In the second part of the research, I focused more on in-depth interviews which were more suitable for gaining new information because the answers of the survey questions were quite similar in general. The data generated from the surveys are most applicable for the contextual background, the childcare activities and the childcare givers. The survey guides are presented in the Appendix.

2.2.2. In-Depth Interviews

Hennink et al. (2015) describe that an in-depth interview is mostly conducted between one respondent and one interviewer. Sometimes, in case of translation for example, there can be two interviewers. However, the respondent is always alone. This method can be defined as 'a conversation with a purpose'. The topics related to the research question and the sub-questions will be discussed in detail which could almost feel like a normal conversation. However, the distinction between a conversation and an in-depth interview is that the interviewer asks specific question related to the needed information, the respondent is mostly telling his/her story. Important notes to take into account when conducting an in-depth interview is the semi-structured guide, the establishment of a trust relationship with the respondent, questioning in an open, empathic way, and motivating the respondent to tell their story (Hennink et al. 2015: 109).

During the first part of the research, the interview data was collected by beginning with the survey questions. In most cases, we visited the households of the participant. If it appeared that the participant had enough time and was willing to provide more information, I continued with the in-depth questions. In this way I conducted a survey and interview in once. The data collected came mainly from women who were the mother of the household. This was due to the fact that women mostly stay in home and take care of the household and childcare responsibilities. The main outcomes of the in-depth interviews were related to questions about the contextual background, the sources of income and the division of activities done within the household. Furthermore, more in-depth information about the childcare responsibilities and the daily activities of the family members. With part of the respondents, I was able to ask questions about healthcare services and other provisions of childcare.

In the second part of the research, which was after handing in the interim report, I redesigned questions to focus more on the role of the children within the household, what kind of care they provide for the family and how their daily activities have an impact on the household. In this part, I also designed an interview guide especially for children; a short list of questions in which they could give short answers.

The visits took around 1,5 hours or more. This is also due to the invitation to drink coffee or tea. The coffee ceremony took at least twenty minutes which was a good opportunity to strengthen the relationship with the participant. The interviews with the children had a duration between twenty and thirty minutes. In total, I have conducted 70 in-depth interviews of which 38 mothers, 13 fathers, 15 children, 3 HEW's and 1 DGL. The interview guides are presented in the Appendix.

2.2.3. Focus Group Discussion

Bryman (2012) describes focus group discussions as "a method of of interviewing that involves more than one, usually at least four, interviewees" (Bryman 2012: 501). Besides, Bryman (2012) states the specific character of the focus group discussions as the discussions are essentially focused on a certain topic and how the participants react on as a member of the group.
The data of the focus group discussions collected is in one case particularly focused on marriage. However, as the focus group discussion were not planned on forehand but happened occasionally, one of the two cases was mostly focused on conducting general information about the village. This first focus group discussion consisted of 7 men waiting at the healthcare centre in Mere-Mieti. One of the men had his wife delivering his fifth baby but for men it is not common to attend the birth of a baby. The information generated was mostly useful for the contextual background. This was also the first day in the field, so interesting to have a general overview of some traditions, the facilities in the village, the main sources of income, household structures and the use of the healthcare services.

The second focus group discussion consisted of 7 women sitting in a house. The mother of this house delivered her baby a few days ago, so neighbours and family come around to help in household activities and to prepare food for some celebrations. The relevant information conducted from this focus group discussion was focused on how marriage works in the villages and thus contributed to the contextual background as well.

2.2.4. Secondary Methods

For embedding the research, secondary methods are consulted. These exist of academic literature which in present theories related to the topic of childcare. Furthermore, the insights of background information and facts and figures are consulted through literature and the use of the Internet.

2.2.5. Reflection on Methodology

As mentioned before, the surveys were conducted in a different way than expected. Surveys are designed for the respondents to fill in themselves. However, as 36 of the respondents are illiterate it is difficult for them to fill in a survey. Besides, Tigrigna is a language another alphabet, which makes it difficult to translate. Lastly, due to asking the questions oral to the respondents, more in-depth data could be generated. The in-depth interviews were in general not scheduled in advance with the respondent. Sometimes this resulted in time limitations because respondents had other activities planned. However, most of the interviews could be

finished and the respondents were enthusiastic about our visits. The focus group discussions were, as explained before, not planned and happened occasionally. Also, a guide for the focus group was not designed, so the focus groups were improvised. As useful data is still collected from these discussions, the method is included in the methodology.

Before conducting the research, the idea was to do structured and participant observation to get an insight in how the childcare activities were executed by the respondents. Also, to see who is taking the responsibilities for this. Nevertheless, due to several reasons it was difficult to perform the observation method. Firstly, the language barrier makes it difficult to communicate with the respondents. Next to this, I used a translator which makes it unnatural to help people with taking care of the children and it is uncomfortable for the translator to sit all day waiting for me to finish observation notes. However, entering the house would be impossible without the translator as he could explain my objective. Thirdly, as I am an outsider, I was always treated as a guest. The respondents will not let you do any activity; they want you to be comfortable. At last, helping with childcare could be difficult as children were in many cases scared of our different appearance and started crying when coming too close. The structured observation is only performed in writing notes during the interviews about the environment and the behaviour of the respondents and the children. Small talk was difficult to perform because of the language barrier. Having a small conversation with a translator in between is difficult and due to the visits at the household, an in-depth interview or survey was immediately collected. Therefore, small talk as a research method is not involved in the methodology.

2.3. Operationalization

The operationalization will illustrate the measurement of the characteristics of the concepts. In this study, the operationalization of 'children', 'childcare providers' and the 'childcare activities' will be relevant to measure. The term child can be divided into several age groups. In the table below this measurement is visible:

Category	*Age*	*Marital status*
Infant	0-1	Unmarried
Child	1-18	Unmarried
Youth	18-25	Unmarried
Adult	25 +	Married + Living independently

Table 2. Operationalization concept 'child'

The concept 'childcare providers' are measured through the answers given by the respondents. The following table shows the results of the childcare providers involved:

Care Providers	Included	Degree of involvement
Children	Age 5 - 25	High
Parents	Mother - Father	High
Other relatives	Grandparents – aunts - uncles	Medium
Community	Neighbours – Church Members	Low

Table 3. Operationalization 'Care Providers'

Lastly, the 'childcare activities' are operationalized and measured again, despite the preparations concerning literature, through the surveys and interviews.

Childcare Activities	Gender	Role Household
Direct		
Physical	Female	Mother + Daughter
Socialization	Female + Male	Mother + Father
Indirect		
Household	Female	Mother + Daughter
Financial	Male	Father + Son

Table 4. Operationalization 'Childcare Activities'

2.4. Positionality, Challenges and Limitations

As a researcher, there are certain difficulties and advantages in approaching the research population. I expected difficulties due to different ethnicity, language and culture. Concerning language, this is definitely hard because a translator was needed to get into the field. People do not speak English and I do not speak the local language Tigrigna. Without the translator it would be impossible to conduct data in this area. Using the translator can be difficult when asking questions. The conversation is sometimes not fluently, the translator sometimes skips some parts with translating, because it is hard to remember every single word, and it can be tiring for the translator. Gratefully, the participants were always patient and never interrupted or ended the interview. The translator was also not quitting when he knew answers were not satisfying enough. He made sure that he understood what I wanted to ask.

Concerning ethnicity, the difficulty can be found in the way that I am a Western person. I found few cases in which people talk about other Western people coming into the village and promised improvements of, for example, the water and never came back. Luckily, we were rarely rejected at the households. However, the different ethnicity has also a positive outcome. People were extremely curious and open to invite us into their homes; they wanted to be part of our research. Together with the translator, we gave attention to all children walking with us (especially in Ilkin), so that they would like us. This was important to have a positive position in the field and led to women being motivated to help us with the research: if their children liked us, they would also have positive thoughts about us. Also, when that the people recognized us in the village, I felt more connected to them and we had some small chats with them in the field.

Concerning culture, there were not many difficulties. I asked questions about the daily activities and child care activities which are routines for them; they do not think too much by doing those activities. Sometimes I found that these activities are so normal for these people, that they do not understand why you are asking it and cannot give an answer immediately. If we, the translator and me, explained what I wanted to know, they will talk about it. Furthermore, we always went to the field without making appointments and just spontaneously knocked on their doors. This turned out to be a good method for preventing disappointment and there were always people available to be questioned

2.5. Reliability and Validity

The validity and reliability of the data depended on certain circumstances and influenced each other. First of all, I used two translators. After two weeks, the first translator had to go on a fieldtrip himself so Kebede helped us arranging a new translator. This affected our results significantly concerning the validity and reliability. As the translators differ in personality and the way of approaching, this affected the results. The first translator is more dominant, outgoing and self-confident. He approached the people in a different way than the second was who was a bit calmer. This resulted in a less open and sometimes distrustful attitude from the female participants. With the first translator, we explicitly mentioned that we were from the Mekelle University which is a governmental institution. It was not expected to be an issue, so when we changed translators and discovered that the second one did not explicitly mention this, we found out that it could be a problem for collecting reliable data. However, this is a learning point for me as a researcher to be aware of in future studies. Mentioning the university had influence on data concerning age of marriage, the number of children and the use of the health care centre for delivery and for vaccinations, this had some implications. There are laws concerning these topics such as that it is prohibited to marry under the age of 18 and that it is obliged to deliver in

the health care centre. Also, family planning and getting vaccinations are supported by the government. Sometimes participants can be afraid (for fines) that we are working for the government and checking on them. This can be seen in the validity of the results because with the first translator, most women told us they were married at age 18, and with the second, most women told an age younger than 18. Besides, the number of children is higher and more women told they gave birth at home. However, I also figured out that you have to ask more questions to identify the exact data such as the number of children and their ages. Then, the age of marriage could be traced as well as the exact number of children. This difference in validity also affects the reliability automatically, because you do not know whether participants give reliable answers.

Furthermore, the reliability concerning the age of the participant can be doubted. People do not count their age. Only at age one the birthday is celebrated. With other ages, it does not happen anymore. Age seems to be unimportant for the people in the villages and does not contribute to anything so in some cases we found that the age is possibly not reliable. However, I think this does not influences my data in particular.

Lastly, the setting sometimes influenced the results. In the households, participants are more patient and open in answering the questions. In the institutions such as the health care centre, the women talk with a lower volume as well as they tend to leave sooner.
Concerning the second part of the survey about the activities and responsibilities, there is no difference in answers of the participants with the first or the second translator. The questions are also not related to any laws or regulations and are questions about their daily activities. It feels like there is no need to be distrustful when answering these questions.

PART I

–

CONTEXTUAL FRAMEWORK

Figure 2. Irrigation Site after Replanting Onion.

3. REGIONAL BACKGROUND

3.1. Geography

Ethiopia is a country in Eastern Africa with a total population size of more than 102 million people in 2016[4] . The neighbouring countries are Somalia, Djibouti, Eritrea, Sudan, South Sudan and Kenya. The total length of land boundaries is 5.925 km, with all land borders; Ethiopia has no coastline. The climate of Ethiopia can be characterized by an average temperature of 20 – 24 degrees Celsius and a dry season from October until April. The tropical monsoon, characterized by rainfall, occurs between April and October. There is not a particular area in Ethiopia where this monsoon appears: it varies topographically[5] [6]. The landscape of Ethiopia ranges from deserts in the eastern part, mountains in the centre of the country and tropical forest in the south. Furthermore, the landscape of Ethiopia is characterized by mountains, plateaus and lakes which are divided by the Great Rift Valley. This area is surrounded by steppes and lowlands. The highest point is Ras Dejen at 4.550 metres and the lowest point is the Afar Depression at -125 metres[7]. The Great Rift Valley is a volcano active area which causes earthquakes, volcanic eruptions and droughts[8].

The capital city of the country is Addis Ababa with 3.2 million inhabitants and situated in its own region 'Addis Ababa' in the middle of Ethiopia. The research is conducted in the rural area around 'Mekelle', in two small villages named 'Mere-Mieti' and 'Ilkin'. because several programs concerning the Sustainable Development agenda are implemented in this area. Mekelle is a city situated in the northern part of Ethiopia in the region 'Tigray'. The satellite map of Ethiopia is shown with a reference to where Mekelle is situated[9].

Figure 3.Satellite photograph of Ethiopia with reference to the village where the research will be conducted: Mekelle / Source google maps 2018.

[4] *Population Total,* https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ET&view=chart, consulted on 22 June 2018.
[5] *Climate Change Knowledge Portal – Climate – Historical,* http://sdwebx.worldbank.org/climateportal/index.cfm?page=country_historical_climate&ThisCCode=ETH, consulted on 14 January 2018.
[6] *The World Factbook: Ethiopia*, https://www.cia.gov/library/publications/the-world-factbook/geos/et.html, consulted on 14 January 2018.
[7] *Ethiopia Geography,* https://www.worldatlas.com/webimage/countrys/africa/ethiopia/etland.htm, consulted on 14 January 2018.
[8] *The World Factbook: Ethiopia*, https://www.cia.gov/library/publications/the-world-factbook/geos/et.html, consulted on 14 January 2018.
[9] *Ethiopia on Google Maps,* https://www.google.nl/maps/place/Addis+Abeba,+Ethiopië/@8.9634896,29.8132929,5z/data=!4m5!3m4!1s0x164b85cef5ab402d:0x8467b6b037a24d49!8m2!3d8.9806034!4d38.7577605?dcr=0, consulted on 13 January 2018.

3.2. History and political situation

Ethiopia is seen as the land of origins. The idea exists that human kind, as well as Arabica coffee and rare species originated from Ethiopia. Next to this, Ethiopia is a diverse country because various nations, nationalities and people with different languages, religions and traditions live together in one country[10]. According to the World Factbook (2018) the history of Ethiopia is also extraordinary compared to other African countries. The main difference is the fact that Ethiopia was free from colonial ruling, disregarding the short Italian occupation of five years. In that time, Ethiopia was still an ancient monarchy. The military junta took over power in 1974 and a socialist state was created. This was not necessarily a positive development as violent coups and wide-scale droughts occurred. This resulted in a refugee stream. In 1991, the rebel forces of the Democratic Front were able to defeat the military junta and in 1994 a constitution was adopted. The political structure of Ethiopia is a federal democracy with a Parliament which consists of the House of Federation and The House of People's Representatives. Those are elected for a 5-year term whereas the prime minister is elected for a 6-year term. During the research, it became clear that concerning conflicts in Ethiopia, the situation is nowadays still turbulent. From 1993, Eritrea became independent from Ethiopia, which still causes political unrest around the borders. Besides, because of the diverse populations in Ethiopia, different regions clash with the ruling government. The ruling government comes from the Tigray region and it is believed that this region benefits the most. The unrest and protests caused a state of emergency in February 2018 with the Prime Minister resigning his position. In April 2018, the new Prime Minister originated from the Oromiya region, was elected. Hopefully, this will result in political stability in Ethiopia in the coming years.

3.3. Local setting research site

3.3.1. Structure

As mentioned before, the research took place in two small villages 'Mere-Mieti' and 'Ilkin' in the north of Ethiopia. Ethiopia is divided into several regions. The Tigray region is situated in the northern part of Ethiopia. Here, the city Mekelle is located. The regions are divided into zones. In the case of the Tigray region, it exists of 4 'zones', 35 'woreda's' and 74 'kebelles'. The structure of the different parts in Ethiopia can be illustrated as follows:

[10] *Sustainable Development Knowledge Platform – Ethiopia*, https://sustainabledevelopment.un.org/memberstates/ethiopia, consulted on 14 January 2018.

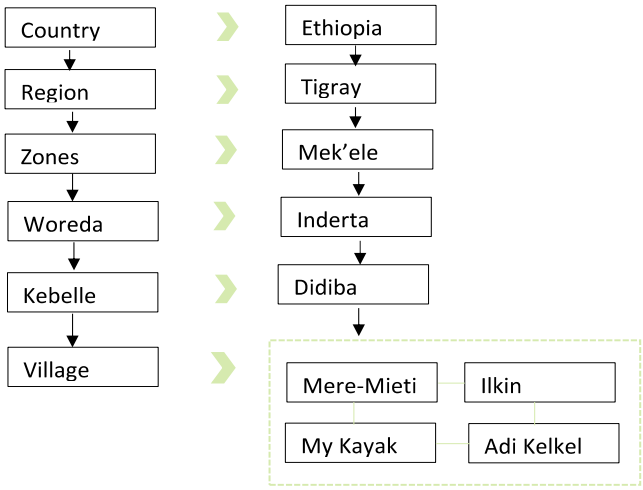

Figure 4. Illustration of geographical structure Ethiopia

Mere-Mieti and Ilkin are both two of the four villages within the kebelle 'Didiba'. The other villages are called My Kayak and Adi Kelkel. Didiba is a kebelle in the woreda of 'Inderta'. Inderta is situated in the zone 'Mekelle' which is again part of the Tigray region. The names of the regions, zones, woreda's, kebelles and villages are spelled in several ways, which are all accepted as the correct spelling. For example, Mekelle can also be written as Mekele, Mek'ele and Makale. The administrative office of Didiba is located in Mere-Mieti, as well as the healthcare centre, so the people from the surrounding villages have to come to Mere-Mieti. According to the (by hand written) administration of the health care centre, on 27 February 2018 the total population of Didiba entailed 25.136 people of which 13.063 women and 12.073 men. They argue that in Mere-Mieti, the number of households is 506 and the total population of 2053 inhabitants. For Ilkin, this is 594 households and the total population 2903 inhabitants. The health care centre keeps an average of 4 concerning the household size. This results in an estimation of the population size instead of ensuring an exact number.

3.3.2. Sources of Income

The division of activities is mostly dependent on gender. In general, women are working in the household and their daughters help with this. The father of the family is responsible for generating income, in which the sons help him. This rule can be applied on married households. In the cases of divorced household, the woman is responsible for generating income and running the household. There are several types of occupation named by the respondents. The main source of income indicated is agriculture. The agricultural land owned is either 0.25 hectare or 0.50 hectare. In these villages, agricultural work is only seasonal and there is another source of income needed to fulfil in the financial needs. Therefore, other sources added include irrigation,

trading, working in construction and working in the cobblestone industry. Concerning irrigation, construction work and the cobblestone industry, the respondents are hired as a daily labourer. In agriculture, the respondents mostly have their own part of land. Some respondents share their land, especially within female led households. In agriculture and irrigation, the ploughing activities are, traditionally, only practiced by men. This could be an explanation for this sharing of the land because women have to hire a man or share the land with a man so that he can fulfil the ploughing activities. Regarding irrigation, part of the respondents owns land themselves, mostly 0.25 hectare, and some work as daily labourer on the land. For cobblestone, some people go to an area, obtain the stone and sell it to other companies. Besides, there is the opportunity to work in the factories where stones are prepared for constructing streets, for cement or for house construction. People are hired as a daily labourer for working in these factories. Furthermore, working as a trader or at governmental level, such as a teacher, is answered when this was their only source of income and when those respondents did not own agricultural land. Lastly, respondents mentioned the help of the Safety Net Program. This is a program designed by the government to provide support for the poorest people. When being part of this program, and meeting the requirements, the idea is to work for the government in, for instance, the soil and water conservation in exchange for financial support and sometimes foods. The amount of the financial support is 120 Birr per month per person working in this program (equivalent to 3,60 Euro per month). A person should work at the program 5 days per month to obtain this salary. One working day entails 4 hours of working, either in the morning or the afternoon. A problem identified is the actual happening of the payments. According to Respondent (R.) 4 from Ilkin, on 12 March 2018:

"From July 2017 until January 2018 we were not paid at all and we don't know why. Last month (February), we finally received money. However, this was only the payment for one month instead of seven".

Thus, the agriculture is named to be the main source of income for the people in Mere-Mieti and Ilkin. Some of the respondents have irrigation in addition. Irrigation itself is barely named as the main source of income. However, the workforce in irrigation and agriculture is only seasonal and as said, it is not enough for sustaining the family. The added sources generate more income than the agriculture, but the fact that the people own the land themselves, makes them answer 'agriculture' as their main source of income. The land is inherited from other relatives or if there was no one to inherit it to, the land can be allotted to someone. The activities on the land can be divided into two parts: rain-fed agriculture and irrigation.

For the agriculture the activities are dependent on the season, so (1) ploughing is from March until June, (2) weeding is from August until September, and (3) harvesting is from October until November. The crops at rain-fed agricultural land contain mostly grains such as barley, wheat and tiff (unique grain existing in Ethiopia to make injera). In the irrigation sites, mostly crops such as lettuce, potatoes, onions, carrots and cabbage are farmed. These sites are in general more productive and harvesting can be done up to three times a year. When having a surplus, this will be sold for generating income.

Figure 5. Man weeding underised plants between the cabbage.

3.3.3. Household structures

For studying the household structures, the variables household size and number of children will be further explained. As mentioned before, the quantitative data collection consists of 99 respondents; 28 male and 71 female respondents. According to the data obtained, the average household size is 5.9. In general, the household consists of the mother, father and all children. Exceptionally, either one of the children is living with one of the grandparents to care for them or is living with them because the mother is economically unable to care for the child. Also, within those cases it occurs that the youngest sibling of either the mother or the father is living with the family due to the death of their parents or because the sibling could help the family. Lastly, in some cases the parents of the household were divorced and the children stayed only with their mother.

The average number of children is 4.3 per household. In actually all cases when questioning a woman under the age of 23, the child was only her first child, assuming more children are planned. A pattern can be seen in the age of the women and the number of children they have. In general, the older the woman, the more children she has and if she is still in the fertile period, more pregnancies can occur. Respondents mention to make use of family planning. Due to the young age of some of the women and the idea that their household size will increase, it is not clear if the average number of children in the household is representative as a 'final' number of children a household will have, at the end of the woman's fertile period.

3.3.4. Marriage

Concerning marriage, the family plays an important role. In Mere-Mieti and Ilkin, it turned out that marriage is arranged. In general, the parents of the male ask the parents of the female for marriage. Sometimes the male and female can influence their decision, for example when they already met each other. If the couple has enough capacity to care for themselves and construct a home, they will live independently from their parents. If not, the female will come to live with the male's family. After marriage, it is generally seen that the couple can live independently from their parents but always live in the village of the male so the female is moving to his village. Normally, marriage will take place between people from the same area, but strictly not between relatives. The area could be explained as the kebelle. It is often seen that people from Mere-Mieti, Adi Kelkel, Ilkin and My Kayak marry each other. However, families are also open for other areas.

The marriage is arranged by the parents if the children, by that time, still live at home. If they live independently, for example due to their obtained economic resources, they can decide themselves. Arranging marriage is done until the age of 25. After this age, the sons or daughters 'go out' to find a partner themselves. However, this could be hard as they already reached the age of 25 and are less wanted:

> *"I worry sometimes about marriage of my children because of our economic status. This is important for a guy to ask the parents' daughter. I hope my children will be married before they turn 25. Otherwise, they are getting too old and are not wanted in the village anymore. They will then move to the city to search for a partner".*
>
> R. 29, Ilkin, 17 April 2018.

According to the data generated, the age of marriage is extending within the new generation of which the law regarding age of marriage could have influenced this:

"I was married when I was 21. My wife was 13 years old in that time. Now I am 84 and my children are adults as well. My daughters were married between 13 and 15 years old. My sons were married after 20 years age. Nowadays, there is a great change because marriage is not allowed under 18 anymore. This is good, because during that time, the bodies of the girls were not yet fully grown".

R. 28, Ilkin, 17 April 2018.

Next to the prohibition of marriage under the age of 18, the opportunity to obtain education can also can be of influence on age of marriage. In most cases, women stop their education after their marriage. Nowadays, education is seen by parents as a basis for good job opportunities leading to improvements of the living conditions. Therefore, parents want their children to finish education before getting married. Marriage will happen after finishing school or after failing the exams in grade 10. The average age of marriage of the respondents, who are already somewhat older, is 15.8 for females and 23.3 for males. Those respondents point out that their children should marry at a later age, after finishing school. The average age given is … between 18 and 25.

Although religion plays an important role in the lives of the people, marriage in the church is only possible if you are either a priest or religious man (women are not allowed to become a religious person) and/or if the person still did not lose its virginity. If these requirements are not met, the marriage will take place at home.

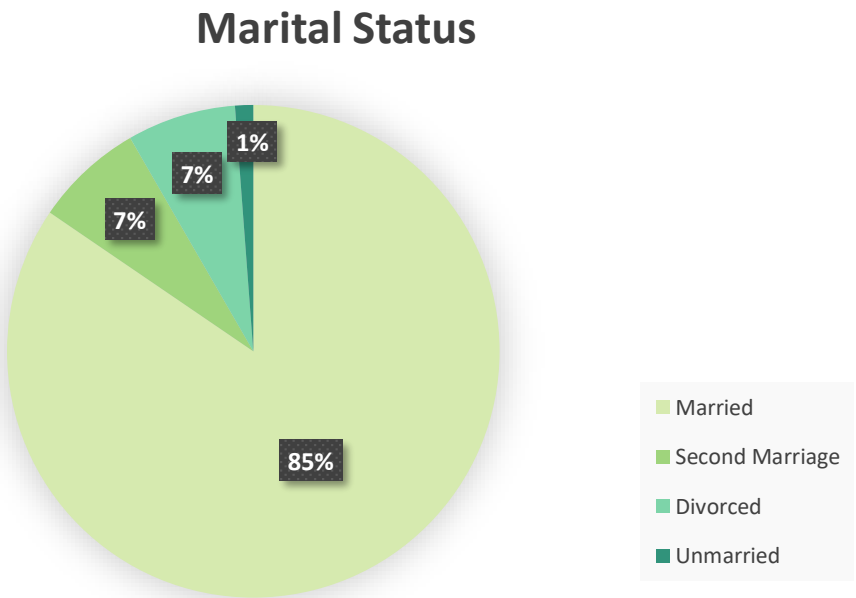

Figure 6. Marital Status among Respondents

3.3.5. Religion

In the villages Ilkin and Mere-Mieti, it is found that 100% of the participants are Orthodox Christian. The participants explained that the whole community practices the same religion. There are also only orthodox churches present in the villages where people pray for around 4 hours per day; two in the morning and two in the afternoon. Especially, on the several religious days the Ethiopian calendar entails. The 5th, 7th, 12th, 21st, 27th and 29th of the month are religious days in Mere-Mieti and Ilkin. People themselves decide, based on personal preferences and their network (consisting of 7 – 15 members), which day they celebrate or spend on religious activities. The religion is intertwined within the community. Especially, when looking at the women, they all wear necklaces with crosses, some of them have a cross tattooed on their forehead or they have a scar in the shape of a cross. Regarding the data, especially when asking what the parents wish their children to achieve in live, they refer to the fact that they will be happy with anything God has for them in mind. Besides, when asking about the number of children or their gender, they refer to 'the choice of God'.

Figure 7. Orthodox-Christian Church in Mere-Mieti

4. FORMAL CARE FACILITIES

In this research, a focus has been on the types of childcare provided in the villages. A distinction can be made between formal care and informal care. Formal childcare refers to institutions where a form of childcare will be provided; parents bring their children to a person or institution instead of them being around the house with the family. The possibility exists that a payment for this kind of care can be asked. Informal childcare is considered to entail childcare provided within the family or community without payment. The children can stay in the home or being brought to neighbours, relatives and so on. Besides, the healthcare services will be included as a form of formal childcare because it is institutionalized and with the possibility of payment. It has been found that most of the childcare activities and responsibilities take place in the informal sphere. Therefore, the formal childcare facilities which are present in the villages will be described before in-depth analysing the informal childcare activities and responsibilities.

Considering the formal childcare services, only schooling institutions are at place in the villages of Mere-Mieti and Ilkin. Other services have been questioned but respondents are not able to answer the question, expecting that they are not familiar with the existence of those services. When asking deeper questions about this, only healthcare for children is mentioned but other institutions are not present. In Mere-Mieti there is an elementary school and a high school, and in Ilkin, there is only an elementary school present. Besides, the opportunity exists to go to pre-education for children, but not all parents use this facility.

4.1. Education System

Pre-education starts at age 5 until age 7. According to the respondents, at pre-education, children learn how to draw lines and figures, and they learn Tigrinya alphabet. Furthermore, the children play with each other. This service is provided for half a day, either in the morning or in the afternoon. In most cases, children do not start with pre-education. There are also respondents who do not understand the added value of pre-education.

After pre-education, the children start elementary school. This is from grade 1 until grade 8. Children can go to elementary school from age 7. This means that children are around 14 or 15 years old when finishing. After this, there is the opportunity to go to high school for two years; grade 9 and grade 10. Next, preparatory school which prepares the youth for university. It is necessary to pass the exams in grade 10 to start preparatory school, and there is only one chance for passing this test. If a student fails, there is no further opportunity to enter preparatory school. Preparatory school entails grade 11 and grade 12 with an age of 16 or 17

when starting and around 18 when finishing. Lastly, when passing preparatory school, there is the opportunity to go to university. If the student wants to apply for university, he/she can give a preference for a study program but it is not sure the student will be placed because this depends on the height of the grades achieved by the students. There are different kinds of programs with variation on duration, dependent on the program itself. For example, it is three years for studying agriculture, and up to seven years when studying medicines. Which university the student goes, depends upon the choice of the government; the government selects where the student will follow their studies. It is argued that the government selects upon the spots left in every university. To clarify this schooling system, the following table shows the grades related to age.

Grade	**Age**	***School***
Grade 1 – 4	7 - 10	*Primary School + Religious School*
Grade 5 – 8	11 - 14	*Primary School*
Grade 9 – 10	15 - 16	*High School*
Grade 11 – 12	16 - 17	*Preparatory School*
-	18 +	*University*

Table 5. Structure of Education System

Education is provided for free in Ethiopia. The children/students only go to school for half a day. They are scheduled either for the morning session or the afternoon session. It is obliged for the children and youth to go to school. The community and network leaders create awareness of the importance of education and advise the parents to bring their children to school. Although it is obliged to attend school, some children still stay at home, start their education at a later age, or have a 'gap year' because of important activities within their family. Parents have their opinions about schooling. The one extremely encourages education, the other thinks it is less important. The following citation support these statements respectively:

"My children don't do anything except studying. I treat them well, they don't have to help me with household activities (…) I want them to learn much and not spending their time to help me. They children are clever and get rewarded with books and pencils if they are ranked high in school".

R. 105 on 4 May 2018.

"Schooling is a rule implemented by the government. I prefer them not to go to school all day, because I need their help. However, if the government orders to increase the school hours, I am OK

with it. Because it is an order of the government, I have to obey".

R. 43 on 2 March 2018.

An example of such an activity in which children eliminate education is when a student's sister is delivering a baby and the student has to help with household activities during this period, which can take two up to three months. Concerning the children staying at home, this was found in two cases. In seven cases, the children were still too young to go to elementary school but the parents were planning to start at least at elementary school at age 7. In the rest of the 47 cases, the children go to school half a day. According to a few respondents, schooling is only provided for half a day because there is not enough capacity. There are too many children in the villages for the school to handle all at one time. This has at least two reasons; there are not enough teachers and the building is too small to insert all the children for the whole day.

When questioning the absence of the children in the school, the answer is mostly that the parents are not aware of the importance of education. One of the respondents had a son of eight years old and described:

"My son went to pre-education for a year but I could not see any improvements in knowledge. Maybe next year, I will send him to elementary school".

R. 12 on 14 March 2018.

Other people were satisfied with the education, but also thought it was a good thing that the children were still able to help with household and agricultural activities after or before going to school. During the seasonal agricultural activities, parents report that their children help early in the morning before going to school, which results in arriving too late or not at all:

"(…) Still there is a demand of the family that children help with agricultural activities such as harvesting. In that time, the children are allowed to arrive later at school"

R. 42 on 2 March 2018.

Although this reasoning is worrying, in my opinion, concerning the development of the children and their educational level, you can see a major change within education level between the parents and their children. Most of the children now go to school compared to the questioned parents who, in 42 out of 69 cases, obtained no education. Most of the women who quit school, did that because of their early marriage and were expected to run the household. Also, young women questioned with a child, mostly quit their education because of their marriage but at least obtained a higher education level. Few of them mentioned that they

wanted to finish their school if the baby is a little older. If this is really going to happen, can be questioned, because it is seen that most women continue to have more children and therefore are not going back to school.

4.2. Healthcare facilities

Regarding health issues, it is possible for people living in the kebelle 'Didiba' to visit the healthcare centre in Mere-Mieti. The healthcare centre is established around 15 years ago, in 1995 counting in the Ethiopian calendar. This is around 2003 in the European calendar. Before the establishment of the healthcare centre, there were a few offices in the area and household visits. With the foundation, there was an immediate deployment of Health Extension Workers and Health Extension Experts. Seven years after the foundation of the healthcare centre, an ambulance car was offered. Besides, a new law relating to obligatory institutional delivery was implemented. With these changes, improvements have been made in the past years looking at the health services. Especially the creation of awareness concerning maternal and child health. The healthcare centre provides free services especially on the field of maternal and child health until the age of 5, advice for family planning and abortion, and on Sexual Transmittable Diseases (STD's). Advice for improving health is mostly provided on the field of nutrition, vaccinations, sanitation, hygiene and how to recognize diseases such as malaria or diarrhoea. For now, nutrition is still an important issue as there is a lack of variety of food and a lack of awareness. Traders cannot cover the costs for new products because they are more expensive which results in a lack of demand. Besides, there is no awareness on how to prepare the food so implementing change is still difficult but necessary.

4.2.1. Health Extension Experts (HEE's) & Health Extension Workers (HEW's)

Health Extension Experts (HEE's) are specialised in obstetrics and serve as midwives. Health Extension Workers (HEW's) work in the healthcare centre as well as they move from household to household to give training to the people concerning health-related issues and especially focused on maternal and child health under the age of 5. Furthermore, they explain about the STD's and other diseases, sanitation, hygiene and advice on nutrition. Lastly, they provide vaccinations in the public areas in the villages. According to the healthcare centre, there are 26 HEW's in Didiba. Normally it should be 54, but the government has a lack of budget to insert the needed HEW's. One of the HEW's (1) explained on 4 May 2018:

"*There is too much workload. We are expected to serve 5000 people per worker. There should come more HEW's so the number of clients is in proportion".*

HEW's move into the villages and talk with the people. Every week there is a meeting with the network leaders who report any inconveniences. Within the villages, every 5 neighbours form one network. These networks could strengthen the relationship between neighbours and therefore they are more comfortable with discussing certain circumstances. Within the network, the same issues and topics are discussed as the HEW's train. It is important for the people to have an example to trust and to start following the rule. However, the HEW's have to be perceived as professionals by the people and not becoming too familiar and informal with them. This can cause laxity among the people because they will no longer see them as professionals, as HEW 1 explains on 4 May 2018.:

"If we stay too long in the same village, the people will not listen to us anymore and stop seeing us as professionals. They are so used to us that they start treating us like family, like one of them".

Therefore, it is important not to plan too many meetings, also to make sure that everyone takes the meeting seriously, understands the purpose and keep showing up.

4.2.2. Services

The healthcare centre has around six offices for the employees to work in. There are around 8 rooms available for patients of which two are available for pregnant women to deliver their baby. Furthermore, the healthcare centre has an ambulance car for 8 years now. Besides, there is the traditional ambulance, existing of six boys or men who voluntary have to help to get a patient to the healthcare centre. This happens through a stretcher on which the patient will be carried to the healthcare centre. The ambulance car has to be shared with 17 other villages. In combination with the shortage of rooms, beds and the absence of piped water, this immediately shows the shortage of resources to maintain sufficient healthcare provision in the area.
At the healthcare centre, several services are provided to measure diseases. Those services include measuring blood pressure, test the blood, defecation or urine, weighing the person and observe external characteristics on diseases. After diagnosing, the patient can obtain medicines or treatments to recover.

Figure 8. The ambulance car in possession of the healthcare center

4.2.3. Payment for Services

Check-ups and vaccinations are supplied for free for maternal health and children under the age of 5. The vaccinations are administered the first, second, third and ninth month after birth and from there on every year until they reach the age of 5. From age 5 and above, treatments are not always for free, this depends on the disease. There is no special focus on children older than five, they are treated the same as adults.

If it is an emergency, the treatment will be for free but if this is not the case, it is not sure when patients have to pay for their treatment. The healthcare centre has said it never faced difficulties because of the lack of financial resources from their patients. However, some sidenotes can be drawn from here. It is not well-known for the people which treatment is for free and which one is not. As HEW 1 explained on 4 May 2018:

> "*The people might fear to pay and if they lack finances, why would they come in the first place?*"

Several times, deeper questions were asked about the healthcare of the children above the age of 5 and if parents recognized illnesses. The participants report that if illnesses are recognized, such as a cough, high temperature and/or low appetite, they will go to the healthcare centre for a check-up of the child. They explain that at the healthcare centre, they will check for example the throat, they check the blood on diseases, measure blood pressure and weight. If they suspect or diagnosed a disease, the patient can get medicines to increase their health. However, when asking how many times this happened in the past and if they actually went to the healthcare centre, the outcome is that they never went. This is because they never recognized or suspected

their children to be ill. Expected is that the parents received trainings from the Health Extension Workers and therefore know how to react on certain circumstances but never practiced it before. A reason for not showing up at the healthcare centre is the lack of financial resources. As a solution, people try to heal by the use of traditional medicines. This is easy to access in nature, for free and not restricted in use. Second, the distance to the healthcare centre is considered to be an obstacle, especially for people living out of Mere-Mieti and depend upon traveling by foot.

4.2.4. Insurance system

According to the respondents, a health insurance system has been introduced in Tigray. For two years, this system is active in most of the woreda's. In Inderta, it was introduced about a year ago. Applying for the health insurance is on voluntary basis. To use the facility, you have to register and pay 250 Birr per year (equal to approximately EUR 7,50) to the insurance to receive the treatments for free. On average, a treatment costs about 40-50 Birr for easily solved illnesses. Once, you have to pay 7 Birr for a registration card which you can use every time you come to that healthcare centre.

For the people who cannot afford the insurance, there is a supporting solution. The community of the person is involved in the rating of the poorness. A common decision will be made within the community. If the community explains to the insurance company that the person is actually too poor afford the contribution, the person will obtain a special status. The name will be registered and a certificate of the status will be handed over to the person. The annual contribution as well as the costs for treatments and/or medicines will be covered by insurance company.

Although this new insurance system offers a solution for poor people to obtain healthcare services, it is expected that not a lot of people still use this facility. Especially for the people who can afford the annual contribution, it is still a high amount to pay at once. People might not have the economic stability to save money for this. Besides, if people are not aware of the benefits, it is likely for them not to register. It is observed that people are only calling for help if it is necessary at that specific moment, otherwise they leave it.

PART II

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RESEARCH FINDINGS & ANALYSIS

Figure 9. Four girls from Ilkin

5. CHILDCARE ACTIVITIES

5.1. Introduction

This chapter will discuss the childcare activities. The sub-question which will be answered in this chapter is the following: "*What are the activities provided to fulfil in the need of childcare within the household?"* Taking care of children happens in diverse ways. It is not only important to provide nutrition, hygiene and enough sleep. Paying attention, raising, and other activities to increase socialization are also crucial for the development of the child. In most cases, other activities are mentioned to accommodate in child caretaking. To explain and further analyse those activities, a distinction can be made between direct and indirect childcare. Direct childcare refers to the care provided directly to the body of the child or the child as a person to grow and develop. Indirect childcare refers to care which is needed to establish the direct care. Mainly household activities and financial support are included in indirect childcare. The respondents were openly questioned about childcare activities. When answering, the mothers mostly started naming physical activities as well as household tasks. The contribution of the father is mostly explained in the way that he provides the economic resources necessary to continue living. This is the reason why a distinction is made between the forms of childcare.

5.2. General activities

The daily life of the people is simple; based upon fulfilling in the primary needs of life. For this, household activities and activities concerning generating income are performed. These activities are intertwined with childcare activities. Money is important to buy food or commodities to for food preparation on the market, to buy clothing for the family members, to buy schooling materials for the children, and to buy soap. However, not all commodities are bought with money. People also trade commodities for commodities, for example if one family has a surplus in agricultural yield, they will exchange it for other commodities. For the daily activities, the family members are all involved and thus care for each other. Although, every member a contributes, there is a distinction between activities based on gender; mothers work primarily in household activities and in seasonally contribute to agricultural activities. Fathers take full responsibility for generating income. The daily activities of children entail going to school, either in the morning or the afternoon. Besides school, children help in the household and agriculture, in which there is a clear distinction between gender; boys take care of the cattle and help in the agriculture. Girls also help in agriculture except ploughing and they help in the household.

5.3. Direct childcare activities

After analysing the survey questions and the answers given by the respondents, the following table could be drawn to illustrate the direct childcare activities performed:

Direct childcare activities	
Physical care	*Socialization care*
Feeding	Playing, activities, giving attention
Bathing	Educating and raising
Changing + washing clothes	Helping with homework
Ensure safety	
Carrying	

Table 6. Distinction of the direct childcare activities

The direct activities are divided between physical and socialization because they both directly contribute to the growth, health and development of the child (receiver). The respondents always mention feeding, cooking, bathing and changing clothes as activities which are provided by the childcare givers. In most cases, additional activities are provided as well. The direct childcare activities will now be further explained.

5.3.1. Physical Care

Feeding

Feeding is done by breastfeeding for children until the age of two. After six months, the infants start eating solid foods and still receive breastfeeding in addition. It is an advice from the HEW's to provide breastfeeding until age two for obtaining necessary nutritious elements for the growth of the child. In this terminology, feeding is seen as an activity in which the food enters the mouth of the child. After two years, children learn how to feed themselves with their hands or sometimes cutlery. The preparation of the food will be explained in the next paragraph.

Bathing

When looking at 'bathing', children are washed by water from the water pump or the river. It is advised to use the water from the pump because it is clean compared to the water from the river. Mostly bathing is provided with cold water, however some parents heat it in advance to make it more comfortable. There is no particular space, such as a bathroom, to wash the

children. This just happens around the house or in the river. A shower or bath does not exist in these villages.

Clothing

Concerning 'clothing', two elements are taken into account, namely the washing of the clothes and the clothing itself. Washing clothes happens in the rivers next to irrigation sites or small pools. People buy soap to wash clothes. As the washing happens in small rivers connected to the irrigation sites, this could influence the quality of the irrigation products. It takes on average around two hours two wash clothes, and the clothes are spread on the grass or on walls to dry.

Ensuring safety

'Ensuring safety' is mostly understood as watching them while playing. Some of the participants reported that the children are not too far from home when playing around and otherwise neighbours will watch them too. However, not much attention is given to this activity.

Carrying

Carrying of children happens by different family members ranging from children to parents, grandparents and aunts or other relatives. In general, females carry children on their back wrapped in a cotton cloth. This happens until the child reaches around the age of 2 and is able to walk long distances him- or herself. Children who carry their little siblings on their back start with this from the age of 5. It is a tradition that males do not carry the children on their back and it is never observed as well during the research.

Wednesday 21 February 2018, Ilkin:

- When walking through the irrigation sites, people are curiously greeting us. After a 30-minute-walk, at the top of the hill, we enter the village of Ilkin. Three women are crossing us. The women look young who seem to carry a heavy weight. It turns out that covered in cloths and on their back, they carry their babies. As a consequence, the babies are hardly visible. They enthusiastically speak to us: "We are going to the healthcare centre to collect nutritious packages for the babies". One of them is proudly telling us she even has another baby so they are twins. She now brought only one of her twins. Carrying two babies on her back is impossible. However, she continues: "Actually, there were three babies, so triplets. But unfortunately, one of the babies died after 6 months, possibly because of a lack of nutritious foods which caused illnesses. The baby was too weak to survive". What was supposed to be a cheerful chat, directly shows the difficulties the local people face concerning providing direct care to their children. -

Figure 10. Case Study Ilkin

5.3.2. Socialization

Playing, activities, giving attention

These activities are mostly mentioned to be performed by the father in the evening after he comes home from work. Besides, playing happens in the neighbourhood with other children. Before starting with education, it is stated by the respondents that playing around the house is the main daily activity of the children. In general, this happens from the age of 2 until 7. After school, there is also time to play but after other contributions to the household are delivered.

Educating and raising

'Educating and raising' had to be explicitly explained as the teaching of social matters, norms, traditions, values and behaviour. Both the mother and fathers are involved in educating and raising. Good and bad behaviour is described to measure raising.

Helping with homework

'Helping with homework' is not always provided by the childcare takers. This is caused by the fact that a significant high amount of the respondents did not obtain education or are illiterate. It is difficult for them to help with the homework, especially concerning women. Of the respondents, 36 out of 69 are illiterate or did not obtain any education. This is due to the fact that the primary schools were probably established around twenty years ago in both Mere-Mieti and Ilkin.

5.4. Indirect childcare activities

After analysing the outcome of the surveys and in-depth interviews about childcare activities, the following table could be drawn to illustrate the indirect childcare activities mentioned by the participants:

Indirect childcare activities

Household activities	***Financial activities***
Cooking food + coffee	Buying clothes + shoes
Cleaning the house	Buying school materials
Fetching water	Buying commodities for food
Collecting firewood	Going to the market (selling & buying)
Collecting animal dung	Buying soap
Keeping animals	
Cleaning grain + crashing grain	

Table 7. Division of Indirect childcare activities

The household activities have an indirect impact on childcare. It is an activity performed to ensure direct childcare can be provided. As such, the indirect activities will be further explained.

5.4.1. Household Activities

Cooking

Cooking is an activity in which different kind of foods can be prepared. Not only cooking solid food is counted to cooking, also liquids such as coffee are counted. Cooking food and coffee provides the children in their nutritious needs. The food prepared by the childcare givers include 'injera' (a sourdough pancake), white bread, 'watt' (diversity of stews including vegetables and sometimes meat), salads, coffee and tea.

Figure 11. Local woman cooking coffee

Cleaning the house

Cleaning the house is performed out of hygiene and accessibility. The houses are small and it needs to be cleaned up to have access to the house and to store all commodities. Next to this, from hygiene perspective it is important to remove dust and dirt to ensure a good health for the household members.

Fetching water

In both villages, there are several water pumps to fetch water from. This water is clean to drink for the local people. It is also used for other purposes such as cooking, washing of the bodies, and cleaning the house. The water pumps are located on several spots in the village, however not every pump is working which causes long walking distances for the people and long queues because of the capacity the pump has to carry.

Collecting firewood

Firewood is important for cooking, for warmth and for light, especially in Ilkin. In the evenings, it can get cold in the area which is located on 2000-meter altitude. It is in some areas prohibited to collect firewood because of the scarcity of wood and because of the drought in the area. However, firewood is needed and as long as there is no electricity available, the wood will still be collected.

Friday 13 April 2018, Mere-Mieti:

During the interview, the mother is really busy with household activities. She is sweating and easily distracted. Her baby of 1 month old lies on the bed, covered with cloths to protect him from flights. A lot of flights are visible in the house. The mother is gone for a little while, she is busy cleaning outside. At the same time, her 3-year-old son and her daughter of 13-years-old are present in the household: "my other siblings are in school, I am now at home and help my mother with the household". She corrects her younger brother who is looking for attention. Then the mother comes back. We try to approach her again for some questions, while she is notifying her daughter through body language to move outside. The daughter knows exactly what to do and collects the cattle to take them to the river. Even during such an interview, all care activities come together; watching the children, cleaning the house and keeping the animals is just a selection out of all activities performed.

Figure 12. Case Study Interview Mere-Mieti

Collecting animal dung

Another method to prepare fire, is using animal dung. The people collect the animal dung of their own cattle or otherwise on the streets from other animals. After collecting the dung, the people will prepare so called 'dungcake'. The dung is mixed with water and they make it flat like a pancake. Afterwards, they stick it to the walls outside to let it dry. If it is dry enough, the dungcake is useful for making fire. As described above, this is useful for food, warmth and light.

Keeping animals

Animals being kept by the villagers include donkeys, cattle, chickens, goats and sheep. It is important to provide them food such as grasses which will be gathered from the side agricultural lands. Furthermore, the accommodations of the animals have to be cleaned. The animals are used for working on the agricultural land, for carrying commodities and for products such as eggs or milk. Traditionally, the higher the number of animals, the higher the social status concerning the asset of having animals.

Cleaning and crashing grain

After harvesting in agriculture, grains are not clean or qualitative good enough for selling or preparing food. Therefore, people go to a grainer for crashing the grain. This is mostly done once in three months. Furthermore, women clean the grain to pick out the useless grains. This contributes to the direct childcare activities concerning providing food.

5.4.2. Financial Activities

Buying clothes and shoes

Buying clothes and shoes contribute to care because it protects from dust, sunlight and harming through the stones. Furthermore, it contributes to a well-groomed appearance and also that to prevent from wearing too small clothes.

Buying schooling materials

Schooling materials are important for the child to develop his or her knowledge. Schooling materials can contribute to this, because they have to practice and make assignments with pen and paper. With an eye on future opportunities in sustaining and improving their living standards, it is important for children to go to school and to keep up with the content of the substance.

Buying commodities for food

In this activity, the cooking materials are included such as pans, charcoal, coffee and tea pots, plastic trays and other commodities needed to prepare meals to foresee in cooking and feeding activities.

Going to the market

Going to the market can be counted to a household activity. However, it is included in the financial activities because the purpose of going to the market is to buy products for nutritious needs or to buy other commodities needed for sustaining the household. On the market products

provided include animal products such as eggs and chicken, grains such as teff and barley, vegetables such as carrots, onions, potatoes, tomatoes, cabbage, lettuce, lentils and different kind of herbs such as pepper, salt and garlic. Furthermore, clothes, shoes, jewellery, pots, pans, trays and scarfs are products sold on the weekly market in Mere-Mieti. For people from Ilkin, this is at least one-hour walking, either with a donkey carrying products or by food by themselves.

Buying soap

Soap contributes to childcare because it improves the hygiene of the bodies and it is used to wash the clothes. Buying soap is often mentioned when asking about what tasks a person then fulfils.

In the following chapters, the role of the key persons involved in the childcare will be further emphasized.

6. ROLE CHILD IN HOUSEHOLD

6.1. Introduction

Children play an important role within a family. Humans in the beginning of their life, developing in approximately twenty years from fully dependent on others to mature self-sufficient human beings. Concerning this growth of children, a shift can be illustrated from children as childcare receivers to childcare providers. However, this shift is not particularly clear because during their development, children become physically and mentally able to perform more and more activities. Especially, in the rural villages around Mekelle, it became clear that children start contributing to the household needs in an early stage of their growth. To illustrate the importance of children, the following sub-question is designed: "*What is the role of a child the households in the rural villages Mere-Mieti and Ilkin?"*. During the research, it is discovered that the role of the child in the household is dependent on age, gender, education level and the composition of the family. This will be explained in this chapter.

6.2. Children

Discovering the meaning of the term 'child', it became clear that it is not particularly dependent on age, but more on the fact whether children are still living with their parents or not (Morrow 2011). As long as a child lives with her/his parents, she/he is considered to be a child according to the respondents. However, children are not continuously cared for by the parents, they take more responsibilities to sustain the household when growing older. Starting with activities depend on age and gender which will be further explained in the following paragraphs. When children move out of the house, this is mostly seen as a step to adulthood. Before this, parents will always take the main responsibility in caring for the children, although the children help with most of the activities. When children move out of the house depends on gender, education level and job opportunities. In most cases, when asking about the age of being independent from the parents, the economic situation is a determining factor. As long as children are going to school, they will live with their parents. Grade 10 is decisive in whether children continue their schooling or not. As stated before, when passing grade 10, there is the opportunity for the students to continue with preparatory school. In this case, the children will still live with their parents until going to university. If they continue with university, the government decides at which university in the country the student will start. Students will start living on a campus at the particular university or somewhere around that particular city. After university, the children will start looking for a job and starting their own household. In Ilkin and Mere-Mieti, it is still the

norm to marry someone the parents choose for them of the surrounded villages. However due to the improvements in opportunities to study and the fact that the students have to move to a university somewhere in the country, a change of this norm is a probability. The age of finishing university lies around age 25 but is dependent on the duration of the study. If the student fails the exam in grade 10, there are less opportunities left. This means for girls that the parents will start looking for a future husband to marry with. Besides, in a few cases, girls will start working in for example the garment industry, selling products on the market, working in a shop or trading. Women starting with a job after failing grade 10, is only discovered to happen in Mere-Mieti for now. Possible explanations could be the accessibility for women to move to other areas due to the main road and overall this village is more developed compared to Ilkin, where more conservative standards are still the norm, such as keeping women inside the household. For boys, they will start looking for a job and generate income for the family. If the economic standard of the boy is convenient enough and the parents approve him to marry, he will marry a girl and move out of the house to live with her. The age when children start moving out of the house lies between 18 and 25, which is also seen as the age of being economically independent.

A distinction between child and youth can be drawn from the data collected, although it is not specifically asked. As such, when children still live in the house but deliver their contribution and are not taught any household, agricultural or childcare activities anymore because they can already fulfil them independently, they can be seen as youth. Together with the fact that they finished high school. After high school they are either going to work, fully participate in the household, marry or continue studying. In this phase of life, the children are independent enough to take care of themselves although there are still differences between boys and girls. Boys never learn how to cook, and they never will in the future but they are able to contribute in generating income and take care of the family. Girls help with running the household. Referring to the literature, Morrow (2011) writes about the existing idea of understanding children and childhood related to the age at which children leave school instead of boundaries by age, relational connections with family members and a state of being. In Ilkin and Mere-Mieti, this age of leaving school is determining whether they start building up their own household and become fully independent of their parents.

6.3. Importance of Children

Children contribute in an important way to the family. It appears, according to the respondents that the children can help parents to provide the necessities to support the family when they are still living at home. As such, when the children grow older, they help taking care of the younger siblings, they help in the agriculture and/or in generating income. In addition, if they are older

and can run their own household, they can sustain their parents in the sense that the parents can financially be supported by their children. A social system has been created in which children help their parents to ensure that their financial situation will be satisfactory. Respondents also mention this, as can be seen from the following statement:

"There is no benefit for me now because they are too young but I am older, my children can economically help me if they are good educated and have a good job".
R. 100 on 2 May 2018.

When the children are well educated and have a good job, the idea exists that there are enough financial resources for the children to be able to properly support their parents. All those years, parents have taken care of the children, and they expect this to be vice versa when necessary. Eventually the children will have the same thoughts concerning their own children. This system of social security will also be applied when parents are too old or physically deteriorated to be able to work themselves. The parents can get ailments and illnesses which make them unable to function in an appropriate way. In addition, each of the children will finally move out of the house and nobody is left to help the parents with their household.

Ultimately, the children are, according to their tradition and culture, responsible for the care of their parents, especially when one of the parents already passed away. The youngest child of the family usually accepts this responsibility. This person is either going to live with the parent or the parent comes to live with the child. It is also possible that the person who lives closest to the parents takes on more responsibility. In this care, it is usually a son of the family since women live with their husband in the area where his family comes from. When there are already grandchildren in the picture, there is often a grandchild who comes to live with the grandfather/grandmother to help with household activities and who will take care of the grandparent. In addition, it is also to keep the grandparent(s) company since grandchildren aged 3 are already living with them. Furthermore, the grandchildren exchange each other when, for example, preparatory school or university requires the children to move to another location and no longer have time to provide extra care for the family members. Another grandchild then comes in and takes the responsibilities over.

Besides the fact that children make a contribution in sustaining their parents life at a later age, parents see their children as their backbone in life, they help building a strong social network and solve problems with other community members or neighbours. In general, it is conceived that the children help their parents a lot and alleviate the workload. In addition, R. 102, a religious teacher, explains on 3 May 2018 that having children has multiple purposes:

"From any wealth, it is best to have children because it has multiple objectives; 1. You are implementing the rule of God, He orders us to have children; 2. The children are now helping in the household but if they become older they can help generate income; 3. If we as parents are old, they can financially support us; 4. Our name, as parents, continues to exist and we will be remained with our children".

Finally, having children is also in the interest of the parents because of possible health issues. Children can take them to the health care centre for treatments or medication. When a parent dies, children can take care of the funeral so that they receive a dignified farewell.

6.4. Age related to Care

In Mere-Mieti and Ilkin, children are of high value in running the household. Their contribution varies in activities but is significant in sustaining the household. However, as they are children, they still need to be cared for, to improve their growth, health and development. The composition of the families is determining in the contribution a child has to deliver; the more children, the more they share the burden of the activities. Overall, a variation in data can be seen in the amount of children families have. On average there are 4.3 children per household. A sidenote to this average number is the fact that in some cases, mothers were still young and just started having children. The prediction is that these women will have more children in the future as long as their fertility lasts. With the older respondents aged around 40-45, the number of children lies between 4 and 10 children. The children vary in age within all families; in general, there is an age difference of 2 – 5 years between the children. Others have a gap of 7 years. In those cases, the big gap mostly occurred due to a divorce and remarriage.

These compositions of the families, gender and ages of the children are important in the childcare provided to the children as well as the contribution of the children in providing childcare. Gender and age are incorporated in the following sections. The composition of the family is afterwards explained.

6.4.1. Care Receiving

The childcare provided depends on the age of the children, according to the participants. For children to receive childcare, there is a variation between ages, which will be described in this section. The differences between gender and the influence of education is intertwined as well.

For children aged **0 – 2 years**, childcare is given in the direct and indirect form. The indirect form ensures that the direct form can be realized. As such, there are household activities that are carried out by the caregivers such as collecting firewood to cook, then cooking food to feed the child, and fetching water to wash the child Only breastfeeding is given up to the first six months. After that, as mentioned before, breastfeeding is given in addition to a solid diet to the child in order to receive enough nutrients to grow. Furthermore, in order to provide direct care, the child is washed with soap and water, it is changed, the clothes are washed, the child is monitored to not go dusty areas or to other undesired places, and that the child is carried on the back of the caregivers up to two years old. This can be the case, for example, when the mother is away from home such as when she goes to the market. Otherwise, the child is carried on the back of an older sister who is playing somewhere in the neighbourhood with other neighbouring children, as shown in figure 9. The financial resources generated due to the labour activities (the indirect childcare) will be used for buying the food, clothes, shoes, soap and other commodities in order to provide this care. In this stage of life, all care is facilitated by the caregiver to the child and nothing is independently performed by the child. This is also not yet expected by the caregivers. Especially mothers spend up to 12 hours on direct childcare to the baby.

Children start to become more independent from **3 – 4 years** old. They have learned to walk and are no longer carried by their carers on the back. In addition, they learn how to urinate and where (although there is no toilet, they invented some areas for their excreta), they learn to wash their faces, hands and bodies and they learn to eat by hand. They are still supported by their caretakers to ensure that these activities are performed in a satisfying way. Again, the household tasks and financial activities remain relevant to provide direct childcare. There is being cooked by the caregivers to provide food for the children, their clothes are washed, they are monitored to avoid unwanted areas and they are free to play with neighbouring children. The children do not yet start with education and are not yet responsible for contributing to the household in general. Children from this age category are usually present when you walk through the villages.

In the age category **5 – 7 years** old, it can be seen that most respondents argue that the children become independent to take care of themselves, namely 30 out of the 51 respondents questioned. Counting from age 0 until and including the age of 7, it can be seen that 72.5% of the respondents interviewed said that at age seven, children are independent enough to take care of themselves. Activities involved are feeding themselves, washing their clothes and bodies and changing clothes. The care offered by the caregivers includes activities such as ensuring safety as well as starting with the education of the children. Furthermore, household tasks are still being carried out to ensure that children receive nutrition and are able to take care of their hygiene. Finally, between 5 and 7 years old, children begin with following education. As explained in

chapter 4, from 5 years old, there is the opportunity to start with pre-education and in general, children start primary school at age 7. This means that they are half a day away from home in a place where there is being cared for the children on the field of develop their knowledge. Financial activities are related to this because from now on, school material has to be purchased as an addition to the aforementioned activities. Naturally, those other activities continue automatically.

From **8 – 12 years**, children still receive care from their caregivers. The parents still take responsibility for this because they take care of generating income and ensure the daily provision of food. In addition, clothes, shoes, school material, soap and other products are purchased for sustaining in hygiene and improve their education level. Moreover, more attention is paid to the children on the field of raising and socialization. This is shown in the following quotation of a 17-year-old respondent:

"My parents tell me what good and bad behaviour is. When I was 10 years old I started to recognize this raising. My parents raised me when I was younger too, but I got conscious about it later".
R. 81 on 30 April 2018.

Furthermore, it is expected around this age that the children can fulfil different tasks independently, and between these ages the practicing will improve to fulfil them perfectly. The difference in gender also starts to play a role in the extent to which care is provided. Boys are often still fully provided in physical care activities, socialization and household activities by the caregivers while girls take on care responsibilities such as childcare and household activities. Boys start with this at a later age which will be further explained in the next paragraph. The tasks are taught to the children who are part of providing education by the caregivers; the children will gain knowledge and skills on how to perform these activities. Lastly, the parents start helping their children in this age group with homework ordered by the teachers.

Between the ages **13 – 17 years**, the children start to enter their puberty as it is known in the Western societies. In Ethiopia, respondents do not refer directly to the term 'puberty' but the parents describe the children start to show signs of unwillingness. The do not always agree with their parents anymore. In addition, the urge of having a boyfriend or a girlfriend starts to rise regarding their sexual development. This is quoted by several respondents, especially fathers. As in the previous age category, further care consists of raising children, as well as providing food and income to meet their needs. Especially boys start in this age category with helping in household tasks, agriculture, irrigation and/or generating income. A 19-year-old rrespondent explains:

"When I was 13 years old, I started helping in the irrigation. When I was 15 years old, I started helping with household tasks. However, my sister started with helping in the household when she was 9 years old. The women work really hard, they do much more activities than we do as men". – R. 84 on 1 May 2018.

Nonetheless, not all ages are the same when the children start helping, but on average it lies between 13 and 18 for boys. Girls start at an earlier age with helping in activities. This will be further explained in the next paragraph.

From **18 – 25 years**, much attention is paid to socialization and raising the children or 'youth'. Youth can be more susceptible to outside influences and thus the risk of making bad decisions is higher, according to the parents. The other care activities offered to this group of 'young adults' can vary per family. On the one hand, care is provided to the children as long as they live at home with their parents and other family members. Mainly boys older than 18 years describe that they are still dependent on their parents because they take care of everything:

"They provide me food, clothes, school materials. However, the care my parents provide for me is reducing because they think we become independent of ourselves".
R. 84 on 1 May 2018.

On the other hand, due to being employed, it can also be said that the youth make their own contribution to the household and are held responsible for buying their own school materials, clothes, shoes and other commodities from the money they earn themselves. This is illustrated by R. 85 on 1 May 2018:

"*Until the age of 18, my parents treated me as a child and took care of me. After I became 18 years old, I started helping my parents and support them with my work and income. I also take care of myself such as washing clothes, buying clothes, shoes, etc.".*

6.4.2. Care Provider

Providing care is not performed by children aged **0 – 2 years**. They are fully dependent on others and therefore there will be no further explanation on the care provided by this group of children.

From **3 – 4 years** age, children start to execute some activities independently. As mentioned before, they will start washing themselves, feeding themselves and learn how to get tidy. Still, there are less expectations for these children in performing household or other activities. However, observing the children in the villages it became clear that girls around this age are already carrying the little babies on their back, as well as they cheer them up and calm them down when they are crying.

At the age of **5 – 7 years**, it is stated that most of the children still play around the house and do not contribute to any household activities. However, when asking more in-depth questions it turns out that a fair share of the respondents, parents as well as children, describe that the children start from age 5 with some household, childcare and agricultural activities. At age 7, when starting with school, it is seen that a lot of the children start helping their parents half a day, either in the agriculture, with childcare or in the household. In total, 28 respondents are specifically questioned about the age children start with household activities, of which 11 start between 5 and 7 years age. Concerning the agricultural activities, 6 out of 21 questioned respondents started between 5 and 7 years old and with childcare activities 7 out of 25. Addressing who is particularly starting with the activities, the gender differences are noticeable. The girls start with some household activities. It differs with what kind of activity the girls start in the household. Some start with cooking, others with fetching water or collecting firewood and dung. Followed by washing clothes, cleaning the house and going to the market. Besides, girls start with taking care of the children; they watch them to not go to undesired areas, they carry the younger siblings on their back and play with them. Besides, girls start to learn some of the household activities. Girls not always participate in agricultural activities, but if they do, they

Figure 13. Children carrying their younger Siblings

start with securing the farmland or watch the younger siblings. Both boys and girls help with fetching water, particularly when they have a donkey to carry the jerry cans on. The boys start with agricultural activities. First they start with simple and less heavy tasks. These tasks involve watching the farmland in order to keep animals away so that the crops will not be eaten by them. They also learn how to prepare the land and remove remnants and sometimes even start with ploughing. Although this mostly starts at a later age. Additionally, some of the boys start from age 5 with keeping the animals. Walking with the cattle to the river for drinking water, providing straw for the animals and cleaning their accommodation are activities included. The time spend on the activities is around 4 hours per day, especially when the children start learning in school the other half of the day.

In the category from age **8 – 12 years,** it is discovered that there are again differences between ages starting with activities related to gender as explained in the previous paragraph. The children start with the activities in the same order and division of tasks based on gender, but at a later age. Out of the 28 respondents asked about the age starting with the household activities, 14 out of 28 start between 8 and 12 years old. The average age of starting with household activities is 8,46 years old, which are mostly executed by girls. Regarding the agricultural activities, the average age starting is 10.85 years old. Of the questioned 21 respondents, 9 indicate the children start with agriculture in this category, mostly performed by boys. Lastly, the average age starting with childcare activities is 9,04 years old. For childcare, 16 out of the 25 questioned respondents begin within this age classification.

In general, between **13 – 17 years** old, children play a significant role in the household and the parents more or less rely on their children. When they were younger, the children were introduced in the activities and learned how to perform them. Now, at this stage of life, the children acquired the skills to implement all the activities by themselves. This can be applied on the household, agriculture and childcare activities. Parents explain that the children can independently and perfectly perform the activities. As such, a respondent aged 16 describes how he takes care of his siblings and it shows that the responsibilities concerning childcare taking and gender are sometimes interrelated:

"*I cover the textbooks of the other children with paper and I help them with homework. I initiate them to study by asking questions and see if the answers are correct. I also help with carrying the children on my shoulder, wash their bodies, playing with them and punishing them when they show bad behavior*" – R. 79 on 1 May 2018.

Besides going to school, the daily activities of the children consist of contributing to the family. The hours spend on the activities is mostly around 4 or 5 hours per day. The time spend on

specifically childcare is on average 2 hours per day which will continue from this age category to when they are older. In addition, more is mentioned about spending time for studying. If there is some rest time, the children will play around but when they start growing older, this happens less. When looking at starting with labor activities, the average age of starting with generating income is 15,56 years old for children, answered by 16 respondents specifically questioned about this topic. Most of the children start working before turning 18 years old. This is from cumulative perspective answered by 10 out 16 respondents. In particular the boys start with generating income. Generating income is traditionally viewed as a task fulfilled by men.

For the children in the category **18 – 25 years** old, in other words the youth, the care providing role can be diverse because there are several opportunities. Concerning education, the young adults finished high school and possibly preparatory school if they passed grade 10. The next opportunity is to leave the village to live independently on a campus at the assigned university. Otherwise, the young adult is no longer a student anymore and he/she will contribute to the household by either find a job to earn income or to be available in the household and for agricultural and childcare activities. Mostly the boys keep living in the household and help generating income, which is an advantage for the parents because most of the respondents state that the child shares his income with the family. On the other hand, boys do not gain knowledge on how to cook generally, so it will be difficult for them to live on their own. Therefore, they will first save money to find a woman to marry with and after marriage she will take care of him. For girls, they move out of the house earlier. As seen in the results 16 of the 63 mothers questioned are 25 years of age or younger, already married and have children. The other women are a generation older, but mostly indicate that they married before 18 years old and started their own household. Concerning the activities remaining for this group of young adults in the household; they still contribute in every activity as explained before, but it depends on whether they still live in the household or not. The shift for boys is more significant because they start with a job instead of moving around the house.

6.5. Composition of the family

Lastly, the composition of the family is of relevance when looking at the activities of the children. This is intertwined with the variables gender, age and the number of children. It seems self-evident but the composition of the family can determine the activities executed by the children. According to the parents, it is most advantageous when you have a mix of both sexes. As the activities are mostly traditionally divided between men and women, all activities can then be performed. In general, when there is a mix of gender, respondents emphasize that females do the household and physical childcare activities, whereas males are active in agricultural

activities and/or generating income. In case a family only has females, the father is responsible for generating income on his own. The mother and the daughters will then take care of the childcare and household activities. But as the father needs help in the agricultural activities, the female family members will help. This can be advantageous, because the help of the mother and daughters will save money, as he does not have to hire a daily labourer. When only having daughters, the father is financial responsible on his own which can be a difficult task, especially when the family counts more members. Therefore, when his daughters will be of an appropriate age to marry, he will secure their future with husbands who are economically independent. Nowadays, the age of getting married is legally from 18 years old. However, especially regarding previous generations, women were arranged to marry at ages between 13 and 18. The arguments given by the respondents were based upon the fact that the daughters would have a better financial life when living with their husband. It is sometimes difficult for parents to provide the care the children need. On the other hand, when there are only boys in the household, it is seen that the mother has a burden to carry as she is responsible for all household activities. However, when boys start growing older, they help with household activities, especially when the number of sons is higher and the agricultural activities can be fulfilled by them too. Boys marry at an older age than girls do, so until they get married, they can contribute to the household by sharing their income. Financial resources are more accessible when having sons only.

Moreover, as explained before, the ages of the children determine their contribution to the household. However, in the previous section, nothing is yet mentioned about the composition of the family concerning their role in the household. The older the child, the more activities he/she performs and responsibilities he/she takes. If the children do not differ in age too much, the children provide less direct childcare activities to each other. If they do differ in age, the oldest will give more direct childcare to the younger ones because he/she is already taught how to behave and they know how to handle the children. Except for carrying on the back, only daughters take younger siblings on their back and already from age 3 – 4 they start with this. Primarily, it can be argued that the older siblings help the younger siblings in physical care and socialization. Conversely, direct childcare is mostly not provided from younger to older siblings. Concerning other activities, contribution will be delivered when the children start growing older.

Lastly the number of children of the family can influence the role of the child in the household. If there are a lot of children, the activities and responsibilities are divided and all children share the burden. For accomplishing the activities, the children are very important so if there are less children in the household, it is seen that their productivity is more intensive.

Particularly this can be applied on the older children. The role of the older children is thus more important but decreases when the siblings become older and take on responsibilities as well.

7. ADDITIONAL CHILDCARE PROVIDERS

In the previous chapter, the role of the child in the household was presented. Within the household, they play not only the role of care receivers, but also of care providers. However, children are not the only caregivers in the households. The additional childcare providers will be described in this chapter. Childcare givers are the persons involved in taking care of the children. This is possible in various ways in direct and indirect childcare activities. These childcare givers can be parents, grandparents and other relatives, but also other people of the community or village. The additional childcare providers will be discussed according to answer the following sub-question: *"Who are additional childcare providers and what activities do they fulfil within the households and the community in Mere-Mieti and lkin?"*.

7.1. Parents

The responsibilities for childcare taking within the family vary between mothers, fathers and also siblings. The primary childcare taker is the mother, which is argued by 91 out of the 96 respondents. This is a percentage of is 95.8% of the respondents. As the woman is actually around the household every day, it is reasonable that she is the first childcare taker as the children stay most of the day with her. This is supported by the following statement:

"I am always out of the home so my wife takes the primary responsibility for the children"
R. 25 on 12 April 2018.

The secondary childcare taker is in most cases, namely 74.5% the father, mainly based upon his financial contribution and his authoritarian position inside the family. Overall, he is considered to be the household head. Although the father is predominantly seen as the secondary childcare taker, siblings are also mentioned as secondary caregivers. This is based upon the involvement in the visible activities, such as household activities and physical care activities. As such, the following is stated by R. 6 on 28 February 2018:

"The father is seen as the secondary child caretaker because he financially supports the family in giving them what they need. However, the other children are more involved in taking direct care of each other by carrying them on their backs, by cooking and by washing".

The following table entails the answers provided by the respondents which shows the clear division between the idea of who takes the responsibilities for childcare taking. Almost all

	Primary	Secondary
Mother	92	1
Father	0	70
Children	0	15
Father + Children (equal)	0	2
Other relatives	1	4
Equal	3	3
Total answers	96	94

respondents replied on this question or it became clear during the interviews.

Table 8. Illustration of data about primary and secondary caretakers

Since the contribution of the children is broadly explained in the previous chapter, the focus in this chapter is on the role of the parents and their activities. Parents include the biological mother and father, but also non-biological carers. Remarkably, it has been found that in some of the cases new partners come into the lives of the children, for example when the biological parents decided to divorce or when one of the parents died early. These non-biological parents are often named as caregivers by the other parents. In case of this research, many women were questioned and they highlight the contribution of the new partner in childcare. It also happens that the child or children of the first marriage come to live with the grandparents instead of with the family. It is seen that in most cases, the women delivered their first child or children at a very young age, mostly starting from 12. Especially when in the second marriage children are procreated, the children of the first marriage are not living with them.

The time spending on physical care varies. However, it is perceived that women take care for the children the full day, which entail 10 up to 24 hours:

"I work 12 hours per day in household activities, 10 hours with children and 2 hours without the children if they are out of the house for example. But even when they are not present, I still take care of them with doing activities"

R. 99 on 2 May 2018.

In this sense, the physical care activities and the household activities are strongly interrelated and the hours spend on both are in common understood contributing to childcare. In general, fathers take care of the children in the mornings and evenings, between 3 – 5 hours per day.

In the following sections, the responsibilities the parents take will be further analysed on the basis of the direct and indirect childcare activities. The different gender roles become evident in the childcare taking by the parents.

7.1.1. Care Activities

7.1.1.1. Direct Childcare: Physical Care

As explained in Chapter 5, the physical care activities comprehend the care given directly to the body to improve child development on the field of nutrition, hygiene and safety. The physical care is actually always provided by the mother, but especially the activities feeding, bathing, clothing and carrying for children. The mother provides all these physical activities, mostly until the age of 2 or 3. Afterwards, the degree of independence determines whether the care is still provided. This varies between the families questioned. Feeding of infants happens throughout the day, at any time the baby feels hungry. For other children, feeding moments are breakfast, lunch and dinner. In between, they sometimes snack a little such as a piece of injera, carrots or sugar cane. The parents seem to provide bathing every day for the children, again especially children under the age of 3 who are not yet able to wash themselves. As mentioned in the previous chapter, afterwards children start to wash themselves with water collected from the water pump and some soap. Changing and washing clothes is more provided by the mother than the father. As diapers do not exist, infants are wrapped in cloths which will be washed when they get dirty. However, as washing can take up to 2 hours, the cloths are not immediately washed but saved until they have enough to walk to the river. After the children get older, they get some training in urinating, so that at least their clothes will not be wet every time. Ensuring safety is mentioned as an activity performed by the mother but the value is not worth mentioning. Ensuring safety entails in their understanding as watching the children play and that they do not go to unwanted areas. However, the mother is mostly inside the house and not playing with them. The father is mostly out of the house and therefore does not watch them while playing. Only when they help working on the agricultural land. Besides, the father sometimes takes physical care responsibilities as well. Although he cannot feed infants himself due to biological differences between male and female, he still helps children with feeding. Also a part of the respondents argue that fathers help with bathing, which is valued by their wives:

"*I appreciate my husband because every evening, after he comes home from work he washes the children before they go to bed. He boils the water so it is comfortable for the children to be washed".* R. 20 on 12 March 2018.

On the other hand, changing and washing clothes is barely provided by the father. Especially washing clothes is in time consuming activity and happens during the day when he is out of the house. Concerning carrying the children, according to the culture, it is uncommon for father to carry their children and thus this happens hardly as well.

7.1.1.2. Direct Childcare: Raising and Socialization

Parents are engaged in raising and socializing the children. Not all respondents are questioned about child rearing and raising, however a remarkable part of the respondents are. Divergent answers were given by the respondents. Especially with regard to the age when starting to raise children. Raising is usually understood as the process of teaching the distinction between good and bad behavior. Next to this, mostly there is referred to 'advising' the children. Advice for the children is provided by for example following them to be in safe areas and not to go to dusty areas because they can get illnesses of the dust. Therefore, the parents want the children to stay clean and healthy. Advising also occurs related to how to handle with finances. Furthermore, the children are taught how to execute the different activities contributing to the household. In addition, R. 96 on 30 April 2018, explains the following in advising her children:

"*I advise them not to pick up everything because other people may see this as stealing. Also, I advise them not to enter the house of neighbors if they are not present. If they are present, they can enter".*

It is mentioned that good behavior includes different aspects. First of all, respecting the culture and the rights of others such as family members and neighbors and help them. It is important for the children to be open for new insights and therefore it is hoped that the children are respected as well. Besides this, advise concerning good behavior entails to study hard, be present during lectures, achieve high grades and be careful with the school materials. Part of the respondent explain that good behavior will be rewarded with candy or cookies from the shop or the facial expressions of the parents show a sign of good behavior to the children. This is how they recognize if their behavior was correct. Bad behavior is considered to include fighting with others or neighbors, being lazy, stealing, lying, insulting others, shouting or disturbing, staying out too long in the evenings, drinking too much alcohol, tearing the school materials and staying around the main road without a purpose. The main road is a dangerous road where there happen accidents occasionally. Consequently, the parents punish bad behavior. Several parents declare that they beat the children if they detect signs or activities of bad behavior. Even one father specifically describes:

"They mostly show good behavior: they fear me so they listen to me. I have a stick to punish them if they show bad behavior. I place it in the house and they see it, so they fear and listen. I use it at least once per one or two months. They get punished when they fight with neighbours, if they don't go to their education on time and if they sit on wrong spots" – R. 102 on 3 May 2018.

To illustrate the way in which parents raise their children, some parents explain that they organize meetings with their children to discuss incidents happened in the village or neighborhood. An example of an incident is a fight between people. The parents will explain the dangers of having a fight, the consequences on the field of how the community will conceive this behavior and they will further explain the disadvantages of the act. The meetings are usually organized in the evening, so that both parents are present to discuss this with the children.

Of the children interviewed, 13 out of 15 mentions raising an activity being a part of the care they receive. They point out that the parents take responsibility for this. In one third of the cases, both the mother and the father raise the children. Another one third of the respondents highlights the constant presence of the mother in the household which makes her raise the children more. The mother is there to watch the children and sees what happens, so she can judge whether it is good or bad behavior. The other one third of the participants state that the father mostly raises the children because he has a more powerful attitude. This is not only due to his physical appearance, but also due to the fact that the mother mostly has a stronger relationship with the children because she is always around. She is less able to harm the children when punishing.

The age of the children when parents start with raising varies. Some children explained that the age they started to recognize the raising was between age 10 and age 18. Children themselves tell that their parents raise them, but at some point, they start helping raising their younger siblings as well and to point out that they should behave well. Parents described that for younger children it is still unnecessary to raise because they are too young or because they didn't show any bad behavior yet. Younger children entail children under the age of 7. Especially when starting education, parents advise them to go to school on time, to not be absent and to be careful with the schooling materials. Furthermore, they advise the children to behave good in school and achieve good grades. Other parents explain the raising starts at an early stage, from age 4 with advising them to avoid particular areas or not to fight with other people. Later on, when starting education, children are advised on this. In general, raising and socialization continues until the children leave the house to run their own household. In few cases the age starting with raising was even mentioned from 18 years old onwards.

7.1.1.3. Indirect Childcare: Household & Financial

The division of the household is emphasized in the Regional Context. Besides, the content of the household activities and the financial activities are explained in Chapter 5. Therefore, less attention is paid to the indirect childcare performed by the parents. It is evident that the household activities belong to responsibility of the mother and the financial activities, including generating income, to the father. Only in the agricultural seasons, the mother helps with the agricultural activities and facilitates in a less heavy workload for the husband. In many cases, the father has the control over the capital because he is the one who earns it. This is why he mostly purchases clothes, shoes, school materials, and soap for the children. Even for the woman to buy commodities for the market, he will share a part of the income with her so she can obtain them. Concerning the household activities, the mother is the one who manages this and it depends on the age and gender of the children whether she shares the burden with them.

7.2. Other relatives

Other relatives are also involved in childcare taking. In this paragraph, the particular activities they perform will not be explained because they deliver a less continuous contribution than for example the parents and children do. Mostly the grandparents from the side of the husband are involved to childcare as traditionally the woman comes to live in the husband's village after their marriage. Some of the grandparents from the mothers' side live close to their village and can come and help the family with certain activities when needed. Especially during pregnancies, the women are helped by both the grandparents. This has a traditional aspect while the pregnant women stay at their parents' home for a few months at the end of their pregnancy and after giving birth. On the other hand, there are also examples where the grandmother lives close and helps the parents in the period before and after delivery in their homes. During this time, the grandmother mainly helps providing care for her daughter and after delivery, she maintains the household activities and provides nutrition, hygiene and helps preparing for the celebrated days. When children are somewhat older, the grandparents help the family with mainly babysitting, so the parents can bring the children to the grandparents' home where they will stay until the parents are back. Alternatively, the grandparents living close can help with household activities such as cooking, fetching water, collecting firewood, cleaning the house and cleaning the grains.

Besides, when other relatives, such as siblings of the mother or the father live close, they sometimes help the parents in childcare activities. It depends on their age whether they provide certain activities, because when they are somewhat younger, they mostly play with their cousins. Furthermore, they help with other direct childcare activities such as feeding, playing and carrying the children. However, the contribution of the aunt/uncle can be more intense. In

two cases, the youngest sibling of either the father or the mother was living with them. In the case of the sister, she helps with all physical, socialization and household activities. According to the mother, she is even considered as the main childcare taker of the family. In the other case of the youngest brother living with his brother, he had come to help with agricultural activities and as such helps with generating income. Next to this, he could help with household activities such as keeping the animals, fetching water, collecting dung and collecting firewood.

7.3. Community

As the last group of childcare providers, the community will be discussed. The respondents were questioned about the help of other community members, church members or health extension workers (HEW) but the response on that question is diverse. In 28 of the 89 cases, the respondents indicate that they receive help from other community members regarding childcare, of which 24 mention neighbours. The other 4 indicated community members and the HEW as helpers in childcare.

7.3.1. Neighbours

Care activities performed by neighbours involve watching children when both parents left the house. Sometimes, they bring the children to the neighbours, in other situations the children are still in the home but the neighbours are informed. In the beginning of the infants' life; neighbours stay in and around the house to help the mother with household activities and fulfil in traditional beliefs such as washing clothes and preparing food. This happens until the epiphany, which is after 40 days for boys and 80 days for girls. The neighbours are involved in caretaking, but especially to relieve the mother from other household and childcare activities and to ensure her rest.

As the villages are wide in geographical size, the villages are subdivided into neighbourhoods. Every 5 neighbours form one network. The establishment of this system of networks date from around 10 years ago and was introduced by the Agricultural Extension Workers (AEW) who work for the government. At that time, the AEW created groups of people to discuss agricultural topics and challenges faced. A part of the members were men and the other part women. However, women did not participate enough in the groups, according to the AEW. Instead of the women, the men showed up during the meetings, presumably because the position of the women was to stay in the households. Afterwards, the husband did not share the content of the meetings with the mother which resulted in the exclusion of women. Therefore, networks were designed for men and women separately. The men discuss most of the agricultural topics, while women are focused on health issues. Simultaneously with the

implementation of the HEW and the adapted legislation concerning health programs, the female networks were created.

The idea of the networks is that knowledge about health topics will be shared and discussed. Topics included are the construction of toilets, counting of pregnant women in the village, vaccination for children under the age of 5, and counting who received the vaccinations. The adaptation of the network groups took some time and has to be accompanied with an example. Especially, network leaders should implement advice concerning health issues first before the rest will follow. This is explained by respectively a Development Group Leader (DGL) and a resident of Ilkin as follows:

"The adaptation has to go hand in hand with an example. So, the wife of the community leader first delivers in the healthcare centre. If she feels comfortable delivering her baby here, other community members may follow. She said it was a good experience, so now everyone is encouraging others to deliver at the healthcare centre".

R. 108 on 17 April 2018.

"People from the network come visit other members of the network and check the health status and encourage the members to deliver in the healthcare centre (…) Every network has its own schedule but mostly, once a week the network members check on each other and discuss these topics".

R. 30 on 17 April 2018.

Improvements are made on the field of health issues, also concerning childcare. Parents are informed by the dangers of not implementing the advices. Children are mostly vaccinated until they reach the age of 5, women deliver in the healthcare centre, and concerning sanitation improvements are made as well. As such, people clean their floor, the walls and wash themselves and the children more often than previously. However, concerning the construction of toilets, improvements still have to be made. Leaders did not start with constructing toilets because they don't see the importance of it. The DGL mentions that the construction of toilets should be promoted again.

In sum, the networks strengthen the relationships between neighbours and the social cohesion. Awareness is created between neighbours and they stimulate each other to increase their health. In this sense, the neighbours do not particularly contribute in the direct or indirect childcare activities as described previously, but more on the prevention of diseases.

7.3.2. Church Members

Regarding church members, the parents see the church as a separate institution and not involved in childcare taking. The Orthodox-Christian religion is a guideline for the daily lives of the villagers but childcare is a topic managed by the parents themselves. The church is separated from the community in this sense. Parents mostly teach the children the religious norms and traditions, although this is also happening through visiting the church. One priest described that the church members help him with religious issues, not with family issues. Furthermore, there is a distinction between gender in the church in which men are prominent. Males can only obtain religious education, pray more often than women and during praying, men and women are separated. As such, the church members are not a unity which makes it more difficult to have influence in the families' decision-making concerning childcare. However, boys can be religiously educated and thus get an understanding in the traditional beliefs and set a standard for certain behaviour.

7.3.3. Limitations

Concerning the help parents accept, the pride of the people is an important factor. This is not particularly mentioned by the respondents, however during the fieldwork, this was noticed in many variations concerning childcare. For example, with illnesses people know how to handle and they can describe the protocol precisely, however they lack practicing it. The villagers show their pride, especially in economic resources, and do not want to admit when certainties go wrong or when they need to receive help. The only help they allow then, is from direct relatives who might advise them to visit the healthcare centre.

8. DISCUSSION

The study tried to explore the characteristics of childcare by dividing this into the activities provided to ensure childcare, as well as the roles and responsibilities providers take. Discrepancies and overlapping is found between the literature and the results which will be further discussed.

Ringness & Gander (1974) write about the local traditions in child-rearing throughout Ethiopia. Although the study dates from around 45 years ago, it turns out the local practices are still in line with the current situation. Child-rearing happens especially regarding infants and the role of care receiver changes when the child age. Especially, after another infant is born, the mother's focus on childcare shifts to the newborn. The toddler is now expected to be more independent and wash and feed themselves. Between age 5 to 7, children are expected to start helping with some work (Ringess & Gander 1974). Similar results show the start of children in housework, agricultural work and even taking care of younger siblings. Discrepancies can be found in the fact that education is implemented in the villages which changes the role of the child in the household. Despite the parents' dependency on their children, they have the opportunity to develop themselves while following education.

Related to the opportunities for following education, the broader ideas about the definition of 'a child' can be taken into consideration. Morrow (2011) explains the changes of the interpretation of 'child' related to the age children left school. This shows the flexibility of the term 'child' because over time, the age of children leaving school heightened. Results show that in Mere-Mieti and Ilkin the age of marriage increased in the last years. This is a consequence of the law implemented prohibiting marriage under the age of 18 and the establishments of schools. Due to a higher age of marriage, boys and girls stay longer in school which increases their education. Parents define their children as adults after moving out of the house. This again depends on whether the child continues following education, which is highly encouraged. Furthermore, Montgomery (2012) emphasized the ability of becoming an adult after physical changes or traditional events, such as a pregnancy, marriage, menstruation or if parents die. In Mere-Mieti and Ilkin it has been found that marriage and pregnancy define adulthood as children will start their own household.

Sriram & Ganapathy (1997) emphasize that childcare is the actual activity of caring for a child. Weisner & Gallimore (1977) add the indirect facets of socialization and raising to this form of childcare. As in line with Sriram & Ganapathy (1997), this study found that childcare changes over time when children become older and in different phases of their lives. As such, also the provision of childcare changes in which different kind of providers have to be taken into

account. These changes happen already from age 3 in taking care of feeding, washing and walking themselves. Afterwards they start contributing to the household and become to take on the role of care provider, highlighted by Weisner & Gallimore (1977). Concerning the position of other community members such as relatives or neighbours, this study found a discrepancy regarding the literature. The main cause is the fact that women do seasonally support their husbands in the agriculture instead of working fulltime for generating income as Sriram & Ganapathy (1997) suggest. Therefore, the childcare responsibilities are carried by the mother who is always present in the household. Other community members such as neighbours are only involved when parents are planning to leave the house. The children might be exchanged with the neighbours, as Weisner & Gallimore (1977) state, but the involvement in childcare activities described throughout the research is limited.

Although the contribution of other community members is limited concerning childcare within the household, they are of influence in healthcare services. The use of HEWs, who are primarily based and living in the particular village, ensures a sense of social control to the people. As the HEWs are part of the social environment of the people, social capital can play a role in achieving goals on preventing health issues and advising the people on this topic. The notions of trust characterizing social capital (Willis 2011, Serrat 2017, Ferlander 2007) are noticeable because the villagers try to adapt the advice and can mention exactly the trainings they received. However, a lot of research is focused on the implemented programs related to maternal health and child health under the age of 5 (Haines et al. 2007, Mullan 2016, Melaku & Shi 2017). As resulting from the study, it is unclear to the people when to pay for treatments, because this is dependent on the illness. Children themselves cannot pay for the treatments, their parents should do this. If they do not have the financial resources, visits to the healthcare centre will not occur and the children will lack needed treatments. Therefore, research should emphasize the causes of the lack of utilization but should done to examine how to modify the healthcare services in order to improve the utilization, for example to provide either free services or a security system.

9. CONCLUSION

This study aimed to explore the characteristics of receiving and providing childcare within households and on community level in the rural villages Mere-Mieti and Ilkin. The fieldwork conducted in these Ethiopian villages gave an insight in not only the management of childcare, but also an overall understanding of the daily lives, culture, traditions and habits of the people.

The explorative research conducted, focused in the first place on the types of childcare provided which include formal and informal care facilities. Formal care refers to institutions where a form of childcare is provided, which could be on the demand of payment. Informal care refers to care provided within the family or community regardless of payment. Despite the establishment of schools and a healthcare centre, the presence of formal childcare is little. As also the utilization of formal care facilities is poor, the study particularly focused on informal childcare.

To provide an insight in the informal childcare, particularly occurring within the household, an illustration of the activities performed is provided. As such activities considered as childcare can be distinguished into direct and indirect care involving respectively physical and socialization, and household and financial activities. However, the role of the child cannot be underestimated. As such, children do not only receive care in order to grow and develop, they also provide care to younger siblings when reaching a certain age and degree of independency. Besides, the role fulfilled by the child is determined by gender and the composition of the family. The earlier in rank, the more responsibility the child takes for taking care of younger siblings. Especially girls carry a heavier workload when it comes to childcare. Additional care providers include parents and community members such as neighbours. Mothers and fathers are considered to, respectively, be the primary and secondary childcare givers. Neighbours fulfil a role in advising about health issues to prevent families and children from diseases.

Concluding, it is found that predominantly, childcare is provided by family members. The characteristics of childcare include the division of gender roles in the way family members contribute to childcare. Women, in general, provide physical care and through participation in household activities. Men are responsible for generating income and have more power concerning socialization. Another characteristic is the main role of the children contributing to childcare and the age when they start helping. Again, gender roles are visible as daughters mainly start at age 7 with household activities whereas sons start at age 15. As such, according to their aging, children shift in roles of care receivers to care providers. With these outcomes the first hypothesis can be confirmed; childcare activities are fulfilled within familiar sphere, although the grandparents' involvement is limited. The second hypothesis stating the most important activities include activities on nutrition, attention and health can be partly rejected.

Regardless of nutrition being the most important care activity, attention and health are less emphasized in childcare taking by the providers. The last hypothesis regarding the use of formal childcare facilities can be assumed, for the reason that formal childcare facilities barely exist apart from the schools and the healthcare centre. Utilization of the healthcare centre is limited and education is provided for half a day.

Figure 14. Shy Daughter of a Respondent

10. RECOMMENDATIONS

Children capture an important position within families. However, how children are conceived in the family differs worldwide. Discrepancies can be found in the understanding of the term 'child' between the literature and the situation in the rural villages Mere-Mieti and Ilkin. Literature concentrates on a child as a person, generally until the age of 18, who should enjoy a carefree youth in which the parents are responsible to ensure childcare in any way (Kehily 2004). As stated in the report, children are of high value according to their parents. The main importance of having children concerns their contribution to household and agricultural activities, as well as the social and financial security they ensure when parents become older.
In general, parents aim to provide a successful future for their children with the resources they have. This is also the case in Mere-Mieti and Ilkin. Parents express their hopes for the future concerning job opportunities and education level of the children. However, to achieve successfulness in a career and a high education level, the role of the child within the household needs to be reconsidered. Currently, children partly relieve the burden parents bear in the activities needed to be fulfilled, to sustain the family. In this sense, a lack of resources limit the children's opportunities for a better future. Therefore, a shift is needed in the perception of the role of the child in the household. It is recommended to intensify the creation of awareness about the importance of education for children and to further study how livelihood assets can be increased, to reduce the parents' dependency on their children.

In addition, improvements can be achieved on healthcare of children. Especially in the facilitation of healthcare. It has been found that healthcare for children is predominantly focused on childcare under the age of 5. Children under the age of 5 receive free treatments such as check-ups, vaccinations, nutritious supplements and medicines when facing health problems. As stated in the report, it is unclear which services are provided for free for children older than 5. Although children under the age of 5 are more susceptible for critical situations when facing illnesses, children above the age of 5 deserve sufficient healthcare provision as well. The recommendation is to intensify the use of Health Extension Workers by the government to reach not only the mothers who just gave birth, but also parents of which the children are older and increase their awareness in preventing health issues. Furthermore, clarity should be offered to villagers about the provision of free healthcare services, as well as there should be more awareness about consequences of not visiting the healthcare centre when facing complaints. Furthermore, possibilities have to be considered to provide additionally free healthcare services until the age of 18. Therefore, the possible health insurance system should be further examined.

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APPENDIX

In the appendix, the different interview and survey guides are presented. Several guides are included because of the changes made during the research. This in order to adapt the questions for getting a better understanding of the content studied. The survey guides are presented and the several interview guides for questioning parents and children are presented.

Survey Guide

Introduction
To introduce myself: my name is Josine and I am a master student from the University of Utrecht, The Netherlands. This survey is part of my research to child care in Mere-Mitie and Ilkin, Ethiopia. This research aims to discover which child care taking activities exist and who fulfils the child caretaking activities in the rural area of Mere-Mitie and Ilkin. This research focuses on the local context concerning child care. Not particularly on the medical and health care side, but more on the dispersion of child caretaking responsibilities. The questionnaire is designed related to these topics. The survey will be fully anonymized because the name does not add any value to the outcomes of this research. Also, the information provided by will only be used by purpose of this research and will not be shared with outsiders. The duration of the survey will approximately be 5-10 min.

Part I: General information

1. Name: _____
2. Kebelle/village: _____
3. Woreda: _____
4. Gender: O Male O Female
5. What is your age in years?
   _____
6. What is your highest obtained education level?
   - Illiterate – no education
   - Primary school (1-4)
   - Primary school (4-8)
   - High school (9-10)
   - Pre-University (11-12)
   - University Bachelors
   - University Masters
   - Other: _____
7. What is your occupation for generating income?
   - Agriculture
   - Garment industry
   - Teacher
   - Health Care Worker
   - No occupation for income, work in household
   - Other: _____
8. How many hours a day do you work?
   - 0
   - 1 - 3
   - 4 - 6
   - 7 - 9
   - 10 – 12
   - Other: _____

Part II: Fulfilment of child caretaking

9. What is your role within the household?
    - Mother
    - Father
    - Grandparent
    - Sibling
    - Other

10. What is your household size?

    _____

11. Who is the household head?
    - Husband (independent)
    - Wife (independent)
    - Father of husband
    - Mother of husband
    - Father of wife
    - Mother of wife
    - Other: _____

12. What is your marital status?
    - Married
    - Divorced
    - Widowed
    - Unmarried

13. Do you have children? If yes, how many?
    - Yes: _____
    - No

14. Who takes the primary child caretaking responsibilities within your family?
    - Mother
    - Father
    - Grandparents (mother)
    - Grandparents (father)
    - Siblings of the child
    - Aunt
    - Uncles
    - Nanny
    - Neighbours
    - Community members other than described above
    - Other relative(s), namely: _____
    - Other helper(s), namely: _____

15. Who takes the secondary child caretaking responsibilities within your family?
    - Mother
    - Father
    - Grandparents (mother)
    - Grandparents (father)
    - Siblings of the child
    - Aunt
    - Uncles
    - Nanny
    - Neighbours
    - Community members other than described above
    - Other relative(s), namely: _____
    - Other helper(s), namely: _____

16. Which of the following are also involved in the child care taking within your family?
    - Community members
    - Church members
    - Community Health Care workers, Health Extension Workers
    - Other: _____
    - None

Part III: Child care tasks

17. Which tasks do you as a child care 'giver' fulfil? (more answers possible)
    - Feeding
    - Cooking
    - Playing, activities, giving attention
    - Bathing
    - Changing diapers, underwear
    - Educating and raising (social matters)
    - Ensure safety
    - Helping with homework
    - Other: _____

18. Which tasks do other child care 'givers' fulfil concerning your children? (more answers possible)
    - Feeding
    - Cooking
    - Playing, activities, giving attention
    - Bathing
    - Changing diapers, underwear
    - Educating and raising
    - Ensure safety
    - Helping with homework
    - Other: _____

19. Where are the children left if you as a 'caregiver' are not able to take care for them?
    - Unattended
    - School or other institution
    - Neighbours
    - Grandparents
    - At home attended by other children or husband is at home
    - Carry children with me (on back)

20. Do the children go to school?
    - Yes, full day
    - Yes, part of the day
    - No

In-Depth Interview Guide

No. of interview + name:
Gender:
Age:
Kebelle/Village:
Household size:
Role within household:
Number of Children in HH:
Religion/Faith:
Occupation:

Opening Questions:

1. Can you tell me something about the people you live with/household size?
   Probe: children, siblings, parents, other relatives
2. How many children do you have?
3. Can you tell me something about the community you live in?
   Probe: how many people, kinship, intensity of the relationships, communal feeling, sharing commodities
4. What do you do during a normal day / What are your daily activities?
   Probe: Activities, how late leaving the house, how far from the house, occupation, meeting people
5. Can you tell me something about your occupation / Do you go to school?
   Probe: hours a week, what kind of job, distance
6. What do your children do during the day?
   Probe: playing, helping in household, helping with work/farming, school
7. Can you tell me something about health care in Ethiopia?
   probe: system, provision, number of visits, reason of visit, costs

Questions about child caretaking within the community/family

8. Can you describe who takes care of children?
   Probe: siblings, parents, grandparents, community members, nannies, neighbours
9. What care do you provide for your children and to what age?
   Probe: nutrition, attention, hygiene, schooling, playing, social raising
10. What care tasks do other people provide to help you with the child caretaking?
    Probe: nutrition, attention, hygiene, schooling, playing
11. To what extend is age related to the care children receive?
    Probe: age and tasks, schooling, caregiving by children
12. What do you do with the children if you have to work or if you have other daily activities to do?
    Probe: leave at home, taking with them, ask other caretakers to help

Questions about child care in general and child care provisions

13. When does a child becomes adult?
    Probe: age, activities, attention, traditional circumstances, marriage
14. Can you tell me something about child health care provisions in this area?
    Probe: distance, accessibility, needs, diseases
15. Can you tell me something about the activities of children during the day?
    Probe: school, working, playing
16. In which situation do you go to the hospital with your child?
    Probe: diseases, birth, broken bones
17. What happens to the other family member if you are away with your child (to the hospital for example?)
    Probe: coming, staying, other caregivers, institutions
18. How do you go to the hospital or other child (health) care provisions and how long does it take you?
    Probe: distance, means of transport, time
19. Can you tell me which of the children go to school and how often?
    Probe: distance, school days, importance

Closing question

20. What is your future ideal imagination concerning the growth and adulthood of your children?
    probe: what do you hope for? Study, job, children, marriage
21. Do you have any recommendations to improve the care of children within this village?
    probe: what is needed, healthcare, schooling, funding government

In-Depth Interview Guide Parents

No. of Interview + name:
Gender:
Age:
Kebelle/Village:
Household size:
Role within household:
Number of Children in HH:
Religion/Faith:
Occupation:

1. Can you tell me something about the people you live with/household size?
   Probe: children, siblings, parents, other relatives

2. How many children do you have and what are their ages + gender?

3. Do the children go to school?
   Probe: hours a day, morning or afternoon, how far from home

4. What do you do during a normal day / What are your daily activities?
   Probe: Activities, in and out of household, neighbours, church activities, what do you like the most to do?

5. What are the daily activities of your partner?

6. Can you describe who takes care of children within the household?
   Probe: siblings, parents, grandparents, community members, nannies, neighbours

7. What kind of care do you provide for your children?
   probe: nutrition, attention, hygiene, schooling, playing, social raising, household, financial, with diseases

8. How many hours do you spend on taking care of your children?

9. Until what age do you provide certain care for them? / Can you explain how the age is related to the care they receive?

10. Can you tell me something about the division of the activities of all the children? What do they do during a normal day?

11. At what age do the children start helping you with household activities and agricultural activities?
    Probe: with what do they start helping?

12. Can you tell me something about the care the children provide for their siblings?
    Probe: what is their role in the household, which tasks, how many hours, from what age do they start?

13. How much time do they spend on helping with household/agricultural/childcare activities?

14. Can you explain if there are differences for males or females in helping with household and childcare activities?

15. Do the number of activities increase/change when they become older? Can you explain?

16. When do the children start taking care of themselves? Can you explain at what age and which tasks?
    Probe: what do they do if they are 3 years old and how does this change?

17. Can you explain why it is important for the children to help in the household activities?

18. At what age do they become an adult / independent enough to go out of the house?
    Probe: age, activities, attention, traditional circumstances, marriage

19. How do you see their future?
    Probe: studying, marriage, good job

In-Depth Interview Guide Children

No. of Interview + name:
Gender:
Age:
Kebelle/Village:
Household size:

Role within household:
Number of Children in HH:
Religion/Faith:
Occupation:

1. Can you tell me something about the people you live with/household size?
   Probe: children, siblings, parents, other relatives

2. How many siblings do you have and what are their ages + gender?

3. Do you go to school and at what times do you go to school?
   Probe: hours a day, morning or afternoon, how far from home

4. What do you do during a normal day / What are your daily activities?
   Probe: Activities, in and out of household, neighbours, church activities, what do you like the most to do?

5. Do you also help your parents with household tasks or agricultural activities?
   Probe: helping with mother, helping with father, time schedule

6. Can you tell me something about the age you started with helping and the activities? Did this change or expanded when you became older?

7. Can you tell me something about the activities of the other children / your siblings during the day?

8. Can you describe who takes care of children within the household?
   Probe: siblings, parents, grandparents, community members, nannies, neighbours

9. What care do you provide for your siblings?
   Probe: nutrition, attention, hygiene, schooling, playing, social raising

10. How many hours do you spend on taking care of your siblings?

11. Do you know if there are differences for males or females in helping with household and childcare activities?

12. How are these tasks related to their age?
    probe: independence of younger ones and how this change after they become older

13. To what extend is your age related to the care you received?
    Probe: change and independency of yourself over time

14. At what age do you become an adult / independent enough to go out of the house?
    Probe: age, activities, attention, traditional circumstances, marriage

15. How do you see your future?
    Probe: studying, marriage, good job