MODULE

Harmful Traditional Practices

For the Ethiopian Health Center Team

Ethiopia Public Health
Training Initiative

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Preface

The module is prepared for the health center teams of Ethiopia to be used as a quick reference on HTPs. Though HTPs are very prevalent in the country, they are not incorporated in school curricula nor has enough research materials been developed in this area. Therefore, this module helps the learner to understand the most common HTPs prevailing in the country, how and why they are done. Emphasis is also given to the impacts of these practices on communities and the victim him/herself. These facts will provide base line knowledge to design appropriate management approaches. This means that you are expected to understand these deep-rooted problems and to be involved in the treatment of victim cases as well as preventing them happening to the new coming generation through the implementation of appropriate measures.

Harmful traditional practices that affect certain specific population groups such as omen and children are very rampant in Ethiopia. It is said that there are around 140 HTPs affecting mothers and children occurring in almost all ethnic groups of the country.

Even though the prevalence and the degree may vary these practices, which have numerous long-term devastating effects, are also performed on all continents of the world. They also date back to before the birth of Christ. However, unlike in developing countries like Ethiopia where traditional practices are performed in more than 80% of the population, some countries in the Middle East as well as immigrants to Europe and USA have abandoned these practices. This was the result of the work contributed by religious leaders, government bodies and the victim people themselves.

The problem in Ethiopia is not only that these traditions continue to be practiced, but the people who participate in all the practices do not know about the harmful effects of the acts. Because of this most Harmful

Traditional Practices are very resistant to change. Therefore appropriate strategies must be designed and implemented by all community members to prevent the occurrence of these practices.

To read this module, it is necessary (especially for the sub topics like female genital mutilation) to be reminded of the basic anatomic structures of the body related to the subject. The module also includes units for each specific group of the health center team of Ethiopia (satellite module for public health nurses, medical laboratory technologist, and environmental health technician and for the health officer).

In addition later on in the module the specific tasks you are expected to understand and perform will be summarized based on your category in the health center team. However, all the team members are asked to thoroughly read the core-module before dealing with the specific units.

Points to be stressed are highlighted with bullets, tables and brief illustrations. Pre- and post-tests are also included for you to take.

We hope you will gain from this reading and express your concerns about these problems.

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Abbreviations

HTPs	- Harmful Traditional Practices
FGM	- Female Genital Mutilation
NCTPE	- National Committee on Traditional Practices of Ethiopia
WHO	- World Health Organization
MOH	- Ministry of Health.
TBA	- Traditional Birth Attendant
NGO	- Non-Governmental Organizations
SNNPR	- Southern Nation's Nationalities and Peoples Region
EC	- European Commission
ENI	- Ethiopian Nutrition Institute
EHTs	- Environmental Health Technicians
TBAs	-Traditional Birth Attendants
V/S	- Vital signs

CORE MODULE

Introduction

Tradition represents the sum total of all behaviors that are learned, shared by a group of people and transmitted from generation to generation. It includes language, religion, types of food eaten, and methods of their preparation, childrearing practices and all other values that hold people together and give them a sense of identity and distinguish them from other groups.

To evaluate a traditional practice as harmful/beneficial we might use the objective instruments based on the knowledge gained from social and natural sciences. Today we have ample knowledge about the physical nature of man, his physical anatomy and social life. It is therefore possible to objectively assess whether a specific traditional practice is harmful to the physical nature of a human being, his psychology and social needs and development, and therefore incompatible with scientific theory and practice.

Ethiopia is a country of famous and long-standing history. It is also a country with many useful and promotional traditions. These major beneficial traditional practices include breast feeding which is common especially in the rural areas of the country, postnatal care, social gathering such as “Edir” “Ekub” etc., caring for the aged, the disabled and others within the family circle.

On the other hand Ethiopia is a country where harmful traditional practices continue to devastate, especially the health and social condition of mothers and children. These harmful traditional practices include:

**HTPs that affect mothers*

- *Female genital mutilation*
- *Early marriage*
- *Massaging the abdomen of pregnant woman with butter during difficult labor*
- *Marriage by abduction*
- *Shaking women violently to cause placental delivery*
- *Throat piercing using hot iron rods to remove the placenta*
- *Giving “*Kosso” *to pregnant women*

- *Encouraging excessive fertility*
- *Plucking finger nails of women prior to weddings*
- *Application of cow dung etc. to the umbilical cord*

- *HTPs that affect children*
  - *FGM*
  - *Milk teeth extraction*
  - *Food taboos*
  - *Uvula cutting*
  - *Forbidding food and fluids during diarrhea*
  - *Keeping babies out of the sun*
  - *Feeding fresh butter to new born babies*
- *HTPs that affect all members of the community*
  - *Eyelid incision*
  - *Rectal ulceration*
  - *Son preference*
  - *Cupping*
  - *Tribal marks*
  - *Cauterization*
  - *Blood letting*
  - *Tattooing*
  - *Emasculation*

In this module we will limit our discussion to the most prevalent and severe HTPs in Ethiopia.

Pre and post-test questions for all members of the health center team of Ethiopia

Answer both the short answer and the multiple choice questions individually or in groups of 3-5 persons. Put your answers on a separate blank sheet. You will find key answer key on the end page of the module.

I. Short answer questions

1) What are the most common Harmful Traditional Practices in our country?
2) List some of the major impacts of HTPs on the victims.
3) Describe some of the major HTPs in your area of the country where work and the reasons given for practicing them.
4) Which population groups are usually most affected by many of the Harmful Traditional Practices in your working area?
5) What do you think can be done to prevent the occurrence of Harmful Traditional Practices?

II. Multiple choice questions

For the multiple choice questions, circle the best response

1) The most serious immediate complication of Uvulectomy is:

A. Teeth breakage
B. Hemorrhage
C. HIV/AIDS
D. None of the above.

2) Which of the following measures can be taken to eradicate Harmful Traditional Practices?

A. Involvement of religious and opinion leaders in educating the community
B. Empowerment of the most affected population groups, particularly women, in decision making

C. Use of media like radio messages for propagation of the harmful effects of the practices

D. All of the above.

3) Long term complication of FGM includes:

A. Painful sexual intercourse

B. Psychological trauma

C. Obstructed labor

D. All of the above

4) Reasons that are usually given to practice FGM include:

A. To promote the cleanliness of the female genitalia

B. To make a woman sexually active before marriage

C. For treatment of repeated urinary tract infection

D. All of the above.

5) In which of the following regions are milk and permanent teeth extraction commonly seen?

A. Amhara

A. Gambella

B. Somali

C. Tigray

6) Which traditional practice is not harmful to the community?

A. Early marriage

B. Female genital mutilation

C. Prohibition of some food items during pregnancy or child hood

D. None of the above.

7) The cut off point for the definition of early marriage according to the current Ethiopian legislation is:

A) 15 for females and 18 for males

B) 15 for females and 19 for males

C) 15 for females and 20 for males

D) 18 for both sexes

E) 20 for both sexes

8) Reason usually given to deprive pregnant mothers of white foods includes all except:

A) It makes the child bald

B) It makes amniotic fluid offensive

C) It will be plastered on the body of the child

D) It will make labor difficult.

Pre and post-test questions for Public Health Officers

Give short answer for the following questions on a separate sheet of paper. Key answers are found at the end of the module.

1. According to the WHO classification, list the four types of FGM.
2. Write at least five complications of female genital mutilation.
3. Write five reasons for and the complications associated with early marriage.
4. Write the general management principle for a girl raped by her abductor.
5. List major strategies for preventing harmful traditional practices in Ethiopia.

Pre and post-test questions for Public Health Nurses

Give short answers on a separate sheet of paper. Key answers are found at the end of the module.

1. Write at least four complications of marriage by abduction.
2. Write at least four complications associated with FGM.
3. Write the possible nursing diagnosis for uvulectomy patients.
4. List the nursing interventions for major harmful traditional practices.

Pre and post-test questions for Medical Laboratory Technicians

Choose the best single answer on the following multiple-choice questions and write the answer on a separate sheet of paper. Answers are found at the end of the module.

1. A spore forming bacteria transmitted by a contaminated blade or when dung is applied to the cord stump is:

    A. Chlamydia
    B. Clostridium
    C. Streptococcus
    D. Staphylococcus
    E. None of the above.

2. The specimen of choice for the detection of Gonococcal infection in women is:

    A. Vaginal discharge
    B. Urine sediment
    C. Cervical swab
    D. Cerebrospinal fluid
    E. None of the above.

3. Which one of the following disease conditions is the consequence of harmful traditional practices?

    A. Anemia
    B. Sexual transmitted disease
    C. Wound infections
    D. Urinary tract infection
    E. All of the above.

Pre and post-test questions for the Environmental Health Technicians

Short answer questions:

1. List the roles of the EHTs in the campaign against HTPs.
2. List some of the effects of HTPs.
3. How do HTPs conflict with health promotion?
4. Why is it important to involve the practitioners of HTPs in the intervention program?

Multiple Choice Questions (key answers are found at the end of the module):

1. Which group should be involved in the fight against HTPs?
   - A. Religious leaders
   - B. Political organizations
   - C. Practitioners of HTPs
   - D. Health professionals
   - E. All of the above.
2. Which of the following health risks is/are associated with HTPs?
   - A. HIV/AIDS
   - B. Infections
   - C. Death
   - D. All of the above.

Case study 1

The following is a fictitious case and does not refer to any person known or to any individual.

Abaynesh – A lifetime victim of HTPs.

Abaynesh was born and brought up in remote village called Chico in Sidamo, which is 20 Kilometers south of Yirgalem. She was a very pretty child. At the age of 5 years, her parents promised to let her marry Alehegn who was then 18 years old. Following the request of Alehegn's family a practitioner in the area circumcised her. The circumcision was done because Alehegn's first fiancé was uncircumcised and was found to have committed adultery. During the days following her circumcision Abaynesh became sick; she developed fever, diarrhea and vomiting. She also used to cry now and then, especially upon micturition. Her parents thought it was because of the recent milk tooth that had been pulled out by the woman who performed the mutilation. However Abaynesh become sicker and was taken to a traditional healer.

The healer cauterized Abaynesh with a hot iron on the abdomen and anus.Soon after she got well and the marriage with Alehegn was celebrated. It was decided that she should begin living with her in-laws until she was 12 years old. When Abaynesh became mature enough she started to live with her husband and got pregnant at the age of 13.

Completing her 9-month pregnancy was the most difficult experience for Abaynesh. She was still a child and needed parental care and attention but at that early age she was given the responsibility of motherhood. At the end of her pregnancy Abaynesh was in prolonged labor for 5 days. On the 6^{th} day she was very weak and she was taken to Yirgalem Hospital where she was operated upon and had a stillbirth. In addition her uterus was ruptured and surgically removed. As a result of the complications of prolonged labor she also had a ruptured bladder and could no longer control her urine. The attending physician referred her to Addis Ababa Fistula Hospital for better management of this condition. At the end of her treatment and recovery the doctor at the hospital told Abaynesh that she would never be pregnant again because of the problems that occurred as a result of the difficult labor. When she completed her treatment at the Hospital she was sent back to her village.

Knowing that Abaynesh could no longer have children her husband divorced her and sent her back to her parents.

She stayed with her parents until she was 20 years old. At 20 years of age she went to Dilla to look for a job so that she could become economically independent. She got a job as a housemaid and worked for 3 years. When she started to know the town and the people in Dilla she decided to work in a hotel as a waitress. Since she was very physically attractive her friends wrongly advised her to be a prostitute.

Unfortunately Abaynesh contracted the deadly disease HIV/AIDS and could no longer work in the hotel since she was very weak and sick. Finally she decided to go back to stay with her parents in the village .She was nursed by her family and died two years after she left Dilla.

Source:

Modified from NCTPE/EC project fund brochure on early marriageDec.1999, A.A., Ethiopia

Learning activity:

- List the different HTPs that Abaynesh experienced.
- Identify some of the complications that can be attributed to the major HTPs you have listed above.
- What do you think is your role in preventing the future occurrence of HTPs in general?

Case Study 2

An African writer called Dahabo Ali Muse wrote the following poem to express the psychological pain caused by FGM:

Feminine pain

And if I may speak of my wedding night:
I had expected caresses, sweet kiss, hugging and love.
No, never!

Awaiting me was pain, suffering and sadness.
I lay in my wedding bed, groaning like a wounded
Animal, a victim of feminine pain.
At dawn, ridicule awaited me.
My mother announced: Yes she is a virgin.

When fear gets hold of me,
When anger seizes my body,
When hate becomes my companion,
Then I get feminine advice, because it is only feminine pain,
And I am told feminine pain perishes like all feminine things.
The journey continues, or the struggle continue,
As modern historians say.
As the good tie of marriage matures.
As I submit and sorrow subsides.
My belly becomes like a balloon
A glimpse of happiness shows,

A hope, a new baby, a new life!

But a new life endangers my life,
A baby's birth is death and destruction on me!

It is what my grandmother called the three feminine sorrows.
She said the day of circumcision, the wedding night

And the births of a baby are the triple feminine sorrows.

As the birth bursts, I cry for help, when the battered flesh tears.
No mercy, push! They say.
It is only feminine pain!

And now I appeal:
I appeal for love lost, for dreams broken,
For the right to live as a whole human being.
I appeal to all peace loving people to protect, to support
And give a hand to innocent little girls, who do no harm,
Obedient to their parents and elders, all they know is only smiles.
Initiate them to the world of love,
Not to the world of feminine sorrow!
Source: NCTPE/EC project brochure on FGM, poem by Dahabo Ali Muse (Somalia) Dec 1999, A.A., Ethiopia

Learning activity

- Discuss the effects of FGM that occurred to the woman in the poem.

Objectives of the Core Module

General objective:

After completion of this core module the leaner is expected to have the knowledge, attitude and measures used for the management of HTPs that occur in Ethiopia.

Specific objectives:
At the end of the module you are expected to be able to

1. Explain female genital mutilation.
2. Explain early marriage.
3. Discuss marriage by abduction.

4. Discuss milk teeth extraction.
5. Explain the different food taboos.
6. Discuss Uvulectomy.
7. List other common HTPs.
8. Implement the different measures used for prevention of major HTPs.

Major Harmful Traditional Practices

As described in the introduction there are as many as 140 harmful traditional practices which exist in Ethiopia. This module addresses the following:

1. Female Genital Mutilation (FGM)

1.1. Description

FGM is a traditional operation that involves cutting away parts of the female external genitalia or other injuries to the female genitalia for cultural reasons.

1.2. Epidemiology

The historical roots of the practice are not well-known but they appear to date back 2,000 years to ancient Egypt during the time of the Pharaohs. A global review of FGM shows that the custom of FGM is known to be practiced in one form or another in more than 28 countries in Africa including Ethiopia. According to a survey carried out in 1987 by NCTPE, more than 80% of women in the country (100% in certain communities) are circumcised. It also says 60% of Ethiopian woman support the practice. In places where FGM takes place it is performed during infancy, childhood or adolescence.

Table 1: occurrences of FGM (source: NCTPE brochure, HTPs as a risk of HIV Oct. 2001).

Region	Occurrence (%)
Tigray	73
Afar	96
Amhara	92
Oromiya	99
Somali	100
Benishangul	63
SNNPR	54
Gambella	2
Addis Ababa	69
Harrari	90

1.3 Types of FGM

FGM is a collective term for the different practices that involve cutting of the female genitalia. According to WHO (1995) FGM is classified in the following four categories:

1. TYPE I (clitoridectomy): This is partial/total excision of the hood of the clitoris.

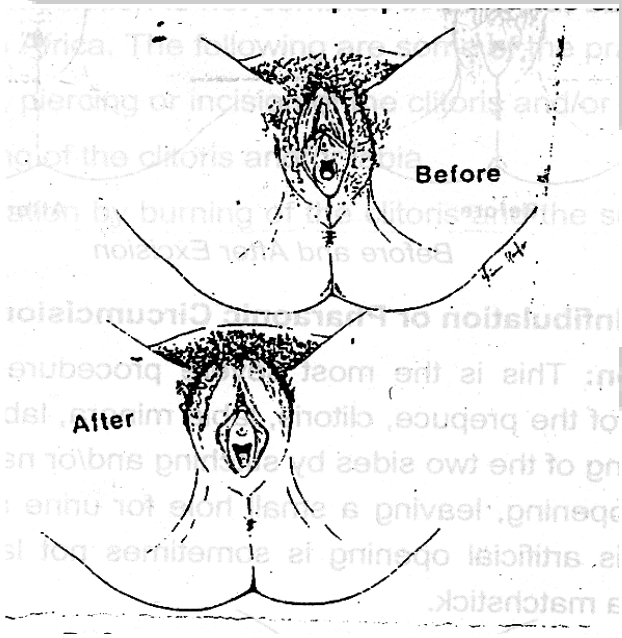


Figure 1: Type I FGM.

2. TYPE II: This is partial/or total excision of the labia minora (Vaginal inner lip), with excision of the clitoris. This is also called the Sunna type.

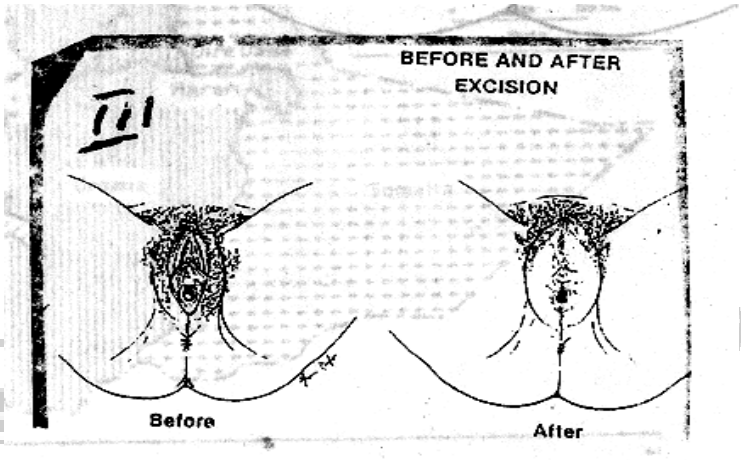


Figure 2: Type II FGM.

3. TYPE III: This is excision of the external genitalia (labia majora) partially or totally together with the above two procedures. Following the procedure the vaginal opening is closed/narrowed with stitches (Infibulations/Pharaonic incision) allowing a small opening for urine and menstrual blood to be excreted.

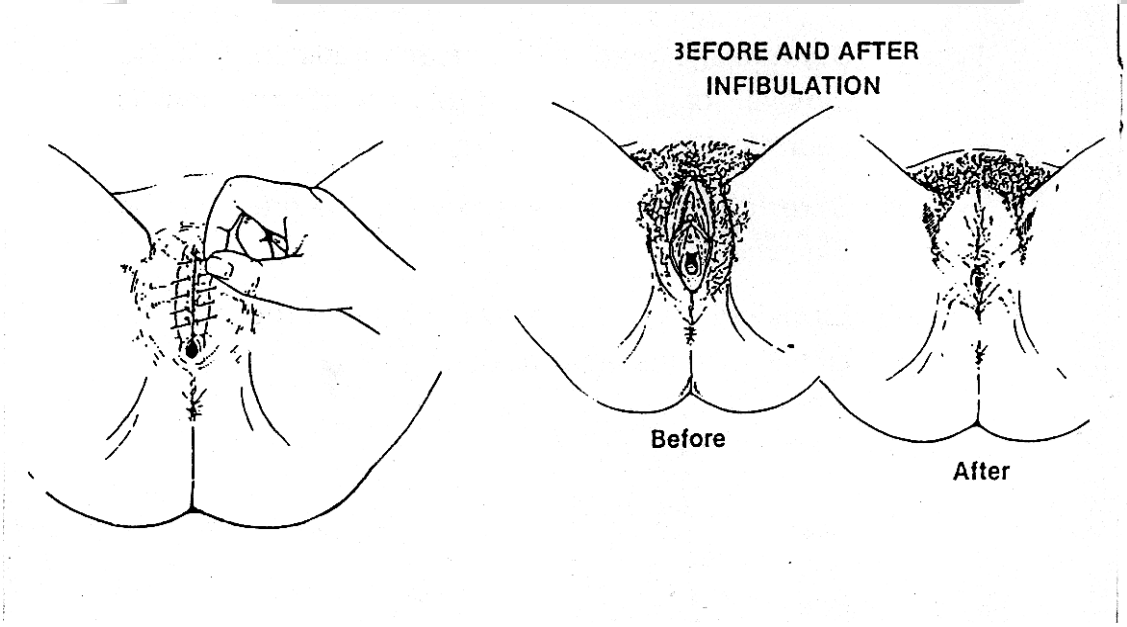


Figure 3: Type III FGM.

The word "infibulation" is derived from the Latin word "fibula," meaning a pin or clasp. The term has been given to a mulative procedure in which the vagina is partially closed by approximating the labia majora in the midline. Clitoridectomy may or may not be included, but the essential part of the operation consists of partial closure of the vulva and the vaginal orifice. The custom is deeply rooted in the country and has been performed since remotest time on all social classes in both the interior regions and in the few coastal towns.

TYPE IV: this is any other procedure done together with/other than the above three Pricking, piercing, or incision of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissues; scraping (anguria cuts) of the vagina orifice or cutting (gishiri cuts) of the vagina; introduction of corrosive substances in to the vagina to cause bleeding, or of herbs in to the vagina with the aim of tightening or narrowing the vagina; any other procedure that falls under the definition of female genital mutilation given above.

Such devastating procedures are usually performed by traditional practitioners, often by a layperson with no or only rudimentary training. These individuals are most commonly aged with poor visual acuity and well known in the community as experts in the procedure.

1.4 Reasons given for practicing FGM

Though the reasons for practicing FGM vary from society to society, the following are commonly mentioned as a reason for undergoing FGM:

- ♦ To maintain the moral behavior of women in the society

Almost all ethnic groups who perform FGM believe that sexual sensitivity and response are reduced if a female undergoes mutilation. Women who are not circumcised are believed to have a strong desire for sex and it is believed may indulge in extramarital sex to satisfy their needs.

- ♦To preserve virginity

In some areas virginity is highly valued. It is also a reflection of the status of a family and an integral part of a marriage transaction. Therefore FGM is performed to preserve the

virginity of a woman until she is married. Most commonly, infibulation is performed to make the woman totally handicapped for premarital sex.

♦For hygienic reasons

A woman is considered unclean if she is not circumcised. It is said that FGM decreases genital secretion and helps a woman to be neat. Moreover uncircumcised women are believed to produce worms and that their genitalia are foul smelling.

♦To 'calm' a girl and make her decent

A girl who is not circumcised is believed to be unreserved (Aynawta), breaks utensils, be wasteful and becomes absent minded. Many believe circumcision is done to control the woman's reaction/emotions, to help her to be decent and reserved.

♦Esthetic reasons

The genitalia of uncircumcised women are believed to be unattractive and uninviting to a man for sexual intercourse. Therefore FGM is performed so that the genitalia look beautiful for the man who owns the girl.

♦Religious requirement

Among certain religious groups prayers made by uncircumcised women are believed to be unacceptable. For some ethnic groups, to be uncircumcised is considered to be an insult to God. Some even believe that the Holy Book says "that which protrudes from the body is excessive and should be trimmed".

♦To avoid difficulty at delivery

Some people believe that FGM helps to shorten the duration of labor and the passage of the newborn child through the birth canal, despite evidence to the contrary.

♦To increase matrimonial and marriage opportunities

In most ethnic groups marriages are pre-arranged by families. Therefore a woman has to be circumcised pre-martially to find a husband. A circumcised woman is said to have a tight perineum that increases the pleasure of a man during intercourse. In some instances, even in a circumcised woman, if a man is not satisfied with the tightness of the vaginal

opening, the woman is made to go back to her parents, saying she is not well and adequately circumcised.

♦ Myth

There is a myth that says mutilated girls are fertile. Infertility may occur If a woman is not mutilated. Some also believe that if FGM is not done the clitoris will grow and dangle between the legs.

1.5 Impact of FGM

FGM is now seen as a health, human rights, women's reproductive rights and developmental issue having the following consequences:

1.5.1 Physical consequences

Physical complications often arise as a result of infection due to use of unsterile tools and other materials. These complications are divided into immediate and delayed complications.

♦ Immediate complications are those which arise soon (in few seconds) or within a few days of the procedure:
  - Hemorrhage
  - Shock
  - Severe pain
  - Damage to the nearby urinary structures
  - Septicemia
  - Tetanus
  - Bone fracture following heavy pressure applied to the struggling girl
  - Death

♦ Late complications are those that occur later on in life:
  - Heavy scarring (keloid scar)
  - Dyspareunia (painful intercourse) or apareunia (not being able to have sexual intercourse)

_ Neuromas from cut ends of the nerves

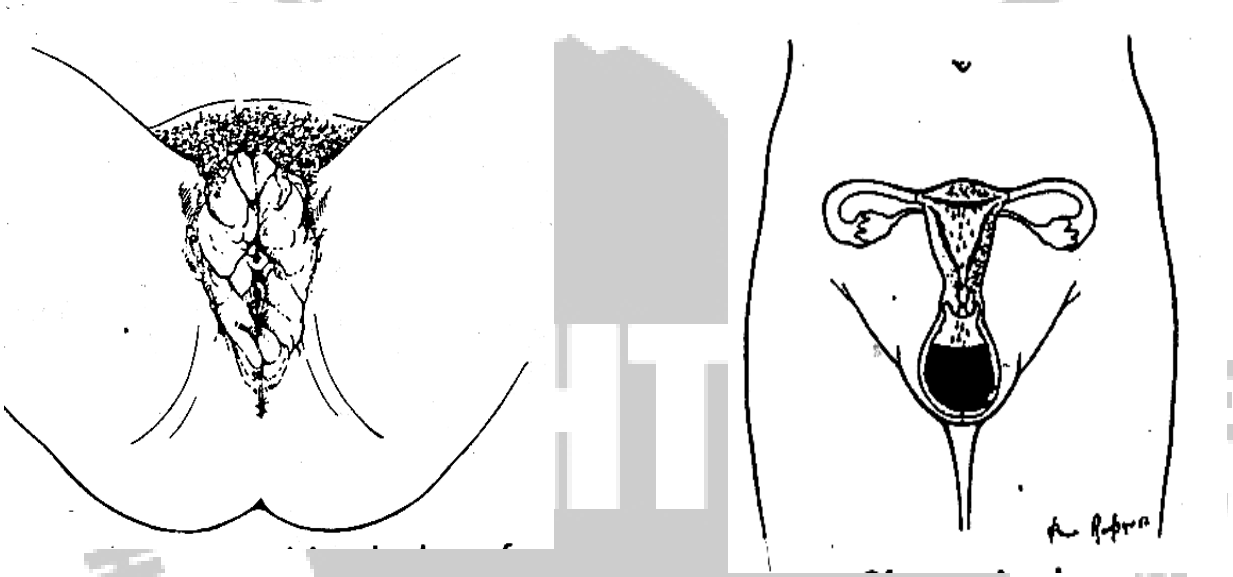
– Haemotocolpos (accumulation of menstrual blood caused by closure of the vaginal opening by scar tissue)

– Recurrent urinary tract infection

– HIV/AIDS

– Obstructed labor and other obstetric complications

– Urinary and rectal fistulae usually following delivery



1.5.2 Psychological consequences

It is obvious that most of the psychological impacts are as a result of the trauma and the physical complications. They are due to the deep-rooted memory of the act of FGM (especially if performed in older children) and the loss of control of their body. These psychological consequences include:

♦Lack of sexual desire and/or satisfaction: Absence of the most sexually sensitive part of her body usually makes a woman sexually unresponsive and fails to achieve satisfaction during sexual intercourse. Loss of sexual satisfaction may also be because of painful intercourse (Dysparunia).

♦Fear of sexual intercourse: Especially if the genital mutilation was done when the child is old enough to remember painful experiences, she unknowingly may avoid anybody, such as a physician or even her husband to have a look at or touch her genitalia. This is mainly because of the deep-seated memory of the pain and suffering she had during the act of mutilation.

♦Lack of self-confidence (low self esteem): These women may not be confident enough to participate in certain social gatherings if, for example, they have fistulas and complications arising from that. In addition they may feel they are not sexually competent and tend to avoid men.

1.5.3 Social impacts

Female genital mutilation has serious consequences for women's health both physical and mental. This in turn may affect their productivity. Ill health, lack of concentration and poor output, reduce their ability to participate effectively in decision making, in productive activities and in the care and nature of children who are the future generation and leaders of the society.

1.6 Measures against FGM:

- Educating the community about the risks and consequences of FGM through available channels of communication, also its role in the transmission of HIV.
- Involving religious and other influential leaders of the community, TBAs and circumcisers in educating the public about this issue.
- Strongly encouraging the government to be critically committed to making the laws more stringent and to develop enforcement strategies.
- Improving the availability, accessibility and quality of modern health services
- Including knowledge about harmful traditional practices in school curricula appropriate to the grade levels in elementary and secondary schools.
- Integrating active teaching learning strategies about harmful traditional health practices, especially with favor prevention , in all health sciences curricula.

Education programs that are sensitive to the cultural and religious importance of FGM seem to be the best hope of eradicating the practice. Education can, however, be a long process, as evidenced by the UN plan" to bring about a major decline in female genital mutilation in 10 years and completely eliminate this practice within three generations." There are some signs, however, that education programs are having an impact. In Ethiopia, the Ministry of Education has used radio broadcasts to warn about the dangers of FGM. The broadcasts are sponsored by the National Committee on Traditional Practices in Ethiopia, a committee that includes UN agencies. These actions, along with a government ban on FGM, have had "encouraging" results.

2. Uvulectomy

2.1 Description

Uvulectomy is a procedure involving the cutting of the uvula and sometimes the near-by structures such as the tonsils. The uvula is a small soft tissue that hangs down from the back of the mouth above the throat and between the two lymphoid tissues (tonsils). It helps to prevent choking during swallowing and is used in producing certain sounds necessary for language communication.

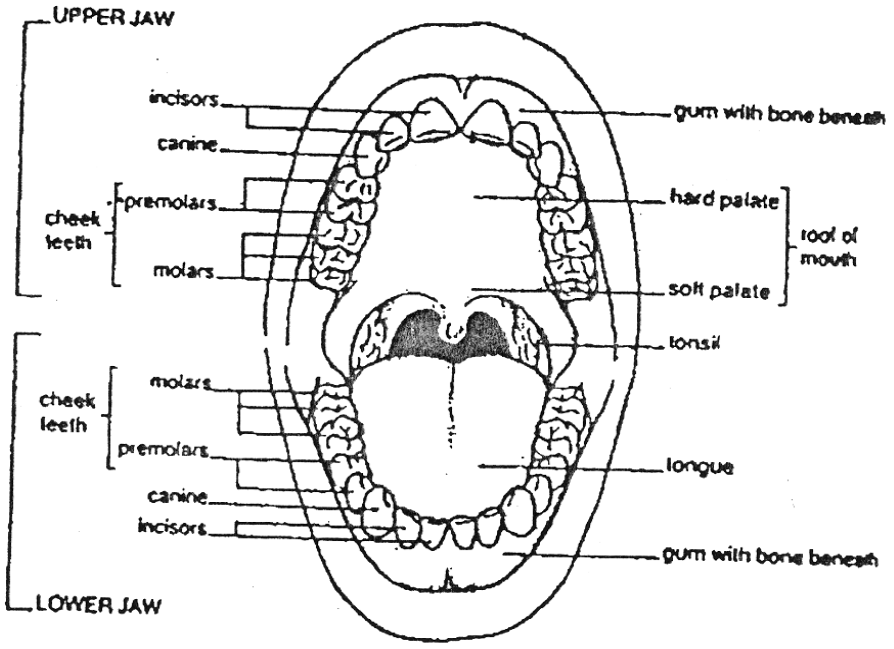


Figure 5: Anatomy of the oral cavity

Traditional instruments such as a sharp blade, horsetail hair or thread attached to a loop are used for the cutting of these important structures. Whichever instrument is used the process starts after an attendant or the mother firmly holds the child. Then the child's tongue is pulled out and a flat piece of wood is placed in the mouth to prevent injury. The practitioner inserts the thread or the horsetail hair through a hollow stick in the mouth to trap the uvula, which is then cut by pulling the strings or by the use of a sharp blade. Sometimes following this procedure the tonsils are made to bleed after being scratched by a sharp object.

2.2 Epidemiology

Uvulectomy is commonly practiced in the northern part of Ethiopia but rarely seen in Gambella region. According to the national survey of 1997G.C. about 84.3% of the general population practice uvulectomy despite some 48.6% of them being aware of the harmful effects of the act indicating the enormous need for education about the damaging results.

Table 2: Occurrences of Uvulectomy (source: NCTPE brochure, HTPs as a risk of HIV Oct.2001).

Region	Occurrence (%)
Tigray	98
Afar	99
Amhara	89
Oromiya	89
Somali	100
Benishangul	73
SNNPR	54
Gambella	39
Addis Ababa	72
Harrari	90

2.3 Reason given for this practice

The swelling of the uvula and the tonsils has been considered a serious health problem and some feel it to be a life threatening illness. Other reasons given for the practice among communities in the country include:

- Prevention of headaches
- Ensuring a clear voice
- Prevention of blindness and change of eye color
- Avoiding the swelling of the body and depression of the anterior fontanel.

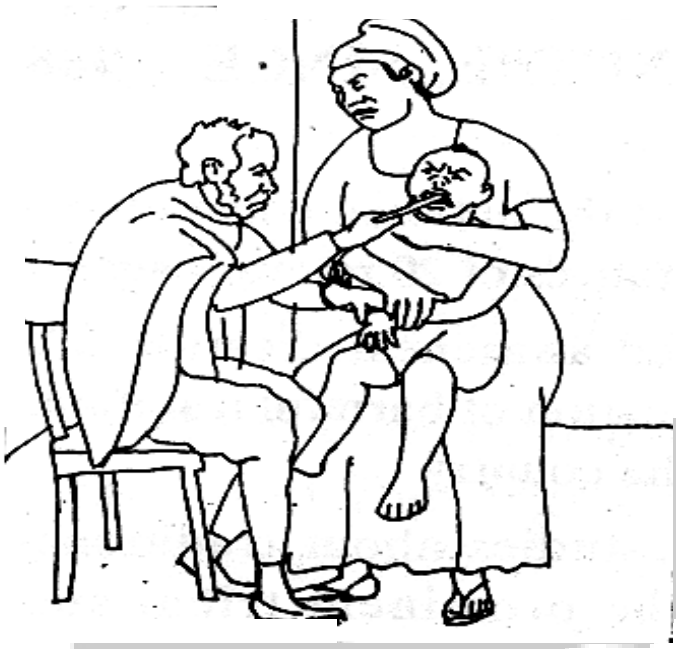


Figure 6: The process of Uvulectomy.

2.4 Impact of Uvulectomy

The procedure of Uvulectomy may easily introduce harmful micro-organisms which could lead to serious complications. These complications could be either local or disseminated (systemic).

The local complications are the most prevalent ones and include:

- Speech problems
- Injury to the tongue (e.g. through being pulled)
- Broken teeth as a result of a struggle

- Local infection
- possibility of no teeth or deformity of teeth
- Excessive bleeding
- Long term dental problems

And some of the systemic complications include:

- Sepsis
- Tetanus
- HIV/AIDS

2.5 Measures against Uvulectomy

- Educating people about the normal functions of uvula and tonsils
- Educating people about the complications of uvulectomy, with special emphasis on blood borne infections like HIV.
- Using active teaching learning strategies to prepare all health care providers in effective and appropriate preventive techniques.

3. Milk Teeth Extraction

3.1 Description:

Milk teeth extraction is the procedure of pulling out the early teeth of children. The growth of milk teeth begins when the child is 5-7 months old and starts from the bottom front and is later followed by the upper front teeth. Teething does not make the child ill but it is often painful and makes the child restless. The mother or other care giver usually rubs the gum to relieve pain, which can help the introduction of microorganism causing diarrhea and other infections in the child. With the introduction of diarrhea and other infections the mother will take her child to a traditional healer to remove the child's teeth.

3.2 Epidemiology

As mentioned in the introduction, milk teeth extraction is another serious HTPs occurring in almost all regions of Ethiopia. According to the National Baseline Survey on HTPs carried out in 1997, milk teeth extraction is practiced in more than 80.2% of the general

population. In Gambella region there is very high prevalence of this practice that is used as a marker for ethnic identity in the region. The practice here is not only the extraction of milk teeth but also extraction of permanent front lower teeth. This should increase our concern about this practice.

Table 3: Occurrences of milk teeth extraction (source: NCTPE brochure, HTPs as a risk of HIV Oct.2001).

Region	Occurrence (%)
Tigray	85
Afar	99
Amhara	93
Oromiya	89
Somali	99
Benishangul	72
SNNPR	94
Gambella	98
Addis Ababa	42
Harrari	66

Milk teeth extraction is carried out in early childhood, as early as the 21st day after birth and is typically done by creating an incision with a razor blade, knife or sharp iron. These materials are usually not hygienic. After the incision the “root” is then extracted using a pointed iron (“wosfe”) or pincers (“worento”) or the practitioner’s fingernails which are especially grown for this purpose. The wound is finally cauterized using heated mustard or garlic, or rubbed with salt to stop further bleeding.

3.3 Myths given for practicing milk teeth extraction

According to traditional beliefs diarrhea and fever at the time of milk tooth eruption may be due to a worm in the child’s gum. This problem is believed to be relieved by having the teeth extracted or the gum being drilled and the primary teeth or the new permanent teeth

extracted or carved out. The practice of milk tooth extraction is also listed as a treatment of poorly growing older children.

Summary of myths given for milk teeth extraction
• To avoid/as a treatment for diarrhea and vomiting • As a tribal marker • For a remedy to poor body growth of children

3.4 consequences of milk teeth extraction

Like Uvulectomy milk tooth extraction provides easy access for micro-organisms to cause local infections or sepsis. Other complications include:

- Possibility of no teeth growth
- Injury to the tongue
- Excessive bleeding
- Tetanus
- HIV/AIDS and other blood borne infections

3.5 Measures against the practice of Milk Teeth Extraction

Educating people about the complications of milk teeth extraction, especially emphasizing the danger of blood borne infections like HIV, helps prevention of the practice.

4. Early Marriage/Arranged Marriage

To be free from early and arranged marriage is a reproductive right.

4.1 Description

According to Ethiopian law early marriage occurs before the age of eighteen. There are three marriage arrangements for early marriage:

- **Promissory marriage:** Oral promises made by two families to give each other their children in marriage right after or even before the birth of their children.
- **Child marriage:** Marriage of children less than ten years of age. Girls then live with their in-laws (Madego) or live with their parents until the age of twelve with the frequent visits of their in-laws (Mililis).
- **Elderly marriage:** In some cultures very young girls are forced to marry an old man for matrimonial or other benefits.

Figure 7: Early (elderly) marriage.

4.2 Epidemiology

In most parts of Africa early marriage is considered a norm. In Ethiopia, 34.1 percent of girls have their marriage contracted before the age of 15 and 75% get married at the age of 17. They may stay with their husband's family until they are considered old enough to establish their own family. A survey conducted in Northern Ethiopia revealed the mean preferred age at first marriage to be 14.2 years for girls.

According to the baseline survey carried out in 1997 early marriage occurs in the regions of the country as follows:

Table 4: Occurrences of early marriage (source: NCTPE brochure, HTPs as a risk of HIV Oct.2001).

Region	Occurrence (%)
Amhara	82
Tigray	79
Benishangul	64
Somali	26
Harrari	29
Gambella	64
SNNPR	51
Oromiya	49
Addis Ababa	51
Afar	46

Early marriage is not only a practice of rural and remote areas but also occurs in significantly high numbers in urban centers like Addis Ababa. The problem is entrenched in the minds of the people and it is useful to ask why the practice of early marriage is so prevalent.

4.3 Reasons given for practicing early marriage

Parents are motivated to give their female children for early marriage for several reasons:

- To ensure virginity:
- This is a very common reason given for early marriage. A girl who is not a virgin at her first marriage is considered unfit for family life and is a disgrace to the family. The groom will severely beat the bride, take away the entire dowry given to her and chase her out. The marriage is immediately dissolved. Therefore girls are forced to get married early so that the above mentioned consequences will not happen.
- To increase fertility:

  If a girl marries early she will produce many children which is considered as an asset for the family.
- To conform to societal norms:

Early marriage avoids stigmatization by the community. If a girl does not marry early in her life people call her “Komakerech” which literally means she is no longer wanted for marriage.

- To get early access to material benefits:
  If a girl marries early especially with her virginity intact her family gets early access to material benefits.
- To secure the future:
  It is desirable for children to marry when the two parents are still young so that the children’s future is secured before the parents get old and die.

4.4 Consequences of early marriage

Early marriage has many consequences. The most common are
Health related consequences:

- Early pregnancy
- Unwanted pregnancy
- Early child bearing
- Risks to the babies born from them, e.g. low birth weight, prematurity, etc.
- Obstetric complications like prolonged labor, obstructed labor, fistulae, etc.
- Sexually transmitted diseases and infection from HIV/AIDS early in life
- Premature death mainly as a result of obstetric complications
- Physical trauma (genital)
- Vaginismus (being tense during sexual intercourse) which interferes with sexual pleasure

Social consequences:

Early marriage, adolescent pregnancy and child bearing completely disrupt the life of the victims. They are denied the opportunity for education. The lack of education restricts the girls’ capacity to make their own choices in life. Without proper education the girls’ chances of being gainfully employed are highly limited. An illiterate mother is very likely to raise illiterate children. In addition, the following adverse consequences may also follow early marriage:

- Little chance of re-marriage if the marriage does not last long
- Social stigmas which may follow obstetric complications, like fistula
- Too many births which may have an adverse effect not only on the family's economic status but also on the needs of the community as a result of overpopulation
- Maternal death has serious impact in disrupting the family hence migration, street kids or malnutrition can be the end result
- Urban migration and the possibility for being involved in risky behaviors such as commercial sex work.

4.5 Measures to prevent early marriage

- Educating and informing the public on the harmful effects on early marriage using different media channels including radio, TV, discussions, workshops, public debates, newspapers etc.
- Educating parents and the community on the importance of gender equality, education for girls, empowerment of women and the negative effects of early marriage. Here " idir" and "mahber" can be used.
- Strengthen the educational opportunities for girls to attend secondary, college and postgraduate levels of education.
- Youth education (both in-school and out-of-school youth) on the harmful effects of early marriage.
- Educating and informing community, religious and political leaders or decision makers on the effects of early marriage.
- Undertaking legislative measures to revise laws including the legal age of marriage for girls and boys and the legal measures to be taken if early marriage is practiced.
- Establishing pressure groups in communities, schools, etc that would educate the public and fight against early marriage.

5. Marriage by abduction

5.1 Description

Abduction is the illegal carrying away of a woman for marriage or rape. Marriage becomes a holy act if it occurs with the consent of both the bride and the bridegroom. The act becomes more meaningful if the families or relatives of the couples are aware of the process.

In Ethiopia and other African countries unlawful marriage (marriage by abduction) is a common practice. This occurs by kidnapping a girl without the knowledge of the girl or family. It is sometimes known to the girl that abduction will happen. This usually occurs if the girl is in love with the kidnapper and the kidnapper is not the one to be selected by her family. In this case marriage by abduction occurs and her family is informed. When the girl is willing and ready the process of abduction and its consequences are usually less complicated.

In most cases rape follows the forced marriage. Rape is a guarantee that the abductor will most likely succeed in keeping the girl after some negotiation through local elders or by paying some compensation to the girl's family. It is believed that once this has happened the girl is less likely to get another husband.

Figure 8: The process of abduction.

5.2 Epidemiology

Like the other harmful traditional practices discussed earlier marriage by abduction is prevalent in Ethiopia. According to the base line survey for more than 50% of young girls in the community marriage occurs by abduction. Its prevalence is also high in regions like Oromia and SNNPR.

Table 5: Occurrences of marriage by abduction (source: NCTPE brochure, HTPs as a risk of HIV Oct.2001).

Region	Occurrence (%)
Tigray	36
Afar	66
Amhara	33
Oromiya	80
Somali	33
Benishangul	69
SNNPR	92
Gambella	41
Addis Ababa	18
Harrari	43

5.3 Reasons given for practicing marriage by abduction

The following are the most common reasons given for the practice:

- Inability to pay (excessive) dowry
- Difference in ethnic status
- To avoid the excessive expenses of the conventional wedding ceremony
- Refusal or anticipated refusal by the girl or her parents
- If there are prior secret commitments or promises made by the couples or they have fallen in love.

5.4 Impact of marriage by abduction

Some of the harmful effects of marriage by abduction include:

- Rape, which is sexual violence occurring to the abducted woman without her consent
- The girl may be physically injured, occasionally to the extent of disability and/or she may be killed by her abductors
- Conflict between families or ethnic groups
- Tremendous expense for conflict resolution
- Unstable marriage
- Psychological stress of the woman which may lead to suicide
- Sexually transmitted infections such as HIV/AIDS and unwanted pregnancies.

5.6 Measures to prevent marriage by abduction

- Education of the public about the harmful effects of abduction through media, etc.
- Involving the influential leaders, NGOs and other institutions in educating and mobilizing the community
- Empowering women to play an active role in education, health, management and planning
- Taking legal action at all levels against those who practice abduction

6. Food taboos

6.1 Description

Food taboos are a common practice of prohibiting certain food items for pregnant and/or lactating women or girls in general. Children, especially girls, are most vulnerable to this practice.

Foods that are good sources of energy and protein are not allowed to be consumed by pregnant women for reasons such as difficult and prolonged labor due to fears of a large baby. Similarly sources of vitamins and minerals are restricted during pregnancy mainly due to the fear of offensive discharges during delivery and skin diseases on the body.

6.2 Epidemiology

Studies conducted among 25 ethnic groups in central, eastern and southern parts of Ethiopia (ENI 1995) have reported that food items that are white in color (e.g. milk, fatty meat, porridge, potato, banana, etc.), clean vegetables, colostrum and fruits are prohibited to be consumed by pregnant/lactating women and children. Hence, the diet of a pregnant woman is limited to food items such as 'teff,' bread made of sorghum, corn, etc. Only a few studies have been done on the different food taboos in Ethiopia.

Table 6: Occurrences of food taboos (source: NCTPE brochure, HTPs as a risk of HIV Oct.2001).

Region	Occurrence (%)
Tigray	53
Afar	39
Amhara	42
Oromiya	52
Somali	38
Benishangul	37
SNNPR	56
Gambella	59
Addis Ababa	13
Harrari	29

6.3 Reasons given for food taboos

It is believed that certain food items which are white in color will be plastered on the body of the baby and cause labor difficulties and will also produce offensive uterine fluid (amniotic fluid) during delivery. In addition green vegetables, like green peppers, are believed to causes a bad odor in both the mother and the baby and make the newborn baby bald. In some communities girls are forced to consume enormous quantities of food items like milk and meat, causing obesity. This is due to the strong desire of families to have their girls marry as early as possible.

Most mothers discard the colostrum produced in the first few days postpartum. They think colostrum causes abdominal pain and diarrhea for the new born baby. Sources of vitamins

such as mango, orange and banana are also restricted since they are believed to cause worms, malaria and diarrhea to the growing child.

6.4 Impact of food taboos

Restricting the food of pregnant and lactating women and children may cause the following health effects:

Under-nutrition of the pregnant mother leading to increased risks in pregnancy and labor, such as

- Anemia and other micro-nutrient deficiency illnesses
- Low resistance to infection

Restricting children from important dietary items leads to

- Increased risk of infection
- Protein-energy malnutrition like kwashiorkor and Marasmus
- Poor physical and mental growth

6.6 Measures against food taboos

Educating woman and the community about the harmful effects of depriving mothers and children of important food items can help to change attitudes.

7. Other HTPs

As was stated earlier, there are nearly 140 HTPs known to be practiced in Ethiopia. The major ones have already been discussed. The following are also commonly practiced in some regions:

- Incision of eyelid: This is a common practice in the northern part of the country as a treatment of eye disease (commonly eye infections). It is performed with a razor blade and often results in secondary skin infections and excessive bleeding.
- Bloodletting through vein resection on the scalp and on the arms: These practices are called “wagemt” and “mognbagegn” in local terms. They are commonly practiced in the highlands of the Amhara and Tigray regions. The rationale behind blood letting is that the body is believed to be decaying internally causing tissue

swelling and deteriorating health. It is prescribed for treatment of encephalitis, rheumatism, high fever and headache (usually seen during epidemics of meningitis). The most serious complication is the puncture of an artery and the patient bleeds profusely.

- Cauterization ("Tattate" in local terms): Ailments such as conjunctivitis, headache, ear infections, tuberculosis, and bone fractures are sometimes treated with cauterization (burning with hot material). It is most common in the East (Dire Dawa and Somali region). The belief is that intense heat destroys the pathogenic substances inside the body. Although the modalities of the procedure differ it is usually carried out with hot charcoals, a hot iron or a burning stick.
- Uterine Massage: Kneading and squeezing a woman's abdomen with the intention of inducing labor. This act may cause excessive bleeding, uterine rupture and incomplete placental separation.
- Rectal Ulceration: A procedure occasionally seen in the eastern part of Ethiopia as a treatment for diarrhea and rectal prolepses. Little is known about this practice.
- Son preference: The expectation of most parents in developing countries like Ethiopia about the overall contribution to a family's income from girls is very small once she marries and leaves home. Because of this parents with limited resources invest more in their sons than their daughters. In addition girls are made to work at an earlier age than their brothers and work harder and longer at home while the boys are allowed recreation after school hours. Because of son preference women are often exposed to repeated pregnancies in a bid to have sons to the detriment of the mother's health and well being. Sons are sent to school more than girls. One in five girls is sent to school compared to 50% of boys. Girls are made to discontinue school earlier than boys. The reasons include the danger of girls losing their virginity, the need to help their mothers at home, or that they will be exposed to unplanned pregnancies. There is also an attitude of "what better can a learned female does except serving her husband".
- Wife inheritance: In this case a woman, if her husband dies, is made to marry his brother or close friend. Similarly, if the wife dies, the husband will immediately marry her younger sister. This practice is common in many parts of Ethiopia particularly among followers of Islam. This has an effect in the transmission of HIV.

Learning activity

We hope you have read the core module thoroughly. Answer the following questions based on case study 1.

1. What are the HTPs you have seen in relation to the victim?
2. Which complications are related to the HTPs?
3. What measures can be used to save the lives of other victims in the future?

In addition try again to answer the post-test questions presented at the beginning of the module. We hope you will do well and continue with the satellite module for your respective group in the Health Center.

Conclusion

There are a variety of both beneficial and harmful traditional practices in Ethiopia. The harmful traditional practices are done for various reasons but can cause a spectrum of health and social problems.

In addition to the deep-rooted beliefs, customs and rational attitudes, lack of knowledge and being unaware of the effects of these practices help maintain these problems.

Especially with the advent of the recent pandemic, HIV/AIDS, these HTP's may impose even greater health and economic consequences. Therefore, encouraging beneficial practices and the eradication of the harmful ones is the responsibility of the whole community members and all health professionals.

Health professionals especially, those close to the community, play a major role in designing and implementing strategies to eradicate HTP's in Ethiopia.

UNIT ONE

SATELLITE MODULE FOR PUBLIC HEALTH OFFICERS

Introduction

This satellite module contains four units, one for each group of the Health Center team of Ethiopia i.e. Satellite modules for public heath officers, public health nurses, medical laboratory technicians and environmental health technicians.

Before going to the satellite module for your specific group make sure that you have read and thoroughly understood the body of the core module and attained the objectives stated at the beginning of the core module. It is also our expectation that you will have taken the pre/post-test questions, the case studies questions and the learning activities mentioned earlier in the module.

In the later pages of this module the details of the satellite modules are summarized giving more emphasis on your duties, roles and tasks to enable you to handle the existing problems of HTPs in Ethiopia.

We hope that you will work hard to attain the objectives for the satellite module of your specific group.

SATELLITE MODULE ON MAJOR HARMFUL TRADITIONAL PRACTICES IN ETHIOPIA FOR PUBLIC HEALTH OFFICERS

Introduction

This satellite module is prepared for Public Health Officer Students to give an emphasis on specific issues that were not covered by the Core Module.

Instruction for using the satellite module:

- You must carefully study the core module before reading the satellite module
- Do the pre-test and post-test of the satellite module before and after studying the module and try to appreciate the difference in the results
- Refer to the Core Module where indicated
- Carefully analyze the tasks expected to be accomplished by you

Learning objectives

After reading this satellite module, the student should be able to:

- Identify the different types of HTPs in Ethiopia
- Diagnose and manage major complications resulting from HTPs for victims and their families at Health Center level
- Play a leadership role in designing appropriate strategies and measures against HTPs in your working area

1.1 Female Genital Mutilation (FGM)

Refer to the core module for the types of FGM and reasons given for the practice. The lists on the complication and consequences of FGM are also addressed as follows:

1.1.1 Complications and consequences of FGM (Also see the core module)

Health consequences

Immediate complications:

- Hemorrhage, shock, even death from severing of blood vessels
- Infection of the incision and of the urinary tract, tetanus from using non-sterile equipment
- Damage to the urethra and surrounding tissue
- Acute urinary retention from very severe pain

Intermediate complications:

- Adhesion of vaginal lips that can prevent normal urine and menstrual blood outflow
- Delayed wound healing
- Bartholin's cyst and abscess formation
- Keloid scar formation
- Dyspareunia
- Hepatitis

Late complications:

- Hematocolpos from adhesion of vaginal lips, scarring and narrowing of vaginal hymen
- Infertility from infection of the uterus, fallopian tubes, and ovaries
- Obstructed labor and its consequences like fistula formation
- Recurrent urinary tract infections
- Inability to deliver vaginally without tearing
- Urinary calculus (from urine stasis, bacterial infection)
- HIV/AIDS from use of unsterilized materials

Psychological consequences

These can be life long and have a grave impact on the quality of life (See the core module).

Socio-economic implications (Also refer to the core module).

1.1.2. Management of complications of FGM

Table 7: Management of FGM (N.B: General management is similar with any trauma patient).

Complications	Measures
Hemorrhage	Arrest bleeding, take vital signs
Shock (hemorrhage)	Administer IV fluid based on body weight amount of blood lost, and stability of vital sign
Infection ✓ Wound infection ✓ Urinary tract infection ✓ Tetanus	Follow standard surgical wound management, give broad spectrum antibiotics Give Amoxicillin or Cotrimoxazole as first choice Wound management + immediate referral to hospital - Give procaine penicillin, sedate the patient with diazepam, chlorpromazine, and refer urgently
Acute urinary retention	Analgesics + catheterization to evacuate urine
Injury to the surrounding tissue	Follow the principles of management of trauma patient
Adhesions of vaginal lips	Try to separate the two lips (defibulations). If difficult refer to hospital
Delayed wound healing	Identify the cause and treat accordingly
Cyst and/or abscess formation in the Bartholin's duct	Incise and drain the abscess using sterile procedures Give broad spectrum antibiotics against mixed infections
Keloid scar	Refer to hospital
Hepatitis	Treat according to the cause and condition of the patient
Other Consequences	Needs inter-sectoral collaborations
Neuromas	Refer to hospital after giving analgesia

1.2 Early Marriage

Refer the core module for the definition, epidemiology, reasons and consequences of early marriage.

1.2.1. Management of complications of early marriage

Before dealing with the measures, ask yourself the questions listed on the left hand column of the following table:

Table 8: Management of early marriage.

Does the victim have	Measure
Forced sexual assault?	See the management of sexual assault (rape)
Obstetric complications (teenage pregnancy and its effects, obstructed labor)?	Follow the usual antenatal care procedures Close antenatal follow up Institutional delivery Treatment of complications if any Refer the mother if beyond your scope
Unwanted pregnancy and its complications like unsafe abortion?	Provide the usual management of abortion and give post natal care
Other complications?	Treat individually
Psychological and emotional trauma	Ideally, locate a support system for the victim. Refer for psychological assistance if available.

1.3 Marriage by abduction

For definition, epidemiology and consequences refer to the core module.

1.3.1 Management

Victim is very unlikely to seek medical help. As almost all abductions are followed by rape, see management of rape victim below in case they visit you.

1.3.1.1 Carefully diagnose the incident

- History of sexual penetration using force against the person's will

- Evidence of signs of force such as physical injury (abrasions, scratch marks, bleeding on the face, eyes, extremities, genitalia). Torn clothes including underwear etc.
- Evidence of sexual contact like wetting of the genital areas, the perineum, and thighs or underwear like pants
- Freshly torn hymen in a previous virgin rape victim, bleeding around perineum, blood-soaked underclothing, etc.
- Psychological distress
- Other signs of consequences listed in the core module

N.B Do not do digital or speculum vaginal examination

1.3.1.2. Management principles for abduction followed by rape at health center level

- All cases must be reported immediately to the appropriate law enforcement agency like a police station
- General management is similar to any trauma patient, but you should take some special considerations. Follow these steps to assist the rape victim:
- If possible, you must always refer the patient to where there is a doctor or hospital after doing all of the following
    - Listen to the victim carefully
    - Advise the victim not to do anything that might destroy evidence
    - Don't clean wounds
    - Don't change or discard clothes
    - Don't bath
    - Handle clothing that was removed as little as possible. Bag each item separately and transport with the patient to the hospital or next higher level as evidence
    - Reassure the victim of safety
    - Believe the victim's story
    - Avoid unnecessary touching of the victim
    - Ask for permission before proceeding to treat the victim
    - Let the victim know what the plan of action is

- Do not examine the genital area unless the wounds are severe enough to require some inspection before treatment
- Stay with the victim unless the victim specifically requests a private time
- Talk to the victim about the victim's fear and pain
- Allow the victim to cry or otherwise express emotions
- Protect the victim's privacy
- Do not offer false hopes to the victim
- Document all evidence encountered or observed on the patient's card and referral sheet
- Provide accurate information to the victim
- Treat victim with respect, kindness, and gentleness
- Immediately refer victim to a hospital with a relative

N.B.

- Don't question the victim about the details of the situation; this type of questioning is best left to the investigation team from the police department
- Don't ask if penetration occurred
- Don 't inquire about the patient's sexual history or practices and don't ask questions that may lead to feelings of guilt such ask "why were you out so late alone?"

If the victim is unlikely to or refused to go to a hospital or next higher level where there is a doctor, document all the evidence carefully and do all the following:

- Increase psychological support with subsequent follow-up
- Follow the usual management of trauma patients including careful wound care, prophylactic antibiotics and tetanus prophylaxis
- Prophylaxis for sexually transmitted diseases (Gonorrhea and Chlamydia):
  - Doxycycline (100 mg PO Bid for 7-10 days) + Spectinomycin (2 gm IM stat) according to patient's condition and drug availability
  - Alternatives: TTC (for age above 15) or erythromycin for Chlamydia 500 mg PO QID for 7-10 days + Cotrimoxazole or other drugs effective against gonorrhea
- Give prophylaxis for unwanted pregnancy by administering emergency contraception pills (post-coital pills) if she arrives within 72 hrs of the incident. It could be:

Neogynon

First dose: 2 tabs within 72 hours of unprotected sex, repeat 2 tabs 12 hours later

Microgynon

First dose: 4 tabs within 72 hours after unprotected sex

Repeat: 4 tabs after 12 hours of giving the first dose

- Follow for pregnancy and STD in case your prophylaxis fails
- Always help the patient (victim) any time she wants

Table 9: Other common harmful traditional practices in Ethiopia.

	Traditional practice	Reasons	Complications
A	Affecting the health of women • During labor and delivery - Violent shaking of the laboring mother - Throat piercing with hot iron rod	- To shorten labor - To rapidly expel placenta - To remove placenta	- Trauma both to the mother and fetus - Postpartum hemorrhage - Pain, bleeding, infection, etc
	• During pregnancy a) vigorous abdominal massaging with butter b) Giving 'kosso' (herbal medicine) c) Prohibiting foods commonly carbohydrates (potato, gruel, linseed, porridge, banana, sugarcanes etc.) Protein (meat, milk products, chicken, egg, etc),	a) To avoid drying of the abdomen b) To clean the abdomen c-I) Avoid bad smell during labor, avoid difficult labor from large baby c-ii) Avoid baldness in the new born.	a-i) Pre-term labor and delivery, trauma to the placenta, etc. a-ii) Harmful effects both on the fetus and mother e.g. Affects the labor if excess b) Liver damage of both the mother and fetus c) Under nutrition of the mother and baby e.g. Anemia, hemorrhage, low birth weight, infection, vitamin A deficiency.

	fatty meat, vegetables.		
	• Food discrimination for girls e.g. eggs, chicken and green vegetables.	- Avoid fast growth so that avoid early sexual activity	- Malnutrition
B	Affecting infants and children • Milk – teeth extraction and Uvulectomy - Use unsterile material	To prevent - Diarrhea, vomiting, fever - Itching and rest less ness - Growing of worms in the root of milk teeth, etc.	- Immediate complications - Severe pain, bleeding, shock, death - Swelling of mouth - Difficulty in eating and breast feeding - Infection (wound infection, tetanus etc) - Late complications - HIV/AIDS

1.4 General management approach of milk teeth extraction and Uvulectomy

Table10: General management approach of milk teeth extraction and Uvulectomy.

Complications	Principles of management
Early complications • Severe pain • Bleeding • Swelling and wound • Infections (wound) • Shock • Difficulty in eating and breast feeding	 Analgesics Arrest bleeding, fluid replacement Wound care, mouth care etc Antibiotics, wound care Treatment of pain, bleeding, infection Use of soft and fluid diets, IV feeding if necessary
Late complications • Absence of teeth then after • HIV/AIDS	 Counseling, reassurance and education on the problems and how to cope with them

1.5 Strategies and measures to eradicate harmful traditional practices (HTPS) in Ethiopia (See the conventions and policies against HTP in Ref 1and4).

Strategies

- Education of the public through:

  Organizing seminars, workshops and training courses on harmful effects and the role of each individual on eradication efforts:

  Employees of different community groups, organizations and institutions

  Leaders (of the community, religion, politics organizations)

  Creating general public awareness using different communication channels such as radio, posters, films, etc

- Community participation
- Strong government (political) commitment

(Law enforcement, police)

- Multi-sectoral collaboration
- Mobilizing civil organizations

Human right's organizations, professional associations youth associations and women's groups

- Empowerment of women

To play an active role as educators, trainers, planners, managers, evaluators, and decision-makers.

Measures

There is a need for a concerted effort from each and every part of the society. In general:

- Giving the public adequate information about harmful traditional practices
- Understanding the community and how it lives/acts and which traditional practices are more prevalent
- Building alliances and partnerships in efforts to eradicate HTPs with both governmental, non-governmental organizations and private sectors
- Follow-up and refresher training courses to maintain and ensure the continuity of the intervention programs

- Mass media, using both locally available electronic and print media to reach all segment of the population.
- Arranging with the concerned bodies annual campaigns with key thematic messages both at local and national levels
- Training sensitization workshops for influential members of the community, teachers, health workers, students, etc so that the trainee will be able to conduct education and training to others
- Educating practitioners of harmful traditional practices and helping them to be aware to the complications of their practices. They can in turn teach the community
- Using the existing traditional structures like ‘edirs’, ‘Ikub’, 'mahiber', etc for teaching the community. Leaders of these traditional structures can organize and help teaching the community
- Strengthen Information, Education and Communication (IEC) activities such as

  Production and distribution of IEC materials such as posters, booklets, leaflets, pamphlets, etc.

  Organizing drama and song contests, exhibitions, etc to disseminate information regarding the nature and effects of harmful traditional practices
- Creating awareness on policies related to the issues of HTPs for individuals and groups e.g. Information on women’s health and human rights policies, legislations on rape, abduction, and early marriage.
- Creating alternative employment opportunity for the practitioners
- Formal education for girls (future mothers) is one key long term strategy. So, we should be able to under score the benefits of girls education not only to minimize or abolish HTPs, but for overall development of the society.

UNIT TWO

SATELLITE MODULE ON MAJOR HARMFULTRADITIONAL PRACTICES IN ETHIOPIA FOR PUBLIC HEALTH NURSES

The detailed description of harmful traditional practices is presented in the core module. Review the core module while using this satellite module.

Learning objectives

At the end of this session the student will able to:

- Define the major types of harmful traditional practices in Ethiopia
- List the major types of harmful traditional practices in Ethiopia
- Identify the health related effects of harmful traditional practices in Ethiopia
- Determine the preventive measures against harmful traditional practices in Ethiopia
- State the possible nursing diagnosis for major harmful traditional practices
- Describe the nursing intervention for complications of major harmful traditional practices.

The nursing management for major harmful traditional practices is as follows:

2.1 Nursing management

2.1.1 Marriage by abduction

Victims of abduction are very unlikely to seek medical help but if you happen to encounter a case of abduction you should follow the following nursing processes:

Nursing processes

Assessment

- Take their history
  - Ask the reasons for seeking health care (C/C)
  - Carry out a physical examination
- Take and record V/S
- Assess ABC (Air way, Breathing, Circulation)
- Examine injury site for size, depth and fracture

- Examine for STD (sexual transmitted disease)

Possible nursing diagnosis

- High risk of infection related to exposure
- Anxiety related to fear of family and other community members
- Ineffective family coping: compromised related to poor communication between client and abductor
- High risk for fluid volume deficit related to bleeding during rape

Nursing plan

- Prevent infection
- Promote effective coping
- Relieve anxiety
- Maintain hydration
- Provide support

Intervention

Follow usual management of rape patient including

- Careful wound care
- Prophylactic antibiotics and tetanus prophylaxis

Prophylaxis for sexually transmitted diseases (Gonorrhea and Chlamydia)

- Doxycycline (100 mg PO Bid for 7-10 days) + Spectinomycin (2 gm IM stat) according to patient's condition and drug availability
- Alternatives: TTC or erythromycin for Chlamydia 500 mg PO QID for 7-10 days
- Co-trimoxazole or other drugs effective against gonorrhea

Give prophylaxis for unwanted pregnancy by administrating an emergency contraception pill. It could be:

Neogynon First dose: 2 tabs within 72 hours of unprotected sex, repeat 2 tabs 12 hours later.

Microgynon First dose: 4 tabs within 72 hours after unprotected sex. Repeat: 4 tabs after 12 hours after first dose.

Then follow for pregnancy or STD in case your prophylaxis fails and decide accordingly. Always help the patient (victim) any time she wants.

N.B. Rape is a legal term and the examining health worker is encouraged to use terminology such as “alleged rape” or “alleged sex".

- Create psychological support with subsequent follow-up (address both social and cultural factors)
- Demonstrating a caring attitude is essential in providing emotional support for patients
- Empower the patient by increasing their sense of control. Patients also may be taught activities to decrease anxiety and to gain a sense of control over their reactions. The most common approaches are relaxation exercises, music therapy and guided imagery.
- Establish good relations with members of the family to deal with problems
- Advise the patient how to cope with this problem in the future
- Assess V/S frequently and give fluid if necessary.

2.1.2 Female Genital Mutilation

Nursing Processes

FGM is mostly carried out by traditional practitioners and often by laypersons. The practice has many grave consequences. It is the nurse’s responsibility to manage both immediate and later complications.

Assessment

Physical examination:

Early cases

- Assess vital signs
- Assess for other signs and symptoms of shock
- Look and assess for signs and symptoms of infection
- Look and assess for pain
- Assess for anxiety, guilt feelings or poor self-esteem

Later Cases

- Urinary problems
- Recurrent infection of kidney (UTI) problems
- Decreased sexual enjoyment

Nursing Diagnosis:

- High risk for infection related to the use of contaminated instruments
- Alteration in comfort related to severe pain of injury site
- Fluid volume deficit related to bleeding
- Anxiety related to difficulty of becoming pregnant and injuries during birth
- Body image disturbance related to excessive growth of tissue on the scar

Nursing Plan:

- Prevention of infection
- Relief of pain
- Maintenance of body fluid
- Relieve anxiety
- Refer to hospital if necessary
- education for prevention of this practice

Intervention:

- Infection can be prevented by
    - Appropriate wound care
    - Providing prophylaxis (see abduction management)
    - Regular follow up for recurrent infection

- Relieving pain:

  Effective pain management can occur only when systemic and regular assessments take place. Assess the nature of acute pain including the location, intensity, quality, timing (on set, duration, frequency, cause) and provoking and palliative factors.

    - Use of analgesics
    - Assess and record the effectiveness of analgesics
    - Give analgesics to prevent or minimize pain

- Distraction and relaxation techniques:

  Patients can be taught to modify their sensory input to control pain by activities that promote distraction or relaxation.

    - Maintain hydration
    - Assess vital signs frequently
    - Measure input and output
    - Give appropriate IV fluid if necessary
    - Relieve anxiety
    - Give psychological support
    - Advise the reason for each problem
    - Arrange follow-up program
    - Body image disturbance
    - Provide gentle persuasion to explore altered body part
    - Help significant others to support and assist the patient
    - Offer opportunities for social contact with persons who have had similar experience
    - Introduce patient to support groups
    - Assist the patient to express anger, frustration, and

disappointment

- Actively listen
- Assist the patient to engage in problem solving activities
- Identify behaviors that will help to restore self-esteem
- Assist the patient to develop strategies to help cope with loss, stress or environmental factors that can cause low self-esteem.

2.1.3 Early Marriage

This is the most common problem in Ethiopia and has various impacts.

Nursing process

Assessment:

- Determine age at marriage
- Assess reason for early marriage
- Assess for possible complications like trauma to genital organs, pregnancy, infection
- Assess the response of the family and client regarding this marriage
- Assess social and economic problems of the family (income, occupation, community attitude, and schooling).

Possible nursing diagnosis:

- Altered elimination of urine related to trauma of injury site
- Anxiety related to fear of pregnancy and delivery
- Knowledge deficit related to pregnancy and possible complications
- High risk for infection related to injury site
- High risk for altered growth and development related to potential disruption of peer relationships and interruption of secondary schooling to unplanned pregnancy.

Nursing Plan:

- To establish normal urinary elimination pattern
- To relieve anxiety
- To give information on possible complications of pregnancy
- To prevent infection.

Nursing intervention:

- Catheterization if there is an alteration to the elimination of urine
- Psychological support and give appropriate advice about family planning
- Ask what kinds of social and financial support she needs
- Give information on possible complications of pregnancy
- Advice on the importance of Antenatal Care (ANC)
- Advise on the need for referral
- Ask if the girl is planning to continue with school.
- Counsel on ways to deal with potential barriers for continued education

If she is pregnant, help her to see that the months of pregnancy will go faster if she is busy. Remaining in school and doing well is a way of keeping busy as well as preparing for the future. A high school education is necessary to obtain marketable skills. Girls will have little chance of supporting themselves and their babies later if they are not allowed to continue with their education .Once they delivered the baby, returning to school will be difficult because they may have baby-sitter problems and because they may feel that they are more mature than the other girls.

2.1.4 Uvulectomy and milk teeth extraction

Nursing process

Assessment

- Take history
- Physical examination (Ask about time and place of procedure conducted)

- Take V/S
- Assess for difficulty in swallowing and eating
- Assess for vomiting
- Assess for fever, headache or other pain
- Assess for swelling in the mouth, throat, nose
- Assess for respiratory problems (difficulty in breathing, shortness of breathing)
- Assess for bleeding.
- Assess for broken teeth

Possible nursing diagnosis:

- High risk of ineffective airway clearance related to edema and constriction of airway
- Pain related to the procedure conducted
- Knowledge deficit related to harmful effect of uvuloectomy and tooth extraction
- Fluid volume deficit related to bleeding and inability to take liquids or foods orally
- High risk for infection related to use of contaminated instruments /objects during the procedure.

Nursing plan:

- Maintain effective airway clearance
- Relieve pain
- Provide information
- Maintain hydration
- Prevent infection.

Intervention:

- Take and record respiratory and pulse rate every 15 minutes
- Encourage fluids if able to swallow
- Clear the airway
- Give analgesics to relieve pain

- Give appropriate management
- Monitor V/S, secure Iv fluid if necessary
- Give appropriate prophylaxis and treatment.

2.1.5 Other HTPs (see Public Health Officer Module and Core module)

UNIT THREE

SATELLITE MODULE ON HARMFUL TRADITONAL PRACTICES IN ETHIOPIA FOR THE MEDICAL LABORATORY TECHNICIAN

Introduction

This satellite module assists medical laboratory technicians to participate in the team work of the fight against harmful traditional practices, with specific emphasis on laboratory investigation of diseases and ill-health conditions that result from the complications of this practice.

Direction for using the satellite module

For a better understanding of this module the laboratory technicians are advised to follow the succeeding directions:

- Do the pretest
- Read the core module thoroughly before going to the satellite module
- Read the satellite module
- Consult listed references and suggested reading materials
- Evaluate yourself by doing the post test and referring to the keys given.

Learning Objective

After the completion of this module students will be able to:

- Describe the laboratory methods that are used to diagnose disease conditions related to harmful traditional practices (HTPs)

- Relate specific consequences of harmful traditional practices with the laboratory tests to diagnose them
- Describe how to collect, handle, process and refer different specimens
- Perform various laboratory techniques that are used to diagnose disease conditions resulting from HTPs
- Describe the principles of tests that cannot be done in a health center laboratory.

N.B Refer to the Core Module for the detailed reading of HTPs in Ethiopia.

3.1 Laboratory diagnosis

The laboratory diagnosis for HTPs is based on investigating the causes of infections (wound infections, STDs, UTIs, HIV and Hepatitis) and conditions such as anemia and pregnancy that occur as a consequence of the harmful practices.

3.1.1 Wound infections

Wound infections associated with harmful practices, such as FGM, incision and uvulectomy; mostly occur due to the use of unsterile techniques to perform the traditional practices. The infected site may form an abscess containing pus; hence the swab material from wounds and abscesses is required in the laboratory to diagnose the causative organisms.

Collection of specimens from wounds and abscesses:

Specimens of pus should be collected by an officer or an experienced nurse. Pus from abscesses is best collected at the time the abscess is incised and drained or after it has ruptured naturally. In a Health Center laboratory take from a gram stain of the infected site an evenly spread smear of the pus which is put on a clean slide and allowed to air-dry in a safe place.

If the pus specimen is to be dispatched to a referral laboratory for culture, it is preferable to collect the pus using a needle and syringe to aspirate the drainage. This avoids the

collection of normal flora and also enhances the recovery of anaerobes, which are often associated with wound infections and abscesses. Transfer the collected pus (about 5 ml) to a leak-proof sterile container. If pus is not being discharged, collect a sample with a sterile cotton wool swab and insert it in a container of Amies transport medium, breaking of the swab stick to below the bottle top which is to be replaced tightly. In all cases label the specimen containers with the necessary patient identification and accompany with a request form to reach the microbiology laboratory as soon as possible. Swab samples from infected uvular areas are collected using a sterile tongue depressor to hold the tongue down and a sterile swab to collect the specimens. Take the specimen by directly swabbing of the infected site, being careful not to touch the other parts when inserting or removing the swab. Smears for Gram stain can directly be made from the swab sample. To refer the specimen for culturing, the swab containing the specimen can be placed in Amies transport medium.

Gram staining technique: To perform Gram stain a thin smear from the wound material is made as shown in the following figure

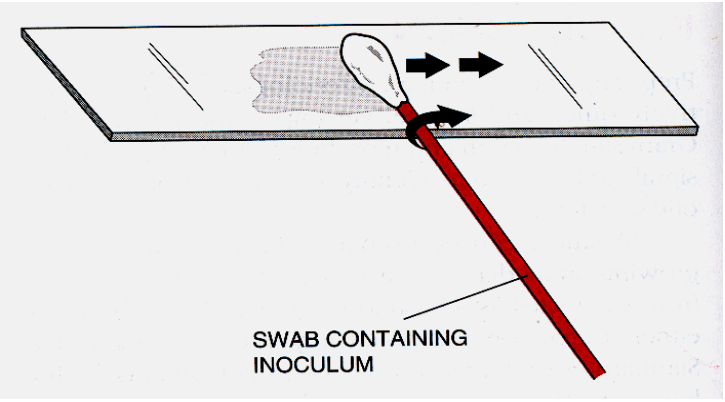


Figure 9: Preparing a bacterial smear using a swab.

The air-dried and heat fixed smear is placed on a staining rack and the primary stain, crystal violet, is poured onto the slide for one minute. After one minute, the slide is rinsed by gently pouring tap water on it. Gram's iodine (a mordant) is then poured onto the slide. After one minute the slide is again rinsed with tap water. A decolorizer, such as alcohol or an alcohol-acetone mixture is added to the slide. After the decolorizing procedure is finished the slide is again rinsed with water to remove all decolorizer. The slide is then

flooded with the counter stain, safranine, for one minute and placed to air-dry. After the slides are completely dry they are ready to be viewed microscopically. Report the abundance, Gram reaction and morphology of the bacteria including the presence of pus cells, and whether the organisms are intracellular.

Common possible pathogens in gram-stained smear of wound and abscesses:

- Gram positive large rods with straight ends that could be Clostridium perfrings
- Gram positive cocci that could be Staphylococcus aureus
- Gram positive streptococci that could be Streptococci pyogens
- Gram negative rods that could be proteus species E.coli, Pseudomonas aeroginosa, or other coliforms.

NB: Also look for spermatozoa in vaginal discharge at the posterior fornix after rape/sexual assault.

3.1.2 Sexually transmitted infections

Since marriage by abduction is often followed by rape, victims may acquire STIs. For the laboratory diagnosis of STIs, the specimen can be taken from the urethra, vagina and the cervix. Laboratory techniques; Gram stain, KOH and wet mount preparations are carried out in the laboratory. Uro-genital specimens should be collected by an officer, an experienced nurse or laboratory personnel. Urethral pus from a urethra to detect N. gonorrhea can be collected on a sterile cotton wool swab by gently massaging the urethra down wards from above. If pus is not appearing the swab must be inserted approximately 2 cm in to the urethra and rotated gently before withdrawing. Make a smear of the discharge on a slide for staining by the Gram technique. For culturing, insert the swab in a container of Amies transport medium breaking off the swab stick to allow the bottle top to be replaced tightly.

N.B.: If possible the patient should not have passed urine, preferably for 2 hours before the specimen is collected.

Vaginal swabs from vaginal secretions are collected with the swab inserted well into the vaginal canal. The outer lips of the labia must be held apart so that the swab does not touch them. Samples are commonly required to detect yeasts, fungi T. vaginalis and clue cells. An endo-cervical swab is necessary for suspected gonorrheal infections and requires the use of a speculum.

Gram stain:

Perform gram stain as described above.

N.B.: Fix by alcohol to preserve the intracellularity of N.gonorrhoea (Gram-negative intracellular diplococcic are a presumptive diagnosis for gonococci infection).

Saline wet preparation:

The saline wet preparation is prepared by mixing a drop of vaginal specimen with a drop of 0.85% saline on a microscope slide. Examine this preparation to detect Trichomonas vaginalis, a parasitic protozoa and clue cells which are vaginal epithelial cells covered with the bacteria Gardenella vaginals.

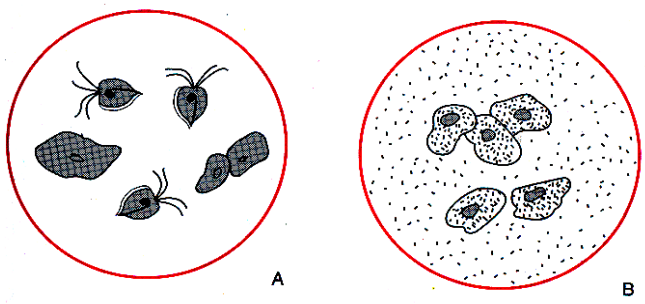


Figure10: Saline wet preparation showing A. Trichomonas vaginalis B. Clue cells.

The KOH preparation:

A drop of vaginal material is mixed with one or two drops of 10% KOH solution on a microscope slide .Examine the preparation under microscope to look for fungi, such as Candida albicans. The KOH destroys structure such as epithelial cell and WBCs. Many fungi present will appear as tangled masses resembling hairs or threads.

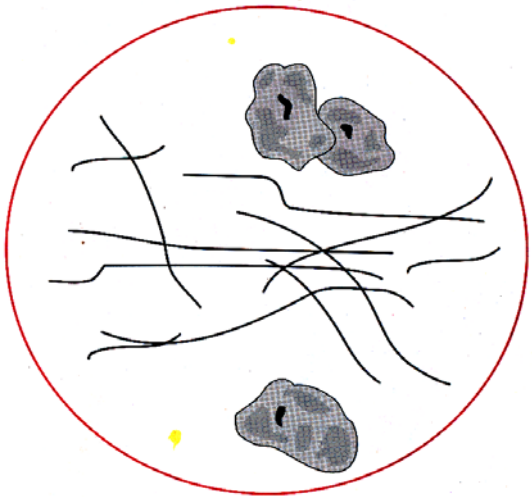


Figure 11: KOH preparation showing presence of fungal elements.

3.1.3 Laboratory Diagnosis of UTIs and pregnancy

UTIs may occur in patients who have undergone FGM, as the bacteria may ascend and infect the urinary tract. Urine microscopy, Gram stain and culture help to diagnose UTIs in the laboratory. In early marriage and marriage by abduction pregnancy can occur and a urine specimen is needed to rule out pregnancy.

Specimen collection:

Urine samples must be collected in clean, dry and disposable plastic containers with screw-top lids. For urinalysis, including urinary sediment constituents, and HCG tests, a freshly voided, randomly collected specimen of urine is usually satisfactory. However, an early-morning urine specimen is the most satisfactory one to use because the urine is usually more concentrated and contains the highest HCG concentration, which also increases the chance of finding certain components.

A gram stained smear of the urine is prepared by transferring a drop of the urine sediment to a slide and spreading it to make a thin smear and allowing it to air-dry. If significant bacteria are indicated on properly collected urine, through examination of the gram stained smear, the urine specimen must be cultured.

Quality assurance is employed in the blood bank to support error-free performance to insure the highest quality patient care. Important factors in a routine quality assurance program include evaluation of reagents, equipment, and personnel qualifications.

Urine microscopy:

To obtain sediment; pour 10 ml of urine into a centrifuge tube and centrifuge the tube at 1500-2000 rpm for 5 minutes. Decant the supernatant sediment leaving approximately 0.5 ml in the tube. Re-suspend in the 0.5 ml of urine by gently tapping the tip of the tube. Place a drop of the mixture on a microscope slide, cover it with cover slip and examine it under a microscope. Report the examined WBCs, RBCs, epithelial cells, bacteria and yeasts.

Gram stain:

Follow the procedure described earlier

Possible pathogens E.coli, pseudomonas and proteus species.

Pregnancy (HCG) test:

Pregnancy tests are based on the detection of human chorionic gonadotropin (HCG) by immunological methods. Many types of urine pregnancy tests are available and are based on the interaction of HCG in the specimen with anti-HCG, an antibody specific for the hormone. The rapid latex slide tests for the direct and indirect (inhibition) type are the most commonly available.

Direct Method:

In the direct slide test, the latex reagent consists of particles coated with anti- HCG antibodies. This reagent is mixed directly with the urine. If HCG is present in the urine it will combine with the antibodies and cause agglutination of the latex particles. If no HCG is present in the urine, there will be no agglutination of the latex particles. In the direct slide test, therefore, agglutination of the particles indicates a positive test and no agglutination indicates a negative test.

Indirect (Inhibition) Method:

In the inhibition test, urine is first mixed with the antiserum and the latex reagent is added. If HCG is present in the urine it will combine with the anti-HCG antibody. This will leave no antibody free to combine with the latex HCG and therefore there will be no agglutination of the latex particles. If there is no HCG in the urine, the antibody will be free to combine with the latex HCG and cause agglutination of the latex particles. In the inhibition slide test, therefore, no agglutination indicates a positive test and agglutination indicates a negative test.

Test for HIV and hepatitis infections:

HIV and hepatitis infections can be diagnosed by detecting the antibodies produced against the viral antigens. In the laboratory antibodies to HIV or HBs Ag are detected by a serological procedure such as ELISA. Summarized steps to detect HIV antibodies are as follows:

Patient's serum and control serum are added to a test well of a micro titration plate to which HIV antigen is fixed by the manufacturer and the test is incubated at 37^0C. HIV antibody in the patient's serum will attach to the HIV antigen in the well forming an antigen-antibody complex. After washing, an enzyme conjugate reagent (usually an anti-human IgG to which an enzyme peroxidase has joined) is added which in turn binds to any specific antibody already bound to the antigen on the well and the test is re-incubated. After washing to detect any conjugate bound to the well a substrate chromogen reagent is added.

This is acted on by the enzyme resulting in the formation of a colored product. Samples not containing specific antibody will not cause the conjugate to bind to the well.

After incubation, 'a stop' reagent is added to stop the reaction and the color produced in the patient's and control well is measured by spectrophotometer as it is directly related to the amount of conjugate and hence the HIV antibody level.

Students are advised to read the Core Module for the theoretical aspect of HTPs.

UNIT FOUR

SATELLITE MODULE ON HARMFUL TRADITIONAL PRACTICES IN ETHIOPIA FOR THE ENVIRONMENTAL HEALTH TECHNICIAN

Introduction

The problem of HTPs is not only a health issue but also developmental, human rights, women, gender, child survival and development, education and social service issues.

The environmental health technicians are in a position to improve the behavior and practice of the community by health education and creating awareness. Different approaches and strategies to address the issues of HTPs make it easier to bring the expected change of attitude. In this regard EHTs play an important role.
[For the detail please refer to the core module]

This module can be used in the training of EHTs that are in actual training or those already in service for management and prevention of HTPs.

Directions for using the module

- Do the pre-test pertaining to your profession in the core module
- When using this satellite module it would be profitable if the EHTs follow the knowledge gained from the core module with his/her knowledge of the community he/she is working in
- Read the reference materials listed to supplement your understanding
- Do the post-test and evaluate yourself by referring to the module.

4.1 Effects of HTPs

The most common effects of HTPs are:

I) Infection

These practices may lead to infections through repeated use of the same instruments and contamination from normal bodily functions. Physical complications often arise as a result of infection due to use of unsterile tools, unsanitary conditions and substances used to stop the bleeding and heal the wound.

ii) Psychosocial stress

Leading to psychosocial stress, the girls/women will have poor practice in the household such as poor sanitary practice, poor care for the child, and infrequent visits to the health institutions.

[Also refer to the core module]

4.2 Prevention

- Awareness creation to influential target groups on the effects of HTPs and on management of these practices
- Their role in changing the behavior of the community
- Health and hygiene education.

Health and hygiene education programs should be planned to help community members understand the importance of hygienic and safe practices in the prevention of infections and general health promotion. The strategy should be supported by:

- Simple health and hygiene education
- Convincing programs and demonstrative programs
- Different ways of communication to transmit the messages
- Sensitization activities like posters, leaflets, video films, dramas, T-shirts and other teaching materials
- By selecting targets and the right person for this task
- Language, culture and training on hygiene education methods, principles and the prevention of HTPs
- Educating practitioners of HTPs on their negative effects, on the health of the population and involving them in the intervention programs.

- Teaching the local community using traditional associations like Idir, Mahiber, Ikub, etc.
- Political religious, social, educational and other leaders can help by publicly acknowledging the negative effects of the practices on the health of women and children and the need to work against the HTPs
- School Curricula

  Any possibility of working with teachers

  Any possibility of proposing changes to diversity of education to include some age appropriate information in school curricula

TASK ANALYSIS

1. TASK ANALYSIS ON HTP FOR PUBLIC HEALTH OFFICERS

KNOWLEDGE – OBJECTIVES AND ACTIVITIES

Learning objectives	Learning activities
To describe the major HTPS in Ethiopia	Define traditional practices Identify HTPs Discuss major HTPs and their Epidemiology in Ethiopia Study how HTPs and factors associated with them affect human health
To describe the customs behind major HTPs	Identify and enumerate major reasons why people practice HTPS
To describe the major impacts of HTPs	Study the complications and consequences of major HTPs on the victim, on the family and on the society at large
To describe the management approach of the complications and consequence of the major HTPS	State the management principles of the complications and consequences of the major HTPS
To describe strategies and measures in the prevention and control of major HTPs in Ethiopia	Set appropriate strategies and measures in controlling and preventing HTPs and thereby their complications and consequences

ATTITUDE- OBJECTIVES AND ACTIVITIES

Learning objectives	Learning activities
To accept HTPs as major problems of public health importance	Give emphasis on description and prevention Stress on prevention and control Give emphasis on use of health education
To consider reasons, impacts, and complications of HTPs as a key step in behavioral change of the population	Give emphasis to rationale, complications and impacts of HTPs in educating the public about them
To appreciate that HTPs are eradicable and their impacts are highly preventable through different approaches	Stress on health education, inter-sectoral collaboration, community involvement and appropriate media technology Give emphasis to multi-sectoral and interdisciplinary approaches

PRACTICE – OBJECTIVES AND ACTIVITIES

Learning objectives	Learning activities
To participate and encourage other health center team members participate in the prevention and control major HTPs in Ethiopia	Identify major HTPs in the community, reasons impacts and complications Prevent and treat complications of HTPs Promote health education activities Involve the community in the prevention and control of major HTPs Asses the effects of different prevention and control strategies and act accordingly

2. TASK ANALYSIS ON HTP FOR PUBLIC HEALTH NURSES

		Learning objective (expected outcome)	Task analysis
	Knowledge	Define the major types of HTPS in Ethiopia	Define the major types of HTPS in Ethiopia
		Identify the presumed reasons for practicing HTPS	Identify the presumed reasons for practicing HTPS
		Identify the health related effects of HTPS	Identify the health related effects of HTPS.
		Identify preventive measures against HTPS	Identify preventive measures against HTPS
	Attitude	Advocate the effect of HTPS Encourage knowledge of human right issues	Educate the community about the consequences of HTPS on health.
		Accept that some of the traditional practices are harmful for health	Design appropriate preventive measures to intervene HTPS
	Skill	Able to introduce appropriate nursing interventions for victims of HTPS	Early detection and treatment of complications using the nursing process.

2. TASK ANALYSIS FOR LABORATORY TECHNICIAN

	Learning objective (expected outcome)	**Task analysis**
Knowledge	Define HTPs	Define HTPs
	List the common HTPs in Ethiopia	List the common HTPs in Ethiopia
	Enumerate the basic complications of the above listed HTPs.	Enumerate the basic complications of the above listed HTPs.
	Describe the different laboratory methods to investigate the consequence of the HTPs.	Describe the different laboratory methods to investigate the consequence of the HTPs.
Attitude	Educate the CHW about the harmful consequences of these practices.	Educate the CHW about the harmful consequences of these practices.
	Advise patients and clients to raise their awareness on the bad health effect of the HTPs.	Advise patients and clients to raise their awareness on the bad health effect of the HTPs.
	Advocate the CHW on how to handle laboratory specimens collected to diagnose the complications of HTPs.	Educate the CHW on how to handle laboratory specimens collected to diagnose the complications of HTPs.
Practice	Perform the different laboratory investigation for HTPs	Do laboratory investigation for HTPs

4. TASK ANALYSIS FOR ENVIRONMENTAL HEALTH TECHNICIANS

KNOWLEDGE OBJECTIVE AND ESSENTIAL TASKS OF THE EHTs

	Learning objective	**Environmental health activities**
KNOWLEDGE	Define and describe the most important HTPs in the country	Define and describe the most prevalent HTPs in the country
	List common effects of HTPs	List the common effects of HTPs
	Describe the magnitude of HTPs and its effect on health promotion	Describe the magnitude of HTPs and its effect on health promotion

ATTITUDES OBJECTIVE AND ESSENTIAL TASKS OF THE EHTs

	Learning objective	**Environmental health activities**
ATTITUDE	Believe in the harmful effects of HTPs	Instruct practitioners, responsible bodies about the harmful effect of HTPs
	Believe in promoting proper hygienic/safe health practice	Advocate hygienic /safe health practices
	Believe in utilization of health services	Advocate utilization of health services with special emphasis on children and women

PRACTICES OBJECTIVE AND ESSENTIAL TASKS OF THE EHTs

	Learning objective	**Environmental health activities**
PRACTICES	Demonstrate the effects of HTPs in health promotion	Demonstrate the effects of HTPs in health promotion Organize exhibitions of posters, photographs, and artwork on HTPs-related subjects, and invite the community.
	Demonstrate proper communication to community members, practitioners of HTPs, and responsible bodies	Display effective communication skills with community members, practitioners of HTps , and with different officials and non- officials

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KEY ANSWERS

Answers for pre-test and post-test questions for all groups of Health Center teams of Ethiopia.

Answers for the short answer questions:

1. a. Female genital mutilation
   b. Early marriage
   c. Uvulectomy
   d. Marriage by abduction
   e. Milk teeth extraction
   f. Food taboos.
2. a. Health impact
   b. Psychological impact
   c. Socio-economic impact.
   d. Cultural impact
3. Depends on the place where you work.
4. Women and Children
5. a. Education
   b. Women empowerment
   c. Involvement of key persons in the community
   d. Involvement of high government officials etc.

Answers for MCQs

1 .B
2. D
3. D
4. D
5. B
6. D
7. D
8. A

Answers for pre-test and post-test questions for HO

1. Type I Clitoridectomy

   Type II Excision of labia minora and clitoris

   Type III Excision of labia major (partial or total) including the clitoris referred to as infibulation

   Type IV any other act than the above.

2. Obstructed labor

   Wound infection

   Dysparunia

   Psychological trauma

   Repeated UTI etc (for the detail see module).

3. Refer to the Core module.
4. Refer to the Core module.
5. Refer to the Core module.

Answers for pre-test and post-test questions for PHN

1. Early marriage.

   Infection

   Psychological problems (fear, hopelessness)

   Unstable, loveless marriage with high likely divorce

   injury /trauma.

2. Promote cleanliness

   Avoid sexyness

   Preserve virginity by avoiding pre-marital sex

   Conformity to tradition

   To make it attractive for touch and sight.

3. Infection
   Hemorrhage (shock)
   Damage to urethra and surrounding tissue
   Excessive out growth of tissue on the scar
   Difficulty during birth
   Pain
   Adhesion of vaginal lips.

4. High risk for ineffective air way clearance
   Pain related to injury site
   Knowledge deficit
   Fluid volume deficit
   High risk for infection.

5. Wound care
   Providing prophylaxis (e.g. normogym)
   Psychological support
   Monitoring vital signs
   Providing analgesics and relaxation technique
   Provide appropriate ordered IV fluid

Answers for pre-test and post-test questions for MLT

1. C
2. B
3. D
4. E

Answers for pre-test and post-test questions for EHT

Short answer questions (refer to the module).

MCQ

1. E
2. E