



REPORT

WHAT ARE THE KEY SUCCESS FACTORS IN BRINGING AWARENESS AND BEHAVIOR CHANGE AMONG THE HAMMER COMMUNITY AGAINST THE PRACTICE OF HARMFUL TRADITIONAL PRACTICES WITHIN THE CONTEXT OF 'MINGI'?

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Executive Summary

This report covers Save the Children’s project “Promote the Survival and Development of Pastoralist Children in South Omo”. The project covers three (Hammer, Dassenech and Gnyangathom) woredas in South Omo zone of South Nations, Nationalist and People (SNNP) region of Ethiopia. However, this specific study is focused on Hammer woreda only where the “Mingi” practice is prevalent. “Mingi” is an infanticide practice. Children who have their top upper teeth first, children born out of wedlock, twins, babies conceived before the traditional ceremony or blessing of elders are considered “Mingi” and will be killed. Communities believe that if these children grow up in the community they will bring curse to them. The study identifies key success factors in bringing the awareness and behavioral change on the “Mingi” practice.

This study used mixed research design that is competent to respond to the research objective and questions. The respondents for this particular research were influential community leaders, Community Conversation and Radio Listening Group participants, kinship and foster care providers, positive deviant parents and government officials from health, education, justice and police sectors. The study was conducted in five kebeles of Hammer woreda. The qualitative survey covered three kebeles and the quantitative survey covered five kebeles.

Key findings of the study

- There are several Harmful Traditional Practices (HTP) affecting the lives of children in South Omo Zone, Hammer Woreda/District. In depth interview, Focus Group Discussion (FGD) and key informant interview (KII) participants identified that whipping of girls, unsafe abortion (‘wuta’), “Mingi”, not sending girls to school, early marriage and abduction as the main ones affecting girls and boys.
- All participants of the qualitative research indicated that there are positive changes in the “Mingi” Practice. “Mingi” children are now growing up in most parts of the community. Many community members understand that they were wrong for killing “Mingi” children. They now have started to kill goats as an alternative ritual practice. The influential leaders are convinced to stop the practice.
- Many mothers and families who have “Mingi” declared’ child now give their child to the Woreda Women and Children Affairs office and the children are supported to grow up in foster and kinship families who are prepared for and are willing to care for “Mingi” children’.
- The majority (55%) believed that the number of mothers/parents who protect their “Mingi” declared’ child moderately increased and 36% said highly increased. On the other hand, 42% of the respondents stated that the major reason for increased protection of “Mingi” declared’ children was because communities have learnt from experience that ‘Ming children’ do not bring curse to the community; and 41% informed that community participation in Community Conversation sessions is the major reason for increased protection of “Mingi” declared’ children.
- Facilitating Community Conversation sessions (67%), strengthening law enforcement (60%) and expanding income generation supports (58%) were identified as intervention relevant for empowering mothers.
- Key informant interview participants from Hammer woreda Police Office said that the number of reported “Mingi” cases has significantly reduced. There was no reported

“Mingi” case in the past six months (prior to the survey). Similarly, 49% of the survey respondents confirmed that there was no child who has been “Mingi” declared’ in their area in 2014 EC (2021/2022 GC). On the other hand, 30% of the respondents claimed that there were about 1-3 children who have been “Mingi” declared’ in their area in the same year.

- Many factors have contributed for the change in “Mingi” practice’. Almost all respondents of the qualitative survey reported that the awareness raising and capacity building activities conducted by governmental and non-governmental organizations have contributed for the change in “Mingi” and other HTP practices. Further, the banning of the HTP practices including “Mingi” by influential community leaders and the use of contraceptives by females helped for reduction of “Mingi” practice in the community.
- Survey respondents prioritize approaches that contributed in changing their knowledge, attitude and practices towards “Mingi”. Among the respondents, 41% put Community Conversations sessions (CCs); 17% put the Radio Program; and 16% of the respondents ranked the Income Generating Activities (IGAs) as their first choices. On the other hand, 35% choose CCs; 21% put Parenting without Violence sessions (PwVs); 15% Capacity Building Training; and 12% respondents chose both Radio Program and IGAs as the second rank. Dialogue with Influential Community Leaders (26%), Capacity Building Training (19%), Radio Program (16%), and others were put in the third rank.
- When respondents were asked about the sustainability of the positive changes observed in the “Mingi” practice’, majority of the research participants confirmed that it is sustainable and that the practice will not reverse back. For example, in-depth interview participants from Anbessie Kebele influential community leaders indicated that they now understood as well as observed in practice that “Mingi” is a harmful traditional practice and that the practice is not based on truth but myth.

1. Introduction

1.1 Background

Save the Children is the world's leading independent organization for children. Our vision is a world in which every child attains the right to survival, protection, development and participation. Its mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in children's lives. Save the Children works both in the development and humanitarian contexts. In Ethiopia, under the child protection programme, Save the Children is responding to ensuring the wellbeing of children by prioritizing four areas of intervention: appropriate care, protection of children from violence, protection of children from harmful work and child protection systems.

As part of the child protection program, Save the Children received financial support from Save the Children Italy to implement a project entitled 'Promote Survival and Development of Pastoralist Children in South Omo'. The overall objective of the project is to enable boys and girls, including those living without appropriate care, enjoy the rights to protection from abuse, exploitation, violence and neglect through well-functioning child protection system and early childhood care and education. The project has been implemented since 2015. The first phase of the project was from 2015 to 2018 and the second phase was from March 2019 to February 2022. The new project phase is from 1st February 2022 to 31st December 2022.

The current phase of the project is a continuation of the previous phases and aims to consolidate the results of the previous phases. The project is implemented in the same woreda. The project aims to enable boys and girls enjoy their rights to protection from abuse, exploitation, violence and neglect through well-functioning child protection system and to enhance the access to quality and inclusive early childhood care and the transition to primary education. The project aims to address harmful traditional practices affecting the lives of boys and girls through implementation of social behavioral change activities and through strengthening the capacities of governmental and non-governmental service providers. The project uses structured community dialogues and discussions. It also established radio listening groups and community conversation groups to progressively remove cultural and social barriers that expose children to various forms of HTP and other GBV. The project applies the Parenting without Violence (PwV) and Steps to Protect (S2P) Common Approaches to address parenting skill gaps, improve communication between children and parents, promote positive family relationship and respond to/support survivors of violence.

As the project is in its final phase, Save the Children documented key success factors in bringing the awareness and behavioral change on the “Mingi” practice’ among the Hammer community through reports, video, photography and human centered stories. The documentation helps to develop evidences on the achieved positive changes/results, share the lessons and learning with key stakeholders as well as to improve program outcome and future project designing and implementation.

1.2 Purpose and Objective of the Study

Purpose

The purpose of the study is to have documentation of best practices and success stories for “Promoting the Survival and Development of Pastoralist Children in South Omo” project and share the document with key stakeholders, partners and scale up the good experiences of the project.

Objectives of the Study

The general objective of the study is to identify and document effective and sustainable approaches and success of ‘Promote the Survival and Development of Pastoralist Children in South Omo’ project, with a particular emphasis on addressing the “Mingi” practice’.

Specific objectives of the study:

- To extract best practices, lessons learned and success stories of ‘Promote the Survival and Development of Pastoralist Children in South Omo’ project, with a particular emphasis on addressing the “Mingi” practice, to help organizational memory, learning and experience sharing for future learning and programing.
- To identify the key lessons and success factors in bringing knowledge and practice change related to the “Mingi” practice’ using the opinion and views of the project beneficiaries including “Mingi” declared’ children and survivors of other HTPs, foster families, community based structures, governmental and non-governmental stakeholders representatives in the project areas.
- To investigate the factors which contributed for the empowerment of mothers/parents to become deviant and protect their “Mingi” declared’ child.
- To assess the role of the multi-sector stakeholders in bringing the desired change for children within the target communities.
- To identify what intervention Save the Children and other stakeholders need to put in place to ensure the safeguarding of “Mingi” children within their community of origin.

2. Methodology

The study used a mixed research design that is suitable to respond to the research objectives and questions. Accordingly, quantitative questionnaire, In-depth Interviews, Key Informant Interviews (KII) and Focus Group Discussion (FGD) were used to obtain the required data. Exploratory and descriptive research designs were used in order to extract best practices, lessons and success stories in relation to addressing the “Mingi” practice’. The respondents for this particular study were influential community leaders, Community Conversation and Radio Listening Group participants, kinship and foster care providers, positive deviant parents and government officials from health, education, and justice and police sectors.

2.1 Study location

The study took place in SNNP region, South Omo Zone, Hammer Woreda. The study was conducted in five kebeles of Hammer woreda. The qualitative data collection covered three kebeles and the quantitative survey covered five kebeles. Apart from that, woreda based government officials and foster parents were engaged as key informants.

2.2 Sampling Technique

The study used probability and non-probability sampling techniques to assess the social realities and experiences of the respondents and identify effective approaches in tackling the “Mingi” practice’. Purposive sampling was used to identify respondents for the qualitative part of the research. For the quantitative study, a sampling frame that includes list of project beneficiaries was developed and the study sample was selected using simple random sampling technique.

In the case of the qualitative data collection, in the three selected kebeles, a total of 116 respondents (68 male and 48 female) participated in FGDs, KIIs and IDIs.

Table 1: List of Study participants for the qualitative assessment

Data collection	Participants	Number/ group of participants
Focus Group Discussion (FGD)	FGD with adult women	3 groups, one per Kebele
	FGD with adult men	3 groups, one per Kebele
	FGD with boys	3 groups, one per Kebele
	FGD with girls	3 groups, one per Kebele
Key Informant Interview (KII)	Women and Children Affairs Office	1 person from the woreda
	Health Office	1 person from the woreda
	Justice Office	1 person from the woreda
	Police Office	1 person from the woreda
	Education Office	1 person from the woreda
In-depth Interview (IDI)	Child Protection Committee member	6 CPC members
	Community Conversation (CC) participants	6 CC participants
	Radio Listening Group (RLG) members	6 RLG participants
	Influential community leader	6 influential community leaders
	Foster parents	3 foster parents
	Mothers who refused “Mingi” practice’	3 mothers who refused “Mingi”
	Fathers who refused “Mingi” practice’	3 fathers who refused “Mingi”

In the case of quantitative survey, from the sampling frame of 900 direct project beneficiaries, 415 respondents were selected for the study. Of these, 232 were male and 183 were female. Five study kebeles including Dimeka town were targeted kebeles for the study.

Table 2: Distribution of Quantitative Sample Size

No	Names of Kebeles	Number of Respondents disaggregated by sex			Intervention program conducted at data collection time
		Male	Female	Total	
1	Senbele Kebele	40	25	65	CC, radio program, IGA, Clan leader and CPC
2	Denbayte Kebele	47	28	75	CC, radio program, IGA, Clan leader and CPC
3	Shanko Kelema Kebele	39	36	75	CC, radio program, IGA, Clan leader and CPC
4	Ariya Kaysa Kebele	53	49	102	CC, radio program, IGA, Clan leader, CPC, Foster/ Kinship care and PWV
5	Ariya Umbule Kebele	51	40	91	CC, radio program, IGA, Clan leader, CPC & PWV
6	Dimeka/Turmi	2	5	7	Kinship/Foster care
Total		232	183	415	

2.3 Methods of Data Collection

The data collection methods used in this study were survey, in-depth interview, focus group discussion and Key informant interview. Prior to the data collection, interview questionnaire was prepared. The study team used structured, open ended and semi structured questions where it was possible to have an in-depth insight about the true experiences of communities. In depth interview was used to have an in depth understanding on the true experiences of community and collect detail information on the trends, lived experiences of “Mingi” survivors and effective approaches in addressing “Mingi”. Focus Group Discussion (FGD) was used to bring together limited number of people who share same background. The FGD was more effective in encouraging communication and enabling people to share their knowledge, perception and experiences on “Mingi” and other HTPs. Key informant interviews was done with key government stakeholders who have deep knowledge of the project and on the HTPs. For the quantitative survey male and female project beneficiaries including influential community leaders who have participated in the various program components were interviewed to get information on effective program approaches in addressing “Mingi” and other HTPs.

Prior to the actual quantitative fieldwork, data Collectors who speak the local languages were trained on the data collection tools. They also made practical exercise and piloted the tool. Technical experts from Save the Children Country Office and Project Officers at the field level collected the qualitative data. Translators that have previous experience were identified and used to do the translation during qualitative data collection. Both qualitative and quantitative data collection in the selected project kebeles (Senbele, Ariya Umbulle, Ariya Kaysa, Denbayte and Shanko kelema) took seven (7) days. The qualitative data collection was made in only three kebeles (Senbele, Ariya Umbulle, Ariya Kaysa) and the quantitative data collection covered five kebeles. Dimeka town was also considered in the study to target kinship and foster care families that have escaped the “Mingi” practice’ and government sector representatives.

2.4 Data Collection Procedures

Prior to the actual data collection, the team developed data collection instruments including interview and FGD guides. Then, the study team checked the data collection tools for their practicality and relevance in responding to the study objectives. Accordingly, the team revised the tool and made it ready for actual data collection. The survey question were uploaded to the KoBoTool. Data collectors were trained on how to collect information using the KoBoTool. Then, the actual qualitative and quantitative

data collection completed within seven days. The team used various techniques to assure the quality of the data including:

- Carefully choosing the study respondents,
- Made the language used in the questionnaire less ambiguous,
- Suitable time and place was selected to conduct the study

The quality of the study tools, findings and the report was further ascertained by conducting discussions/ meetings among Save the Children staff from different units such as PDQI, OPs and MEAL. Review of draft tools and report as well as consultative discussions were conducted at the CO and Field Office level during the different stages of study process.

2.5 Data Processing

The quantitative data collected by using the KoBo Tool was transferred to SPSS-version 24 and has been organized in to tables and graphs to explain the variables/study questions as appropriate. Descriptive analysis method was used for the quantitative data. Statistical tools including percentage and mean were employed to analyse the quantitative survey data. Likewise, the raw data collected from interviews and FGDs were interpreted and analyzed to respond to the study objective. All the records from interviews and FGDs were transcribed, coded and analyzed using identified themes.

2.6 Study Limitations

The following considered as some of the limitations of the study:

- HTPs including “Mingi” being a social issue, the responses given from study participants might be prone to social desirability biases;
- Translator bias might affect the quality of the information collected. To avoid this SC has trained the translators.

3. Results

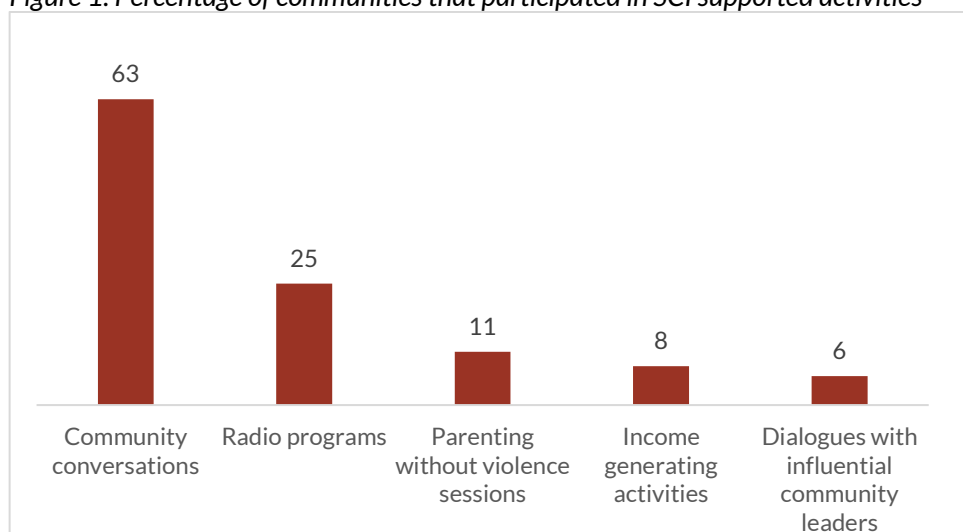
3.1 Background Characteristics of the Study Participants

Based on the objective and proposed sampling procedure of the study, a total of 415 respondents (43% female) participated in the quantitative survey. Majority of the respondents (93%) were married; and regarding respondents' age, 41% aged 30 – 40 years old followed by 28% aged 41 – 50 years old. Besides, the majority (88%) of the participants cannot read and write; and 94% have children. Nearly 77% of the participants considered themselves as pastoralists. In the qualitative survey, 116 respondents participated of this 68 (59%) were male and 48 (41%) were female.

3.2 Participation of Respondents in SCI Supported Activities

All respondents that participated in the survey were engaged in one or more of project supported activities such as Community Conversation (CC), radio program, Parenting without Violence (PwV) sessions, Income Generating Activities (IGAs) and community dialogues.

Figure 1: Percentage of communities that participated in SCI supported activities



Participants were asked in which programs supported by SCI they have been participating in; and out of the total 415 participants, 262 (63%) participated in CC, 103 (25%) in radio programs, 46 (11%) in PwV sessions, 32 (8%) in IGAs; and 24 (6%) in dialogues with influential community leaders.

3.3 Harmful Traditional Practices (HTPs) affecting the lives of boys and girls

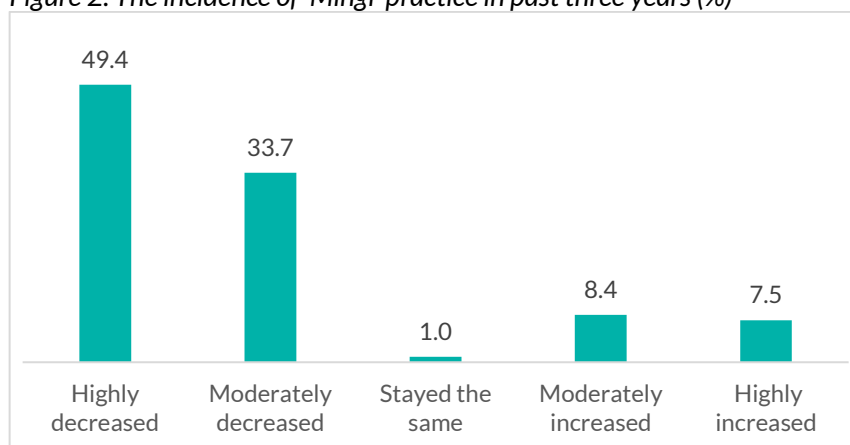
There are several Harmful Traditional Practices (HTPs) affecting the lives of children in South Omo Zone Hammer Woreda. In depth interview, FGD and key informant interview participants from Hammer woreda identified the top HTPs affecting boys and girls. They identified, whipping of girls, unsafe abortion ('wuta'), "Mingi", not sending girls to school, early marriage and abduction as the main ones. Key informant interview participants from government sector office also mentioned rape as a top harmful practice affecting the lives of girls. Key informant interview from Justice Office also mentioned that there are minor differences in the type of HTPs performed in different ethnic groups/kebeles in Hammer woreda. For instance, the Hammer ethnic group do not practice Female Genital Mutilation (FGM) while the Arebore community practice FGM. The Bene ethnic groups consider first-born male child as "Mingi" and will be killed before he grows up. They believe that if the child grows up he will bring death to his father.

In Hammer woreda, girls are whipped to show their love for their brother at the time of bull jumping ceremony. The bull jumping is the process that a young boy needs to pass through to transit to adulthood. Unsafe abortion (‘wuta’) is practiced when girls or women conceive child before the blessing of elders or before performing the traditional ceremony. It is also practiced on mothers that become pregnant while breast-feeding. “Mingi” is an infanticide practice. Children who have their top upper teeth first, children born out of wed lock, twins, babies conceived before the traditional ceremony or blessing of elders are considered “Mingi” and will be killed. Communities believe that if these children grow up in the community they will bring curse to them. Girls and women are most vulnerable groups in the community who are affected by most of the HTP practiced in Hammer community.

3.4 Changes observed in “Mingi” and other Harmful Traditional Practices (HTPs)

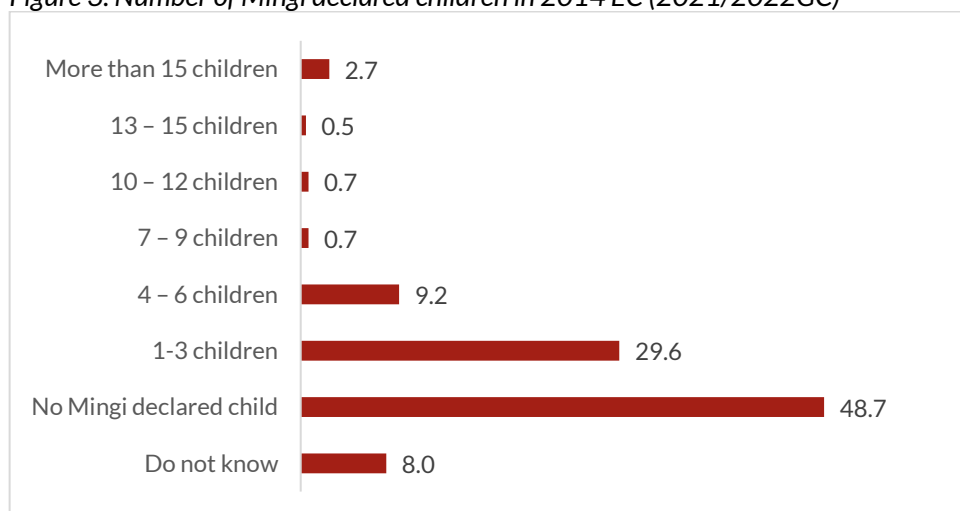
Quantitative survey respondents were asked to tell the incidence of the current “Mingi” practice’ in their community comparing it with the practice three years back. Nearly half of the participants (49%) believed that the incidence has highly decreased and 34% claimed it moderately decreased compared to three years ago.

Figure 2: The incidence of ‘Mingi’ practice in past three years (%)



Supporting the above data, 49% of the respondents confirmed that there was no child who has been “Mingi” declared’ in their area in 2014 EC (2021/2022 GC). On the other hand, 30% of the respondents claimed that there were about 1-3 children who have been “Mingi” declared’ in their area in the same year. While 3% indicated that there were more than 15 children that were “Mingi” declared’ in their community.

Figure 3: Number of Mingi declared children in 2014 EC (2021/2022GC)



Another question was presented to the respondents which states “Compared to three years ago, has the number of mothers/parents who protect their “Mingi” declared’ child increased or decreased?” The majority (55%) believed that the number of mothers/parents who protect their “Mingi” declared’ child moderately increased and 36% said highly increased. Of these, 42% of the respondents stated that the major reason for increased protection of “Mingi” declared’ children was because communities learned from experience that “Mingi” children do not bring curse to the community; and 41% informed that community participation in community conversation sessions is the major reason for increased protection of “Mingi” declared’ children.

All participants of the qualitative research indicated that there are positive changes in the “Mingi” Practice. In-depth interview participant from Ariya keyisa kebele said, “due to the “Mingi” practice children and mothers have died. Through the different awareness raising discussions and community conversation program, communities learned that “Mingi” has nothing to do with catastrophe. “Mingi” children are now growing up in the community. Communities understand that they were wrong for killing “Mingi” children. They now have started to kill goats as an alternative. The father will bring goat that will be considered as “Mingi” and the goat will be killed as a replacement to the child.”

FGD participants from the same kebele also said that the community used to forcefully take away and throw the “Mingi” child. Now this has changed. The influential leaders are convinced to stop the practice. Key informant interview participant from government sector office said, “the practice of “Mingi” has shown improvement from time to time. Mothers and families who have “Mingi” declared child now give their child to Women and Children Affairs Office and the children are supported to grow up in foster and kinship families who are prepared for and are willing to care for “Mingi” children. FGD participant from Ariya Ambule kebele said, *“There are significant changes observed in the practice of “Mingi”. The practice has highly reduced and more than two “Mingi” declared children are growing up with their biological parents in the community. These children are also participating in all acceptable cultural practices in the community like bull jumping & others.”*

Similarly, Boys and girls FGD participants for Simber kebele said, *“there are Mingi children growing up in the community. They participate in cultural ceremony and go to school with them.”* Key informant interview participants from Hammer Woreda Police Office said that the number of reported “Mingi” cases has significantly reduced. There was no reported “Mingi” case in the past months. She also said that there are over 24 “Mingi” declared children growing up in the community in Ariya Keyisa kebele. This is also the same for other kebeles like Sahnko kebele. Now, “Mingi” children participate in cultural ceremony including bull jumping and are marrying girls who are not “Mingi”. The “Mingi” children have acceptance in the community.

“In the Bina- Clan a woman’s husband passed away due to natural cause, while she was pregnant. In the meantime, the baby was born and it was a boy. The community, as very unfortunate perceived this phenomenon to the birth of baby boy. They decided to kill the baby as it was a first-born male child. But, later the influential leaders/ clan leaders declared not to kill the child, as they were much worried about their population size. If they continue to kill all first-born male babies, the Bena clan population will decrease. The Bena community noted this decision of their leaders and abstained from killing first-born male babies.” A KII participant.

All study participants confirmed that the “Mingi” practice’ has changed over time and communities have learnt that “Mingi” and natural disaster have no relation. The communities have now started discussing about the “Mingi” issues. They also advise each other. They discuss on challenges and wrong doings in relation to “Mingi” practice. People are now happy that “Mingi” children are growing up in the family. Parents also no longer hide their “Mingi” child.

Influential community leader from Senbele kebele said, *“A toddler whose first tooth appeared in the upper gum was to be killed in the past. But, these days people preferred to kill goat than the child. They, thus, went to the house of the chief of the community and killed a goat as a substitute of the child. The child is now a grown up adolescent girl and is in grade 11. Nothing bad has happened to the community due to her presence.”*

Similarly in-depth interview participants from Area Keyisa kebele said *“the current head of the Woreda pastoralist Office (previously, vice- administrator of South Omo Zone) has been a ‘Mingi’ declared child and was abandoned from the community. By looking up to this person, the community is now advocating for other exemplary ‘Mingi’ children to emerge.”*

3.5 Contributors for the Changes in “Mingi” and other Harmful Traditional Practices

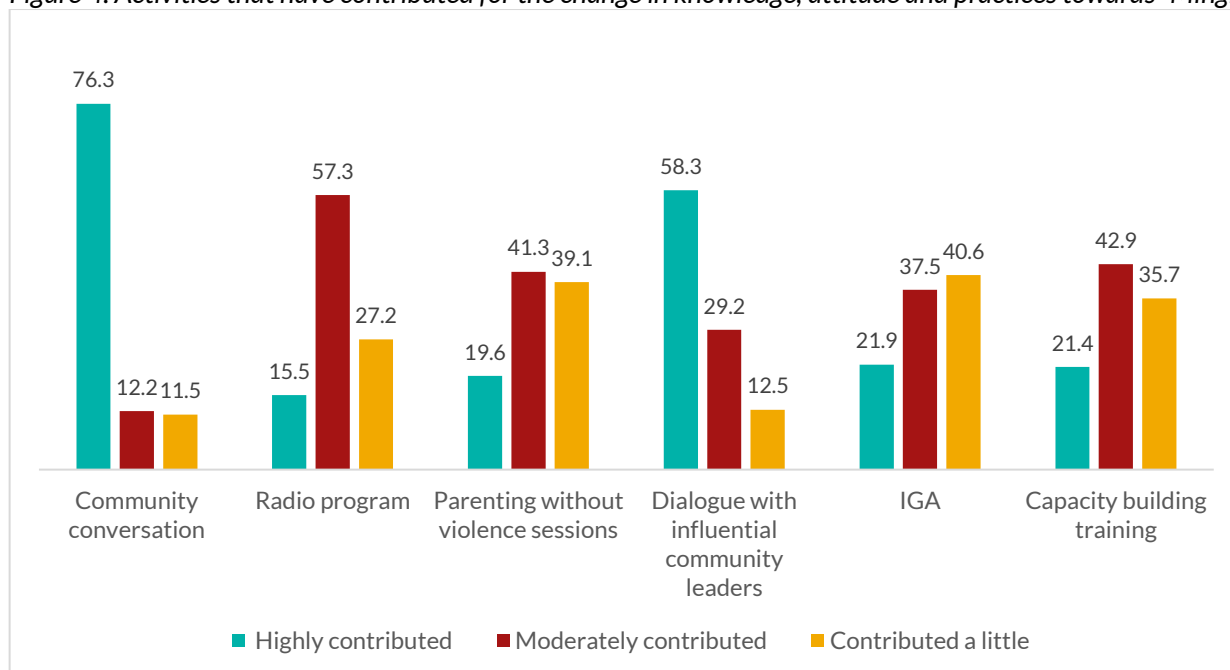
Many factors have contributed for the change in “Mingi” practice’. Almost all respondents of the qualitative survey reported that the awareness raising and capacity building activities conducted by governmental and non-governmental organizations have contributed for the change in “Mingi” and other HTP practices. Further the banning of the HTP practices including “Mingi” by influential community leaders helped for reduction of “Mingi” practice in the community. According to FGD and IDI participants, communities look up to influential community leaders and if community leaders said that “Mingi” and other HTPs should stop, community members will respect their leaders and will commit to their words. Further, female focus group discussion participants indicated that the use of birth control mechanism by women and adolescents helped to reduce the “Mingi” practice. In-depth interview participants from Senbele kebele radio listening group indicated that awareness-raising activities organized by Save the Children such as Community Conversation, radio programs, community dialogues, efforts of child protection committees, community declarations on “Mingi” and IGA support for families caring for “Mingi” children helped in bringing changes in the “Mingi” practice. Influential community leaders from Senbele kebele also mentioned that community awareness raising activities and community elders’/ clan leaders’ declaration of abolishing “Mingi” practice helped to bring change in the “Mingi” practice.

As reported by influential community leaders, the other contributing factor for the reduction of the “Mingi” practice is the presence of a role model in the community. There are now “Mingi” children that have been saved by the development actors and other community groups. These children are now adult citizens. They are educated and now serving as leaders of their woreda. Communities have seen these people grown up and serving the community. Now they understand that there is no link between the existence of “Mingi” children and natural disaster. They have noticed that rain has continued to rain, crops did not fail and their animals still have grasses to feed. Moreover, observing the positive change in the life of the children who were labelled as “Mingi” like when these children grew up and showed improvement in their life as well as contribute for the community, has become evident that they are like any other person in the community and their presence did not bring anything bad to the community.

Regarding the quantitative study findings, among the 262 respondents who participated in the Community Conversations, 76% confirmed that the community conversation sessions highly contributed to change their knowledge, attitude and practices towards “Mingi” that indicated the finding is in line with the qualitative study. Besides, among the 103 participants who attended the radio programs, 57% felt that the radio program moderately contributed to change their knowledge, attitude and practice towards “Mingi”. The 46 participants who attended the Parenting Without Violence sessions were also asked to what extent the sessions contributed to change their knowledge, attitude and practice towards “Mingi”; and 41% of the participants responded as the sessions moderately contributed whereas 39% responded as it has highly contributed. Fourteen (58%) of the 24 respondents

who participated in the dialogues with influential community leaders declared that the dialogues highly contributed, and 29% said moderately contributed to change their knowledge, attitude and practice towards “Mingi”. On the other hand, among the 32 respondents who participated in income generating activities (IGAs), 41% and 38% of them remarked that the IGAs contributed little and moderately, respectively, to change their knowledge, attitude and practice towards “Mingi”. Fourteen respondents also participated in Capacity Building Training; six of them (43%) believed that the capacity building training moderately contributed to change their knowledge and traditional practice towards “Mingi”. Five of the 14 (36%) responded that the training contributed a little.

Figure 4: Activities that have contributed for the change in knowledge, attitude and practices towards “Mingi”



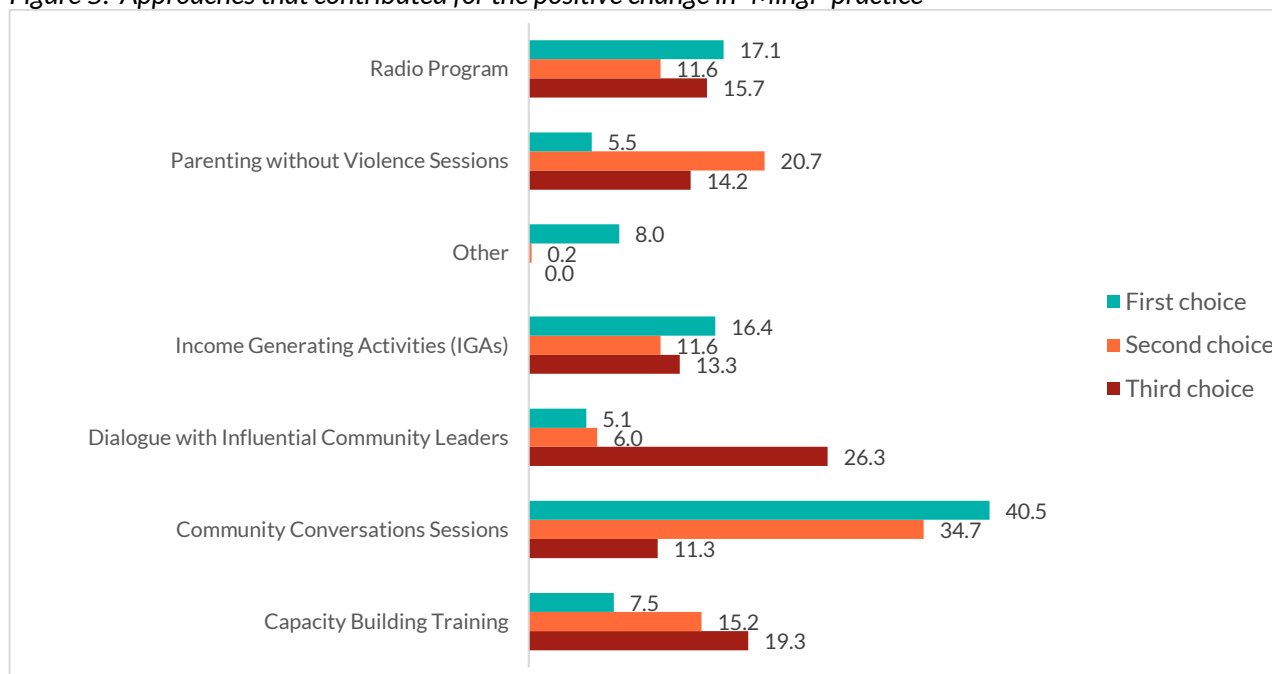
3.6 Approaches that contributed for the positive changes in “Mingi” and HTP practice

In-depth interview, KII and FGD participants in the different research kebeles confirmed that they have participated in different awareness raising activities organized by Save the Children. They also said that their participation has positively influenced their attitude and practice in relation to HTP/“Mingi”. Influential community leaders from Senbele kebele indicated that their participation in awareness raising program gave them lessons on the importance of abolishing “Mingi” and other HTP practices. Ariya keyisa kebele influential community leaders said that through the awareness raising programs organized by Save the Children, issues which were not clear enough before had become very clear to them. They also said that they have enjoyed their participation in awareness raising program.

When radio listening group respondents from Senble kebele were asked about the main approaches that has contributed for positive changes in the “Mingi” practice, they pointed out awareness raising activities organized through government, child protection committees and SCI as well as banning of “Mingi” and other HTPs by influential community leaders. In addition, influential community leaders from Senbele kebele mentioned that the most relevant approach to address HTP/“Mingi” is convincing the community elders/clan leaders. CBC representatives from Ariya Ambule kebele also shared this. They said that the banning of “Mingi” practices by influential community leaders and the awareness raising activities have contributed for the positive change in the “Mingi” practice. Further, women FGD participants in all the kebeles said that the use of contraceptive has contributed for the reduction of “Mingi”. Men FGD participants said that apart from the awareness raising activities, the presence of “Mingi” role models who reached higher level have contributed for the reduction of the “Mingi” practice. The communities have seen these people and learnt that “Mingi” and catastrophe have no link.

Similarly, survey respondents were asked to prioritize approaches that have positively contributed in changing their knowledge, attitude and practices towards “Mingi”. Of the respondents, 41% of the participants put Community Conversations sessions (CCs); 17% put the Radio Program; and 16% of the respondents ranked the Income Generating Activities (IGAs) as their first choices. On the other hand, 35% chose CCs; 21% put Parenting without Violence sessions (PwVs); 15% Capacity Building Training; and 12% respondents chose both Radio Program and IGAs as the second rank. Dialogue with Influential Community Leaders (26%), Capacity Building Training (19%), Radio Program (16%), and others were put in the third rank.

Figure 5: Approaches that contributed for the positive change in “Mingi” practice



In contrary to the qualitative participants, the quantitative respondents gave less priority to dialogues with influential community as bringing changes to the “Mingi” practice. The quantitative respondents gave high priority to community conversation session followed by radio program and IGA.

3.7 Reasons for continuation of “Mingi” and other HTPs in some locations

Although there are changes in the exercise of HTP, except for the “Mingi”, other HTPs have continued in the study locations. As confirmed by respondents, the “Mingi” practice has stopped in many of the targeted locations except in those areas that are hard to reach. The low level of awareness in hard to reach areas resulted in the continuation of the practice. The awareness raising programs through community conversation, radio programs, capacity building training, “Mingi”-banning ceremony and the use of birth control mechanism contributed to the ending of the practice in most accessible locations. On the other hand, whipping of girls has continued in many of the kebeles. People still think that girls can only express their love for their brother through whipping and community members including adolescent girls failed to understand the side effects of the practice. Forced abortion (Wuta) has shown improvement due to the use of birth control mechanism by women and expansion of health services. Early marriage is still an accepted practice in most areas. However, as reported by interview participants there are some changes in the practice of early marriage due to awareness raising activities carried out by different stakeholders.

3.8 “Mingi” declared children in the community, community’s acceptance and positive deviant community members

Majority of the research participants indicated that the “Mingi” labelled children in most targeted kebeles are growing up with the community. “Mingi” children and those that raised them are not facing any challenges and are participating in different social and cultural events. Those that have grown up are also able to pass through the bull jumping ceremony and get married. In-depth interview participants from Senbele Kebele radio listening group indicated that there are more than four “Mingi” declared children that grew up in the community. Previously, these children faced discrimination and intimidation but now these have stopped and they are growing up as members of the communities with all rights respected as others. Many community members resist the “Mingi” practice as a result of their participation in different awareness raising programs. There are also families that rescued and raised “Mingi” declared children. In-depth Interview participants from radio listening group in Senbele kebeles indicated that there are now many community members that resist the “Mingi” practice and other HTPs in their community. They explained that the awareness raising activities like community conversation sessions, and radio programs organized by Save the Children as well as denouncing of the “Mingi” practice by influential community leaders helped them to stand against “Mingi”.

Influential community leader from Senbele kebele said *“We brought children labelled as ‘Mingi’ and was about to be killed by another community. We brought them up to our village. I, myself, went to Denbe village and brought the child labelled as ‘Mingi’. They were about to kill him but I rescued him and raised him up”.*

3.9 Factors that contributed for the empowerment of mothers/parents to become positive deviant and protect their “Mingi” declared child

Communities in Hammer had been doing the “Mingi” practice for the past many years. There is no one to tell on when this practice started. But, many community members agree that this has been going on for many years. The engagement of civil society organization and the government in awareness raising and behavioral and attitude changes activities have brought about some positive changes in the practice. Many of the research participants confirmed that the “Mingi” practice has shown reduction. There are also many “Mingi” declared children that grow up in the community.

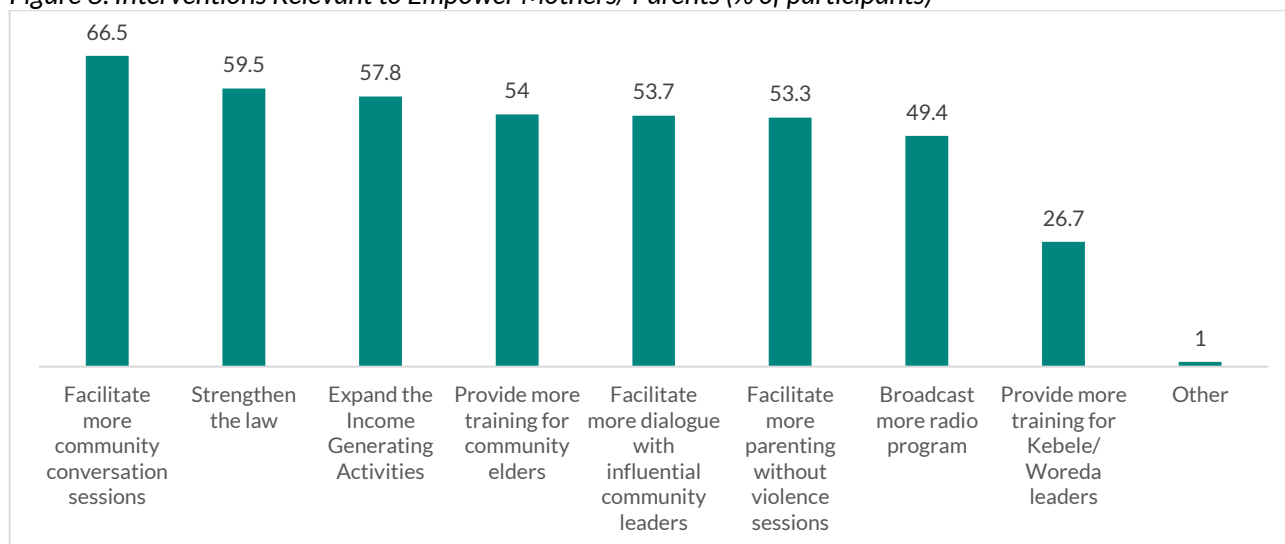
In-depth interview participants with positive deviant mothers in Hammer community also confirmed this. According to positive deviant mother from Area keyisa kebele, many children were left in the Jungle previously. Now communities are hurt because they killed their child. The number of “Mingi” children growing up in the community has increased; they are now going to school. Now the “Mingi” practice has stopped. The community conversation has helped to raise awareness in the community. They now understand that the growth of “Mingi” children in the community will not bring any curse.

In this regard a women reported the following *“Ten years ago my child was declared “Mingi”. I refused to give away my child. At that time, the community denounced me. They were backbiting me. I was out casted from many of the social events.”* She said that being a religious person and the positive parenting education, income generation and material support that she received from Save the Children and the government helped her to peacefully raise her child. Currently, due to the awareness raising activities being conducted in the community families with “Mingi” child do not face any challenge. They also participate in social events. She also believe that the changes brought in the “Mingi” practice are sustainable and will not reverse back due to the attitudinal changes brought in the community.

Another positive deviant mother from the same kebele said that three years ago, when she was about six months pregnant with her first child, she was told by the local leaders in her village that the Fetus in her womb should not be born. This is mainly because she became pregnant before the blessing of elders and cultural ceremony. When she heard the elders’ decision, she was shocked and confused. When her pregnancy progressed, neighbours advised her to go to the District Women’s Affairs Office in the town and report her case. She was then advised to leave her village and live in Dimeka town where she gets protection. She did as advised and escaped the killing of her child. She also received income generation and material supports that helped her to raise her child. After some time she returned to her village and gave birth to her second child. She said that, the information that she received from her neighbours that participate in community conversation program organized by Save the Children and the government helped her to save her child. She also started attending community conversation and community dialogue programs organized in her community. Currently, she is not facing any challenges from the community.

Similarly, quantitative survey respondents were asked what interventions they think are relevant to empower mothers/parents to protect their “Mingi” declared child. Facilitating community conversation sessions (67%), strengthening law enforcement (60%) and expanding income generation supports (58%) were identified as intervention relevant for empowering mothers.

Figure 6: Interventions Relevant to Empower Mothers/ Parents (% of participants)



Both the qualitative and quantitative survey respondents identified community conversation and IGA programs as top contributing factors for parents to resist the “Mingi” practice. Another factor, which was mentioned in the qualitative survey but not identified in the quantitative survey include being a religious person.

3.10 Organizations working to address the “Mingi” practice

According to most respondents, organizations that work to address the “Mingi” practice in Hammer woreda are very limited. It is only few civil society organizations like Save the Children and Omo Child and the government that are working to address the practice. Radio listening group representative from Senbele Kebele said that it is only Save the Children that is working on “Mingi” issues. Community based child protection structure members from Area Ambule kebele said that the government and community are working on awareness raising activities to address the “Mingi” practice. In-depth interview participant from Area Kyisa kebele said that SCI, Omo Child, Women and Children Affairs, Health Office are engaged in addressing the “Mingi” practice. These organizations use various approaches including

awareness raising activities through community conversation, radio programs and community dialogues and law enforcement to address “Mingi” and other HTPs.

3.11 Community declaration or banning ceremony to eradicate the “Mingi” practice

Radio listening group representatives from Senbele kebele explained that there had been community based declaration or banning ceremony organized to eradicate the “Mingi” practice. Influential Clan leaders, middlemen, elders, kebele administrator and Women & Youth association representatives were involved in the banning from their kebele. Radio listening members also confirmed that community members are aware of the banning event. They also said the event significantly contributed for the reduction of the “Mingi” practice. Similarly, CPC representative from Ariya Ambule kebele stated that there was a banning ceremony where influential community leaders were involved. Four oxen killed and slaughtered for the traditional banning ceremony and three people from each community participated in the banning. Most qualitative respondents confirmed that the banning ceremony contributed for the eradication of “Mingi”.

Influential community leaders from Ariya Keyisa kebele said that *“in our Kebele, an influential clan leader named ‘Adino Gershu’ has commanded the whole community to stop killing children and associating them with the occurrence of natural disasters. The community has fully accepted the direction from the clan leader, and they are facilitating the growth of ‘Mingi’ children in the same area where they were born.”*

The qualitative findings from different groups confirm that the banning of “Mingi” practice by influential community leaders had contributed for the reduction of “Mingi” practice in Hammer woreda. Communities look up to their leaders and respect the decision that they have made. Once community members are informed about the banning, they agreed to stop the “Mingi” practice. Thus, banning of “Mingi” by traditional leaders and the cascading of the information to all community groups is among the effective approaches that helped to eradicate the “Mingi” practice.

3.12 Sustainability of the Positive Changes in the “Mingi” Practice

When respondents were asked about the sustainability of the positive changes observed in the “Mingi” practice. Majority of the research participants confirmed that it is sustainable and that the practice will not reverse back. For example, in-depth interview participants from Anbesie Kebele influential community leaders indicated that they now understood as well as observed in practice that “Mingi” is an HTP and that the practice is not based on truth but myth. Hence, they will not kill children simply based on a false myth. Radio listening participants from the same kebele stated that the positive changes observed in the HTP/“Mingi” practice would have probability for sustaining. However, the sustainability will only be assured when government and NGO like SCI works continued. When same respondents were asked if the practice would reverse back, they said that there is possibility of reversing back. These will result from poor implementation of laws and deep rooted cultural beliefs. For the practice to completely end, they suggested that the awareness raising activities organized by Save the Children and the government and community based declaration/banning ceremony should continue.

On the other hand, qualitative research respondents were asked about what intervention to be put in place to ensure the safeguarding of “Mingi” children within their community of origin. Accordingly, 62% of the respondents suggested to facilitate more CCs; 60% advised to strengthen the law that protect “Mingi” children; 55% believed that expanding the IGAs and facilitating more parenting without violence sessions.

4. Conclusions and Recommendations

4.1 Conclusions

The study confirms that there are positive changes in the practice of “Mingi” and other HTPs in the community. The communities’ knowledge, attitude, and practice in relation to “Mingi” practice has changed over time. The number of positive deviant mothers, influential community leaders and other community members that resist the “Mingi” practice has also increased. “Mingi” declared’ children are also growing up in the community without facing any challenges. The positive changes observed are higher for project intervention areas and much work needs to be done in areas that are hard to reach. Continuous community mobilization and law enforcement activities should continue in existing project location to make the observed changes sustainable. Based on the qualitative and quantitative results, various factors have contributed for the reduction of the “Mingi” practice. Most of the factors like awareness raising activities, IGA and banning of the “Mingi” practice by influential community leaders are directly related to the project. However, there are also other factors that are outside of the project scope like the use of contraceptives that also contributed for the reduction of “Mingi” practice.

4.2 Recommendations

Development actor including SCI:

- Continue to raise the awareness of communities on negative impacts of “Mingi” through debates and dialogues with influential leaders, radio program, community conversation and parenting education.
- Target community elders/ chiefs, especially those who are living in remote areas in awareness raising activities in relation to “Mingi” and other HTPs.
- Expand awareness raising activities in new locations that were not targeted before.
- Support communities to organize community led banning events on the “Mingi” and other HTPs especially in those kebeles (villages) where banning did not take place.
- Provide financial or in-kind support to parents to send their children to school and raise awareness on the importance of sending children to school.
- Support transformation of negative social norms.
- Continue to motivate and recognize positive deviant mothers.
- Strengthen foster care system to ensure protection of “Mingi” declared children.
- Ensure access to IGA support for children and families at risk of HTP.

Government:

- Government shall make maximum effort to make registration of birth, death and marriage compulsory. This will help to ensure protection of children from “Mingi” and child marriage practices.
- One of the mechanism that has contributed for the reduction of the “Mingi” practice is the use of contraceptive by female. Governments should continue to promote the use of contraceptive by female and male.
- Government shall take immediate measures to implement compulsory primary education and to increase the access of girls to school.
- Government shall allocate adequate budget for HTP prevention and response action. This will help to target regions that are not covered by CSO.
- Government shall give adequate attention to implementation of anti-HTP laws and policies including enforcement of laws and penalization of offenders.

Media:

- The media should be mobilized to raise public awareness on “Mingi” and other HTPs and the need to combat them. Media Professionals should continue to integrate anti HTP messages in their programs.

Community:

- “‘Mingi’ declared’ children who are educated and reached at higher level shall be role models to the community so that other “‘Mingi’ declared’ children can be motivated to be successful in their lives.
- Strengthen community based foster care programs to support children rescued from the “‘Mingi’ practice’.