

Borana Oromo Parents Postpartum Infant Care and Socialization, Southern Oromiya Ethiopia

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Abstract

The present study is aimed at assessing Borana Oromo parent`s postpartum infant care and socialization practices. The instruments used to collect the data were questionnaire, Focus Group Discussion (FGD) and interview of key informants. The sample involves 144 participants; categorically 80 mothers and 30 fathers selected through simple random sampling techniques, 4 key informants and 5 Focus Group Discussion (each with 6 members) respondents selected through purposive sampling technique. The qualitative techniques and describing behaviour through statistical methods were employed to analyze the collected data. An attempt was made to describe Borana Oromo parental child care and investment strategies in relation to feeding practices, sleeping management and caretakers` response to infants crying. The outcome of the data analysis revealed that there are useful care practices like prolonged duration of breast feeding and co-sleeping practices. However, there are also harmful traditional practices such as the heavy reliance on traditional midwifery “cirretti” for child delivery rather than modern medical institutions. Besides, there is lack of adequate modern medical institutions and the inaccessibility of infrastructure (road and transportation) for the rural community to visit the existing hospital in the Yaballo town. Hence, the absence of the use of family planning methods and the belief they hold that bearing a child whenever God wills contributes a lot to the high rate of fertility.

Keywords: Postpartum, Infant Care, Socialization, Breast Feeding and Cosleeping

Introduction

Several literatures from Psychology and other disciplines like Anthropology and Sociology points out that a new born child arrives in this world independent of its specific society or culture and wants care like getting immediate attention to fulfil its basic and safety needs. The ways these needs are met and are socialized differ from culture to culture, even among ethnic groups within a single society. The social environment or culture influences patterns of parenting from the first hour of birth, for instance, the way parents care for infants or encourage their baby to explore their surroundings; whether they are nurturing or restrictive and what behaviour they value in their culture are all reflective of values they implicitly uphold (Crain, 2000 & Munroe, 1994).

The present study mainly focus on the three basic elements of child care practices: infant feeding practices, sleeping management and caretakers` responsiveness to infants crying.

1. Infants Feeding Practices: Infants spend most of their day time on food intake except during sleeping. The how, what and when to feed an infant is a socialized behaviour highly influenced and determined by the developmental niche social context, parental characteristics and the societies cultural values.

In several cultures, a child breast feeds for two or three years. However, in western culture breast feeding of the child can be viewed in terms of months. Nutritionists, physicians and psychologists view breast feeding in terms of years and advice for at least a year. This is because by this time the majority of infants has out grown most of their food allergies and will thrive on alternative nourishment. Breast feeding is considered as the long term investment in children. It is a solid foundation for what the child will later become. Mothers through breast feeding are providing their babies the best emotional, physical and mental development. In the extended period of breast feeding mothers are fulfilling the nature's way of babies needs for intimacy and appropriate dependency on other people. If the needs of children are met during critical period, the children will grownup to be sensitive and independent adult (Asefa, 2000 & Kelly, 2006).

In the most cases those children breast fed well and not weaned before their time are characterized by self confidence, good intimacy and social interaction with other people, easier to discipline, experience less anger and develop trust to the world (Kelly, 2006). On the other hand, Wikipedia (2000) indicated that in several cultures breast feeding is a widely accepted practice than bottle feeding. Breast feeding is a process by which a woman feeding an infant or the young child, with produced milk from her breasts usually directly from nipples. Babies and infants have a sucking urge that help them to take in the milk. If the mother has no transmissible disease, breast feeding is the most important practice. However, for medical or personal problems some mothers do not like to breast feed their children. Some diseases like HIV/AIDS are transmitted through bodily fluids and can be passed through breast milk and affect the child. Some drugs can also pass through the mother's breast milk but most are transmitted in small amount and do not affect the child. That is why psychologists, physicians, and governments promote breast feeding practice.

According to Gardiner (1998), breast feeding is understood as the ideal method for providing nourishment to babies. This is because breast milk is more easily digested than any other types of milk. It keeps the child healthy or protects the child from diseases by providing the child with natural immunity. Breast milk is also immediately available than other milks. In non western world, breast feeding is the most accepted one by mothers but recently it is declining in favour of bottle feeding specially in the major urban centre of third world countries. The cultural attitude of people determines whether babies are breast-fed or bottle fed. For instance, among Americans and the western world mothers do not breast feed. This is because immediately after delivery, they return to work. As a result, bottle feeding enables more fathers to get involved in feeding and establishing a bond with their children. Hence, researchers emphasize the importance of feeding as a process that provides an excellent opportunity for fathers to and establish an emotional bond or attachment with their children. This in turn has significant implications for children's inter-personal relationships throughout the remainder of the life span.

Somerville (1993) also indicates that there are three major components that have crucial importance on the father's involvement in child care: interaction, availability and responsibility. Interaction refers to the father's direct contact with his child through providing care and shared activities. Availability shows the father's presence to make the child feel secure and free from distress. Responsibility on the other hand, indicates the role the father takes to ascertain that the child is taken care by well arranged resources. Indeed, feeding practice provides an important context for social interaction and bonding with caretakers (mothers, fathers, siblings or any other) during the first year of life.

2. Co-sleeping and Sleeping Management: it is obvious that all babies require sleeping and there is also variation in children sleeping arrangement across cultures. In relation to this, Super and Harkness (1994) state that the way sleep is organized, which involves where and with whom the child sleeps is an intriguing aspect of culture because it is highly organized and structured differently by different cultures, showing relative resistance to change.

Parents play a key role in assigning of the settings and sleep routines. For instance, a study conducted by Super and Harkens (1994) on Kipisigs farmers of Kenya indicated that the younger child continues to sleep with its mother until a new baby is born. Gradually, the young child moves to the elders siblings setting. This change of place along with the termination of breast feeding and back carrying results in a fundamental shift in the child's physical settings of life. Hence, sleep management is one of the culturally regulated and determined parent-child interactions.

LeVine (1980&1988) pointed out that sleeping arrangements influence early parent child relationships and reflects cultural beliefs about infant's development in social life. For instance, Mayan infants of Mexico usually sleep with their mothers and fathers until the birth of the new sibling. However, a study conducted on the middle class Americans and Canadian families show that co-sleeping is not accepted in the cultures. In these cultures, a newborn, in exceptional cases, may sleep in the same room but not in the same bed with the parents. In such cases infants would eventually move into a different room at about three to six months age. The difference between the two cultures is related to parental beliefs and cultural values. The study conducted by Bowlby (1969) and LeVine (1988) indicated that most Americans parents belief co-sleeping interferes with their plan and efforts to train their children early to become self reliant, confident and independent persons. However, Mayan parents believe that the closeness that occurs as a result of co-sleeping arrangements promotes the child's social awareness and learning. The Japanese parents also support these view and assume co-sleeping as a road to develop interdependence with others. In Japan due to overcrowded micro system infants frequently sleep with their parents until the age of six and above. Sleeping arrangements have implications on the interaction between the child and the social environment. For example, the presence and absence of caretaker (usually the mother) during the night may facilitate and reward a certain attachment style (for instance, anxious or resistant). That contributes to the development of such adaptive and desirable values, as values of interdependence with others.

According to Erik Erickson (cited in Crain, 2000) psychosocial model social maturation during the first years of infancy is reflected in the development of the child's feeling of trust versus mistrust to the outside world. The world is comfortable and good, that means trust, but if it is uncomfortable and threatening it means, mistrust for the infant. Infants learn to trust the world for instance, if they cry and get response when and if they are hungry, someone picks them up and feeds them. Parents in turn also learn to trust their babies if they feeds that they will be quieted and comforted after being fed.

3. The Caretakers Response to Infants Crying:

It is apparent that all babies cry for different reasons. Harry (cited in Gardiner, 1998) noted that crying is the new born baby's earliest form of communication with the immediate social environments, the micro and meso systems. It is through crying that a child makes others know that he/she is hungry, is not feeling well, wants attention, would like its older siblings not to annoy him/her or conveys other information about its condition. When newborns and infants cry they are bringing their parents or other people into their world and socializing them into their understanding since they have no choice to express their feeling (Berry,1990).Infants who have various disorders like cystic fibrosis, down syndrome and other problems cry differently than normal babies. These children crying are differentiated and recognized by individuals across cultures.Crain (2000) also states that frequent responding to crying fosters attachment and resolve trust versus mistrust crisis.

Objectives

1. To identify the various types of diets provided for the new born baby and infants.
2. To investigate the Borana cultural orientation in relation to breast feeding, co-sleeping and caretakers responsiveness to the child's crying.
3. To find out the Borana parental goals and child investment strategy.
4. To assess the useful child care practices and the harmful traditional beliefs and practices which affect the new born babies and infants`.
5. To identify whether the Borana infants and mother during delivery have access to the modern medical treatment or not.

Method

Sample

The total study sample consisted of 144 participants. Among this 110 respondents (80 mothers and 30 fathers) were recruited to complete the questionnaire through simple random sampling techniques. Four key informants for in depth interview and 5 Focus Group Discussion (each with 6 members) were selected purposely so that they can share their own experiences on cultural way of infant and child rearing practices. Thus, the FGD and interview participants were selected on the bases of age and participation experience in the Gadaa system. This is because the researcher believes that aged persons and those experienced in the community affairs (have more involvement in the Gadaa system) are more knowledgeable and better understanding about their culture and environment than others. Gadaa system is the religious and socio-political institution that guides every life aspect of Oromo People.

Procedure

First, skim reading was made from the different sources to have the gist and identify the research gaps in Oromo parental roles of child care and socialization practices. Then factors that affects postpartum infant and child care practices were also briefly assessed to know the magnitude of the problem. After that different website sources were accessed, an existing literature was thoroughly reviewed from libraries and the different organization documents. This was followed by developing questionnaires based on literature review and which was cross checked by the research guide and department friends.

After that researchers moved to Borana (Yabello and the surrounding vicinity) about 600 km away from the capital of Ethiopia, Finfinnee (Addis Ababa) for data collection. Reaching there, the researchers requested and got permission from the provincial administrators and Abbaa Gadaa(Gada Leaders) of Borana to collect information on the aforementioned topic. Then with the help of local guider the researcher contacted local village elders and explained the main purpose of the research to the whole participants. Respondents were requested their willingness to participate in the research study and replied positively to complete the survey.

As instruments of data gathering, questionnaire (that involves both open ended and close ended), interview (structured and unstructured), Focus Group Discussion (FGD) and interview of key informants were employed. Questionnaires were prepared in Oromo and English languages and mainly focus on cultural practices of infant care and socialization. FGD and interview of key informants were employed to address the key research questions and to assess the Borana infant care and socializing systems in much broader ways.

Data Analysis

The gathered data was analysed using both quantitative and qualitative methods. Quantitatively, the data from questionnaires was presented in the form of tabulation and analysed using statistical tools. The collected data from interviews and Focus Group Discussion was also interpreted and described in qualitative ways.

Results and Discussion Section

Socio Demographic Characteristics of Respondents

Variables		Frequency	Percentage
Sex	Male	30	27.27%
	Female	80	72.73%
	Total	110	100%
Age	25-30	6	5.5%
	31-35	10	9 %
	36-40	24	21.8%
	41-45	28	25.5%
	46-50	32	29.1%
	>50	1	9.1%
	Total	110	100%
Educational Status	Noformal education	93	84.5%
	Grade 1-6	12	10.9%
	Grade 7-12	3	2.7 %
	Grade12 certificate	2	1.8%
	College degree and above	-	-
	Total	N=110	100%

Birth Process and Postpartum Infant Care

For the delivery of the healthy and normal child the trained and educated midwife as well as modern medical institutions play crucial role in assisting the mother. In the Borana culture as respondents from the Focus Group Discussion (FGD) and key informants indicated during delivery women are assisted by the traditional midwife. Even, in some cases where there is normal or relatively less labour, the neighbouring or elder women participate in helping the mother to give birth. However, when the mother faces a difficult labour “cirreettii” (traditionally experienced midwife) is called to assist the mother. If it is beyond the capacity of the traditional midwife they go to the modern medical institutions. Hence, the Borana mothers use the modern medical institutions as the last resort for their problem. This increases maternal mortality and the probability of the Borana mother’s to deliver physically normal and healthy infant.

After delivery in case the child refuses to breast feed and take other foods, from 110 participants, the majority of respondents (56.4 percent) replied that they prefer traditional solutions. The local medical person is called to find the traditional medicine known as “qorsa”. This “qorsa” root is grounded and its flour is mixed with water.

After a few minutes they make the child to drink it and this medicine is believed to cure or heal the child from the diseases. The rest respondents (43.6 percent) said that they take their child to modern medical institutions when their child is sick or refuses to take food properly.

Concerning early attachment and socialization, respondents reported that in Borana Oromo culture the new born baby after birth is not separated from his/her mother because the mother checked and followed up the health and safety of the baby. For this respondents believed that the child relies on the parents (mostly the mother) for physical and basic needs until he/she support him/her self. From the total 110 participants, 90.9% of them responded that there is no separation between the mother and new born baby. A small number of respondents (4.5%) and (1.8%) replied that the child could separate from the mother for less than one hour and for one hour respectively. In the Borana, after delivery the child and the mother sleep together for the long period of time. The mother is supposed to rest in bed and stay in doors for about forty days or more. In the mean time her relatives from the remote areas visit her and come with special type of foods like porridge (maize or enset mixed with butter or milk), roasted coffee “buna qalaa” or other foods to feed her. Gradually, she begins to regain her strength and feed her child.

Feeding Practices

According to Gardiner (1998) the three basic issues: the what, how and when to feed an infant highly reflects the developmental niche model of social context, parental characteristics and societal values. In Borana culture, before the mother provides breast milk, the new-born first test is water (for male child) and cow’s milk (for female child). After a few minutes the male child is also given a sip of milk. Then for three days the infant is given only cow’s milk. The fact that the male child’s first test of feeding on water shows that during war or invasion period the child will not get milk and the clan prepare or train the male child to use only water for drink during fight with enemies. Milk is given primarily for both sexes and this is done to show the importance of cow’s milk in their culture. Providing milk or fresh butter for the new born baby is highly entangled with their livelihood and economic activities.

One of the major goals of infant care is the establishment and maintenance of breast feeding. The woman breast is the optimal source of food for the new born child. Breast milk is easily digested than any other types of milk. It keeps the child healthy or protects the child from diseases by providing the child with natural immunity. Breast milk is also immediately available than any other types of milk. Moreover, the baby’s early sucking and skin contact is associated with more affectionate behaviour of mothers towards their infants (WHO, 1997; Gardiner, 1998)

Concerning when to breast feed the new born baby, about (85.5 Percent) respondents replied that it is after the second day that the new born child begins sucking the mother’s breast. Until the third day the child is given the cow’s milk. Some of them (9.1 Percent) indicated that after four hours they provide breast milk for the child. A small number of respondents (1.8 percent) stated after three hours. Again 1.8 percent of informants responded immediately after birth.

In Borana Yabello and surrounding areas, the majority of respondents (54.5 percent) replied that there is no fixed time or no scheduled time to feed infants. Breast milk or any other food is given whenever the child shows signs of hungry. Other respondents (40.9 percent) indicated that infants or children are fed when they cry. They also stated that infant crying showed the child's interests for breast or food.

In line with this Harris (1993) stated that the needs of infants are relatively forward and clear to everybody. When infants and children are awake, they need breast milk or additional food, stimulation and someone to care their hygiene. In other words, children enjoy and spend their time on food intake except during sleeping. The timing and patterning of these events (feeding versus sleeping) is determined by each baby's unique physical and psychological needs but they are influenced by care givers. Harris also indicated that in the case of the children demand feeding schedules, they are fed whenever they want or are hungry. A healthy infant can show the sign of demand for food to the care-giver by crying when hungry and stop crying when satisfied. Hence, most health care workers advocate the approach of demand feeding since it meets the babies' needs.

In the Focus Group Discussion, respondents were also asked what type of feeding practice (breast feeding, or bottle feeding or any other method) they use in Yabello and surrounding areas. They stated that breast feeding is highly acceptable in the Borana culture. It is mandatory for the mother to breast feed the newborn child. They indicated that getting the mothers breast milk and other foods is the most important and the basic child right in Borana culture. Besides, the mother's milk, the new born and children are fed on cow's milk by using a special milk container called "qabee". The livelihood of the Borana society relied on the rearing of animals (cattle, camel, goat etc) and children from the first day of birth grow up while drinking the cows and camels milk (milk of either of them).

Regarding this, the empirical studies conducted by Harfouche (1990) and Arnup (1994) indicated that breast feeding is the natural way of feeding human infant and has central role for the survival, growth and development of the child. Breast feeding the child is the most fundamental and important part of child rearing and raising. It reflects the ideal cultural image of the mothers particularly for the traditional societies. Harfouche and Arnup also stated that human breast milk represents the strongest possible foundations for child nutrition and infant care. The bond created during breast feeding influences the quality of mother- infant interaction, the beliefs, interests, values and attitude of mothers.

Besides, Zanden (1993) noted that breast feeding provides children with the emotional and psychological rewards for women who breast feed than bottle or cup feed mothers. The close physical contact afforded by breast feeding is pleasurable and more interesting for children. Supporting the above idea Lawrence and Gartner (1997) stated that human breast milk and breast feeding itself benefits the child for his/her healthy and over all development. It also reduces and prevents the child from acute chronic diseases and risks.

Respondents were also asked the age at which weaning takes place in the Borana. They replied that it was in most cases, between two or three years. But some

continued to breast feed their child until the coming of the new child. Susan (1994) noted that the longer duration of breast feeding and weaning help the Borana parents in limiting the number of children. It reduces the high fertility rate. In the Borana except those who reside in urban centres, the rural women do not have interest and even access to use contraceptive pills.

For the question what strategy or system nursing mother uses if she wants to wean her child, the majority of respondents (71.8%) replied that when the mother is ready to wean her child, she anoints her nipple with traditional plant leaf known as “eebicha or hargessa”. This leaf has a bitter taste and it is traditional medicines which make the child hate the mother’s breast. Besides, some of them (18.2 percent) responded that they send their child to the mother’s parent home and make to stay there for a month or more to wean the child. The rest (10 percent) respondents indicated that they provided cow’s milk which gradually made the child forget the mother’s milk.

In relation to this Cole (cited in Gardiner, 1998) demonstrate that the duration of child feeding varies across cultures and is determined by an individual and societal values. These are the health of the mother and her child, the availability of appropriate nutritional supply for the child and the cultural beliefs about the developmental adequacy of nursing.

Moreover, respondents also indicate that the Borana children begin to eat additional foods (other than breast milk and cow’s milk) when the child has the first teeth (mostly when they have molars and premolars). Since then parents begin to provide soft and delicate foods like porridge that is prepared either from “daakuu baddallaa” (maize flour) or from “daakuu warqee” (enset flour) mixed with butter. However, parents prefer to give foods besides mother’s breast milk and the cow’s milk after two years. Until two years the common and staple food for children are human breast milk and the cow’s milk.

Cole (cited in Gardiner, 1998) again states that in the child weaning, the context of eating continues to play a crucial role in the long term dynamics or the development of social relationship between the child and caretakers. This includes who controls what child feeds, how and when to feed the child and how this control is achieved and the bases for the decisions.

Co-sleeping and Sleeping Management

Super and Harkness (1995) indicated that it is natural that all babies need sleeping but the sleeping arrangements vary from one culture to another. The way sleep is organized and structured, the arrangement of schedules influence early parent-child interactions. Sleeping management has influences and reflects the cultural belief about infant’s development in the social life.

On the other hand, respondents were asked about the sleeping arrangement of parents for their children and 63.6 percent of respondents replied that until the weaning age children sleep with their parents. An infant or a young child sleeps at the back of the mother. For this, parents indicate that when the child cries or becomes hungry the mother immediately provides the breast milk and make the child quite. The mother also protects and keeps the child from accidents of falling from bed. On

the other hand, when the next sibling is born and the survival of the child is promising, the parents shift the sleeping place of the child to the elder sibling. Here after, the child develops the habit of sleeping with elder brothers and sisters in the same room. That is why 30 percent of respondents indicated that the child sleep with elder siblings. The rest 5.5 percent of informants replied that their child sleep alone in his/her own separate room.

Care-takers Response to the Infants Crying

Several research works, for instance, Ainsworth (cited in Gardiner, 1998) demonstrated that crying is the newborn baby's earliest form of communication with immediate social environment. It is through crying that the child brings his/her own world and understanding to express his or her feelings such as hunger, discomfort, need of attention or playing and others. The care-takers response to these infants' feelings and crying varies across cultures. For instance, research work by Grossman and his colleagues (as cited in Gardiner, 1998) on German mothers showed that they were unresponsive and quit to baby's crying. They believe in the idea that infants should not rely on mother's comfort at all times and should be independent and self reliant. However, other cultures like Japanese and African cultures promote strong sense of dependency in their children and are sensitive or responsive to the child's crying.

For the mother's sensitivity to her child, almost all respondents (90 Percent) of them replied that the Borana mothers are responsive to the child's crying and immediately pick up and hold their children. Only 10 percent of respondents replied that they are not as such sensitive to their child's crying. Regarding this Erik Erickson state that infants learn to trust the world if caretakers are sensitive/responsive to their need. For instance, if they cry because they are hungry or feel discomfort someone will pick them and feed them. Parents on their turn learn to trust their child if they feed them and feel that they will be comforted and quieted.

Interview Informants were also asked about strategy the care-takers use or employ to make child quiet when the child is crying. Most of them stated that during the day, the mother picks up, holds the baby and feeds breast milk. She also carries the child on her back side by using a piece of cloth and sings the songs while moving from one place to the other place. The songs involve praising the child such as his/her heroism, strength; the mother's coming from the market or field works etc. If the person who provides care for the child is the uncle or the elder girl, they play with the child using different activities. For instance, one of the most famous play activities is "Kule xabachiisu". This term comes from the root word "kuulanii" the literal meaning is a child with beautiful eye and face. The "Kule" play involves placing the child on the adult or elder sibling's knees and stretching the child hand up and down. This activity, besides making the child quiet, it contributes a lot for the healthy and physical development of the child. On the other hand, respondents from Focus Group Discussion indicated that children should be fed well (mother's milk, cow's milk or any other foods) before they sleep, so that they do not cry at night, during sleeping time. However, if the child simply and continuously cries they believe that the child becomes sick and has special problems.

Conclusion

The findings of the study indicated that the majority of Borana mothers give birth through the help of the traditional midwife(Cirreettii).They prefer and give priority to traditional solution for delivery complexities and in case the new born baby experience health problems. This perhaps emanates from the lack of awareness and absence of adequate health station centres in the region. The expansion of health service delivery should go side by side with educating the society to use the modern medical institutions during pregnancy and delivery. Awareness creation in changing the attitude and belief of the society is required. Again, it should be noted that breast feeding is the optimal food for the new born baby. However, the Borana mothers do not provide their child breast milk immediately after birth for cultural reasons. This affects the psychological rewards the child gets during breast feeding at the early critical period days and even decreases the new born child`s chance of survival in life. The Borana parents promote co sleeping with their new born child and it continues until the next born child comes. It is a good practice and promotes strong attachment of the newborn child with important figures like mother and father. This is the positive and health care practice that other cultures should follow.

In addition, Borana`s use longer duration of breast feeding and it helps them to attain a family planning goal. However, the belief they hold that they bear a child when ever God wills, the absence of the use of family planning methods in most areas, the high demand of children for domestic purposes contribute a lot to the high rate of fertility and reproduction. According to the parental investment strategy model it is not adaptive in the present modern world. Thus, raising societal awareness on the potential and possible outcomes of the big family size is very important. Government, Non Governmental Organizations and other civic organizations should give attention to teaching the society about the effects of the large family size and on the importance of family planning for healthy family life.

On the other hand, several research findings and scholars indicate that the most nutritious food for the new born child is breast milk. After six months in addition to breast milk and cow`s milk, children should be nourished with different types of foods. Here, the finding of the study indicates that the Borana children get limited additional foods other than breast milk and cow`s milk until they get older. This restricts children from getting balanced diet food at appropriate age which is detrimental for their healthy and over all development. Again educating the society about infant and child care in feeding practice is very important. The other issue is the role of the father in child care and support. Even though the father prepares all the necessary resources and facilities for the child`s needs, the father`s direct involvement in child care is limited. The child does not get the direct interaction or the physical contact through care giving with the father. This affects the emotional bond (attachment) that should be created between the father and child.

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