Social Reconstruction through Altruism: Implications from Life Experiences of Needy People in Mekedonia Helping Center, Addis Ababa

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Abstract

The study intended to reveal the role of altruism for social reconstruction. The study aimed at answering seven basic questions, namely: What does the upbringing/childhood experience of the needy people look like? What life-challenges did the needy people face before their exposure to street life? What life-opportunities did the needy people experience before their exposure to street life? How did the needy people start life on the street (immediate reasons for their exposure to street life)? What were the major life crises the needy were facing on the street? What services do the needy people receive after being brought to the helping center? What positive life changes do the needy people achieve within the helping center? Makedonia helping center was selected as there are many elderly, bedridden, and mentally ill people receiving help in the center. The study employed qualitative research approach to answer the research questions. Since the study explores lived experiences of the needy, abandoned people in the center, Phenomenological, particularly interpretive hermeneutical method fits it. Ten needy people and one co-founder of the center were chosen for interview using purposive sampling. Besides interview, the study employed observation and document (audio-visual) analysis methods to collect the data. Seven themes were determined in advance according to the research questions. Initial/open, axial, and selective coding types were conducted to condense the voluminous data (a total of 168 pages of verbatim transcripts and 42 pages of field notes) and made fit into the preconceived themes. The themes are incorporated into three broad clusters, namely: pre-street-life experience, street-life experience, and life experience in helping-center. Thematic analysis is the particular data analysis technique used in this study. Themes that have actual and/or potential relationship with the overarching objective of the study are selected and discussed. The study concludes that altruistic behavior plays a significant role in positively changing life of the needy, abandoned people, and strengthening the social reconstruction endeavor. It is also found that altruistic behavior among members of a given society is helpful to achieve social reconstruction by helping and enabling the needy, abandoned people to fulfill their basic needs, to achieve their physical and/or mental well-being, and to revive from their psychosocial debilitation.

Key words: altruism, social reconstruction, needy people, Makedonia helping center
**Bani Adam (children of Adam)**

*The children of Adam are limbs of each other,*

*Having been created of one essence.*

*When the calamity of time afflicts one limb,*

*The other limbs cannot remain at rest.*

*If thou hast sympathy for the troubles of others,*

*Thou art unworthy to be called by the name of a man.*

(A poetic work of Sa’adi, a medieval Iranian poet, inscribed on the United Nations headquarters’ entrance gate)
Chapter One: INTRODUCTION

1.1. Background of the study

Little or no denial that life (individual and/or societal) is in between ‘ups and downs’, ‘goods and bads’, ‘strengths and weaknesses’, ‘opportunities and threats’, ‘pro-socialities and antisocialities’ … so on and so forth. Both the individual and society can pass through these opposites, but complementary poles of life. In the pro-sociality versus anti-sociality poles of human behavior, for example, intentions and actions could be directed toward other individuals or groups either to help or hurt them. While prosocial behavior is thought as good or beneficial for the social group, by contrast, antisocial is harmful to, or disruptive of, social life (Zahn-Waxler, Cummings, & Iannotti, 1986, p. 107). Altruism and aggression are perhaps typical indicators of pro-sociality and anti-sociality, respectively. Altruism, concern of this paper, has been center of attention and/or research in such fields as Social Psychology, Economics, Sociology, Evolutionary Biology, Evolutionary Psychology, Philosophy, and Political Science for a relatively long period of time (Piliavin & Charng, 1990). Although the concept altruism has been used and interpreted differently and controversially in different perspectives, it has been found quintessence of pro-social behavior; self-sacrifice for the welfare of others in its strict sense, whereas co-operation, generosity, concern for others, and helping behavior to its loose sense (Habtegiorgis, 1994).

The work by the Iranian Poet, Sa’adi, quoted at the prologue does metaphorically reveal that pain and failure of an individual is not merely a matter of one person’s life, but a matter of the entire human species’ life.
It postulates that the individual person’s agony is the whole human species’ agony; and the individual person’s ecstasy or happiness is the whole human species’ joy as well. Consequently, letting life of a single person be in favorable or unfavorable condition is letting all Adam’s children be in favorable or unfavorable life situation.

Furthermore, the poem underlines the issue of common humanity. It urges the individual, the group, the society, and the whole world not to neglect pain and failure of the other individual, group, society, or any other part of the world as there is a common chain of humanity. Sa’adi’s poetic work is found interestingly congruent with Monroe’s statement:

> Altruists have a particular perspective in which all mankind is connected through a common humanity, in which each individual is linked to all others and to a world in which all living beings are entitled to a certain humane treatment merely by virtue of being alive (Monroe, 1996, p. 206).

I feel that the aforementioned poetic work is preaching altruistic behavior among humans as it urges the whole world to consider pain of anybody (that is, individual person, group, society, or country) across the globe and provide with appropriate help to ease the pain. It does not talk about the benefit that the helper should derive from her/his helping behavior; rather, it implores the world not to overlook problem of anybody as there is a common chain of humanity across all Adam’s children. Of course, it may not be vague why the UN member countries have inscribed Sa’adi’s poetic work, among other numerous poetic works, on entrance gate of their headquarters’ building. It shows that the world has learned, at least, unfairness of keeping silent while others are in trouble, though it is questionable the extent to which the world understands essence of the poem and genuinely transforms into actual practice.
All in all, this study has investigated the role that altruistic behavior plays in the reconstruction process of a certain society. It is clear that our current society’s survival is highly threatened because of various crises and has to be reconstructed with a new, better image so as to ensure its existence in the future. And the study has investigated how such a society could be reconstructed with altruistic behavior of members of the society. The study explored experiences of the needy people in *Mekedonia* helping center located in Addis Ababa city. Currently, the center is taking care of elderly, bedridden, and mentally ill people. It has been established by one selfless man and his co-founder in 2011/12.

The study has, therefore, targeted help seeking people in the center. Experiences of the elderly, bedridden, and mentally ill people (both before and after they joined the helping center) have been explored to indicate whether they have achieved any positive life change. And eventually the study has drawn some possible implications on how altruistic behavior could play important role in strengthening social reconstruction effort.

### 1.2. Statement of the problem

Indeed, unlike of the earlier strong and relatively common belief in the egoistic nature of human behavior, several studies from different fields have repeatedly and compatibly been assuring that altruism is part and parcel of human nature; and inevitable paradigm shift, in viewing the nature of human behavior, has been made (e.g., Batson, 2011; Monroe, 1996; Piliavin & Charng, 1990). Several studies have been conducted on prosocial behavior in general and altruism in particular. However, many of the studies, if not all, on altruism have emphasized the nature and/or existence of the phenomenon and factors or conditions that facilitate and/or deter the occurrence of altruistic behavior (e.g., Zahn-Waxler, Cummings, & Iannotti, 1986; Post et al., 2002; McCullough & Tabak, 2010).
The common questions being repeatedly asked by scholars while studying altruism and related issues are more or less: What is altruism and what is not? Does ‘genuine’ altruism really exist? What are the factors responsible for altruistic behavior of humans? Which one is determinant condition in altruism, intention/motivation of the actor or cost-benefit analysis of the action? It is such types of questions that dominate and drive much of the theoretical as well as empirical studies on altruism. For example, Batson (2011) noted that 31 experiments were conducted within no more than 18 years (that is, from 1978 to 1996).

However, the ultimate goal of the respective experiments was to prove or disprove the very existence of altruism by comparing against one or more egoistic motives; it was just no more than to say altruism does exist or does not exist in comparison to all the possible egoistic motives.

I feel, therefore, little attention has been given to the significance or role that altruistic behavior plays in the maintenance and enhancement of a given society and social life, though the entire world hardly doubts the notion that human being is a social animal. Even there were and there are people who deny, totally or partially, pure altruistic behavior’s aliveness and/or benefits of such a behavior (Rand, 1964; Cialdini et al., 1987; Maner et al., 2002, cited by Saucier et al., 2010).

It is not clear why certain questions are not being raised frequently; questions such as: What tentative and/or lasting benefits does altruistic behavior provide to the needy individual? What function or role does it play to create a future good society? What does altruistic behavior imply, beyond challenging a firmly-grounded notion of egoistic nature of human behavior, on this competition (healthy and unhealthy) driven planet? So on and so forth.
Of course, the slippery and controversial nature of the concept might lead the world thinkers and scholars to primarily focus on assuring its existence and clarifying its clear nature or meaning; rather than going a further step to research and talk about benefits, functions, roles, implications, and the like points of the phenomenon.

Even scholars who tried to touch importance of the issue have either believed that it has limited role in social life (e.g., Scott & Seglow, 2007) or heavily relied on the important challenge it presents against the traditional, commonly held belief in the selfish nature of human behavior (e.g., see Monroe, 1996). Indeed, there are studies that noted the potential benefits of altruistic behavior (see Batson, 2011). However, I believed that the overall role of altruism in social life might not be limited as we think so and might have significant importance in reconstructing a certain threatened society in particular and the whole world in general with a new, good image.

Unless we research and recognize its benefits and roles in the life of social world, how could we bear humane society out of the world in turmoil and cruelty; overwhelmingly led by the principle of competition and ‘survival of the fittest?’

The newsletter of *Altruism and Social Solidarity* by American Sociological Association affirms that “In today’s world beset with individual and intergroup discord and violence, the intrinsic scientific, policy, and public relevance of this subject [altruism and social solidarity] in helping the human community to construct "good societies" is unquestionable” (2009, p. 7).

Here, I would like to ask: Could altruistic behavior contribute for “reconstruction” of a currently threatened society, like ours, with a better status and image if it is found helpful for social solidarity and, eventually, for construction of “good societies,” as noted by the above newsletter? It is a society with social ills that needs to be helped and healed as help and cure are for those in need of them, after all.
Ethiopian society is one of the poor or destitute societies in the world, though bitter to say so. Indeed, different historical, political, and social causes could be attributed for our destitution, but inability to lift our citizens and our society as a whole out of it [destitution] is undeniable fact. Despite the Ethiopian government’s claim that the country is registering fastest economic growth, there is much evidence revealing that majority of the society is under poverty and no less than 30 percent of the society is under abject poverty (e.g., see Desta?; Amha, 2012; UNDP, 2013). The report released by Oxfam in 2014 is very recent evidence which indicates that the country has a lot of challenges ahead of it to secure food and lift its citizens out of poverty. The report revealed that Ethiopia is the world’s second worst country to eat (Oxfam, 2014). Moreover, anyone can see with her/his own eyes that there are a number of elderly, mentally ill, children, and women thrown out into streets of the country; it is true that many people are abandoned. Even you may have no idea when you look at people searching for their daily food from garbage cans, and spending day and night in the streets with harsh cold and/or hot conditions. But these are real and common life situations being experienced by our fellow human beings.

It is after you look at such abandoned people that your heart will terribly be broken up. You may forward a lot of questions, looking at the abandoned people, without knowing who shall give you the answer: Why is this? What is wrong with these creatures? What will be the fate of these people and our society in general if it continues like this? What should be done to help them? Who should help them? What . . . why . . . who . . .

Undoubtedly, it is time to overcome ills of the society in order to reduce the number of such people and escape from observing these heartbreaking miseries being experienced by our fellow humans.
I am convinced that the survival of our society is much threatened; and has to be reconstructed with a better image, living standard and status. This study then intended to explore the lived experiences of the needy people being helped by Mekedonia helping center after they were collected from different streets; and to draw an implication (depending on the needy’s positive life changes within the helping center) how altruistic behavior could play a role for reconstruction of a certain society. It was mainly to discover the positive life changes that the needy people have achieved after being brought to the helping center and then to implicate how the center’s act of helping (assumed to be altruistic) contributes to the social reconstruction endeavor.

In conceiving this study, there were two implicit assumptions in my mind. First, the act of helping by Mekedonia helping center to the needy people is altruistic or deserves to be altruistic behavior. Second, altruistic behavior plays its own role in reconstruction of a certain threatened society with another better status/image.

The assumptions were not held haphazardly, however. In case of the first assumption, for example, the center’s act of collecting the elderly, bedridden and mentally ill people from different streets and helping them to get better was believed to be an altruistic act/behavior.

I held this assumption after I knew the helping center because of the mini project that some of my classmates and I conducted on the center for course requirements fulfillment purpose.

After my acquaintance with the center because of the project, therefore, I found that the helping center has been established by a person who left his luxurious life in USA and came home back to help such destitute people.
He founded the center along with his co-founder who was a nun for a long period of time in convent to offer an organized form of help. After they (the founder and his co-founder) have established the helping center and began collecting destitute people from streets, other people have begun to join them to work in the helping center for free. I understood that the intention of establishing the center was only and only to help desperate people for nothing in return. Whatever the reason that drove the founder to decide to leave his luxurious life and come back home to collect the destitute from streets and provide them with help; did he establish the center only to help the people for nothing is rather critical point to consider.

In bearing this assumption in mind, such a question might be raised: to what extent is the act of the helping center altruistic? And the answer shall be, ‘it does not matter the degree of the altruism.’ It might be pure altruism [fulfilling all the criteria of altruism set by Monroe (1996, pp. 6-7) or quasi-altruism (missing some of those criteria)]. As Monroe (1996) states that human behavior is not only either pure egoistic or pure altruistic; rather there is also quasi-altruistic behavior that lies between them. In holding the assumption, therefore, there was a belief that act of the helping center is altruistic, regardless of whether pure or quasi.

The founder has been using his family’s house to shelter the needy and he has been spending day and night with them, eating what they eat and sleeping where they sleep. Voluntary workers of the helping center were also found serving the center without any payment except the food they share with the needy people in the center.

I had also attended a conference, held in December 2013, arranged by the helping center to raise funds for helping more abandoned people; and it was reported during the conference that the founder of the helping center has been devoting his life for the sake of the needy people (because
he has been facing frequent illness since the time he began helping the needy by passing through harsh conditions and was seriously sick during the time of the conference).

It was also reported that other workers have been serving the helping center, putting their own works aside. The unforgettable experience I found in the conference is that there was a doctor speaking on the stage, full of tears, saying that founder of the center is going to die, as he was seriously ill, for the sake of others; and it was really heartbreaking event to every attendee there. Hence, the assumption that act of the helping center deserves to be altruistic has been held with such a grounded experience.

The second assumption of this study, altruism plays its own role in social reconstruction process, was held after I saw many people being positively changed, at least in their physical status, after collected from streets and brought to the helping center. Though exploring the actual, positive life changes the needy have achieved with the help of the center and implicating the way how this altruistic act would help to change the society was left to the actual investigation of the study, the personal belief that altruism has important role for social reconstruction was assumed in advance. This assumption was not, however, taken as an end per se (unlike in the first assumption), but simply as a means to be proved during the actual investigation of the study. Consequently, the main intention of the study was to draw an implication on the way how altruistic behavior could contribute, depending on the positive life changes of the needy within the center, to social reconstruction process.
In light of this, the study has attempted to answer the following fundamental questions:

1. What does the upbringing/childhood experience of the needy people look like?

2. What life-challenges did the needy people face before their exposure to street life?

3. What life-opportunities did the needy people experience before their exposure to street life?

4. How did the needy people start life on the street (immediate reasons for their exposure to street life)?

5. What were the major life crises the needy were facing on the street?

6. What services do the needy people begin to receive after brought to the helping center?

7. What positive life changes do the needy people achieve within the helping center?

1.3. Objective of the study

The study’s overarching objective was to implicate how altruistic behavior plays significant role for social reconstruction by focusing on the positive life changes the needy people have achieved within the Mekedonia helping center. With this general objective, the study has also tried to address the following specific objectives:

✓ To describe the upbringing/childhood experience of the needy people

✓ To distinguish the major life-challenges the needy people encountered before they went out to street
✔ To identify the life-opportunities of the needy people before their exposure to street life

✔ To mention the major, immediate causes that led the needy people to street life

✔ To identify the major life challenges or crises the needy were facing on the street

✔ To explain the services the needy people are provided with by the helping center

✔ To discuss the positive, personal life changes the needy have achieved after being brought to the helping center

1.4. **Significance of the study**

I believe spending time, energy and other resources to conduct this study was worthwhile enough because of various rationales. Besides the contribution to the body of knowledge that altruistic behavior is significant for social life and social reconstruction, the study has been found important for practice in the following ways:

1. First of all, the study might help the abandoned people on the street to get attention and help from the government and the public by unmasking the life crises they face on the street. Since the study has explored and reported the life crises of the informants while they were on the street, it has its own message in making the society aware of the problems and then has initiation to help those who are still suffering from street life.

2. The study has also significance in publicizing the helping center, its works, and the contributions it is making to the welfare of the society. Though I guess many people do know the center, I believe, this study has additional value in informing the public of the important roles that the helping center is playing in healing some of the societal ills.
3. The findings of this study might help the society/public to be aware of the role altruistic behavior plays in easing social problems. This public awareness might, in turn, help to have strong and organized form of collecting the abandoned people from streets and helping them get better; instead of helping them in a divided and meaningless way. Offering a penny to the needy on the street will help them little or nothing unless it is conducted in an organized way (like the experience in Mekedonia helping center); and this study may help the public to be aware of this fact.

4. The study might help different stakeholders such as the Ministry of Labor and Social Affairs (MOLSA), different NGOs (both domestic and foreign), and educational organizations to work on promoting helping behavior among the society and mobilize the public to develop an organized way of helping the destitute people to get out of their problems. There is an Ethiopian saying ዶሎ እውሬ እስምጋል እስንት ከለው ከሆኑ ከሆኑ ከጋጋ ከሆኑ (hamsa lome le’and sew shekmu la’hamsa sew ge’tu) which roughly means that ‘fifty lemons are heavy load for one person, but as jewels for fifty individuals.’ This is to indicate how any heavy load will become light when shared among people.

Collecting and helping all destitute people is surely difficult for the government and/or for few individuals; but when the aforementioned stakeholders promote virtuousness and helping behavior among the society, opportunity will be created to help the needy with synergetic effort and meaningful way of help.
1.5. Scope of the study

The overall scope of the study was delimited to the extent of becoming manageable enough to the researcher. It has been delimited in different aspects. First, topic of the study is one aspect of delimitation.

In this study, altruism, concern of the research was delimited to the conceptual nature and/or meaning attributed by social science fields. It did not consider the conceptual meaning of the phenomenon attached by evolutionary theorists in particular and natural science theorists in general; who associate the topic ‘altruism’ mainly with ‘gene.’

Second, the number of study sites/centers is another aspect that has been delimited. This study has been delimited to focus only on the needy people living in Mekedonia helping center. Though it was intended, at the proposal stage, to include needy people of three helping centers, it was found unfeasible due to such limited resources as research finance, energy, and researcher’s experience; hence, the study has been confined to a single helping center.

1.6. Limitations of the study and actions taken to reduce their impacts

There is no doubt that any task has its own limitations to be faced in different stages because of different reasons. Especially, such a scientific work which requires adequate knowledge, skill, and investment of huge amount of resources (such as time, energy, and finance) could not easily escape from limitations. In addition to the common limitations of time and finance, therefore, there were other challenges faced while carrying out this study. The limitations could be classified as external and internal sorts.
The external limitation is the challenge I faced from outside and the problem has emanated from another person or a factor out of my reach (e.g., inaccessibility of authority due to busyness), whereas the internal limitation is the challenge I encountered from inside and the problem has emanated from myself (e.g., lack of experience). Hence, the first limitation was difficulty of accessing founder of the helping center, external limitation. Since I had to select informants who meet the inclusion criteria, accessing authorities like founder of the center was a mandatory procedure.

Because he was sick and continued to be shut in or enclosed in his room seeking adequate rest, however, I was unable to find him physically nor via phone. Consequently, I had to do something so as to access an authority who knows the needy people within the center better; so that s/he could help me to select potential informants based on the inclusion criteria.

After having some informal discussions with some workers of the center, therefore, I was informed that there is another person (the nun) who co-founded the helping center and knows the needy people of the center even better than the founder does. I learned that she is, since the establishment of the helping center, the one who usually collects the abandoned people from different streets and brings them to the center. She knows the life situation of the needy people while they were on the street. I have then changed my mind and decided to contact the co-founder. Nevertheless, accessing her was also not simple, if not impossible, as she has been extremely busy with the work.

She frequently travels to different parts of the country and collects many abandoned people from streets. As a result, I could not find her physically though I went to the helping center three times.
I contacted her via phone several times and held different appointments, but could not access her as she suddenly receives calls from across the country telling her that someone is abandoned somewhere; and so that she quickly travels to, and spends even days and nights until she gets back with the needy. During this time, I decided to spend a night in the helping center and meet her whenever she arrives.

The worst thing with this decision was, however, workers of the center have suspected me as if I had hidden agenda and told me that I would not be allowed to spend the night in the center. It was really tiresome and despairing to convince them that I am only a poor researcher having no other hidden agenda. After persistent attempt, however, I convinced them. I showed them the letter I took from the university and told them that I could give them my mobile phone so that they could give me back after the co-founder arrives.

But they did not take my phone and allowed me to wait for the co-founder until she arrives and even spend the night if the time becomes very late. Unfortunately, she did not arrive back in the center and I could not meet her in my first night in the center. It was in the second night that she arrived at 10:00 PM (night) and I told her all my concern; and she recommended me to spend the night in the center and meet her in the morning (around 6:30 AM) so that she could help me in accessing the potential informants. Accordingly, I spent the night in the center and met her in early morning and held a bit longer discussion with her; and I have got adequate support from her in accessing the subjects who meet the inclusion criteria. The challenge/limitation of finding an authority who knows the needy in the center very well was, therefore, addressed in such a way.
The other limitation in conducting the study was lack of experience on the researcher’s part, internal limitation. As this study is entirely qualitative approach, I have passed through numerous challenges in understanding and conducting the research properly. Translating the transcripts and coding the translated transcripts were particularly challenging tasks and have consumed my time more than expected.

As a result, I could not complete the work within the expected time (until June 2014) without compromising quality of the work. As a sort of solution, thus, I have discussed with myself and decided to extend the time of submission so as to get more time and conduct the research with a better quality.

1.7. Operational definition of terms

The following terms have been operationally defined and used in this study as follows:

**Altruism:** Any helping behavior/action with the primary intention of benefiting other person.

**Mekedonia:** A private helping center located in Addis Ababa city that collects elderly, bedridden, and mentally ill people from different streets and provides them with all the necessary help.

**Needy:** people who seek survival help from other people.

**Social reconstruction:** A term borrowed from one of the educational philosophies, social reconstructionism or simply reconstructionism, developed during the early 20th C. In this study, however, it is defined and used as “a process of changing the currently threatened society with a better image, living standard, and/or status for the future by changing the life-status of individual members of that society.”
Chapter Two: REVIEW OF RELATED LITERATURE

Overview

This chapter scans the body of literature on altruism and related issues. Inevitably, the topic has received due attention from several disciplines both in the arts and sciences. In fact, one can easily discern that huge amount of data or literatures are more likely accrued on the area by disciplines ranging from evolutionary biology to philosophy. Nevertheless, these literatures could not reach consensus, at least on universal definition of the concept, and understandings of the phenomenon differ from discipline to discipline. Points taken as pillars of the concept in one field might not be so in another field(s). With all relative disagreements and differences, however, the topic continues to attract attention of researchers across fields.

In this review of related literature chapter, then, concepts and empirical findings regarding the topic are treated and evaluated to the maximum effort and capacity of the researcher. In doing so, the chapter begins with discussion on origin of the topic. Historical emergence of the phenomenon is treated very succinctly prior to anything else. How the term altruism is born and holds its current meaning is just touched. Next, conceptual framework of the topic is taken into consideration. In this framework, conceptual meaning and forms of altruism are presented. To comprehend meaning of altruism then no less than 7 definitions are given and discussed with possible critics. But the definitions are from scholars/researchers other than evolutionary biologists as social science particularly psychological concept of the topic is concerned in this paper. Following the definitions, forms of altruism are discussed. These forms are based on the proposed theories by scholars from different fields on the nature of the phenomenon.
Next to the conceptual framework, empirical framework is presented. The empirical framework has consisted of both international and local studies. Results of the empirical studies conducted on the area and related issues are presented. Finally, recapitulation and conclusion with necessary critics on the general literature is presented.

2.1. Historical emergence of altruism

Historically, it seems that the original term “altruism” was coined first by a French sociologist, philosopher, and other people call him positivist, Auguste Comte. To just touch few evidence regarding this: “the term altruism was developed by the French Philosopher Auguste Comte ‘as part of his accounting for social units’ (Corsini and Auerbach cited in Aragaw, 2001, p. 8); “The French term ‘altruisme’ was coined by Auguste Comte in his Système de Politique Positive ([1851] 1969–70): it combined the Latin alter with ui and literally meant ‘to this other’” (Scott and Seglow, 2007, p. 1); “The term altruism was invented by the French sociologist Auguste Comte (1798-1857), who used the word to denote the benevolent as opposed to the egoistic or selfish tendencies in humans” (Phillips, 2007, p. 12); “The term altruism, which derives from the Latin alter (‘the other’), means literally ‘other-ism’. It was created by the French sociologist Auguste Comte (1798-1857) to displace terms burdened by a theological history” (Post et al., 2003).

Whereas it is indicated, in Scott and Seglow’s (2007) work, that the English term ‘altruism’ was first introduced into Britain by George H. Lewes, a popularizer of Comte’s work, in 1853 (Brosnahan cited in Scott & Seglow, 2007). Apart from this, in fact, there are people who claimed that Comte is not the first person to deal with the concept of altruism.
Monroe (1996, p. 137), for instance, believed that a Scottish economist Adam Smith had considered a phenomenon that resembles altruism long before Comte coined the actual term in the 1850s.

2.2. Conceptual nature of altruism

Unlike on the historical origin of the term, there is little agreement among scholars and/or researchers on the definition and conceptual nature of the issue, altruism (e.g., Aragaw, 2001; Batson, 2011; Monroe, 1996; and Scott & Seglow, 2007). Surprisingly, even there is a hot debate among the scholars whether pure/true altruism does really exist in humans, let alone on its definition and/or nature (see e.g., Batson, 2011).

Prior to discussion on how and why scholars differ on their definition and/or conceptual nature of altruism, I prefer to say some points on the debate regarding its existence. It is because very difficult, if not impossible, to talk about definition and/or nature of the concept unless we have a clear answer whether the phenomenon, altruism, exists or not in advance. Why should we waste our time, energy, and other resources nagging one another if it does not really exist at all? It seems then more rational to start with and ascertain the existence of altruism before proceeding on anything else. Consequently, let us see why hot debate is being held regarding the existence of altruism.

According to Batson (2011, pp. 3-4), a very renowned and experienced researcher on altruism for around thirty (30) solid years, there are two major reasons that cause heated debate among the scholars on the existence of altruism: (a) profound implications behind the screen of altruism, if it exists, and (b) lack of clear evidence on its existence.
In the former reason, Batson stated that many philosophers and scientists, since ancient times, reached, more or less, a similar conclusion: self-interest underlies all our actions. Similarly, Elliot Sober, in his chapter in the “altruism and altruistic love” (2002) book, noted that there is a theory known as psychological egoism that maintains “all ultimate motives are self-directed” (p. 19). It is, therefore, those who reached such strong conclusion became intolerant of altruism’s existence as it would erode their “confident” conclusion. If they lock up any action within the room of self-interest, no doubt, altruism would get little or no room for its existence. However, there are many scholars, including Batson himself, who have been claiming that altruism does really exist.

To see some of them: “Not only do I wish to make a case that altruism exists; I also wish to present evidence that altruism is an important force in human affairs” (Batson, 2011, p. 3); “At least some of us, to some degree, under some circumstances, there is help with an ultimate goal of benefiting the person in need” (Batson, Ahmad, & Lishner cited in Baumeister & Finkel, 2010, p. 275);

“Most social and political theory since Hobbes is constructed on the norm of self-interest. As a guiding principle, self-interest informs many public policies and directs our daily lives. Yet even in the most vicious of Darwinian worlds, altruism and selfless behavior continue to exist. Why?” (Monroe, 1996, p. 5). Despite the skepticism and/or denial on the existence of altruism by many people, the above scholars, among others, have deemed and/or shown the existence of the phenomenon empirically.
The second reason for the debate on altruism’s existence is lack of clear evidence. Indeed, it is very difficult to find clear evidence that disproves the special form of egoism and ascertains the genuine existence of altruism.

As Elliot Sober (2002, p. 19) noted: “the only things we care about as ends in themselves are states of our own consciousness. This special form of egoism is the hardest one to refute.” Nevertheless, it seems unfair to deny the existence of the phenomenon because of merely the difficulty to provide clear evidence. Very interestingly, Batson (2011) opposed the despair being faced by some, if not all, scholars by putting the following statement:

I believe surrender is premature. Determining the ultimate goal of empathy-induced helping is far from easy, but it is not impossible. It is possible to empirically ascertain people’s ultimate goals by looking at their behavior when the most effective and efficient way to reach one possible ultimate goal does not allow them to reach one or more other possible ultimate goals. (Batson, 2011, p. 89).

However, the major weakness, I think, of his argument is that his hope and endeavor of providing clear empirical evidence for the existence of altruism is restricted to experiment in an artificial/laboratory setting rather than in the actual interpersonal interaction among humans. How can, for instance, we ascertain the ultimate goal of the Jewish rescuers (e.g., Monroe, 1996) except systematically investigating/asking them, and accepting and trusting what they told us? Hence, controlling and exploiting the ultimate goal of the actor is relatively easier in laboratory experiments than in actual settings and/or the already happened behaviors. Thus, I, too, believe in what the witty scholar, Batson, believes: “surrender is premature.”
Finally, I like to quote William McDougall’s statement against those who doubt and/or deny the very existence of altruism:

Those who deny any truly altruistic motive to man and seek to reduce apparent altruism to subtle and far-sighted egoism, must simply deny the obvious facts, and must seek some far-fetched unreal explanations of such phenomena as the anti-slavery and Congo-reform movements, the anti-vivisection crusade, and the Society for the Prevention of Cruelty to Children. (McDougall, 1919/2001, p. 60).

Backling from the discussion on the heated debate regarding the existence of altruism to its conceptual meaning and nature, it is unequivocal that scholars do not agree on the definition and features of the concept. Conceptually, altruism was and is being defined and used differently by scholars from different disciplines (e.g., Aragaw, 2001; Jaffe, 2004; Piliavin & Charng, 1990). As a result, various scholars came up with their own respective definitions that signify their disagreements. Especially, the difference between evolutionary biologists and psychologists regarding the concept of altruism seems critical.

While “evolutionary altruism refers to behavior by one organism that reduces its reproductive fitness — its potential to put its genes in the next generation — relative to the reproductive fitness of one or more other organisms” (Sober & Wilson cited in Batson, 2011, p. 24), “Psychological altruism refers to a motivational state with the ultimate goal of increasing another’s welfare” (Batson, 2011, p. 24). The models (i.e., evolutionary and psychological) have a huge difference in their conceptual understanding of the phenomenon.
Broadly speaking, the former focuses on the actual consequences/outcomes rather than the intention or motivation of the helping behavior, whereas the latter deals with just the opposite manner; intentions/motivations that underline the behavior, not the actual consequences of the behavior, have received top attention (e.g., Batson, 2011; Scott & Seglow, 2007; van der Zee & Perugini, 2006).

Hence, the evolutionary model’s concept of altruism is not concern of this paper, as it (the model) has two major limitations: first, the concept of altruism is entirely associated with terms such as “survival, fitness, and reproduction, with no reference to the underlying motivational states of the agent” (van der Zee & Perugini, 2006, p. 85). Second, it has been applied “across a very broad phylogenetic spectrum— from the social insects to humans” (Batson, 2011, P. 24); from the mindless animals to individuals who have minds (Sober, 2002).

The difference in the conceptual meaning and/or nature of altruism, however, does not seem only among scholars from different fields, but also among psychologists themselves. Krebs, for example, stated “differences in the definitions of psychologists – who have been unable to agree on a single definition of altruism – involve the relative emphasis on two factors: intentions and the amount of benefit or cost to the actor” (quoted in Piliavin and Charng’s review, 1990, p. 29).

Therefore, the main difference among scholars (both within and outside of psychology), regarding the concept of altruism, stems from the point they rely on. As indicated in the above quote, there are two aspects upon which the scholars rest their respective definitions/meanings of altruism: motivation/intention/or goal versus consequence/outcome.
While some depend on motivation and/or intention of the actor who helps someone else (e.g., Batson, 2011; Eisenberg & Mussen, 1989), others depend on consequences of the action (e.g., Oliner & Oliner cited in Batson, 2011; Monroe, 1996).

Those who define altruism from the perspective of motivation or intention are interested in the “means” of the action taken by the helper, whereas those who define the concept from the angle of consequence are interested in the “end result” of the action. Consequently, while the former (i.e., motivation/intention-driven) scholars do focus on why does/did a person help some other individuals or groups, the latter (consequence-driven) scholars stress on the end outcomes of the action taken by the helper.

The consequence-driven definitions/meanings of altruism do often consider loss – loss to the extent of sacrificing one’s life – on the side of the helper, and benefit on the side of the help receiver. They seem less interested to ask why the actor does help another person or group; but interested to ask do costs of the actor outweigh his/her benefits while helping others. As cited in Batson’s (2011) work, de Waal’s (2008) work is one of these propagators of consequences rather than motivations in an attempt to understand the nature of altruism in particular, and the nature of human behavior in general.

However, the scholars in favor of motivation have held a strong stand against those who derive the conceptual meaning of altruism from the perspective of consequence, that is, cost-benefit calculus (see, for example, Batson, 2011).
In general, to have a look at some of the conceptual definitions attached to altruism by different scholars from fields other than evolutionary biology, let us see the following:

1. “Altruism is a regard for the good of another person for his own sake or conduct motivated by such regard” (Blum cited in Scott & Seglow, 2007, p. 28).

This definition focuses on the intention/motivation of showing regard for the good of others. It does not state whether the actor has to lose something. In this definition, consequence is not indicated as determinant factor in viewing altruism.

2. “Altruism is a general phenomenon that involves taking the interests of the other as one’s own; it is often identified with the Golden Rule – do unto others as you would have them do unto you” (Scott & Seglow, 2007, p. 2).

Here, the writers wanted to equate altruism with the Golden Rule. The actor may help others because s/he needs to be treated in a certain way by others in the near or long future. It seems incapable of responding ‘what if the person currently in need has previously hurt the potential helper and/or what if the actor believes that the person currently in need seems unable to treat her/him the way s/he likes to be treated?’

In fact, the definition, more or less, is motivation-oriented attempt to take others’ (needy) interest and gave little or no attention to end results of an action. Nevertheless, the writers’ attempt to identify altruism with the Golden Rule is unconvincing and would not let us travel long journey; the Golden Rule could be interpreted egoistically as the writers themselves have admitted on the same page of their book.

3. Monroe (1996, pp. 6-7) defined altruism as “behavior intended to benefit another, even when this risks possible sacrifice to the welfare of the actor,” with the following criteria:

   (1) Altruism must entail action; (2) The action must be goal-directed, although this may
be either conscious or reflexive; (3) The goal of the act must be to further the welfare of another; (4) Intentions count more than consequences; (5) The act must carry some possibility of diminution in the actor’s welfare; and (6) Altruism sets no conditions.

Although Batson (2011) has criticized Monroe’s (1996) definition of altruism as it focuses on costly helping, not on motivation, honestly speaking, her concept of altruism is more convincing (for me) and rational than his as we shall see it later on. Though bounded by several criteria, Monroe’s (1996) definition seems also more comprehensive and double-edged as it emphasizes both the intention/motivation and consequence/end results of the actor’s behavior.

To indicate the importance of motivation or intention over consequence, for example, Monroe (1996) has put that the actor’s sense and/or degree of altruism would not diminish even when the action hurts the person (help receiver) as long as his/her initial intention was to keep welfare of that other person (see her 4th criterion). Why Batson (2011) has criticized her concept is that he did not look at, knowingly or unknowingly, her clear and comprehensive definition given on page 6 and 7 of her book, not on page 4. Indeed, I do share the doubt he held on the behavior displayed as altruistic by Monroe. Since she studied actual behaviors that happened many years ago (rescuers’ behavior during WWII), she might not have ruled out egoistic motives empirically as so in experiments; but I do not think she had better mechanism other than this in dealing with the already happened behavior.

With her another criterion, Monroe (1996) believed that possibility of loss on the actor’s part is must (5th criterion). It is thus with this criterion that I have another little doubt; is it must to be hurt to help others? Of course, possibility of loss to the extent of losing one’s own life could be there while helping others, but as Batson (2011) has put, it is very difficult to say that the actor must always be hurt to be altruist.
There are situations in which the actor might face very minimal or no hurt though s/he secures welfare of others very well. Even there might be circumstances in which the helper could gain benefit (that is, unintended consequence) from her/his helpful action. Nevertheless, it does not diminish the altruistic nature of her/his behavior as this benefit was initially not the ultimate goal of the actor, but unintended consequence of the action (see Batson, 2011).

Indeed, Monroe herself seems less eager on this criterion as reflected in her chapter written six years later in *Altruism and Altruistic Love: Science, Philosophy, and Religion in Dialogue* (2002) volume. She mentioned the criterion as an additional (sixth) rather than critical one (see Monroe, 2002).

4. On other definition, Aragaw Biru (2001:9) has put altruism as “an intentional, sharing or helping behavior that is perceived to promote the welfare of others without the expectation of external reward.” This local researcher focused on intention of the helper to promote welfare of someone else. However, his definition became susceptible to high criticism by motivation/intention driven scholars; and he may face difficulty to respond questions such as ‘can we call a person whose help was to secure internal reward (e.g., satisfaction) altruist? Is altruism merely a matter of forgoing external reward?’ helping others to secure internal benefit is thus considered by many scholars as egoistic motivation to end up with addressing one’s own hidden interests and could not signify genuine altruism (see Batson, 2011).

5. Batson (2011, pp. 20-21) defined altruism and an altruist as follows: “altruism is a motivational state with the ultimate goal of increasing another’s welfare; and “an altruist is the one who (a) imagines some desirable change in the other’s world and (b) experiences a force to bring about that change as (c) an end in itself.”
Unlike Monroe’s (1996) definition, this concept is relatively less comprehensive and merely motivation/intention driven. Hence, motivation has been taken as pillar of the helper’s altruistic behavior with little or no regard to the consequence or end result of an action. This definition does not rely on cost-benefit relationship, at the end of the day, between the help giver and help seeker.

For Batson (2011), a behavior that stemmed from any type of egoistic motivation could not be altruism regardless of its huge benefits that provides to the needy individual; motivation of the action outweighs, by far, final outcomes. A doubt thus begins here. Could a mere motivation of an actor to increase someone else’s welfare be a sufficient indicator of altruism? Are consequences (i.e., promoting welfare of the needy at the end of the day) of the action not as powerful as motivation? I think taking either side is problematic. Both motivation and consequences of an action ought to be examined and weighed to have a complete picture of altruism. Otherwise, they may compromise each other; a false motivation might be covered with positive outcomes of the action or meaningless outcome of the helping action might be accepted in the name of genuine motivation.

6. “Altruism refers to one specific type of prosocial behavior – voluntary actions intended to benefit another that are intrinsically motivated – that is, acts motivated by internal motives such as concern and sympathy for others, or by values and self-rewards rather than personal gain” (Eisenberg & Mussen, 1989).

Like Aragaw’s (2001) definition of altruism, one of the definitions discussed earlier, this definition does not consider intrinsic or self-reward as egoistic motivation, rather as a genuine one and any helpful behavior resulting from this sort of motivation is altruism.
These people’s stand is, though motivation driven, against the stand held by Batson (2011) like scholars, who believe that intrinsic or self-reward is one form of serving self-interest and could not be genuine motivation and source of altruism.

7. To see one more definition, “We characterize a behavior as altruistic when (1) it is directed toward helping another, (2) it involves high risk or sacrifice to the actor, (3) it is accompanied by no external reward, and (4) it is voluntary” (Oliner & Oliner cited in Batson, 2011; Samuel P. Oliner, 2002).

In this definition, all the criteria mentioned to signify altruism are, in my opinion, partial and less convincing. First of all, it gives due attention to consequence or end result of the helping behavior at the expense of its initial motivation.

Second, risk or sacrifice should not be taken as mandatory to be altruist (see the 2nd criterion). Third, degree of the risk or sacrifice does not need to be high; the risk/sacrifice, if inevitable, could be moderate or low. After all, how high risk is high might also be another story that could challenge the second criterion of the above definition.

All in all, the above seven definitions, among many others, attached to the concept of altruism show us some sort of, if not full, confusion and disagreement among different scholars. Some scholars emphasize the intention/motivation of the actor while helping someone else, others stress on the final effect of the actor’s behavior in promoting welfare of the needy. Still others draw altruism on the integration/interaction of the two – motivation and consequence. Having looked at a bit slippery concept of altruism, therefore, I believe that taking the integrationists’ position and combining the two cases would ease the problem and reduce the confusion held with nature of the concept.
2.3. Prosocial behavior versus altruism

Although many people often use, intentionally or unintentionally, the concepts of prosocial behavior and altruism interchangeably, the fact is found a bit different. There are scholars who argue for a relative difference between the concepts.

Hogg and Vaughan (2010) have, for example, argued that prosocial behavior refers to acts that are positively valued by society, whereas altruism is a special form of helping behavior, sometimes costly, that shows concern for fellow human beings and is performed without expectation of personal gain.

2.4. Forms of altruism

Is the concept of altruism single and linear in nature, or a multifaceted one with variant forms and/or degrees of manifestation? To the best of my knowledge, the latter feature describes better the appropriate nature of altruism.

A number of theories from different disciples do propose various types of altruism; hence, the concept of altruism has got no definite form and/or degree. When Post et al. (2002, p. 10), for example, put “to what extent are all forms of altruism determined and limited in scope by selfish genes, as some evolutionary biologists would suggest?” they are at least indicating that altruism is not a single phenomenon. Likewise, Monroe’s (1996) and De Wispelaere’s (2004) concept of quasi-altruism reveals that there are human behaviors neither purely egoist nor genuinely altruist. Thus, it is not “either-or” concept by nature; rather there are various forms of altruism that have been revealed and explained by theories from different disciplines such as evolutionary biology, economics, and psychology (e.g., Baumeister & Finkel, 2010; Monroe, 1996).
There are also scholars considering the concept in terms of its strict and loose senses, that is, help ranging from sacrificing one’s life for the sake of another’s welfare to simply assisting others (e.g., financially) in the everyday life encounters (e.g., Habtegiorgis, 1994; Lakshmi, 2013). The multitude nature of altruism thus stems from, I think, two conditions: background or identity of the help seeker and the condition under which help would be offered. These two factors do bring different types of altruism. In the first condition, for example, identity of the needy is critical to get help from others.

According to kin altruism/selection, whether the needy person is genetically related or kin, ranging from being an identical twin brother/sister to far relative, to the potential helper matters profoundly in receiving help from. In the second condition, of course, biological/blood relationship (between the needy and the potential helper) might not be needed, but there are circumstances considered by the helper in advance while intending to offer help. For instance, the helper might assist the needy under the expectation that s/he would need an equivalent or better help in the near or long future in return. In fact, pure/genuine altruism, mostly claimed by psychologists, does not need to consider any condition while intending to help an individual or group.

In general, as Monroe (1996) and other scholars noticed, there are various forms of behavior that take place in between the extreme ones, pure self-interest/egoism and pure altruism. Hence, there are distinct behaviors believed to be altruistic by different disciplines. Generally, it could be deduced that there are four distinct forms of altruistic behavior, namely: (a) kin altruism/selection, (b) reciprocal (direct and indirect) altruism, (c) group altruism/selection, and (d) pure/genuine altruism. Each of these concepts shall be debriefed as follows:
**Kin altruism/selection**

This is a theory proposed and explained by William Hamilton (1964) to indicate a genetic tendency to help, even if extremely costly, a person whose gene overlaps with the helper (see e.g., Baumeister & Finkel, 2010; MacKinnon & Fuentes, 2010). The help giver and help receiver are biologically or genetically linked individuals.

It is a mechanism of maintaining and passing on one’s genes to the future generation by helping, to the extent of self-sacrificial, a biologically related individual.

Although evolutionary model scholars label such behavior as altruistic, other scholars, especially psychologists do not accept this as a helping behavior ought to be an end in itself, not to secure one’s own gene in the future, to be altruistic (see e.g., Batson cited by Bierhoff & Fetchenhauer, 2006).

Similarly, an article produced by McAndrew (2002, p. 80) revealed: “The concept of kin selection is somewhat limited in that it cannot explain the whole range of altruistic behaviors observed in humans and other animals.”

**Reciprocal altruism**

Unlike of kin and group altruism/selection theoretical forms, reciprocal altruism, a concept coined first by Robert Trivers (1971), states that help can take place between individuals (i.e., benefactor and beneficiary) who are neither genetically/biologically related (as of the case in kin selection) nor members of the same group (as of the case in group selection) (see e.g., Baumeister & Finkel, 2010; Bierhoff & Fetchenhauer, 2006; Scott & Seglow, 2007). This is a concept widely explained and appreciated by game theorists, evolutionary biologists, and economists (see Monroe, 1996; Scott & Seglow, 2007) to show the altruistic behavior by which the helper gives assistance to non-kin and/or out-group individual.
However, the aforementioned and many other scholars admitted that such helping behavior would occur if and only if the potential helper believes that s/he has obtained help in the past or would obtain in the future from the current help seeker person in return (Baumeister & Finkel, 2010; Bierhoff & Fetchenhauer, 2006; McAndrew, 2002; Monroe, 1996; Scott & Seglow, 2007). Apart from this, Baumeister & Finkel (2010) discussed that there are two further divisions of reciprocal altruism: direct and indirect reciprocities. Direct reciprocity occurs when the current benefactor expects reciprocal help in the future, as the probability of contact in the future is more than zero, directly from the current help receiver, whereas indirect reciprocity takes place when the potential helper expects some reciprocal help from some other individual or group through the reputation of her/his past helpfulness, not from the current direct beneficiary, as there is zero probability of contact in the future (Nowak cited in Baumeister & Finkel, 2010). Whatever nature of the reciprocity, direct or indirect, thus the potential helper calculates benefits obtained in the past or to be obtained in the future directly from the help receiver or some other individual/group.

**Group altruism/selection**

Another evolutionary theory has proposed a distinct type of altruism: *group altruism/selection*. It, unlike of kin selection, is a process that takes place in group context (Monroe, 1996). It is a phenomenon in which a person helps, even with extreme cost to self, in-group members ranging from members of one’s given family to fellow citizens of one’s given nation (e.g., Post, 2003; Sober & Wilson, 2002; Stürmer & Snyder, 2010). Although this form of altruism was and is being castigated by many evolutionary biologists because of the belief that it would invariably lead, if exists, to out-group aggression/conflict, and/or it could not exist (as kin and reciprocal are the only true forms of altruism) at all, there are scholars with new dimensional thinking,
Multilevel Selection Theory (MST), who argue for its existence plausibly (see Post et al., 2002; Baumeister & Finkel, 2010; Sober & Wilson, 2002). Even group altruism/selection is being associated with genuine altruism (see Post, 2003). “Selfishness beats altruism within groups. Altruistic groups beat selfish groups” (Wilson & Wilson quoted by Baumeister & Finkel, 2010, p. 271).

Similarly, Post and his colleagues (2002, p. 8) noted that Sober and Wilson (1998) argue “for a form of group altruism in which acts on behalf of other members of the group go beyond kin interests and reciprocity to the group as a whole.”

**Pure altruism**

Based on the above three forms of altruism proposed by different theories, one deduce that there is a gap remaining unfilled in an attempt to understand the total picture of altruism. All the aforementioned forms, does not matter who propose them, do show only some sort and/or certain degree of altruism, rather than the whole picture of it.

In kin altruism/selection, for example, the ‘altruistic behavior’ is confined to one’s own kin who carries the same gene; and non-kin needy would be disregarded. In the reciprocal altruism also the ‘altruistic behavior’ would be subject to cost-benefit calculation in return of one’s help, though goes beyond kin or gene mentality; and if no benefit (i.e., directly from the help receiver or from some other individual in the past or future) is perceived by the potential actor, help would be neglected. And moreover, in the group altruism/selection form, help is restricted to one’s own group and its members only; and out-groups would no longer be regarded.

Generally, in kin, reciprocal, and group altruism propositions help is confined to certain respective conditions. As Monroe (1996) calls it, they are “particularistic altruism” types.
Hence, individuals or groups in such other conditions as non-kinship, non-reciprocity, and out-group membership would remain without help. Altruistic help toward “near and dear” per se is not, and could not be, a mistake. As Post (2003) interestingly states, “abrogation of natural loves for the near and dear” is not needed. One does not have to hate or neglect his/her “near and dear” individuals/groups so as to love and help strangers.

After all, both (near and dear individuals/group and strangers) are not opposite for the true altruist. Their degree of need, not being near and dear or strange to the potential helper, matters only. What is evil behind the above forms of altruism is they could not be taken up beyond the “near and dear” scope; toward any fellow human without any sort of exception.

It is thus with the fourth, pure/genuine, form of altruism that the above gap completely be filled. It is this type of altruism that elicits debate, as I present at the outset of this chapter, among scholars on its existence. Regardless of the debate, however, its (that is, pure/genuine altruism) existence has become undeniable as many scholars continued to claim (see e.g., Batson, 2011; Monroe, 1996; Monroe, 2002; Post, 2003; Piliavin & Charng, 1990, for review).

Though the existence of pure altruism becomes plausible and popular, its core meaning and the points that distinguish it from the particularistic altruism types (the ones discussed above) need to be discussed.

Psychologists seek to extract the very meaning of altruism from the motivations held by the potential helper than the consequences of her/his helping action (see Batson, 2002; Batson, 2011; Baumeister & Finkel, 2010; Monroe, 1996; Monroe, 2002). For them (i.e., psychologists), intentions/motivations outweigh consequences. The famous theory that proposes pure/genuine altruism is Daniel Batson’s empathy-altruism hypothesis (Batson, 2002, 2011).
Accordingly, Batson deems that altruism is a *motivational state with the ultimate goal of increasing another’s welfare*; hence, any type of motivation other than this would likely be egoistic.

In the current literature of altruism, three broad classes of egoistic motivations have been revealed – reward seeking, punishment avoiding, and reducing aversive arousal (Batson, 2011). While the first class consists of three versions (self/social reward, empathic joy, and negative-state relief), the second class holds two versions (social punishment/censure and self punishment/censure). In general, then, there are six potential egoistic motives that might take, individually or collectively, partial or full responsibility in any sort of helping behavior. These egoistic motives/intentions would relegate (as psychologists think of) the true nature and importance of altruism.

This might be due to the fear or reason described by Staub (1978): “to predict later behavior it is often necessary to understand what motivated a prosocial act; if the act was motivated by selfish intent it is less likely that the person would act prosocially under different circumstances” (quoted by Swap, 1991, pp. 49-50).

It is, therefore, a motivation invoked by none of these possible egoistic factors or motives found to be, according to Batson’s *empathy-altruism hypothesis*, truly altruistic.

Since the *empathy-altruism hypothesis* could not be addressed objectively and/or directly (at least for from easy) the effort to do so relies on an indirect process through disproving/abrogating all the possible egoistic motivations that might underlie any helping behavior (see Batson, 2011). It is, thus, if and only if these potential egoistic motives get scientifically disproved, the empathy-altruism hypothesis would get acceptance and then it would be believed that “true altruism” has occurred.
2.5. Empirical studies

Various empirical researches have been conducted on altruism and related topics. While international studies on altruism are huge, local, as far as my knowledge, are scanty. In discussing the empirical studies, international and local researches are treated separately as follows:

International studies

At the international level, vast amount of studies throughout arts and sciences have been conducted on altruism and related phenomena (Smith, 2003). Though research on altruism was begun in the late 1950s and early 1960s, a flood of studies on the area began to emerge since 1970s (see e.g., Habtegiorgis, 1994, 1996).

Because evolutionary and/or biological concept of altruism is not concern of this paper, empirical studies conducted in these disciplines will not be discussed. As Batson (2011) notes, from 1978 to 1996, thirty-one experiments were conducted to test the empathy-altruism hypothesis against one or more egoistic motive(s) and then to ascertain the existence of true/genuine altruistic motivation and behavior in human nature.

Consequently, except five experiments (Archer et al., 1981; Smith et al., 1989; Cialdini et al., 1987, experiments 1 & 2; Schaller & Cialdini, 1988), all experimental studies did support the empathy-altruism hypothesis (see for precise summary of all the experiments, Batson, 2011).

Of the few exceptional experiments, the first one (Archer et al., 1981) supported the egoistic motive of avoiding social censure, whereas the other four experiments (Smith et al., 1989; Cialdini et al., 1987, experiments 1 & 2; Schaller & Cialdini, 1988) did support the selfish specific-reward seeking, particularly the empathic joy and negative state relief motives for offering help to needy people.
Apart from results of the experiments, all participants of the studies were undergraduates except two of them in which children were the subjects. More surprisingly, participants in majority of the experiments (17 out of 31) were entirely female undergraduates. Consequently, such conditions of the experiments seem to encounter certain inescapable questions.

Another empirical study was conducted by Monroe (1996) right after the aforementioned experiments (except two of them). She employed non-experimental research design to investigate the nature and attributes of human altruism.

Her research participants were entrepreneurs, philanthropists, heroes/heroines, and Jewish rescuers during WWII. Narrative interview and questionnaire were used to secure the required data. Monroe came up then with a more striking conclusion regarding altruism and altruists. She revealed that the traditional attributes of altruism identified and explained widely by scholars from various disciplines such as evolutionary biology, economics, psychology, and other social science fields are not plausible enough, if not totally lame, to describe human altruism.

In her study, socio-cultural factors such as religion, family background, wealth, occupation, birth order, family size, and closeness of community were found less determinant and inconsistent in explaining the accurate nature of human altruism. Furthermore, many economic and psychological factors ranging from tangible material rewards to guilt alleviation were found unable to prove their potential influence on the phenomenon.

Instead, what she found out as critical in her empirical study is perspective taking, a spectacle with which altruists view the world in general and the needy person in particular.
She has put the following statement to ensure that altruists hold a common humanity view:

What did seem to strongly influence altruism was world views and canonical expectations about normal behavior. World views constitute extremely powerful influences on altruism, with the critical factor being the altruist’s perception of self in relation to others. It (altruism, my emphasis) is a reflection of the perceived relationship between the altruist and all other human beings. Altruists share a view of the world in which all people are one. This world view appears to bond them to all humanity in an affective manner that encourages altruistic treatment (Monroe, 1996, p. 198).

To finalize, Monroe’s empirical research on human altruism revealed that all the traditional explanations attributed to the phenomenon by different disciplines are either inadequate or wrong. As a result, she noted another aspect, perspective, that could best explains the very meaning and attributes of human altruism.

She notes:

Perspective provides the critical component, particularly the altruist’s perception of self in relation to others. Earlier studies of altruism have failed to identify this critical explanatory variable, focusing instead on the many different factors that may precipitate or encourage the development and growth of this altruistic perspective. This perspective provides a feeling of being strongly linked to others through a shared humanity and constitutes such a central core to altruists’ identity that it leaves them with no choice in
their behavior when others are in great need. It is this perspective that best distinguishes altruists from traditional rational actors. (p. 234).

Similar empirical findings have also been reflected, by another time, in her chapter entitled *Explicating Altruism*, compiled in the volume called *Altruism and Altruistic Love: Science, Philosophy and Religion in Dialogue* (2002). Just similar finding and/or stand has been held in this work. In contrast to Monroe’s (1996, 2002) evidence, however, Oliner (2002) revealed and reported a different finding. He studied Gentile rescuers (comparing them with non-rescuers) and hospice volunteers (comparing them with non-hospice volunteers and non-volunteers) using interview (both structured and unstructured) for several years.

Oliner thus found that there is no single motivational factor that explains the nature of altruism adequately. Rather, he noticed that rescuers learned/acquired compassion, caring, norms, and efficacy from their parents, significant others, and institutions (Oliner, 2002, pp. 135-136). Additionally, moral code of justice and fairness obtained from such entities was also found among the motivational attributes of altruistic behavior of the rescuers.

Moreover, religious aspect was also found important, if not determinant, motive, unlike of Monroe’s inference. Apart from these results, however, Oliner reported an issue that is very much analogous with Monroe’s finding of the “perspective of shared humanity.” This issue is called *extensivity* characterized by “acceptance of diverse groups and awareness of the connectedness with all humankind” (p. 136).
Local studies

In the field of psychology, dominantly in social psychology, to the best of my knowledge, there are 4 studies conducted locally. While the two are research articles produced by the same person a couple of decades ago, the other 2 are unpublished MA research theses conducted by different individuals. The consecutive articles, very similar in many aspects such as study participants, data collections instruments, and research design, produced by Habtegiorgis (1994, 1996) have focused on college students.

The first study was to ‘explore the altruistic motives of Ethiopian adolescent college students’. The researcher had adopted the Prosocial Motivation Questionnaire (PSMQ) developed by Silbereisen et al. (1986).

The study has found that sex, field of study (in college), environmental setting (where the subjects grow up), parenting styles (whether parents of the subjects were adherents of ‘power assertion’ or ‘induction’), family size (family of the subjects with 6 members or more as large size), and socio-economic status do influence the altruistic motives the adolescents (Habtegiorgis, 1994).

Hence, female participants, subjects from engineering, science, and agriculture, rural-origin subjects, subjects whose parents did not follow ‘power assertion’ strategy, participants from large family size, and those who reported from low socio-economic status were found relatively altruistic than their respective counterparts (pp. 46-48).

The second article, derived from the first study, was conducted to investigate the ‘effect of environmental setting and field of study on altruistic motives of female students.’ PSMQ was adopted in this study once again.
The study then revealed that environmental setting (urban versus rural), and field of study (humanities, arts, medicine versus engineering, science, agriculture) are potential influencers of females’ altruistic motives (Habtegiorgis, 1996). Consequently, rural-origin subjects were found less altruistic than their counterpart urban-origin participants. Furthermore, though the researcher had mistakenly interpreted, I think, result of the study, humanities, arts, and medicine students were found less altruistic than engineering, science, and agriculture students.

Apart from these articles, there are two local research theses undertaken by different individuals; but on very similar topic: investigating and/or comparing altruistic behavior of home-reared, institutionalized, and street children (Aragaw, 2001; Desalegn, 2010).

The former study was conducted to investigate and compare the altruistic behaviors among home-reared, institutionalized, and street children. It used the Prosocial Motivation Questionnaire (PSMQ) and religiosity scale. In addition to the major predictor of the study, environmental (residential) setting of the target groups of children, sex, age, education status, and religion were considered. Hence, the study has ascertained the difference among the three groups of residents (that is, home-reared, institutionalized, and street children).

Other independent variables (sex, age, education status, and religion) tested in this study were found potential influencers of altruistic behavior among the groups of children. Consequently, home-reared children were found more altruistic than their counterpart institutionalized and street children.

Furthermore, female children (sex), older children (age), high-graders (education status), and high scorers of religious scale (religion) were found more altruistic than their respective counterparts (see Aragaw, 2001).
The recent local empirical study undertaken by Desalegn (2010) has also targeted the aforementioned groups of children (that is, home-reared, institutionalized, and street). Indeed, this study seems a mere duplication of Aragaw’s (2001) study. Desalegn (2010) like Aragaw (2001) has conducted comparative study among home-reared, institutionalized and street children regarding their altruistic behavior.

2.6. Summary

In this chapter historical background, conceptual framework, and empirical studies of altruism have been covered. Though almost all scholars across disciplines agree on the historical development of the phenomenon, they could not come up with a universal definition/meaning. Let alone among scholars of different fields, there is no appreciable consensus regarding the issue even among social scientists as well as among psychologists. Especially, the gap of understanding between evolutionary biologists and psychologists seems wide as consequences (in terms of cost-benefit calculation) and motives/intentions of the actor’s behavior are put on the heart of understanding by the respective scholars.

In fact, this disagreement is, I think, by far better than denial of the ever existence of the phenomenon. Because many people believe that human being is naturally selfish and everything s/he acts is, in one way or the other, to address self-interest, the existence of altruism, especially the genuine one was subject to skepticism and even to total denial. Altruism as a part of human behavior was either denied or considered as useless and destructive. However, paradigm shift has taken place and large number of people, if not all, began to embrace the very existence of true altruism.
This shift was not made simply by interest and intuition; rather, vast amount of empirical studies have been conducted to ascertain the aliveness of the phenomenon. And many, if not all, of the studies have successfully done so.

It is, then, after the belief in its existence that the scholars came to relative disagreement (as discussed above) on its smart meaning and nature. As a result, many theories have been proposed by a number of researchers. Consequently, several forms of altruism came into being, but with their respective weaknesses of comprehensiveness and universality. Every form of altruism could not go beyond the fence of the compound wherein it is proposed but the genuine/true form.

Honestly speaking, proving the aliveness of true altruism is far from easy as it could not be checked up directly and straightforwardly. It is possible only through indirect way by abrogating all the possible means of self-serving. Regardless of the difficulty, however, researchers were able to prove its (i.e., true altruism) existence in different contexts with several empirical methods. It has been center of research for decades; and huge amount of empirical studies, at the international level, have been produced through both experimental and non-experimental methods. Indeed, the experimental method dominates the empirical investigation of the area. As a result, many experiments were conducted, but it was, more or less, saliently to ascertain its aliveness by evaluating against one or more egoistic motives.

With external reliability of the findings at cost, of course. The point concerning participants of the experimental studies is also another doubtful matter. As discussed under the topic of empirical studies (international), many of the research participants were females and undergraduates. Because there are studies claiming that sex and educational status do have influence in motivation as well as behavior of humans, the experiments might not have escaped from bias.
Apart of this, non-experimental methods have also produced their own share of findings. Especially, extreme and hardly usual behaviors such as heroism and rescue were and are concern of these non-experimental methods. Unlike of international studies, local researches, though very scanty, have been studied non-experimentally.

While the area is relatively well researched at international level, it does not receive due attention at the local stage. The foreign studies have touched and are touching several issues in relation to the phenomenon, whereas local ones are restricted to exploring status of the behavior and/or motive among children and adolescents of the society. Even the foreign researches do not, actually, dig up much on the role of such behavior, let alone domestic studies. In fact, some benefits of altruism have been noted by the studies; but I do not believe that it (that is, altruism) is deeply dug up to extract the role it plays in both individual and social life. Particularly, there are no internal studies, to the best of my knowledge, that investigate, partially or fully, the role altruism plays in reconstructing a society entrapped by enormous social, economical, and political problems like ours. Talking day and night about aliveness of altruism is not an end per se; changes in the nature of human behavior due to its existence, benefits in different aspects that may come from its aliveness… so on and so forth deserve, I think, sufficient attention, particularly within the local context.
Chapter Three: RESEARCH METHOD

3.1. Research Paradigm

A paradigm is a set of basic beliefs that provide the principles for understanding the world and, hence, the basic principles underpinning research in the social sciences (Langdridge, 2007, p. 3). The overall nature of this study (primarily, its objective and fundamental questions) indicated that the study did not intend to dig up objective reality and participants of the study were not forced to wear shoes of the researcher or any other external person; rather they have constructed and have spoken up their own knowledge of the phenomena and I, as a researcher, came up with my own interpretation of the phenomena to make the knowledge-construction process transactional.

Knowledge construction process is transactional as the researcher and participants of the study interact each other to interpret the phenomenon under investigation. As Vanderstoep and Johnston (2009) state, the researchers and participants are co-researchers in this endeavor, and the ultimate goal of the researcher is to create a better understanding of a specific phenomenon by highlighting the interpretations of those who actually experience it (p. 208). As the major objective of this research was to explore the lived experiences of needy people and then draw on possible implication(s) regarding the role altruistic behavior could possibly play in reconstructing a certain threatened society, constructivist philosophical paradigm was found appropriate worldview; that is, there is no single, defined and constant reality or knowledge, rather there are multiple subjective realities and ways of understanding in humans’ phenomena (see, example, Creswell, 2007; Denzin & Lincoln, 2005). The fundamental tenet of this position is that reality is socially constructed, so the focus of research should be on an understanding of this construction and the multiple perspectives it implies (Richards, 2003, p. 38).
Constructivist paradigm values transactional knowledge (Denzin & Lincoln, 2005). While participants have and/or come with their own understanding of the issue under study, the researcher, too, would come up with his/her own meaning of the issue so that knowledge would be constructed through the transactional process. In this paradigm, it is assumed that participants have their own subjective meanings about the concern of the researcher.

3.2. Research Approach

In this study, qualitative approach has been employed. As there was no need of quantifying (from the researcher’s side) the behavior, action, or experiences of the research participants, qualitative research was found more appropriate approach. “By the term ‘qualitative research,’ we mean any type of research that produces findings not arrived at by statistical procedures or other means of quantification” (Strauss & Corbin, 1998, pp. 10-11). Besides, Willig (2008) noted that qualitative research allows a comprehensive record of human words and actions. Quantification has, therefore, little or no room in qualitative research. It needs also natural data and relatively wider freedom of research participants while expressing their thoughts and/or experiences (Willig, 2008). Moreover, there is also a conviction that there is match between constructivist paradigm and qualitative approach (Denzin, 2001; Kreuger & Neuman, 2006 cited in Abebaw, 2013). Apart from, there were two major reasons for employing qualitative approach: my personal interest, and the need for paradigm shift. In the former reason, I was personally interested and happy to deal with interpretation of human words and/or actions, rather than quantification.

I was convinced that quantification (quantitative approach) would help little in digging up and interpreting the lived experiences of humans as deeply as qualitative approach. In the latter reason, I deemed that there should be shift in approach of psychological research.
The field of Psychology in general and Social Psychology in particular has long been dominated by quantitative approach of investigation (see, for example, Smith, Harre, & Langenhove, 1996). Human behavior has heavily been subjected to experimentation in laboratory (quantitative approach in nature). Even my topic of interest in this study, *altruism*, is greatly subjected to quantification through experiment.

As Batson (2010) revealed, for example, there were 31 experiments (quantitative) conducted, in less than 30 years, on the topic of altruism and related issues by different researchers. This single concept of psychology could reveal the truth that the field of Psychology has been dominated by quantitative approach for a long time. It was, therefore, my personal stand that there should be shift in approach of investigation to establish balance between knowledge of the two approaches. For how long human words and actions shall be left at the mercy of quantitative approach and/or experimental design was the question in my mind. And I believed that theses and dissertations in Psychology as well as Social Psychology have to be re-oriented so as to bring balance between words/actions and numbers in human nature.

I remember what one of our professors told us in classroom while teaching us highlights of the two approaches. He said that quantitative research has dominated investigations of human behavior in Psychology field and there should be shift to qualitative approach so as to discover more facts, experiences and actions of human being. In fact, it does not mean that it was my professor who dictated me to think the way I am thinking now. It is my own level of understanding and stand to think that there should be shift. After all, the professor told us only the fact on the ground. Qualitative approach was, as a result, found a fit to this study.
3.3. Research method

Here, the term method is conceived and defined as a specific research technique used to carry out a given study. As Vanderstoep and Johnston (2009) put it, method(s) indicate and/or define focus of the study. Amongst many methods of qualitative research/approach, thus, phenomenological research method has been employed. Phenomenological method enables to investigate the lived experiences of the research participants (e.g., Langdridge, 2007; Somekh & Lewin, 2005). As intention of this study was to explore the lived experiences of help seekers in Mekedonia helping center so as to see the way how altruistic behavior contributes to positive social change, phenomenological research method has been found best fit of this study. Somekh & Lewin (2005) state that Phenomenology is the study of lived, human phenomena within the everyday social contexts in which the phenomena occur from the perspective of those who experience them (p. 121). In fact, phenomenological method by itself has got different aspects/approaches: 1) Descriptive phenomenology; 2) Interpretive Hermeneutical phenomenology; and 3) Critical Narrative analysis (Langdridge, 2007, pp. 55-56). And of these approaches, the second approach (i.e., Interpretive hermeneutical phenomenology) has specifically been considered in this study. This approach was employed because intention of the study was to go beyond description of the lived experiences of the study participants by interpreting the phenomena, and draw on possible implications that could show the ways through which altruistic behavior could reconstruct a threatened society with a better future image. Langdridge (2007) states that there is considerable debate regarding phenomenological research whether it should be descriptive or interpretive in its ultimate focus.
While there are people who advocate the descriptive phenomenology by arguing that a phenomenologist should only explore and describe what experiences are there by bracketing out his/her own experiences and/or meanings of the phenomenon, interpretive phenomenology supporters believe that description is not enough and subjective experience and interpretation of the researcher is inevitable (see, for instance, Langdridge, 2007; Mackey, 2005). Consequently, interpretive hermeneutical phenomenology was employed in this study so as to address the intended objective of the study. Exploring the lived experiences of the study participants and interpreting those experiences to indicate possible contributions of altruistic behavior to positive social change was main concern of the research.

3.4. Research Design

This research, by nature, is an exploratory study. It is deemed that exploration is a central element of qualitative research and many of qualitative studies do use this type of research (Sarantakos, 1998). According to Sarantakos, exploratory studies are carried out when there is no sufficient information about the topic and, thus, the formulation of hypotheses and the operationalization are difficult or even impossible (p. 128). Patton (2002) also states that qualitative inquiry is particularly oriented toward exploration, discovery, and inductive logic (p. 55). Patton added that a qualitative design needs to remain sufficiently open and flexible to permit exploration of whatever the phenomenon under study offers for inquiry (p. 255). In line with this fact, therefore, exploratory study was found appropriate inquiry as there was no, as far as I know, study conducted on the role of altruistic behavior in social reconstruction. Large number of studies were conducted and are being conducted to see whether altruism as a behavior exists, and, if exists, what causes it (see, for example, Batson, 2010; Monroe, 1996, 2002).
The role altruistic behavior plays in betterment of life, both individually and socially, did not receive adequate attention. I believe altruistic behavior should be seen from another perspective: its importance on social life; instead of arguing on its existence and possible causes. Consequently, this study aimed at exploring possible roles that altruistic behavior could play in changing the currently threatened Ethiopian society by investigating experiences of Mekedonia helping center as deep as possible.

The study was designed then to explore lived experiences of the needy people in Mekedonia and draw possible implications how selfless behavior could contribute its part for the betterment of a given society. With this exploratory study, therefore, cross-sectional research design was employed as cross-sectional is a research design that enables to investigate a given phenomenon at a single moment in time (see, for example, Ruane, 2005). As Ruane (2005) states, obtaining information from a cross-section of a population at a single point in time is a reasonable strategy for pursuing many descriptive and exploratory research projects (pp. 93-94). Since this study was to investigate the lived experiences of the study participants at a single moment in time, not over an extended time, cross-sectional has been found quite appropriate research design.
3.5. Sample and Sampling strategy

As previously stated in one way or the other, help seekers of *Mekedonia* helping center were selected as the main sample of this study, whereas co-founder of the center was selected as complementary sample of the study.
Ten (10) needy or help seekers were selected to explore their lived experiences (both before and after they joined the center) and see if there was any positive changes in their lives. Although there are no universally accepted rules and/or trends regarding sample size of qualitative studies (see, for example, Patton, 2002), having ten (10) individuals/participants was believed to be quite good sample size as Polkinghorne cited in Creswell (2007) states that 5 to 25 people (i.e., participants) are indicated as adequate sample for phenomenological type of study (p. 121).

In line with this, purposive sampling strategy was employed to select both the needy people and the co-founder. Polkinghorne (2005) puts the following statement regarding how sample should be selected and what sampling strategy should be employed while doing qualitative research:

> Because the goal of qualitative research is enriching the understanding of an experience, it needs to select fertile exemplars of the experience for study. Such selections are purposeful and sought out; the selection should not be random or left to chance. The concern is not how much data were gathered or from how many sources but whether the data that were collected are sufficiently rich to bring refinement and clarity to understanding an experience (Polkinghorne, 2005, 52 (2), pp. 137-145).

In purposive sampling, Creswell (2007) states “the inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study” (p. 125). Furthermore, Patton (2002) believes that purposeful samples should be judged according to the purpose and rationale of the study (p. 245).
Since implicating the role altruistic behavior plays in positive societal change by exploring the lived experiences of needy people in the center was the main purpose of the study, purposive or judgmental sampling strategy was found quite appropriate. I, therefore, purposely selected participants of the study: help-seekers in the center and co-founder of the center so as to secure the required data.

Selection of the needy sample was conducted in collaboration with the co-founder. I determined criteria, to be met by participants of the study, in advance and discussed with the co-founder on how to select and find the appropriate participants, those who met the criteria. Then I was able to find the potential participants of the study.

**Inclusion criteria**

Criteria of inclusion have been set up in advance. Any individual selected as a sample had to fulfill the determined criteria. Consequently, the following criteria have been determined in selecting the focal subjects of the study. Needy or help-seekers in *Mekedonia* helping center were the focal subjects/participants. The criteria were: (1) Those who were voluntary to take part in the study. Participants were selected with their complete consent to participate in the study. For instance, there was an individual who refused to participate in the study because of his personal case and no enforcement was made on him though he was potential participant according to other criteria to be discussed ahead.

(2) Those who stayed for a relatively long time receiving help in the center; at least 2 years. This criterion was mandatory to explore the individual participant’s life experiences, particularly after joining the center, and see the positive changes each needy person has achieved.
As the center collects and brings abandoned people from all corners of the country to the center on almost daily basis, individuals who stayed 2 years and above were selected as potential sample of the study. It was because the longer the time they stayed in the center, the more exposure, experience and life-change within the helping center they would have.

(3) Those who can express themselves as much as possible. To secure detail information and lived experiences of the needy people both before and after they joined the helping center, self-expressing subjects were purposely chosen. This was done by asking the co-founder to identify those who were outgoing and self-expressing from her personal experiences with the needy people in the center; (4) Those who showed good progress or improvement in their health and generally in their lives after they joined the center. Since subjects with exemplary experiences on the phenomenon are considered as substantive evidence in qualitative study (see, for instance, Polkinghorne, 2005), those who have experienced positive life-change after they joined the helping center were chosen. This was made by holding discussion with co-founder of the center to know life experience/situation of the needy before they joined the center; by viewing documentary film prepared by the center on the earlier life status of the needy; and by looking at pictures (posted on different boards within the center) of the needy before and after they joined the center; and (5) Those who could speak Amharic language. Because the interview was intended to be conducted in a domestic language (as almost all of the needy people do not know and speak English), Amharic has been employed.

To sum up, 1 co-founder and 10 help receivers were selected as sample of the study using purposive sampling strategy. Because participants were purposely/intentionally selected against the aforementioned criteria, purposive non-random sampling has been found an appropriate sampling strategy.
3.6. Rationale and Description of the study site

When the study was at proposal stage, it was intended to address 3 helping centers, namely: Abebech Gobena Children Center, Merry Joy Development Association, and Mekedonia Elderly, Bedridden and Mentally ill center. However, the researcher had changed his mind and had taken a single helping center as site and target of the study.

The change was made because the researcher had critically revised the proposal and, eventually, shifted his stand. This shift was made to take the study a step forward from its initial concern at the proposal level.

The proposal was drafted as if the study would merely describe the lived experiences of the needy people being helped in and/or by the aforementioned helping centers. Later on, however, the researcher became much interested in moving beyond description of the lived experiences by studying the phenomenon intensively than extensively; and, eventually, interprets and draws on possible implications of the lived experiences for the kind of society to be made in the future.

In doing so, selecting a single center and studying it in a detail manner with qualitative approach was found plausible in order to make the study manageable in terms of data, time, energy and other related resources. Hence, Mekedonia elderly and mentally ill helping center, found in Addis Ababa city, was purposely selected to be target site of the study. In fact, the change was not made haphazardly or simply by commonsense; rather, some potential advantages of selecting the center for the study were taken into account.

The center’s experience of collecting and helping people who have been totally abandoned by the society was one reason to select Mekedonia helping center. Diversity of the needy people supported by Mekedonia helping center was another reason to select it.
While *Abebech Gobena* and *Merry Joy* helping centers were primarily, if not completely, concerned with children, *Mekedonia* center was concerned with relatively diverse groups of people such as elderly, bedridden, mentally ill, and other abandoned individuals. Residence of the help seekers was still another reason to select the center. *Abebech Gobena* and Merry Joy centers were primarily providing away-service to their needy people, whereas *Mekedonia* center was providing helping services by gathering and letting the needy people live in its own permanent residences. Furthermore, though there were children receiving help and growing up within *Abebech Gobena* center, for example, people living and getting help within *Mekedonia* center were large in number, approximately 650.

Although the above reasons were taken into consideration in selecting *Mekedonia* site for this study, it must not be understood as if the other two centers were less worthy, less effective, or something else. It never meant like that. It was just simply to make the study manageable and, then, the selected center was found relatively “better” for this study. Otherwise, this study did not indicate superiority and/or inferiority among the three helping centers by selecting one center for the study and leaving out the other two centers.

Geographically, *Mekedonia* elderly, bedridden, and mentally ill helping center locates in Addis Ababa, *Kotebe* sub-city administration. It is very close to Ethiopian Civil Service College that locates in the same sub-city.

### 3.7. Data collection methods

In this study, interview, observation, and document (audio-visual) analysis data collection methods/tools have been employed. The interview method was semi-structured, in-depth form that helped the researcher in setting some questions in advance and making flexible depending on the response of the participants.
As Rossman and Rallis, cited in Richardis (2003) state, in-depth interviewing is the hallmark of qualitative research (p. 47). Besides, “interviewing has become synonymous with qualitative research and may become the accepted method of data collection irrespective of methodology” (Wimpenny & Gass, 2000, 31(6), pp. 1485-1492).

An intensive interview was held with ten needy people in the center and a co-founder of the helping center by having respective interview guides in advance.

The interview guide for needy people was, for example, designed to include the following points in advance:

- Background information about the needy. It includes age, sex, educational status, marital status, religion, length of stay on street, and length of stay in the helping center.
- Childhood/upbringing experience; positive and negative childhood experiences.
- Life status before exposure to street life: status of family, job, health, income and the like.
- Major reasons led to street life and the crises being faced on the street.
- Life within the helping center: services being offered by the center and positive changes after joined.

In addition to the interview with the needy people in the helping center, co-founder of the helping center was asked to get more information about the needy. Because founder or owner of the helping center was sick, it was the co-founder who was in charge of the center. The interview with the co-founder was mainly to triangulate information regarding the life status the needy had on the street and the positive changes they claimed after brought to the helping center. Since the co-founder involves in collecting any needy persons from streets, she knows well about the life situation they were living in on the street.
Accordingly, the interview guide for the co-founder has focused on what did the needy people’s status look like on the street when she was collecting them; what services does the helping center provide them; and what positive changes do the needy people experience after brought to the center. In addition to interview, observation and document analysis (audio-visual such as photographs and documentary film) methods have been used. There were photographs of many needy people posted on the board of the helping center.

There were two photographs of each needy person. The one photograph was taken during the time they were being collected from street (to show the situation they were living in) and the other was taken after they were brought to the center and showed improvement (to show the positive changes they achieved). Furthermore, a documentary film produced by a voluntary worker of the helping center was used as method of data collection. The documentary film was produced to show the life crises the needy do face on the street, the way the center collects the needy people from streets, and the challenges being faced by the workers of the helping center while collecting the needy from various streets. Regarding the observation method of data collection, non-participant observation type was used. The observation was conducted to actually see the services being rendered by the helping center to the needy, the way workers of the center treat the needy, the way the needy people spend their time in the center, the way they interact among themselves and the like. Issues to be observed were not explicitly put in a guideline form in order to let the researcher feel free and go back and forth without any restriction. The aforementioned issues of observation were simply crude and unrefined ones which have served as points of departure.
3.8. Procedures of data collection

Since I had to access the appropriate informants who could meet the inclusion criteria mentioned earlier, the initial procedure followed to access them and collect the required data from them was contacting co-founder of the helping center; she was in charge of the helping center after the founder has begun getting illness. She knew the needy people, especially those who joined since the establishment of the center, very well. Contacting her and discussing about the selection of appropriate study informants was not as such easy task, however.

She was extremely busy with tasks of the helping center and could not sit even for 10 minutes with me to discuss on the matter. I was forced to rearrange many appointments with her due to inconveniences on her part. There were even circumstances in which she was travelling more than 800 kilometers to collect needy people from different streets of the country and was spending nights on the way.

As a result, I decided to spend some nights within the helping center and meet her whenever she arrives. Though not successful in the first night I spent, I was able to meet her in the second night (after 10:00 PM) and discussed for a brief period of time regarding my concern. After she agreed and welcomed me on behalf of the center, she told me to meet her again in the following morning (around 6:30 AM) so as to give me names of the needy individuals who meet the inclusion criteria. After I met her in the following morning then she gave me names of 13 potential individuals and showed me many of them physically during the breakfast time. After I spent that day getting acquaintance with all the prospective study participants and telling them my agenda, I was forced to make some changes.
I found one person involuntary to take part in the study and two individuals with difficulty of Amharic language (their native language was different); I then excluded them from the study and began to collect data (through semi-structured, in-depth interview) from 10 help-receiving individuals in the center. The actual data collection process was thus started on February 26, 2014 and completed on March 13, 2014. With gaps in between, I have spent 10 days with the needy people and one day with the co-founder during the data collection process. And the average duration of interview (with the needy informants) was 54 minutes, with the longest duration 85 minutes and the shortest duration 31 minutes.

After I have collected the data from all the needy informants, I contacted the co-founder via phone and arranged appointment at night for interview. I have then spent the next night (to interview her at night about issues related to the needy people and the center) and met her at around 10:05 PM. The interview with the co-founder lasted for an hour and I have been provided with adequate data. Lastly, I left the helping center by the following morning having thanked all the people who have co-operated me to completed the data collection process, but informing them that I might get back if I should have.

3.9. Data analysis process

Unlike in quantitative research, the process of data analysis in qualitative research begins along with the process of data collection. In qualitative research, data collection and analysis take place together (see, for example, Patton, 2002; Sarantakos, 1998).

As Grinnel cited in Abebaw (2014), the central purpose of qualitative data analysis is to sift, sort, and organize the voluminous amount of qualitative data collected during the data collection stage and develop themes and interpretations that would address the basic questions of the research.
The actual analysis of the data has been begun by transcribing all the interviews. Since the interviews were conducted in Amharic language, the first task was transcribing all the tape recorded interviews directly with the language used for interview. I transcribed the interviews after I listened to each tape-recorded interview at least three times so as to grasp all the interviews adequately; and there were conditions in which I was forced to listen to some interviews four times to transcribe properly. I transcribed seven (7) interviews/cases of the needy informants and the one (1) interview/case of the co-founder, whereas three (3) interviews/cases of the needy informants have been transcribed by another person so as to reduce error out of exhaustion when transcribed by one transcriber.

After I crosschecked all the transcripts (transcribed by me and the assistant transcriber) against their respective recorded audios, forward translation (from Amharic to English) of the transcripts was made. Unlike in the transcription work (I have assistant), the whole translation work was done by me in order to be cautious of any professional and/or technical matters; to associate translation of the transcripts with topic of the study. Unlike of the transcription work, similarly, the translation work has not been made word for word; essence of each interview/case was considered instead. While the transcription was made verbatim (considering any action of the interviewees such as laughter, sigh, and/or silence during the interview), translation was made in consideration of the core idea or meaning of the transcript of each case/interview.

After I made the forward translation of all transcripts, I gave to two language experts, who are also university lecturers, for crosscheck; whether the forward translation was made properly, without missing the essence of the respective original transcripts. After receiving some valuable comments about the translation from the language experts, I went back to the original transcripts and I reread them carefully. Then I have taken some time to correct the forward translation
(based on the comments of the experts and my own experience) and I have sent back the corrected translations to the experts so as to let them know whether properly corrected. After they told me that they are happy with the correction and little, if not nothing, is left to be improved, therefore, I have completed the translation work. Nevertheless, I have to confess that I did not conduct backward translation for the transcripts. Though I believe it is, generally, good to conduct backward translation, I was not convinced that it would help me much in this study. Since I believed careful forward translation has been made by seeking out feedbacks and comments from the language experts, I did not find backward translation that much valuable for me more than consuming my precious time and other resources.

Finally, a total of 156 pages (45,312 words) of translated-transcripts have been found from the interview with 10 needy informants. While the maximum translated-interview-transcript was 20 pages (5,791 words), the minimum was 11 pages (3,255 words). Additionally, 12 pages (3,542 words) of translated-transcript were resulted from the interview with the co-founder. There was also 42 pages (11,854 words) of field notes. All pages have been double-spaced A4 size.

After the transcription and translation (preconditions to qualitative data analysis) tasks have been completed, coding was the next task of data analysis process. As Charmaz (2006) states, “coding means that we attach labels to segments of data that depict what each segment is about. Coding distills data, sorts them, and gives us a handle for making comparisons with other segments of data” (p. 3). Coding is the first step in the actual process of data analysis. “Qualitative coding, the process of defining what the data are about, is our first analytic step” (Charmaz, 2006, p. 43). In qualitative research, moreover, there are three distinct coding types: open/initial, axial and selective coding (see, Strauss & Corbin, 1998).
Bearing the meaning and types of coding in mind, therefore, I have started open/initial coding by writing the comments or codes in the margin of each page. As stated by Strauss and Corbin (1998), open coding could be done in different ways: line-by-line, sentence/paragraph-by-sentence/paragraph, or by perusing the entire document and coding accordingly (p. 120).

Since the first way of doing open coding, line-by-line, is found important while conducting a research to develop theory (Grounded Theory method), I have used the second way; sentence-by-sentence. I read the whole sentence of the transcript then label it with appropriate code(s) or comment(s). After I came up with relatively large number of open codes/comments for each interview-transcript, I began to relate pertinent codes to one another — axial coding.

In axial coding, association was created between major codes or categories and their respective sub-categories so that the large number of codes/comments during the open coding stage has been condensed. Finally, the third way of coding — selective coding— was made and the codes were made fit into predetermined themes and respective clusters.

Based on the research questions, seven distinct themes and three broad clusters that incorporate the themes have been categorized in advance. These final themes are: *upbringing/childhood experiences of the informants, life-opportunities of the informants before street life, life-crises of the informants before street life, factors/events that led the needy people to street life, life-challenges/crises encountered on street, services rendered by the helping center to the needy people, and positive life-changes of the needy within the center.*

The final themes have been put into three clusters: *pre-street-life experience, street-life experience, and life experience in the helping center.* While the first cluster consists of four themes (*upbringing/childhood experiences of the informants, life-opportunities of the informants before street life, life-crises of the informants before street life, and factors/events that led the*
needy people to street life), the second cluster consists of one big theme (life-challenges/crises encountered on the street) that has incorporated a number of sub-themes. And the third cluster comprises two themes (services rendered by the helping center to the needy people, and positive life-changes of the needy within the center).

It is indicated in Dudley cited by Abebaw (2014) that there are three common methods, among the many, of data analysis in qualitative research: case studies, summarizing responses to open-ended questions item by item, and theme analysis (p. 91). Since thematic analysis is suggested as the “useful method in analyzing lengthy narrating material of participant observation or unstructured interview” (Dudley cited in Abebaw, 2014, p. 92), data of this study have actually been analyzed using this method. Consequently, the aforementioned themes have been narrated and/or discussed one after the other. The analysis has been, indeed, conducted theme by theme.
Chapter Four: FINDINGS

In writing findings of the study, profile of the respondents has been, in advance, described briefly. Then themes of the study are discussed in-depth by incorporating direct quotations from responses of the participants. There are seven main themes to be discussed (upbringing/childhood experiences of the informants, life-opportunities of the informants before street life, life-crises of the informants before street life, factors/events led to street life, life-challenges/crisis encountered on street, services rendered by the helping center to the needy people, and positive life-changes of the needy within the center). The themes have been clustered in three broad clusters (i.e., pre-street-life experience, street-life experience, and life experience in helping-center). Some themes have also got sub-themes. While the first cluster comprises four themes, the second cluster consists of one broad theme with many sub-themes such as lack of basic needs, rape and unplanned pregnancy, fluctuant weather, physical and mental illness, and psychosocial deterioration. And the third cluster comprises two themes with their own respective sub-themes.

4.1. Profile of the informants

Profile of the informants consists of their age, sex, religion, educational status, marital status, and length of stay on street. Regarding their age, while majority of the respondents (five) were old people ranging from 61 to 80 years of age, two respondents were early adults (i.e., 22 and 24 years of age). And three other respondents were middle adults (i.e., 35 and 36 years old). Concerning sex of the participants, six were males and four were females. In terms of religion, all of the respondents were Ethiopian Orthodox Christians.
Talking about their educational status, while two respondents were found being illiterate, one was found with diploma qualification. The rest people (seven) were found either pursuing or completing a certain grade (that is, from being grade one to grade ten). Regarding the marital status of the participants, two were unmarried, other two were separated, three were widower, one was widow and other two were found with divorced status. Their length of stay on street ranges from two to twenty years. It should be also clear that all the names of the informants to be used are pseudonyms as it is difficult to use their real names in such a study that reveals many experiences and perhaps personal secrets of the individuals.

4.2. Pre-street life experiences

This cluster has comprised four themes, namely: upbringing/childhood experiences of the subjects, life-opportunities before street life, life-threats before street life, and major factors/reasons that led the informants to street. Information on these themes was collected directly from the participants by asking them to describe their respective life experiences as a child till the moment they turned to be street resident.

4.2.1. Upbringing/childhood experiences

Participants of the study have revealed that they have passed through different ups and downs as children. While many of them became ill-fated since the early times they joined this earth, some were lucky to grow up with their biological parents or close relatives and get the opportunity, as children, to be cared and be sent to school. One of the ill-fated persons as a child was Solomon, 80 years of age, who lost his both biological parents early and became orphan. Regarding this, Solomon stated as follows:
I lost my father and my elder brother when I was three or four years-old as Italian invaders killed them (that is, during Italian invasion of Ethiopia, 1936-1941). My mother had also died a year later because of the unbearable sorrow she faced due to the loss of her husband and eldest son. I then became orphan as a child . . . with no one relative to take and raise me up. Finally, I was taken and raised by an old, non-kin mother with inadequate care. I did not get what I had to as a child.

Similarly, Girma, 35 years-old, narrated his childhood experience in the following way:

My father was a soldier and died during the civil war (that is, the 17 years of war fought between the current government and the previous socialist government of Ethiopia) when I was a child, 5 years-old. My mother had also died naturally when I was 7 and I was left helpless as I had no other brother and/or sister who could help me. After the death of my mother, a household which used to be a neighbor took me and raised me up till I reach the age of 12. However, I was being abused by the household as a child . . . working different chores such as herding and farming. When I get tired of those chores and became discomfortable, I left to urban with no idea what to do and how to live there.

Except three respondents, all of them have told me that their upbringing experience was unpleasant and full of challenges. Losing one or both biological parents early; being left with no other relative (s) who could raise and care him/her properly;
being taken and raised by non-kin guardians after the loss of biological parents and became victim of identity crisis; being victim of child labor; unable to get parental love and treatment as a child; lack of opportunity for education as a child and the like were the common fates of their childhood lives. Tsega and Birhanu, 22 and 64 years-old, respectively, have told me that they lost one or both of their biological parents as children and could not get any opportunity for education. Tsega described her childhood experience with a bit lengthy statement as follows:

Because my mother had died as early as I was infant, it was my grandmother who took me and reared me up to my 4 years of age. My father married another woman and did not want to take me and be with him. After I lost my grandmother at 6, thus, my uncle took the responsibility of looking after me. It was after this time that I was being made to work many things beyond my age and capacity such as looking after cattle, fetching water and firewood, grinding grain with a stone, and looking after my uncle’s children. As my uncle’s wife was used to hate me, she was beating me day and night because of nothing or very silly reason. She did not want to send me to school, while her children were going to school. I never went to school while I was in my uncle’s house. As the suffer she was causing me was unbearable, I went to my father, finding no other option, though I was aware of that he did not want to see me. As I expected, he did not welcome me and began to treat me as harshly as my uncle’s family. He also told me to leave his house as he did not want me to live with him anymore. It is, therefore, after this moment I
was forced to come to Addis Ababa city, where I ended up being a street resident.

Abeba and Dawit, 36 and 61, respectively, have also shared similar experience when they were children. They told me that they have passed through tough situation during their childhood time and they could not complete their education due to lack of support from other people.

In contrast, there were respondents who reported that their upbringing/childhood experience was pleasant. They told me that they were raised up either by one or both of their biological parents, or by someone else such as grand parent who could give them desirable care. Akalu, 65, has, for example, told me the following story about his upbringing experience:

I have been brought up in a warm family getting all treatments as a child. My biological parents were eager to send me to school and provide me with services I need as a child and as a student. They were following up my progress until I complete grade 12 and joined college. I really have nothing to regret about my childhood life. I believe I have got what I had to with the help of my parents.

Similarly, Misrak, 24, has told me that her childhood experience was pleasant enough. She revealed that she was brought up by her grandmother receiving the treatments she needs to. Misrak narrated her childhood experience as follows:

Since my mother died when I was a little kid, discussing with my father, my grandmother had taken me with her for my advantage (አቶ የታወም ከላል). I was comfortable and happy with the life I had in my grandmother’s house.
She was devoted to send me to school and was fulfilling all the materials I was in need of. I do not remember any unpleasant feeling because of being motherless as she was capable of treating me like a mother. I was also pursuing my education attentively until I quarreled with my grandmother and dropped at grade 8.

Generally, the respondents who had unpleasant childhood experience reported that they had many challenges to be passed. Losing one’s biological parent(s) too early and absence of love and/or attachment that could have been obtained from parents seems the cause of all other troubles to be faced by the children in their future lives. The problems they told me they had during their childhood were, directly or indirectly, caused by the loss of their biological parents or caregivers. Unable to get any educational access at all or be forced to drop at a certain grade level as a child, being abused in different ways such as labor and physical punishment as a child, unable to establish any attachment with, absence of parental love . . . etc were some of the major problems my respondents have raised. An 80 year-old, Solomon, has told me that he dropped at 10 and his life was diverted instantly in the way he did not intend and/or like due to absence of support. He said:

I was compelled to drop at grade 10 and join the national army because the non-kin woman who was helping me could not help and send me to school anymore. It was one of the hard decisions (joining the army) I made in my life.
Similarly, Tsega described that she was deprived of education access and was subjected to
different abuses by her own uncle’s family after the death of her mother and, later on, her
grandmother, too. As children are, by nature, helpless by themselves, much hurt would be on
them unless someone is there to stand for them. I could say the unpleasant or challenging
experiences of the respondents during their childhood time have left bad scars on their future
lives.

Though many reasons have been mentioned, as we shall see it later on, by the respondents for
going out to street and spending tough time there, more or less, their upbringing/childhood
experience had played an ungracious role. Report of many of my respondents revealed that the
base of their life, childhood, was found with adverse effects. Though they had to get proper
treatment during their childhood time and their future had to be made bright, due to several
reasons, they had not and their life was ended up on street until they were picked up and brought
to the helping center.

Childhood is perhaps one of the critical periods of human’s life to lay the foundation for bright
future. It is during this time that proper parenting style should be followed; strong attachment
should be established between the child and the caregiver or the parent; the child should get
adequate parental love; and parents should send their child to school. When the
upbringing/childhood time is found with ungracious experiences, thus, these all opportunities
would be lost. Children who would not grow with their own natural parents that, in turn, leads to
absence of love and attachment; they would not get the chance to go to school; they would be
exposed to different abuses and the like.
Solomon, Birhanu and Girma have, for example, told me that they lost both of their biological parents when they were children and did not get the chance to be loved and to be attached with. They told me that they were raised up by people who did not belong to their respective families. Similarly, Tsega uncovered that she was not sent to school and was working several chores that were beyond her capacity and interest. Though it is difficult to deduce that childhood experience determines the entire life of any person, it has undeniably significant impact on the future life of the person.

In this study, similarly, my respondents have gone to street not because all of them have had unpleasant upbringing/childhood experiences. There were some who have enjoyed their childhood lives because they were brought up by their natural parents or close relatives such as grandparents with all their needs being fulfilled. Akalu has, for instance, told me that he had grown up with his biological parents and enjoyed his childhood time. Zewde, 78, has also told me that he grew up with his natural parents facing little or no problems as a child.

However, even these people have gone out to street at a certain time and experienced all the terrible things there on the street like those with ungracious childhood experiences did. Their pleasant upbringing did not guarantee them from becoming a street resident. This is an indicator that everybody’s life could be turned into unprecedented situation at a certain time. Nevertheless, I believe that the degree of exposure to street life and other horrible life events could not be equal between those with successful childhood experience and those of not; that is, people who have been neglected and abused as children would have high degree to be exposed to various crises including street life.
To sum up, life is such an inconsistent state that comprises numerous turn of events. Sometimes, it could not be the way we strive to make it and/or as we want it to be. It could exist in a situation we never expected. In this sense, therefore, early life experiences seem with little or no impact on the future life of any person as it could turn out at a certain moment. Despite this fact, however, status of our future life could be predicted based on the experiences we passed through in the past. Consequently, upbringing or childhood experience gets to have significant influence on the life we would have in the future.

The degree of exposure to failure might not be equal between people with undesirable childhood experiences and those with desirable ones. Perhaps the former group of people would easily be exposed to failure. Though, in this study, people with desirable childhood experiences were also found being exposed to street life, many of the informant who ended up on street were found with difficult childhood experiences.

4.2.2. Life-opportunities before street life

This theme deals with life opportunities of the respondents before they were exposed to street life. It is not uncommon to have opportunities and challenges in different moments of life. This theme thus discovers the good opportunities that the people had in their life before they went to street out.

My respondents have told me the opportunities or favorable conditions they had before they did get exposed to street life. Lemlem, 36, told me that despite the hardships she had during her childhood, she was able to find job in one big hotel with relatively good salary.
She continues:

. . . After I found a job in that hotel I was able to fulfill needs beyond the basic ones. More than this, I get acquainted with someone whom, after some time, I did get married with; and . . . (she sighed) my life became very
different and I was happy more than I can tell you right now. We got a child
and our family became fully happy. But . . . (continued through another
story).

Zewde, 78, has also told me that he was happy and hopeful when he was living with his wife and children. He assured me that his family was having gracious life.

He added:

I was able to make enough money and manage my family properly until the
moment things went wrong. I was sending my children to school without any
problem and my family was living happily.

The above respondents believed that their life was in favorable conditions as they were able to find job and make money, married a person they liked and established happy family, bore children and were sending them to school. They told that these were mainly the opportunities that made their life gracious before unprecedented happenings took place.

A 24 years old, Misrak, said that she was happy while in home with her grandmother. She, in the following narration, confirmed that her grandmother was totally devoted to care and send her to school:
No doubt my grandmother was great and was living for me. She was fulfilling me whatever I was in need of (የወ ያሪጋ ከማ ከምዝ ያርግ ያርግ ያርግ ከማ). She was also advising me that education should be my primary focus. I have not ever felt pity for being motherless as I was getting many things such as love and treatment (ጭዜ ከማ ከማ ከማ) from my grandmother. And I was so happy by then.

Misrak indicated motherly treatment (love and care) of her grandmother and opportunity of going to school as manifestations of her good life before she was exposed to street life. They were, indeed, opportunities for her as finding a person who could give real love and treatment is a big deal. Getting the opportunity to be sent to school is also a grace that many people do not get though they long for it.

Akalu did also tell me about the good situations in his life. He thought that he was so lucky to join and graduate from a military college and hired by the army to serve his beloved country. “It was really nice to me to have a job in the army and I reached high rank serving my country with determination.” He told me that serving his nation as a soldier until his retirement was one of the good opportunities he had in his life. Besides, Akalu told me that he was quite happy because he had good family and had found another job after he already retired.

He continued to narrate as follows:

Though I was disappointed for being retired early due to injury in war, I was very much proud of myself for what I did to my country (serving his country as a high ranking official in the national army). Apart from this, I have turned
my face to private works such as writing different articles on different issues and translating books (from English to Amharic). The money I was getting from these private works helped me much in leading better life together with my wife.

Besides, Solomon told me that he was able to lead better life after he joined the army to serve as a soldier though he passed through difficult situation during his childhood. He said he was earning 18 Ethiopian birr per month, but was enough to manage his family and to lead good life because cost of living was extremely cheap in compare to the current one. He believed that he was quite enough with what he had just until the moment he was fired from the army.

The other respondents have also certified me that there were some good opportunities that had importance, in one way or the other, in their lives just before they began to live on street. All in all, my respondents told me that they were happy because they did get the opportunity to find their own jobs, to go to school, to receive love and treatment from other people, to get married, to establish happy family and bear children, and above all to lead an independent life.

Indeed, these were some of the good experiences that the respondents were having before they were exposed to street life. Almost all my respondents have agreed that they were happy and hopeful when the aforementioned experiences were part of their lives. However, they also told me the challenges they encountered in their life before they went out to street. The following topic will address the respondents’ life crises just before they had been exposed to street life.
4.2.3. Life-crises before street

As life is not a pile of pleasant experiences only, it is not surprising when challenges that threaten one’s survival take place in one way or the other. Consequently, my respondents have told me that they had experienced many, different crises in their lives before they eventually fell onto street. This theme addresses thus only crises encountered before exposure of the people to street life. The respondents have described all the crises they had in their respective lives. They revealed crises ranging from quarrel with parents to loss of job and/or loss of significant other.

Misrak, for example, told me that conflict reigned when she reached grade 8 and she could not agree in many cases with her grandmother. She believed that her caregiver, grandmother, was strict in her parenting style and both were not happy with each other.

Her grandmother was not happy because Misrak was not fulfilling the demands expected of her and Misrak herself was not happy, too, with the way her grandmother began to treat her. This crack in their relationship caused a serious problem. Misrak said “I finally left my grandmother and my home to be free of my grandmother’s constant nagging; I did really get tired of it.”

Another respondent, Zewde told me that unprecedented death of his spouse was the major crisis he faced. He continued to describe the situation as follows:

… I do not know why crises pile up over and over once you get trouble. Soon after the death of my wife, I became ill and three children were left helpless and no one was there to look after them. I consecutively faced three crises: loss of my wife, loss of my health, and separation from my children after they were taken by their mother’s parents following my illness. It was shocking
event (መስቀል መምርциально እንደጋ ያለው) and it is only due to help of God I am here, alive.

Solomon and Akalu have also described unpleasant life experiences in their lives. They lost their jobs; the former was fired while the latter was retired. The former was also separated from his wife because of her disappearance whereas the latter lost his spouse in death. Regarding the crises he encountered, Akalu said the following:

Though my childhood experience was good and I was able to find my own job, I have experienced some troubles after some time. The first serious crisis in my life was very early retirement as a soldier. I was high ranking official in the army, but forced to retire early because of the serious injury I received at war. It was very tough situation to survive. I thought as if everything was over. I was happy with my job and I felt sorry when I lost it.

Akalu continued his narration about another crisis he faced saying:

The other crisis, perhaps the most terrible one that led me to unwanted situation or life was death of my wife. After I lost her, I was really hurt; I felt lonely. Life became unbearable for me. And eventually I went to unwanted life . . . (sighed) . . . I went to street.

Apart from this, worst and heartbreaking story came from Tsega, 22, who said that she did not have any good experience in her life till she was picked-up from street and taken to the helping center. She said the following with her own words:
I could say I am one of the most unfortunate persons as I experienced bad life situations only with very limited pleasant events in my life. Right from the time my grandmother was died, I have not seen any good experience in my life until I was brought here (to Mekedonia helping center). My life was full of crises. Before I left my relatives to street, I had bad experiences such as frequent insults and physical punishments from my father and uncle’s wife, total denial of education, denial by my father as if I am not his child, and being a victim of overwork (herding cattle, fetching water and firewood, looking after children etc…). It was disgusting life.

Another respondent, Abeba, has also described the tough situation or time she had before exposed to street. She revealed that she was raped by someone when she was 16 and she thought this experience was terrible enough to leave indelible scar on her life.

She said the following regarding this experience:

Since I lost my parents as a child, I was raised by people whom I have no blood relationship with. But when I was 16, attending grade 9, I faced the most shocking event: rape by son of my caregivers. I totally hated myself (™s_N e®uƒ) and decided to leave that house. I then dropped at grade 9 and began another life as a domestic worker. I believe my hope was snatched by one guy (sW ymÒN tS¨â baND sW tqìuƒ yì@L AMnT al bWSe_).
Generally, a lot of crises have been found within the life of the respondents. This theme explored crises faced by the people before their exposure to street. The crises addressed in this theme are also other than the unpleasant life experiences during childhood time of the people. Though these ungracious experiences of the people might have direct or indirect relationship with the crises during their childhood, they have been treated, in this theme, independently.

Hence, enormous unpleasant life events experienced by the respondents were found out. Denial of freedom, separation from one’s spouse, death of spouse, fired from job, early retirement because of reason other than age, illness, separation from one’s children, experience of rape, constant disagreement or quarrel with close relatives or caregivers, dropping at a certain grade because of incapability to continue, overwork, and the others. Some of these crises were inherited from the bad upbringing or childhood experience that the people had, whereas some life-crises were found independent of childhood’s life experiences; they just happened to the people with no connection to their prior life during childhood.

Similarly, while some of the crises faced at this level were found immediate or actual causes for exposure of the people to street life (as we shall see it in another theme), others were found potential ones to the eventual exposure of the people to life on street.
4.2.4. Factors or events that led the people to street life

Obviously, many varying factors that caused street-life have been presented by the people. Of the life crises discussed earlier, no doubt, many of them were found actual and/or potential causes that led, in one way or the other, the people to street. If we take Tsega’s story, for instance, it was all the maltreatments and/or horrible experiences she was receiving from her caregivers (that is, her uncle’s family and her father) during her childhood and even right before her exposure to street-life that pushed her away to street. Regarding the factor(s) that led Tsega to street, she has said the following:

I believe many things have contributed their parts for me to end up on street, especially the bad treatments I had while in my uncle’s house. All the crises I told you earlier (those discussed under theme 3) have forced me to go and search my father. But after I found my father as cruel as my uncle’s family, I lost everything. Though I tried to tolerate all the challenges, my father straightly told me to leave. He was totally unhappy with me as his wife (her step-mother) was uncomfortable with my presence. It is after this event that I lost my hope (ትሰየር የሚለፈው) of living with any of them and I decided to leave.

It is unequivocal that the crises discussed in the previous cluster have immediately compelled Tsega to end up on street. Had not the caregivers maltreated her, she would be perhaps in a different situation. In this case, therefore, all the unpleasant experiences she had before her exposure to street were found actual causes that had immediate effect on her to take street life as her last resort.
Of the ungracious life events he described earlier, Akalu admitted that it was the death of his spouse that actually caused him street life. He said “I did not know what happened after that event (that is, after the death of his wife); I lost my mind and I found myself on street being sheltered under plastic tent.” This respondent has previously described several life crises in addition to the death of his spouse, but none of them did lead him to street. It is only the death of his spouse that was found critical crisis to lead him to street.

Another respondent, Misrak, believed that it was an accident that had exerted a direct pressure on her to go to street. Actually, her exposure to street has got major potential reasons from behind. Just to consider what she said with her own words:

> When I reached grade 8 the quarrel between I and my grandmother reached boiling point ( amat ያርባ ). Her control over me became stricter than ever that eventually took away my freedom. When I talked about this situation with my friends they advised me to leave and start my own work. They were constantly telling me as if I would have my own job and be free from any altercation with my grandmother. Finally, I trusted them and left as they told me, taking money and other items away from my grandmother.

The above saying is unequivocally indicating that **wrong parenting style** of the grandmother and **peer-pressure** were the potential factors that initiated the lady to leave her house and grandmother. This action, leaving her grandmother and her house, has, in turn, laid the foundation for her eventual fall onto street. It is because when her caregiver forbade her freedom that she requested advice from other people, her friends and became victim of their pressure.
It is common, especially among adolescents, to be pressured and diverted from one’s own way of life by peers. Dawit, Solomon and Zewde have also told me that it was their illness that pushed them away to street. All of them have passed through tough life experiences during childhood and/or later life, but it is their illness that forced them to give up and live on street. Though it is natural for any human to get ill, lack of personal financial-capacity or absence of potential helper would exacerbate the problem and cause him/her to give up. The above three respondents strengthened this idea. They went out to street not because of their age, rather than it was because of their illness. Illness was the immediate factor that pushed them away to street life.

Dawit, for example, said the following regarding the factor that led him to street life:

It was after I became ill that I stopped working. If you do not work, you will have nothing to pay the house rent and you could not even feed yourself let alone feeding others (አላችለWestern Facts እንጨት ሆነው እንወ እንወሁን). It was then the street I found as my last option to live in free of charge (ያይስትስ እና እስመንጨት) and survive through begging.

Similarly, Zewde narrated how he ended up on street as follows:

Though my childhood experience was great and without serious problem, I have faced many challenges in my later life. In fact, it was after I got nerve disease everything seemed over. I already spent huge amount of money, which I collected earlier when I was healthy, for medication. But no healing or improvement at all; and I left empty hand. What else would be left after this? Only going to street! It was in this way I went out to street.
Abeba has also told me that it was her illness that actually put her onto street though there were potentially bad experiences that changed her life in unexpected and unwanted way. The rape she faced some years ago that eventually forced her to drop at grade 9 and the divorce experience have really exerted their own pressure on her life. She believed these were horrible life events that paved the way for her failure. She said:

   After I was betrayed by the one whom I ever trusted (her husband) and get divorced, I began to worry excessively. I told to myself I am worthless. I was also getting sick frequently because of my worry. I stopped working and I had nothing to eat and pay house rent. I then began stretching my hand for alms and I was sleeping out on street.

To sum up, the respondents have mentioned a lot of factors that had potential and/or actual effect on their exposure to street at a certain moment of their respective lives. However, the primary intention of this theme is discovering only the actual factors or crises that immediately led the people to street life. So this theme differs from the previous theme which dealt with life-crisis of the respondents before street life in its particular emphasis on the real or actual crises that pushed the people away to street life.

Hence, the respondents have come up with immediate factors such as illness, loss of spouse, accident, strict parenting style, peer-pressure, abuse or maltreatment by caregivers and the like for being exposed to street life.
4. 3. Street-life Experience

This is the second cluster consisting of one broad theme and its different sub-themes. The theme is challenges faced by the people while living on street. The informants have told me that they had been experiencing a lot of terrible life situations while living on the street. Consequently, this theme will discuss all those challenges as follows:

**Challenges/Crises of street life**

This is a theme that addresses the challenges being faced by the informants while living on street. It is expected that many challenges, even threatening ones, could be encountered on street. Participants of the study have also realized the expectation as they reported they were in a very threatening life situation while on street. Crises or challenges of street life, as reported by the respondents, were found a bit different and quite harsher than the crises faced and reported before street life. The crises or challenges faced during street life have been discussed in five distinct sub-themes as follows:

**Lack of basic needs**

Almost all of my informants have told me that they had lack of basic needs such as food and shelter. Although the degree of this problem was found varying among the informants, no one did escape from this problem (that is, lack of survival needs).

Lemlem has told me that lack of basic/survival needs was very common experience during her stay on street. She just said “let alone hunger, thirst and lack of shelter (which are basic needs), there were some strange and painful experiences I faced on the street.”
The informant’s statement indicates that lack of basic needs was an expected and inevitable part of her life while she was on street.

Solomon has also supported Lemlem’s idea that lack of basic needs was one of the serious problems he was facing on street. He said: “It was common to spend the whole day and night without any food; there were many circumstances in which I was spending day and night not even getting a piece of food ( 현실에서의 기본 수요는 항상 있었고, 그는 일整天夜不吃饭是很常见的; 我经历了很多情况，在这些情况下，我连吃一片食物都没有) .”

Dawit, Girma and Birhanu have admitted that lack of basic needs was serious problem that caused them various crises. As they told me, lack of food was the major factor causing them illness and/or aggravating their illness. They also told me that absence of shelter was making them be exposed to terribly fluctuant weather which, in turn, was causing them strange disease and/or exacerbating the illness they had. Birhanu, for instance, said the following: “my illness was aggravated as I had no food to take, no home to shelter in, and no money to visit a doctor and buy a drug.”

Misrak and Tsega have also accepted acuteness of the problem, that is, lack of basic needs, during their stay on street. Misrak said the following regarding this problem:

It is known that hunger is the primary manifestation of street-life ( 현실에서의 기본 수요는 항상 있었고, 그는 일整天夜不吃饭是很常见的; 我经历了很多情况，在这些情况下，我连吃一片食物都没有) . Your survival will be questionable, especially if you are young or if you look so, as alms givers will assume that you can work and feed yourself ( so that alms givers will not feel compassion for you and will not give you alms as they feel for elders and give them alms).
Tsega has also added the following story regarding her own experience on this issue:

I could say I have suffered much from hunger and absence of shelter while I was on street. I was so hungry and thirsty the first day I joined street life as I do not know how or where to find food. I was simply keeping silent and spent day and night (that is, 24 hours) without tasting any kind of food.

Another respondent who revealed the acuteness of the shortage of basic need particularly shelter on street was Zewde. He told me that he was urgently in need of shelter as his nerve related illness was getting worse. He said:

Though I was facing lack of food, it was absence of shelter that was causing me stress. I rarely was getting hunger as my ex-colleagues and other alms givers were pity for me and were providing me with food and coins. But they were not willing to provide me with shelter. I found many people being generous of food and even their own cloth, but not shelter.

Akalu has also shared the experience of Zewde. Akalu believed that food was not that much a problem, as shelter was, for him during his stay on street. He said:

I do not think I had food problem as I came to the helping center with weight heavier than the weight I had just before I went onto street. It was lack of shelter that was causing me much pain as I was sleeping out so that my injured leg was feeling much cold at night.
To sum up, the informants have assured me that lack of basic needs was one major manifestation of street life. As my informants told me, lack of food and absence of shelter were found the most challenging problems on street. They all, in different expressions, admitted that getting hunger and losing shelter to be protected from warm or cold conditions were common life experiences they faced during their stay on street. Heartbreakingly, some respondents have reported that they were spending days without having any taste of food (Tsega, Solomon, and Misrak).

**Rape and unplanned pregnancy**

The other, perhaps the most challenging and shameful experience faced by street residents was rape. Four of my respondents, one male and three females, have reported that they have been victims of sexual assault while living on street. The female victims (Tsega and Misrak) have reported that they have faced unplanned pregnancy as well. Lemlem, one of the victims of rape, has narrated the rape experience she encountered with her own words as follows:

> . . ., however, it was the **experience of rape that really hurt me**. I was raped two times during my stay on street. **I had no worry about any other problems I was facing there**; it was rather the rape experience that caused me excessive anxiety. I feel very sad even now when I remember that terrible experience. Those nights (the nights she got raped by men) were the cursed ones in my life.

Lemlem was really lucky to escape the unplanned pregnancy that could have occurred because of the unsafe sex she had with men during rape, unlike of her fellow street residents (Misrak and Tsega).
It is not to mean being raped is something easily bearable experience; rather it is meant that she was relatively fortunate not to have pregnancy, which would be another heavy burden for her as was for her fellow street residents (Misrak and Tsega).

When we go to the story of Misrak in relation to rape experience, she said the following:

After I spent one peaceful week on the street, things began changing. I was raped for the first time by two men at midnight and it was unbelievable that I was raped (አሁን የአይነት ከአሁን እምብትን). I cannot exactly tell you how many times I was raped in my stay on the street. I had also faced unplanned pregnancy due to unsafe sex several men had with me through rape at different times. It is really hard to explain to you what happened after this situation; I went crazy. I stopped fighting against the rapists as I totally became powerless and hopeless. Many men were raping me even when I was pregnant (ስርዓት የруч ከስርዓት ለማብ መምሪያ የጋራ እየ ከርሻ). After some time, I lost my mind and do not know what really happened to me until the Mekedonia helping center picked me up and helped me recover from my problem.

Though it seems difficult to believe that human beings are cruel to the extent of the above story, it has been found true as my respondent has told me what she faced with her own words.
Similarly, Tsega said the following regarding the challenges or crises she was encountering while she was on street:

. . . After some time, however, something worst happened to me; I was raped and lost my virginity. I would be really happy if I could forget that night (የኔት ከልት በውርቅ ላንቋ ይወስ ይለኝ). Rape became my part of life on street after this event. Because I became like a zombie (ስሌጣን), I could not protect myself from rape. I thought as if I am disgusting and worthless person. I have also faced unplanned pregnancy. Because the fetus was died within my womb, it was totally painful life; I could not eat, could not sleep, and there was harsh pain in my body. I barely escaped from death (አንድስት ያውሃ ከምት ይታስችችን) after people saw me and took me to hospital.

Even more disgustingly, Girma has reported that he was raped by men and was victim of homosexuality. Actually, he did not tell me this case by his own initiation during the interview; it was after I asked him whether it was true that he was raped while living on street he admitted. I asked the informant about this case after co-founder of the helping center has told me that there were many people, both females and males, who have been victim of sexual assault mentioning some of them. After I made the informant feel comfortable and confident enough about confidentiality of the information he would tell me, he then became willing and told me the case. As he told me, therefore, it was (being raped) his shameful experience he ever faced. He narrated about that situation as follows:
I was awakened from my deep sleep by the fight of two young men against me to take my clothes off. I could not understand first what was going on and I was surprised why they were doing so. But I got their intention later on and I tried to shout. Nevertheless, one of them has suffocated/covered (አንደavigator) my mouth and the other person forced me to have what he wanted (አንደavigator ያለመለከት እንাহበት እንወን እንወን). It is difficult how I was shameful about myself at that time. I was suspicious that everybody was talking about me. I hate that life.

As we can see the above narration, the victim did say “forced me to have what he wanted” instead of saying “sex” as he found it shameful experience.

Generally, rape was reported by the informants as the most terrible experience that caused them a lot of adverse effects such as unplanned pregnancy and psychosocial deterioration. Three women and one man were found with rape experience. Two of the women were also found with unplanned pregnancy experience.

**Fluctuant weather**

The other problem reported by the informants is fluctuation of weather. As it was with the lack of basic needs, this was also reported as common and serious problem being faced by the informants. All the informants have told me that they were suffering from consistently changing condition during day and night.
In talking about this case, Solomon said “. . . there were also terribly fluctuant cold and warm conditions causing me pain as I had no shelter and cloth to be protected from. Because I get old enough (አልነው ያለው), the changing weather on the street was very difficult for me to adapt.”

Abeba has also told me that she was living in a harsh weather, causing her discomfort and illness.

She told me the following story regarding this concern:

. . . The change of weather now and then was also another problem I had on street. As a street resident, you know! You will not have enough cloth or blanket to protect yourself from chilly condition. There were days I was getting numb with the extreme chill (አጌ የላይ እር ከር) when I wake up in the morning. I would say the bad weather on street was causing me discomfort and illness.

Akalu and Zewde have also assured me that there was unpleasant and unpredictable weather worsening their illnesses. They both told me that they had health problems such as leg injury and nerve related case before they were exposed to street life and so that the bad, consistently changing condition on the street was aggravating their illness.

Akalu said “. . . It was lack of shelter that was causing me much pain as I was sleeping out so that my injured leg was feeling much cold at night. I was afraid of the changing weather than lack of food.”
Zewde has also told me the following story regarding the fluctuant weather he was facing:

As I told you earlier, I was imploring any persons I know to take me to their homes and shelter me. I was really impatient with the harsh weather I was facing on the street. It was difficult for me to tolerate the extreme cold and warm conditions because I was getting older and my nerve problem was getting worst, too.

Dawit also reported that fluctuation of weather was common on the street. He said:

One of the difficult experiences of street life was change of weather. Rain was falling onto me at night when I was asleep and the cold condition was making me tremble. There was also hot weather in the day. It was difficult to adapt the condition as it was not consistent; the day is very hot and the night is chilly. The problem also gets worst when you get older because you will not have capacity to resist it (ฉบับที่ผู้ที่คนของ...).

To sum up, this problem has direct relationship with the first challenge the informants have raised. Lack of basic needs such as food and shelter was the first challenge during their stay on street. Absence of shelter has, in turn, caused the people unpleasant, fluctuant weather.

My informants told me that they were suffering from extremely cold and/or hot conditions on the street because they had no enough cloth and/or shelter to protect themselves from.
Physical and mental illness

The other major crisis being faced during street-life was illness or loss of a state of wellbeing. All of my informants have been found physically and/or mentally ill people. While some of the informants have told me that they became ill before they were exposed to street life, some have reported that they lost their state of well-being or became ill after they were exposed to and began living on the street.

Zewde told me that he was sick for a long period of time before he went out to street and his illness has been worsened after his exposure to street life due to the lack of basic needs and unsuitable conditions he was encountering on the street.

He said the following regarding this issue:

I got sick soon after the death of my wife. I was doing everything I could to get better, but nothing was improved regarding my health. I spent all I had for medication and became empty handed at the end. I then went out to street with all my illness because I had no money to rent house and buy food. My illness even became extremely worst after I was exposed to street because of the challenges there. I was waiting for death as my illness was becoming serious and I thought I could not be cured unless God pardon me.

Similarly, Birhanu has told me that he was facing different illnesses both before and after he fell onto street. He said “all the problems I mentioned earlier (such as lack of food, shelter, and bad weather) were aggravating the illness I had before and were causing me another illness. I was frequently getting sick on the street.”
Girma has also told me that he was seriously sick while he was living on the street and he was certain while telling me that he would have died from his sickness had not he been brought to the center with his own words as follows:

I was very sick while on the street. I was bleeding heavily, but did not know why; I could take food in. It was after I came here (to the helping center) I have been told that my disease was tuberculosis. After I have been sexually assaulted by the cursed men, my health began to deteriorate. Since I was feeling bad for being assaulted, I became desperate when I became ill and much blood was flowing out from my body. Every day was painful for me. I am very thankful to God and the center for being here after all the terrible illness and pain happened to me.

Solomon was also another informant who was physically ill person during his long stay on street life. He believed that illness is very inevitable experience as far as someone is living in unsuitable and harsh environment like street. He said that it will be a big surprise if someone living in a situation like he was living on the street has escaped any kind of illness experience. In general, he narrated the life he had on street as follows:

I was relatively ok during the few months of my street life (it is in compare to his later life on street). But I began to face more illness, in addition to the health problem I had before, and it began to be worsened as many problems were there. I was sick to the extent of unable to stand and/or walk. As I was lame due to my serious illness, I was getting toilet where I used to sleep;
I was using the same place for sleep and toilet. It was difficult time, especially the last 4 years before I am brought to the center. My fate would be undoubtedly death (if he was not brought to the center).

In addition to physical illnesses of the people discussed above, there were mental problems faced by some of the informants. Akalu, for example, did tell me that he had lost his mind and went out to street right after his wife had passed away.

His narration on this issue is:

I was not myself for about 2 years on the street. I faced mental problem after I lost my spouse and I was living on the street with this problem. But I do not think I was insane because I did not completely lose my mind. That might be the reason I recovered very quickly after I have been brought here without going to any hospital and taking any drug. But I remember my problem was getting worst from time to time. I was having much anxiety and irritation when people were gathering and talking about my past.

Akalu has also told me that he was suffering from his injured leg (that is, physical illness). Tsega was also another victim of mental illness. She became mentally ill after she was exposed to street life. She believed that she had no such a problem before her exposure to street though she had been encountering a lot of challenges even before.
She narrated with her own words as follows:

. . . But more than all of these problems (lack of food, shelter, and harsh weather), it was the rape experience that led me to mental problem and caused me very tough life on the street. Especially, after I got unexpected pregnancy, I began to face serious anxiety and sadness. I was, as a result, losing my mind and could not think with stable mind how to protect myself and escape the problem I had.

Similarly, Misrak has also told me that she was mentally ill. As in Tsega’s story, Misrak’s exposure to mental illness was due to sexual assault by several men and unplanned pregnancy following this assault.

She said:

I could say I was almost insane person. It was because of the bad experiences I had on the street that I became mentally abnormal. In addition to hunger and homelessness, I was being raped almost every night. This experience caused me serious disturbance and I began to lose my mind day after day. I was very sad to be like that (to be raped inhumanely). I began to consider myself as animal because I lost any sense of being human in my life. I did also face unplanned pregnancy and my life became topsy-turvy (ጎጎስ ይሬ). I began to have serious anxiety and situations were worsening; I reached the stage of knowing nothing about myself and became seriously ill. I do not know even when and how I was brought here.
It was later on (after she recovered from her problem) co-founder of the center told me everything.

Generally, the informants have reported that physical and mental illnesses were major crises. Indeed, these crises did not happen by themselves, they have been instead caused by other factors or problems. Lack of all basic needs, bad weather, and rape and other sexual harassments have caused physical and mental illnesses against the people.

**Psychosocial deterioration**

Psychosocial crisis has been another challenge of the respondents during their stay on the street. All of them have admitted that they were desperate and extremely unhappy with the life they had on the street. Some were even longing for their death due to painful and meaningless life they had.

For instance, Lemlem narrated her feeling at street as follows:

. . . I was **unhappy and hopeless**. How could I be happy or hopeful!? If I have nothing to eat and nothing to wear, how could I be happy and long for future life (አማካኝስ እስ 있게ት!!)? If I get raped and if how to spend the night becomes my worry, why should I be hopeful and happy to continue alive!? What for!? It is when you have something to eat and to wear that you will have hope and courage to change your life . . . I had no worry about any other problems I was facing there; it was rather the rape experience that caused me **excessive anxiety**. I feel very **sad** even now when I remember that terrible experience.
The above narration clearly indicates how psychosocial status of the person was affected due to difficult life experiences she had on the street. She deemed, by then, as if her life was over and trying to be hopeful was something like fooling herself. Another informant, Tsega, has also shared me, more or less, the same story. She told me that her feeling was hurt terribly and she was totally hopeless at her future.

She narrated as follows:

I believe I am very unfortunate person. My life has been full of troubles starting from my early childhood. I never thought I would escape from the existing trouble and reach this stage (being in the center). I just thought that everything was over after I was raped for the first time and lost my virginity. I could not tell you how I felt after I got raped; it was something shocking. When several men were having sex with me forcefully and I found myself very incapable and helpless to protect from, my heart has been broken. There were several times I considered myself as an object, just an object; saying nothing while being hurt . . . ugly life I never wish for anybody, even for an enemy.

This is heartrending story to hear from the mouth of a young lady, just 22 years-old. How hurting it is hearing that she did lose even a drop of hope in her life. I deem it was a serious psychosocial crisis that the informant was having.
Another informant, Abeba, did also reveal the influence of street-life on her psychosocial status. She told me that she passed through a lot of disgusting and desperate life situations during her stay on the street.

She said:

I was suffering much whenever the life I had before my exposure to street came to my mind. I used to compare that pleasant life I had before street with the life I had on street. Before I became street resident, I was married and I used to live happy life. But things changed overnight and I went out to street. It was, therefore, very much painful when I remember and compare my previous life with my street life. You know how it feels when you lose something that was yours, especially when you lose opportunity of your life just like me. I thought I am ill-fated.

Akalu and Solomon have also told me another truth with regard to their psychosocial crisis on the street. Both of them have served their beloved country, Ethiopia, as soldiers in different times or governments.

They have told me that they extremely felt pity for being leftover after long period of service to their country and society. They have been convinced that they were thrown away and forgotten during the time of urgent help from their government and/or society.
Solomon said the following regarding the matter:

It is really shameful and piteous act that I was forgotten where I have been after I served my country and my society as a soldier for more than 30 years. I was asking myself ‘was for this all (being leftover and street-resident) I spent my precious time and energy serving my country and my society? Is it all what I deserve (የየወ ይሩ ወሳማ ባለም)?’ My feeling was hurt. Imagine what could be the feeling when you have no even 1 Birr (Ethiopian currency) to buy bread (አጠቀም ይመር እንከታ እንከታ ብር ከሚለ). I was sad when I used to think of it; yeah, I was very sad.

Birhanu has also admitted that he was in fearful situation. He told me that he was worrying that he might not be buried as a human when he dies on the street. He narrated as follows:

**I was excessively worrying that I would not be buried like human being** as I would die and be left on the street. It was difficult to be street resident at that age (old age) and I was regretting deeply. I was thinking that I should not have faced those challenges at that age; rather I should have rested peacefully and be helped.

Misrak was another young lady who reported that her psychosocial status was affected due to the challenges she was encountering on street. She admitted that she had nothing to hope and long for while living on the street.
I was feeling that I already lost the right track of my life after I went out to street. This feeling became stronger and stronger when I was having very tough life situations during my stay on street. I was getting remorse for leaving my house because of my friends’ wrong advice and I was weeping each night I was raped. I was also thinking that I spoiled my life and my bright future by myself (անուն-ի երևայլ երեքեր որոշ." համազգի); and I was feeling guilty.

Apart from informants’ replies, I conducted observation and interview with co-founder of the helping center. During my observation in the center for more than five times, therefore, I got the opportunity to observe the overall activities of the center.

For example, I have observed a lot of pictures of many needy people posted on big boards within the helping center. Those pictures were images of the needy both before (while on streets) and after joining the helping center. And when I observed pictures of the needy, taken while they were on different streets, I was convinced in what type of harsh life conditions the people (including the informants) have really been. It was difficult to believe those pictures were real images of the people I was contacting physically in the center. Those pictures have really let me understand how easily human being is fragile.

The pictures, taken while the people were on street and posted on walls of the helping center’s compound, have been disturbing. The people looked like very weak and seriously ill on their previous pictures.
The interview I had with the co-founder has also provided me with huge amount of information regarding life of the people and the challenges they were facing on street. As she was the one who collected the people from street, she knew their status (at least their physical status) on the street very well. Hence, she assured me that the people who have been collected from different streets were very weak and who deserve pity or compassion.

She said:

The situation they were all living was extremely touching. We found them in a very devastating situation. While some were unable to speak a single word because of severe hunger (አንጻ ድር እና ደሳ ከሳሽ), some were unable to rear their heads up and walk because of their illness (physical illness). There were also people who were insulting and even beating us as if we are their enemies going to hurt them (mental illness). They were living in garbagy areas with extremely unhygienic status (lack of hygiene), wearing faded and torn up, due to long time service, clothes (lack of basic need). We found many of them in pitiful situations; their finger and toenails were long, dirty and scary; their hairs were like forest and full of flies; their clothes were full of lice; and their bodies were not clean.

In the above narration, co-founder of the helping center has clearly indicated that the people (including the informants) were in adverse conditions while living on different streets. All the crises the informants have reported were also indicated by the person, co-founder, who was collecting the needy people from various streets.
4.4. Life in the helping center

This cluster is, indeed, heart of this study as it addresses the life experiences of the informants after they have joined Mekedonia helping center. It has explored the actual and/or perceived positive life changes the needy have brought with the help of the center. This cluster consists of two themes: services the needy are being provided with by the helping center and the positive life changes the needy brought in the center. Data for these themes were secured from the informants themselves, from co-founder of the helping center, and through observation.

4.4.1. Services to the needy by the center

Now the street residents have become to be called needy or help seekers; they have been already collected by the center from streets and became no longer street residents.

This theme has, therefore, tried to address the main services Mekedonia helping center has been providing the needy people with. Accordingly, services such as fulfillment of survival needs, medications and safety have been found the needy were being provided with.

Provision of survival needs

This is one of the services the informants have reported that the center has been providing them with. All of the informants have told me that all the problems related to basic needs being faced on the street have been resolved after they joined the helping center. As presented in the previous cluster, hunger, thirsty, absence of shelter, and absence of cloth were the basic needs the informants were suffering from.
However, they reported that all those survival needs have been fulfilled by the center after they have been collected from different streets. The informants have unanimously agreed that lack of basic needs was found no more threat for their lives. And they told me that they began getting meal four times a day including snack.

Girma told me that he is being provided with adequate basic needs’ service. He said:

I did not face any hunger or lack of shelter since the day I am brought here (to the center). I am getting my basic needs fulfilled adequately. I have been getting meals four times a day (i.e., breakfast, lunch, snack, and dinner). I do not have any problem of basic need because the center is providing me with it whenever I am in need of it (አንድ ከማድረስ). I have also very comfortable shelter with clean bed. All my basic needs, which were totally denied on the street, have been now fulfilled. Glory to God and founder of the center I am now comfortable with everything here.

Dawit and Birhanu have also reported that they have been freed from hunger and homelessness after they joined the helping center. They said that the center is providing them with adequate basic need services and told me that they are living with no problem of fulfilling those basic needs.

Dawit told me the following story regarding this matter:

The primary service the center provides me with is filling my belly up. I am free of hunger and any other lack of basic needs, like shelter, I had on the street. The center does also give me clothes and shoes. I have adequate
clothes and shoes to wear. Comfortable shelter is also secured to all of us. I do not believe there is a question of belly (የምባ ይምላ) and/or any needy with a problem of filling his/her belly up in this center; thanks to Mr. Binyam (founder of the helping center).

Many other informants (Akalu, Tsega, Misrak, Abeba, Zewde and Lemlem) have also reported that the center is providing them with quite adequate basic need services. They all reported that there is no question and/or difficulty of getting basic needs as the center is providing them with adequate food, shelter (that is, clean bedroom and other facilities), and clothes and shoes.

A bit different report was found from Solomon, who reported that the food he is getting from the center is not quite enough for him. His complain was about the quantity of the food only, he has no problem or complain with the other basic need services.

He just said “I am getting many nice services such as food, cloth, shelter, and bedrooms which I had none of it before. Except inadequacy of the food (ከማጆች ይግባኝ መ-የት), everything else is satisfying . . . yeah, the food is a bit smaller in amount.”

Medical services

Medical service has been found another type of service the helping center was providing the needy with. Many informants have reported, in the previous cluster, that they were physically and/or mentally ill people while living on different streets. It is, therefore, in response to these health problems of the people that the center has been rendering them medical services. The informants have reported that they are getting good medical services either by going to different hospitals or the health professionals would go to the center and treat them.
Lemlem told me that she was able to get medical treat right after she arrived in the helping center. She narrated as follows:

As soon as I arrived in the center, I was diagnosed by health professional and drugs were prescribed to me. After I took the prescribed drugs, my health status has got better. And sometimes, I do visit a doctor and get treatment in a psychiatric hospital. I am getting good medical services with the help of the center and my health has been improved greatly since the time I was collected by the center.

Girma has also reported that the center did provide him with satisfying medical service. Since he was seriously ill on the street, the center let him be diagnosed immediately after being collected from the street.

He said:

As I told you earlier, I was extremely ill on the street. And when I was brought here (to the center) I was directly sent to hospital for a quick diagnosis and I was diagnosed with a tuberculosis disease. After the diagnosis, the center has let me start medicine immediately. It (the center) has sacrificed much to let me be cured from the deadly disease I had and I thank the center very much. I assure you the center provides every person here with any possible medical services. It could even offer you medical services for serious illnesses like mine, let alone for other simpler illnesses.
Zewde did also tell me he was sent, by the center, many times to different hospitals for treatment. He believes the center has tried its best to offer him better medical service, but he was already told that his illness (nerve related problem) could no longer be cured. He said “until I was told by the doctor that I could not be totally cured, the center was providing me with all possible medical services; and I have even brought significant improvement as a result.”

Another informant, Akalu, has assured me that the center is dedicated to serve the needy people with all it could. He said that the center is providing a lot of services to the needy including the medical one. He confidently told me that it is possible to get medical service at any time without any delay. He said “you could ask the center for medication whenever you feel any uncomfortableness, even when you catch the least painful cough. Medical service is very easy and open for all in this sacred helping center.”

Solomon has also supported diligence of the helping center in rendering medical services to the needy people through his report. He underlined “if you ask me what else service (other than basic need services) the center is providing me with, it is the medical services. I have been going to several hospitals for treatment since I came here, with all the costs covered by the center.”

Similarly, the other informants (Misrak, Birhanu, and Tsega) have confirmed that medical service is being rendered by the helping center as significantly as basic need services. They reported that the center is trying its best in rendering health care services to the needy and they believed that the center is helping many ill people get their health status back soon after their arrival in the center.
Misrak, for instance, told me that she had mental illness to the extent of being unconscious about the way how and when she was collected from the street by the helping center. But with the consistent effort of sending her to psychiatric hospital and helping her get desirable treatment, she told me that the center has played significant role. She narrated with her own words regarding this case as follows:

    It is with the help of medical treatment the center arranged for me that I reached to this status. I have greatly been treated medically with the persistent effort of the center and I have shown great change in my mental health, though I am still taking drug for it.

She is right because I have observed her taking drug, of course, not sure what for she was taking the drug. Moreover, co-founder of the center has also told me that Misrak has really shown significant change in her mental status after she was collected from the street and was helped get medical treatment.

To sum up, medical service was found the most important service the helping center has been providing the needy with next to the basic need services. All the informants have reported and/or accepted this fact. The center is helping them much to access medical services and be better off in their physical and/or mental aspects.
**Hygienic services**

This is a type of service the helping center begins to render immediately during the moment of fetching the people from different streets. The informants have told me that they were washed all their bodies and were made wear new clothes during the time they were collected from the streets by workers of the helping center.

Solomon has narrated as follows regarding the hygienic service rendered by the center:

> Service of the center was begun while I was on street. Workers of the center have come to me and asked me whether I would like to go to somewhere to get help. And after I told the workers that I am ready to go to anywhere to get help, they lifted me and took all my clothes off to **wash me.** It **has been long time since I washed my clothes and my body.** My clothes and my body had nasty smell (የሓለምበት ያለው ከንብ ከሸስ ከምበር፣ የሰበር). But now I am being served in the center with full of hygiene. No more dirty clothes and unclean body. Workers of the center wash my clothes, blanket and bedclothes anytime they (the clothes) look unclean. They also wash me (his body) twice a week. What could I say for all this my child!? I thank all workers of the center and God bless them all.

Birhanu did tell me that his hygiene is being kept after joining the center. He admitted that he had unhygienic life for a long period of time on the street and it is only after he was brought to the center that he is being served hygienically.
Similarly, all the female informants have reported that the center is providing them with hygienic services that deserve them. After recalled the unhygienic life they were leading on street, they told me that hygiene is as equally fulfilled as basic need services in the center. Abeba said the following statement:

As you know, a woman needs highly hygienic life because of being femaleness (biological nature). It was, however, very difficult for me to keep hygienic life while living on garbage street. It is after I was brought here (to the center) I began receiving hygiene. Workers of the helping center are there to keep all the needy people in the center clean. My clothes are always clean; my bedroom and bedclothes are also so; I wash my body at anytime I need.

Co-founder of the center has also told me that keeping hygiene of the needy is one of the major services the center renders and the people are being helped to have clean life. She said that the center strives to overcome the hygiene-related problems once the needy had on the street.

She said:

Since the center believes hygiene is critical for healthy and enjoyable life of the needy, much attention is being given to it. Especially, those who are terminally ill and who could not control themselves (in withholding and expelling their feces) are being made to wash their clothes and body every day. There are around 80 bed-ridden and terminally ill needy who need 2 diapers a day.
The workers wake up at early morning (4:00) and start washing body of those terminally ill people who could not wash by themselves. Their clothes and bedclothes are also being washed accordingly.

Since I found reports or stories of the other informants very similar to the above ones, I do not like to go through them in order to reduce boredom as a result of monotony. They have just reported that they are being cared with hygienic service/treatment by the helping center and they found this service as important as medical and basic need services.

**Intangible services (encouragement, hope, mental peace and emotional treatment)**

Services other than survival or basic, hygienic, and medical needs provided by the center to the needy people have been labeled as “intangible.” The Informants have reported that services such as encouragement, hope, mental rest and emotional treatment are being rendered by the center, that is, mainly by the founder and/or co-founder of the helping center. They told me that they have been receiving one or more of these services after they joined the center.

Akalu told me that he had received encouragement and great promise from the center.

Since he used to translate books (from Amharic to English) before he went out to street, he was then encouraged by founder of the center immediately after his arrival in the center. Akalu said the following on this case:

> After I was collected from the street and brought to the helping center, a lot of **advice**s were given me by the founder and co-founder of the center. Those advices were to make me **safe and stable**. Especially, founder of the center was coming to me and **motivating** me to be strong.
He has also promised me that the center will cover any cost for publication if I write or translate a book. The center then sowed my heart with great hope; to publish my translation work.

Zewde has also reported that the helping center provides the needy with love and heartfelt/genuine treatment. He revealed that workers of the center, especially founder and co-founder of the center treat him with full of concern and love. He said “what makes this helping center special is its way of treating all the needy here; everything is heartfelt (አአበታ) and with full of love.”

Similarly, Dawit told me that the helping center does provide the people with hope and satisfaction because of the way it cares all the needy in the center. He just narrated as follows:

To your surprise (ወንድላል!), the center’s biggest offer (service) is love. It provides all of the needy with motherly treatments; it does not matter whether the person is HIV positive, insane, or infected with any other disease. I personally, for example, experienced this treatment when I was sick some months ago. I went to the co-founder and told her that I am a bit sick. She was excessively worried and coming to my room repeatedly to ask whether I need anything until the nurse arrives. She comes and massages my hair calling me father when I get sick (i.e., emotional treatment). Though in terms of age perhaps she (co-founder of the helping center) is my granddaughter, she is like a mother to me. The love I am getting really outweighs the physical services (ወንድላል).
Other informants, Lemlem and Tsega, have also reported that the helping center is giving them mental peace and satisfaction. Lemlem said “in addition to all the services I told you earlier (the physical services such as basic and medical needs), I am being provided with satisfying care.”

Tsega has also said “I am getting mental rest because of the center’s love and care. The center is caring me with love, which I did not have for a long time. I believe love is the great service I and fellow needy are getting in this center.”

Girma has also reported that the center is offering love and/or care without any discrimination, because of their problems/diseases, among all the needy people by saying the following:

The center gives equal service to all needy with love and/or care (የከበ屣 ከስከአ). Whatever problem the person has, workers of the center treat without any abhorrence (የከበ屣 ከስከአ) and discrimination. They (workers of the center) wash people who are with terrible sores on their bodies with no sense of disgust or abhor. My emotion gets renewed when I often see the center treating the needy like that.

More or less, the informants have been found with similar stands regarding the intangible services they are being provided with by the center. Intangible services such as loving care, encouragement, and emotional bond that the helping center renders (through its workers) to the needy being helped in the center was found decisive enough.
Co-founder of the center has also told me that the center renders loving treatment and emotional attachment as most of them were isolated and/or leftover anywhere. She stressed that human being needs “face rather than hand” by telling me the Ethiopian saying «חיות יד( الحقيقي)я (kafetfetu fitu)» which roughly to mean “smiley face of the person is better than the material s/he offers you.”

During my observations of the center, I myself have also observed many things. As the informants have said it, I actually observed when workers of the center, especially the co-founder, treating any person with grievance in a very motherly manner. The mentally ill people do cry and sometimes disturb the center, but she approaches them smoothly and calms them down with loving care. I have seen this happening many times.

I was also hearing many people, even people as old as 70 and 80 years of age, calling the co-founder “mother.” I do not think it is only because of the materialistic services the center and the co-founder render to them; rather, I deem it is something beyond that, perhaps the loving care and emotional attachment the center and/or the co-founder offers.

4.4.2. Positive life-changes within the helping center

This theme deals with the positive changes the needy people have experienced in their personal lives; since the time they were collected from street and brought to the helping center. It reveals the actual and/or perceived positive life changes the help seekers have secured personally after they joined the helping center. Indeed, this theme is heart of this study as the ultimate objective of the study is to implicate the role(s) altruistic behavior plays for social reconstruction through the positive, personal life-changes achieved by the individual members of a given society.
The data of this theme have been secured, primarily from the target informants through intensive interview. Additionally, data from observation by the researcher and interview with co-founder of the helping center have been used to enrich and/or triangulate the data on the phenomenon, positive life-changes of the needy.

Consequently, this theme stresses the major life-aspects in which the informants (needy) have personally been changed after they joined the helping center. The major life-aspects/dimensions in which the informants were found with positive, personal life changes are: basic needs, physical and mental well-being, hygiene, security, and psychosocial status.

**Fulfillment of survival needs (no more hunger, lack of cloth, and homelessness)**

As presented in one of the previous themes (i.e., challenges/crisis of street life), lack of basic needs such as food, cloth and shelter was one of the major challenges that the informants were facing while living on street. After they have been fetched from various streets and began to be helped in Mekedonia helping center, however, they were found their basic needs being fulfilled in the center; and no more lack and/or absence of those needs. Remarkable change has been made in relation to the fulfillment of their survival needs.

Girma told me that all the problems associated with his basic needs during the street life have been resolved by the helping center and he began to live like a human.

He told me the following:

I am living in this center like a human being. Your being human is skeptical if you get to be thrown away like any useless material (አንደኛ እየሆነ በግዕና ይግባኝ ይገኛው እውነ ከምን ተእር ይፋስ በታት በለ ለከን ይረከ ይሰይስ) to indicate his previous life on street) and unable to fulfill
your basic needs. I believe fulfilling basic needs is the first criteria to see whether you are living like a human or not. It is after you respond to the question of belly (food) you could make further advances. That is why I am saying I began living like a human after I was brought to this center. I am eating four times a day; I am wearing; I am getting asleep on clean bed whenever I am in need of (አለአለም የሆበ), all which I never had before in my life.

Similarly, Dawit has told me that food is no longer a problem of him and his fellow needy in the helping center by saying “I do not believe there is a question of belly (ግድ የምት) and/or any needy with a problem of filling his/her belly up in this center. I do not beg to get food or coin as I was on the street.”

Other informant, Abeba, has also playfully told me that she sometimes forgets that she was in hunger and with lack of many basic needs such as cloth and shelter before brought to the helping center. She gave me the following narration on the matter.

Will you believe me if I tell you that I sometimes forget the life situation I was in such as severe hunger and terribly fluctuating cold and hot conditions due to the absence of cloth and shelter on street (laughing heartily)? It is really surprising those problems have gone away and I became a different person, having all of my basic needs fulfilled.
Similarly, Zewde reported that he has secured his survival needs, especially the need for shelter after joining the helping center. He told me that he was suffering much from absence of shelter than from any other need as his illness was getting worst due to fluctuating weather on the street. And for him, fulfilling the need for shelter was found outweighing all other basic needs as he told me that lack of food and cloth were not as chronic problems as absence of shelter while he was on street.

He said “it is very big deal to secure shelter in this center without any fear of losing it again and become homeless. Nowadays, I am not being forced to select one need over the other due to its absence and/or lack; I am having all the needs fulfilled.”

Birhanu has also reported that he has been changed and has become completely a different person after he was collected by the center. He said:

I do not believe when I get meal four times a day, adequate clothes and shoes, and comfortable bedroom in this blessed helping center after I have been in such a harsh life situation for a long period of time. I am totally a different person after I was brought here (to the helping center). Thanks to God and workers of the center I am being helped to fulfill all my needs. I have no question of food and shelter anymore. Yesterday I was longing for them (basic needs), but today I have all and I am enjoying them.

Similarly, Tsega told me that she has been changed greatly in terms of her basic needs. She narrated with her own words as follows regarding the positive change she enjoyed after her arrival in the helping center:
Food or shelter is no more my problem after I have been brought to the center. Let alone food and shelter, I am being sent to school by the helping center; I am learning grade one. I never had this opportunity of going to school and getting my basic needs fulfilled before while I was both with my relatives and on the street.

Lemlem and Misrak have also ensured me that they have no any lack of basic needs since they were brought to the helping center. They told me that they began to live with no worry about their daily food and shelter as was just on the street.

**Achievement of well-being (physically and mentally)**

The other positive, personal life change the needy have brought is both physical and mental well-being. Almost all of the informants have previously reported that they were physically and/or mentally ill people while living on the street.

After they were collected from the different streets and brought to the helping center, however, they have been provided with adequate medical services and eventually get improved and/or healed.

Solomon told me that he has been in a very serious illness (physically) while he was on the street and his health has greatly been improved since he joined the helping center. He confirmed that he was even unable to walk and reach a toilet; but, after brought to the center, he has achieved his well-being due to adequate medical treatment he received. He said “I am very grateful to the center for letting me reach this status (for being cured) by providing me with adequate medical service; I would have died unless I have been brought and treated in this center.”
Similarly, Girma told me that he was terminally ill from tuberculosis while on the street and has been getting medical treatment since brought by the helping center. He narrated:

I was almost to die on the street because of the disease I did not know by then. Since I could not go to hospital by that time, my problem was not diagnosed and known. It is after I have been brought here (center) that I was immediately sent to hospital and get quick diagnosis; I have been, therefore, found tuberculosis infected; and I immediately started taking medication. And I am still getting medication. I am currently almost to get total cure. I have really been saved by the center.

He also told that it would be difficult for him to stay alive as his illness was extremely serious. This is, therefore, very positive life change for him. I believe it is like getting a second chance, for him, to survive. It would really be difficult to think what would have happened had he stayed on the street for some more months without any medication.

Misrak has also reported that she has been getting her well-being back. She was suffering from both physical and mental problems during the street life.

It was mainly the mental problem that hurt her, however. But after collected by the helping center, she said that she experienced remarkable change in her well-being. She confirmed that she is getting better both physically and mentally. She said “I am very much better, though still taking medication for my mental problem.”
I know the improvement in my health is great. I am another person by now (positively changed one).”

Tsega reported that she kept her health improved in the center. She told me that she has got her health status back after getting treated spiritually (with holy water) and medically. She narrated with her own words how she is changed in her physical and mental status as follows:

   It is a big change for me to be like this (good status). I could not forget even for a second in what type of situation I was and what challenges I was confronting on the street. Let alone physically, I was getting worst mentally. It is with the help of God that I did not go totally insane. It is after that all I reached this stage. I am now taking care of other patients in the center. I have received responsibility of looking after a 12 year-old autistic boy. I do go to hospital and look after patients there. I also take patients who have medical appointments to hospital.

The above narration does clearly show that she has completely achieved her well-being, after being collected and brought to the helping center, and reached the status of nursing other patients within the center. It also indicates that the center is helping the needy get their health status back and serve one another (among the needy).

Lemlem and Birhanu have also confirmed that they have been healed with the help of the center.
They both reported that they were in bad health conditions before their arrival in the helping center, but have got sufficient medical treatments after their arrival and achieved their well-being. Lemlem said “I am free of any disease. I am cured from my illness because of the medication I have here in the center.”

A bit differently, Akalu reported that he did not get any medical treatment in the center, but his health condition has been improved after brought to the center just because the center is found suitable for him to recover even without any medication. He confirmed that his problem was mind loss following the death of his wife and was getting worst after went out to street. However, he was collected from street and taken to the helping center and was helped to get stability.

Other respondents, Dawit and Zewde, have also told me that they have been provided with medical care and experienced some positive changes in their life, though Zewde reported that he is told that his illness (nerve disease) could not be cured. He said “though the center helped me to get medication, the doctor told me that I will not fully be healed.”

Generally, it is found that the needy people collected from different streets and being helped in the helping center have achieved their well-being. The helping center has been persisting to provide the needy with adequate treatments including the medical treatment and the needy people have, as a result, achieved a lot of positive changes as an individual person. Achievement of physical and mental well-being has been found then one of those positive life changes the needy have experienced.
Being hygienic

Keeping one’s own life hygiene is also found to be one of the major changes the needy have achieved after their arrival in the helping center. As they previously reported, they were living in very garbagy and/or unhygienic life situations. After they were brought to the helping center, however, they have been enabled to lead hygienic and neat life. They have been helped to have and/or to get adequate, clean cloth, bedclothes or blanket, bedrooms and bath.

Solomon confirmed that he was in a messy state of condition on the street. He told me that he was getting toilet where he was sleeping, and his body and cloth had a nasty smell. He also reported that he has been helped to get out of such an unclean life situation and his life became hygienic enough after brought to the helping center. He said the following regarding this experience:

I was abandoned in a dirty street helplessly. Cleanliness was not my big concern while I was on street. As I was homeless and seriously ill, my big concern was to secure shelter and well-being. When I was sleeping and getting toilet in the same place, therefore, I considered it as normal life. What else could I do by then? But after I was brought to this center, I became clean. I wear clean cloth; I sleep in a clean bedroom; my body gets washed twice a week. I am having clean life, in general.

Birhanu told me that his unhygienic life is changed and is living better life within the helping center. He said that hygiene is there in the center and all needy are being kept clean and neat.
He said “clean life was luxury for me on the street, but after I have been brought here, it (hygiene) is part of my life. It became basic need than luxury. You can imagine how good change it is.”

Abeba also reported that she became to lead clean life unlike of life on the street. As she previously reported, her life was not only with lack or absence food and shelter challenges but also, obviously, with lack of hygiene. Sleeping in a dirty place for long time, wearing very dirty cloth and more heartbreakingly, unable to wash after menstruation were mentioned by her to indicate the unhygienic status of her life on the street. She has also told me that the life situation on the street does not allow anybody to worry about cleanliness by saying this “It is only how to fill your belly up and where to shelter that would cause you worry on daily basis, rather than having clean life.”

The rest of my informants have also agreed that there is hygienic life in the center and the helping center strives to keep hygiene of the needy with equal consideration of their basic and medical needs. They reported that many people (those terminally ill and/or bed-ridden) who were with terrible sores/wounds in different parts of their body and with nasty smell of body and cloth during their arrival in the center have remarkably been changed and became neat enough with the unreserved hygienic service of the centers’ workers.

Co-founder of the center has also assured me that the needy become neat and clean once they are brought to the center. She said that they would never be like they were on the street in their hygiene. She even requested me to look at the pictures of some people and see what looks like their hygienic status both before and after they were taken to the center.
Pictures of the needy (when on street) posted on the board do also indicate that they were in garbagy area/situation. Everything looked unclean. The cloth they wore and the place where they were slept in looked unclean on the pictures taken by the center while the needy were living on the street. But the current status of the needy is different. They look cleaner than on the picture.

**Being secure**

Another big change the needy have brought is safety. Their safety has been ensured after they joined the center. Indeed, they were insecure on the street and, as a result, many evil things have been occurring in their life. Rape was one of the bad experiences some informants (one man and three women) have just experienced because of the absence of shelter and insecure life on street. Girma, for example, told me that street by itself is insecure place where many unexpected life experiences could occur to anyone. Tsega has also reported that street was very unsafe place that leads to unsafe life events or experiences. She told me the following:

Street is a place where you do not have safety of survival. No one is there to help you when you face problems like rape. My life was then insecure the day I began to live on the street; particularly, after I have been raped. If God have not helped me (አለባለ ምወ እንከለ ማድር), I might have been even infected with sexually transmitted diseases like HIV/AIDS. However, such an insecure life has been ended after I was brought to the helping center. I am now safe as I have nothing to worry about. The worry about getting raped by hooligans and drunken people, and be infected with different diseases has now been overcome.
She added that life became safer in the center, even more than any other time in her life (think of her bad experiences during childhood).

Misrak did also tell me that her life has been changed in the center to be safe enough. She admitted that she had no safety since the time she left her house and grandmother. And when she was living on the street, she told me that she was insecure and terrified person due to bad experiences like rape she encountered. Just like Tsega, she told me that she was lucky to escape infection of any deadly disease like HIV/AIDS.

She narrated the following by comparing her life on street and within the helping center:

It is not exaggeration when I tell you my current life is twofold better than the life I had on street. I was totally insecure on the street. I was being raped at night several times, but no one was there to help me. When I get sick no one was there to take me to hospital. When I get cold no one was there to give me shelter or cloth. There was no safety at all. I was rather being raped even as a pregnant. But at this time, I am fully safe. I have no absence/lack of food, shelter, and cloth. Let alone to be raped by several men, as was on street, no one can touch my shoulder (አርብራ እኔበት ከእንኳንም) without my permission. And above all, I am highly secured from being infected with any sexually transmitted diseases.
Misrak revealed, as in the above narration, how she is confident of being secured in the helping center. She believed that her current life is, by far, better and safer than the life she had on street. Similarly, Lemlem reported that the helping center is her guarantee to have safe life. She accepted that her life became safe and free of any danger such as rape, unplanned pregnancy, and unexpected diseases. She also believed that she has been saved by the helping center from having a child she could not raise up or from fatal disease due to rape, unsafe sex she was facing on the street.

Abeba, Dawit and Birhanu have also reported that the center has provided them with safe life conditions. They all believed that they were in unsafe life situations during their stay on street, but have been helped to escape life threatening crises after brought to the helping center.

Abeba, for instance, narrated the sense of safety within the center as follows:

I do not think I will face life threatening crises in this center as it was on the street. The life-experience I have in this center is quite safe and out of any danger. Since the center is offering me all required materials ranging from food to love and care, I strongly feel secure and hopeful.

All in all, being secure or safe as an individual human has been found one of the most important life changes the needy have achieved within the helping center. As they were in tough life situations, encountering a lot of unpleasant life experiences, on the street, they accepted that the center has changed, if not transformed, their life with humanely treatments or services. They believed that they have been helped by the center to escape their actual or perceived life dangers.
When the center provides them with all basic need, medical, hygiene, and mental rest services, they feel that they are changed and their life is not threatened as it was on the street.

**Psychosocial eminence**

The last, but perhaps one of the most critical, life changes the needy have achieved after being collected from street and brought to be cared within the helping center is psychosocial eminence. The needy were abandoned and were lonely on the street. However, it is found that they have been lifted out of street and their psychosocial status is significantly improved. They told me that their feeling was hurt when they found themselves on the street with no one to approach and ask them about their problem.

Solomon told me that he was desperate and pessimist of nearby people while they were seeing him getting unbearable suffer, but did nothing to help him. He pitifully told me that he had bad feelings about the nature of human being when he was on the street with very difficult life situations, but helpless and no one beside him. His narration looks like the following:

> I have to be honest that I was very pessimist about human nature while I was on the street. It is now after I see what Mr. Binyam (founder of the center) is doing for the sake of needy people that my feeling and/or belief is getting changed.
Before I came here, I was convinced that human is cruel and helpless because no one was there to help me while I was suffering from hunger and illness for many years in one place. But I am now with a different feeling that all humans are not the same after I see works of Mr. Binyam and his helping center. I used to be hopeless that I would be helped and reach this stage. But be glory to God and workers of the center I am saved.

Girma has also confirmed that he was lonely and shameful about himself after sexually assaulted on the street. He said that he does not talk with anyone on the street fearing them as if they knew what happened to him. As he told me, his feeling was changed for good only after his arrival in the helping center. And he is currently free of any shame and unpleasant feelings as he is forgetting the scene. He revealed that he is forgetting it because he is able to contact and spend good time playing with other needy people who have different life experiences.

Akalu reported that his mental health has been improved due to mental rest and good feeling he got in the center. He assured me that he did not take any drug for his mental problem. He just recovered after his feeling was boosted with the provision of loving care and encouragement by the helping center. He said:

I do not think it is because of the medical treatment that many people are being cured and recovered here; I rather believe that it is because of the loving care and safe way of handling by the center that they are getting better. I guess it is mainly through renewal of their feeling, hurt during street life, in the center that they are getting better. Playing together about many things is not easy.
We were alone, talking with no one because of our problem and we had emotional distress. But after we are brought here, many things have been improved, and feelings and hopes have also been renewed. I get better, for instance, not because I get medication, but because I am encouraged and filled with hope. I then get good feelings and became better off soon.

Other informant, Abeba, has reported that the emotional distress she had on the street has been eased after being provided with necessary treatments (physical and emotional) in the center. She told me that the emotional hurt (despair and pessimism) was more harmful than hunger or illness on the street. And when she was lifted out of street, brought to the helping center and provided with humanely treatments including medication, she felt good and did quickly recover from her problem. She said that she stopped worrying about both significant and silly problems and became confident that her life will be changed even more than this. She also told me that she is dreaming that she will have her own, independent life; and she believes that she will establish happy family once again as she has been given second chance by the helping center.

Similarly, Tsega described that she is with very good feeling and she admitted that it is after she joined the helping center that she began to live freely and happily since the moment she lost her grandmother as a little kid. Heartrendingly, she narrated as follows:

I do not know what happiness is before this center (before her arrival). As I told you, I grew up with total ignominy and abuse in my uncle’s house after I lost my mother as well as my grandmother. I was just his (her uncle) servant. The street life was extremely worst, too. I could say I became human and be treated as a human in this center.
I am getting the treatment I never got since my grandmother’s death. (Her eyes were filled with tears) . . . the day she collected me (co-founder of the center) is the most blessed day in my life. I reached the stage of looking after and treating other patients and elderly in the center. I am very much happy and lucky person to be like this as I know very well which life situation I came from.

Hiowt has also reported almost similar experience about her feeling after she has been brought to the helping center. She has passed through many challenges on the street ranging from unplanned pregnancy due to rape by several men to serious mental illness. She then told me that she is receiving motherly treatments from co-founder of the center, besides the medical care in psychological hospital, and getting better feeling.

The co-founder has also told me that Misrak’s feeling has significantly been improved after some months’ intensive emotional and medical treatments. She added “she is now quite happy and hard worker in the center. She is serving other needy in the center.” she also told me that it is when their feelings begin to improve, they (the needy) quickly get better.

Generally, the informants have been found that their psychosocial life has been significantly improved and the helping center takes lion’s share in helping them achieve. Happiness and hopefulness have been found in lives of the needy after they are provided with all the requirements or treatments in the helping center.
Chapter Five: Discussion, Conclusion, and Implication

5.1. Discussion of selected themes

Issues/themes that have actual or potential relationship with the overarching objective of the research will be discussed here. Themes ranging from major life crises the informants had on street to positive life changes they achieved after being brought to the helping center will be discussed in this section.

5.1.1. Life crises/challenges on the street

Ravenhill (2008) states “routes into rooflessness are complex, multiple and interlinked” (p. 143). Many different reasons could be found as causes of going away to street. The informants of this study have also told me several reasons for being so (street resident). Whatsoever the actual and/or potential causes that led the informants to street life, however, it is what major crises the informants had on the street, and how the Mekedonia helping center did help them to overcome those crises, and enabled them achieve positive life changes as an individual person that really matters. Hence, major life crises the informants reported that they had while living on different streets will first be discussed as follows:

All informants were found with serious life crises while living on street. Crises ranging from absence and/or lack of basic needs such as food, cloth and shelter to physical and mental illness have been reported by the informants. Regarding the absence/lack of basic needs, unable to find shelter was found the most life threatening challenge for the informants. Since there were situations in which alms givers offer them coins, leftover meals, and sometimes clothes, lack of food and cloth were less threatening than absence of shelter/home.
It is found that alms givers were happy to offer coin, food, or even cloth than shelter to the needy on street (Zewde and Birhanu). It is actually a matter of relativity; otherwise, the informants have found food and cloth also serious challenges during their street life. Days and nights were being spent without food; lousy, dirty, and withered cloth was being worn for years; and terribly fluctuating weather was also freezing and/or heating their body undesirably.

Rape or sexual assault is also another challenge of street life. It is found a threat of both sexes. There is a common belief, especially in Ethiopian context, to associate rape or sexual assault with femininity. It is commonly believed that sexual rape is always against female. Since homosexuality is an alien practice and culture to Ethiopian society, it is not surprising, therefore, to associate rape and any sexual assault with femininity only. In reality, however, rape is a street life’s threat to male individuals, too. Rape and sexual assault was found, therefore, huge threat of the informants’ (for both female and male – Misrak, Girma, Lemlem, and Tsega) life on the street.

The rape experience on the street has caused the informants serious physical and psychosocial impacts on their lives. Getting shock, physical pain, unplanned pregnancy, and shame on oneself have been found some of the crises faced by them soon after the sexual assault. These crises, in turn, have led the people to physical and mental illnesses. They were mentally healthy people before their exposure to street life and faced all the crises there. But they faced both physical and mental problems right after they have been exposed to street and have been sexually assaulted. It is really shocking when they face such a sexual assault (rape) while they were suffering from lack of food, absence of shelter and fluctuant weather.
It was, therefore, like adding fuel to the fire. They have been, particularly the women, victim of frequent sexual assaults in addition to the challenges they had on basic needs.

The worst thing was, rape did not end up as one sort of crisis on the street per se; it caused the victims, particularly women, many other crises such as unplanned pregnancy and mental illness instead. It seems that rape does play its own negative role in precipitating the birth of unplanned children (as unplanned pregnancy is there), the spread of infectious diseases such as HIV/AIDS (as the sexual activity is totally unsafe and the victim will have forceful sexual intercourse with many men, rapists), and multiplication of physically and/or mentally ill people (as the victims will end up with psychosocial deterioration).

Furthermore, as I touched it earlier, rape was not found only challenge of female street-residents, but also male residents. When sexual assault/rape is carried out on men, it becomes homosexuality since the rapists are men (as rape is, most of the time, common among men than among their counterpart women). Rape by men on men is, therefore, forceful homosexual practice. Street seems then fertile ground for homosexual practice, especially for the forceful one. Two critical points could be raised here. First and foremost, homosexuality is illegal practice according to both secular and religious laws of the nation and/or the society. Second, in addition to the collision between the practice and cultural values of some societies like Ethiopian, homosexuality has adverse effects (actual and/or potential) against a given society.

Secularly, the Ethiopian Federal Democratic Republic’s constitution prohibits homosexual practice in Ethiopia and the criminal law declares that it will lead to a sentence of at least 6 months in prison. Similarly, the religious institutions of the country, mainly the Ethiopian Orthodox Church and Islamic institution, have a strong stand against homosexuality.
These religious institutions continue to request the Ethiopian government to be strict and take aggressive measure against any homosexual practice in the country. As these religious institutions have the highest number of followers, it might be, politically, difficult for the Ethiopian government to easily neglect their request.

The other challenge of homosexual practice is that it is creating a huge threat to male children of the country living on different streets. There is mounting evidence that street children are being raped by homosexual adolescents and/or adults at night and are being pulled out to the practice of homosexuality forcefully. This practice, in turn, would expose the street children to different physical (e.g., fistula) and psychological (e.g., shame on themselves) crises. Thus, street children are in danger of homosexual rapists.

Consequently, the society will be in danger when these crises are faced and spread among its individual members. It is then very clear what will happen, sooner or later, to the society when many children continue to be born through unplanned pregnancy; when infectious diseases are spreading among its individual members; when physically and/or mentally ill people are multiplied; and when street residents including children are raped by homosexuals and the practice of homosexuality (willing or forceful) is spread all across the society. It will eventually cost the society its ‘healthy survival’; it will be difficult for the society to survive as a society when such crises get worsened.

Absence of personal hygiene was also another challenge of the informants while they were living on the street. They were living in garbagy areas wearing unclean, withered and lousy clothes. Their body was also as unclean and lousy as their clothes.
Absence of personal hygiene to the extent of having one’s body and cloth infested with pile of dirt and lice was mainly due to two reasons. First, they had no time to worry about the status of their hygiene as they had much sensitive needs to be fulfilled.

Their day-to-day worry was how to fulfill their basic needs and how to get better from their suffering illness. They were obsessed with getting daily food, shelter, and cure for their health problems. Hence, thinking about and maintaining personal hygiene might be felt as something luxurious by the informants during their stay on street.

The second reason why the informants were negligent in their personal hygiene was perhaps due to their inability to keep so. As they were physically and/or mentally ill people, they were unable to think about and maintain their personal hygiene. While those who were physically ill were unable to walk and access the hygiene service whenever they need to, the mentally ill were unconscious of how unhygienic the situation or the area they were living in was. The physically ill informants (when they were on the street) were with serious pain and inability of walking that, in turn, prevented them from trying to keep their hygiene to their best. They were getting sleep and toilet in the same place (even urinating and expelling their feces while lying on mattress) as they could not walk and get toilet somewhere else (Solomon and Girma).

Similarly, the mentally ill informants were unconscious of the situation/place they were spending day and night in. Though they were living in areas with pile of garbage, they could not discern that because of their mental problems (Misrak, Tsega, and Akalu). Hence, physical and/or mental illness is found to be another serious life threatening challenge on the street.
Almost all of the informants have been found physically and/or mentally ill people during their stay on the street. In fact, some informants were found ill before they were exposed to street (Solomon, Akalu, and Zewde). Street life had then exacerbated their illness as they could not find adequate food, shelter, and medication after they went out to street.

Besides, those who were healthy before their exposure to street life have reported that they had faced serious physical and/or mental illness on the street (Misrak, Tsega, Lemlem, and Abeba). Different reasons have been indicated for their illness. Lack of food and cloth, absence of shelter, terrible fluctuating weather, and sexual assault/rape were found the major reasons and crises that led street residents to another serious crisis, physical and/or mental illness.

Street life had, therefore, caused the informants (those who were healthy before their exposure) both physical and mental illness. Besides, the problem of the people who went out to street with either physical or mental health crisis has also been severely worsened after they have been exposed to street life. It is inevitable that their previous health problem would be worsened as street is full of life threatening situations or events. Let alone those who went out (to street) with background of health problems, the people who had no health problem while joining the street life have also been affected adversely and they eventually ended up with physical and/or mental illness.

The worst thing is also they continued to suffer from many other unpleasant life experiences in addition to their illness. Hunger, unbearably fluctuating weather (rainy and coldest at night, and hottest at day) due to absence of cloth and shelter to protect from, absence of hygiene, and sexual assault were just some of the major life crises the informants were suffering from in addition to their serious physical and/or mental illness.
These crises have been fuelling the physical and mental health problems the informants had on the street. Another life crisis being faced by the informants on the street was also absence/lack of safety. They could not ensure their safety while living on the street. It is because street is a place where many threatening events, some already mentioned earlier, take place. The aforementioned crises were, therefore, more than enough crises to snatch the informants’ safety. Almost all of the informants have admitted that they were in totally unsafe life situations on the street and their life would have ended up in some horrible way. They were uncertain of their own lives. They were thinking as if their life was on the edge. The informants with rape experience have, for instance, told me that they were constantly worrying as if they were already infected with the deadly HIV/AIDS, or as if it would be inevitable to be infected with it, as they were having forceful, unsafe sex with several men.

The ultimate crisis, perhaps the aggregate of all the aforesaid problems, of the people (informants) while living on the street then seem to lie with the deterioration of their psychosocial status. Since no one was there to help them in a meaningful way while leading terrible life on the street, their feeling has been hurt. They told me that they were considering themselves just leftovers, no more useful people for the society. Especially, those who served their country as soldiers (Solomon and Akalu) with the previous governments have been found obsessive about being abandoned on the street helplessly. They have been found with deep regrets. It indicates the extent of the informants’ hurt when they told me that no one was there to lift them out of street life except there were people (alms givers) who were giving them coins. Their complaints seem about the society (including the government) for keeping silent while they were living on desperate life situations on the street.
The informants have lived on the street for long period of time, ranging from two years (Misrak, Akalu, Tsega . . .) to twenty solid years (Solomon). But they could not get meaningful help from anyone to escape the hardships on the street. It is not, therefore, surprising when they blame the society and/or the government for being abandoned on the street helplessly for such a long time. It is not uncommon to be suspicious of the society and be with poor psychosocial status as well when someone lives in such a hardship life helplessly.

As collective life is very common in Ethiopian society, individualism has little room (Abebaw, 2013); being helpful among one another is considered socially desirable behavior in the society. When individual members face a problem or failure, therefore, it will be inevitable to expect assistance from their society to reverse their failure; otherwise will point their fingers on the society (perhaps as equally as they point on themselves) for being failed and/or abandoned. In such social orientation (collectivism) thus psychosocial life will easily be fragile whenever such hardships are faced by individual members of the society. Their feeling will be hurt. This is just what happened to the informants of this study.

To sum up, all the problems such as absence of survival needs, physical and mental illness, and absence hygiene faced on the street made the informants’ life unsafe and full of uncertainties. Besides, these problems along with serious feeling of insecurity let them descend into huge psychosocial crisis.
5.1.2. Positive life changes brought within the helping center

Having discussed the life hardships of the informants on the street, it is now time to scan the actual and perceived positive, personal life changes they achieved with the help of the helping center since their arrival in the center. As presented under the findings section, the helping center has been providing the needy with all the necessary services and treatments. The services being rendered by the center are provision of materials for the fulfillment of basic needs (that is, food, cloth, shelter, and hygiene), medical treatments, and other intangible services such as love, affection, encouragement and the like. It is, therefore, what actual and/or perceived positive life changes have been achieved by the needy, after brought to the helping center, in line with the provision of these physical and intangible services. The changes will be discussed as follows, accordingly:

**Fulfillment of basic needs**

The needy within the helping center have been found with their basic needs adequately fulfilled. All the survival needs such as food, cloth, shelter, and even hygiene are being fulfilled since the moment they were collected from different streets and brought to the helping center. The informants told me that they have been freed from troubles related to basic needs; it is so as they began to get meal four times a day including a snack (a meal often omitted in societies like ours because of poverty or inability to get it), get clean and adequate cloth, and shelter as well. If a person is able to fulfill his/her basic needs without difficulty, it is an initial, but fundamental progress for his/her survival. No doubt that these needs have to be fulfilled prior to anything else.
Hence, the informants have assured the fulfillment of their basic needs (positive change) and so their initial survival (as complete survival could be in question because of factors other than basic need problems) after they began life in the helping center. They told me that during their stay on the street they were eating “not when they need, but when they get only.”

However, the helping center has helped them, and is still helping, to escape such a hardship. With the help of the center, therefore, they have been transformed from spending day and night without any food to getting meal four times a day (positive change). They are enabled to “eat when they need rather than when they get only.” Besides, they are transformed from wearing unclean, lousy and withered clothes to wearing relatively new and clean ones. Furthermore, they have secured their need for shelter and so became protected from the unbearably fluctuating condition (cold and hot) on the street; that, in turn, helps to reduce the degree of exposure to physical pain and illness.

Along with the fulfillment of these basic needs, the needy informants have also achieved their personal hygiene. They are helped to get out of garbagy life situation (with unclean clothes, nasty smell of body and slum sleeping area) and maintain hygienic life. They wash their body every week; have clean clothes and bedclothes being washed anytime they get unclean by workers of the center.

To generalize, the needy informants have achieved positive changes through fulfillment of their basic needs. Unlike of the extreme absence and/or shortage of basic needs and poor life standard on the street, they are able to escape the problem and achieve positive change in their lives with the assistance of the helping center.
Achievement of well-being (physically and mentally)

Another positive life change the needy informants have achieved after brought to the helping center is physical and/or mental well-being. As presented in the finding section, they were suffering from serious physical and/or mental illnesses on the street. After they have been brought to the helping center, however, they did get medical treatment and their health problem has been reversed. For example, Weinstein (2004) states that there are theories supporting the role of altruism in mitigating, if not solving, many social problems such as homelessness and health problems. Except one informant (Zewde) who has been found with incurable nerve disease, all informants have been adequately treated and enabled achieve their physical and mental well-being. Since the helping center finds them on the street with critical health problem, in addition to other challenges, it does immediately send them to different hospitals for medical treatment. It does also help the informants get spiritual treatment like taking them to holy water places to enable them improve their health.

As there is a ‘holistic approach’ to medicine that supports the integration of spiritual and other alternative ways of treatment (in addition to medical treatment) so as to help the patient improve, the helping center has been doing its best to help the needy people get their health status back either through medical or spiritual treatments. The holistic approach to medicine underlines that healing the patient is the ultimate goal and any means of treatment will be used as far as the patient is getting cured; it does not matter whether the means of treatment does pursue scientific way or not. Wittingly or unwittingly, therefore, the helping center is following this approach to medicine by providing the needy with both medical and spiritual services/treatments to enable them get better.
The medical and spiritual treatments are given to the needy either by taking them (the needy) to hospitals and to holy water places or by calling health professionals and bringing the holy water to the center for them. As the informants and co-founder of the helping center have told, the spiritual way of treatment is also contributing much in helping many needy patients get better. Consequently, many bedridden and mentally ill people are found having significant change in their health status with the help of spiritual or medical or both ways of treatment. Getting all basic need services without any worry in the center does have also positive role in relieving the needy people from any physical and mental pain in which it will, in turn, have significance in ensuring their well-being.

When they get food, clothes, shelter, and keep their personal hygiene, not only their degree of exposure to physical or mental illness decreases, but also the health problem they once have will be eased as their immune system will get stronger. As discussed above, thus, the helping center does provide the needy with adequate basic need services and this has importance in improving their health, in turn. Besides, the medical and/or spiritual treatments offered by the center to the needy have enabled them bring remarkable change and achieve their physical and/or mental well-being.

Well-being is really one of the positive life changes the needy informants have, therefore, achieved after they were collected from street and helped within Mekedonia helping center. It would be difficult for the needy to achieve this positive life change, physical and/or mental well-being, unless they were brought to the helping center and received life saving treatments from the center.
Psychosocial eminence

With the fulfillment of basic needs and achievement of physical and/or mental well-being, the needy have experienced another positive, personal life change; psychosocial eminence. This positive change is perhaps the sum total of all other positive life changes the needy have achieved within the helping center. While the needy were on the street, they had serious psychosocial (both emotional and social aspects) crisis. This psychosocial crisis was within them because they used to be social outcasts with a completely deprived life on the street. As a result, their respective feelings were badly hurt; they were found hopeless and pessimist about their life on the street. It indicates how much their psychosocial status was eroded severely when they told me that they were thrown away just like a useless material (Girma, Solomon, and Akalu).

After they have been collected from street and began to get help within Mekedonia helping center, however, things have changed in favor of them. Their deprived life has ultimately been reversed and their feeling renewed; which, in turn, led to the rise of their psychosocial status. After they have been brought and helped in the center, they relieved all the unbearable pains of hunger, illness, and sexual assault they had on the street. The more they relieved those pains with the help of the center, the more they developed good feelings and became happy.

They told me that their heart has been filled with hope and joy. They said so not only because, I believe, they have found adequate food to eat, cloth to wear on, shelter to live in, or medical service in the helping center, but also because they have been provided with true love and care by the center; especially, by founder and co-founder of the helping center. The informants were insatiable of talking about the goodness and compassion of these two persons (founder and co-founder of the helping center).
They admitted that their feelings have been renewed because they found people who care about them and ready to help them without any sign of abhorrence and/or discrimination. Since they were social outcasts and abandoned people, it is expectable to have good feelings when they find people who care about them and treat them with love; just as it is found in Mekedonia helping center.

Their psychosocial life has been, therefore, greatly improved as they began to feel happy with all the tangible (physical) and intangible services or treatments of the helping center. These elderly, bedridden, and mentally ill people were abandoned on the street with no one to lift them out of street life until Mr. Binyam (founder of the center) reached out to them at the critical time. The informants have just deemed that the helping center has revivified them. Unlike of their debilitated psychosocial life on the street, therefore, they have been tremendously changed and achieved their emotional and social eminence after brought to the helping center.

To sum up, the psychosocial eminence/revival of the informants has been realized with the fulfillment of all of their basic needs and achievement of their physical and/or mental well-being in the center. As psychosocial crisis of the informants was caused by the unpleasant life experiences such as hunger, absence of shelter, sexual assault, and illness they had on the street, it has been resolved along with the resolution of those crises.
5.1.3. What is new in this study?

First and foremost, I believe this study is one of the new investigations, if not the only, on the role that altruistic behavior plays for social reconstruction. Except the American Sociological Association’s biannual newsletter (*Altruism and Social Solidarity*) that investigates the importance of altruism for social solidarity, as far as my knowledge, there is no study devoted to discover the role altruistic behavior could play for the betterment of any society and social life. Many of the studies conducted on altruism and related matters have focused on the heated debate that whether there is such a behavior called true/pure altruism or not; on the responsible factors behind the altruistic behavior of individuals; so on and so forth. Even the studies conducted to discover the importance of the phenomenon have stressed the role it could play for challenging the advocates of egoistic human nature (see, for example, Batson, 2010; Monroe, 1996). This study has, therefore, contributed its part in exploring the role altruism could play for the very betterment of a given society. And more uniquely, the study has implicated the possible ways through which altruistic behavior could help to reconstruct a certain threatened society.

Second and more specific, altruistic behavior of the individual members of the society has been found significantly helpful to ease the pains that the destitute and abandoned fellow society and human members might suffer from. The individuals’ altruistic behavior has been found not only capable of easing the needy people’s problems, but also enabling them to get their human-dignity back through the provision of different services.
5.2. Conclusions

Based on the findings obtained and presented under the fourth section of this study, the following conclusions have been drawn; with no possibility and/or sense of generalization as it was qualitative research that dealt with phenomena which are unique to the time, context, and informants of the study. The conclusions are drawn in line with the research questions and/or objectives intended to be answered or achieved. Regarding the first research question that concerns about the upbringing/childhood experiences of the needy, many of them have gone through tough life experiences as children. Their childhood life was found with several difficulties such as absence of parental love or care (due to early loss of biological parents), physical and labor abuse as a child, and denial of education.

The second question was about life-opportunities and challenges of the informants before their exposure to street life; and the conclusion is that finding their own job, establishing happy family and bearing children, and above all, leading an independent life were some of the major life-opportunities, whereas denial of freedom, separation from one’s spouse, death of spouse, fired from job, early retirement because of reason other than age, illness, separation from one’s children, experience of rape, constant disagreement or quarrel with close relatives or caregivers, dropping at a certain grade because of incapability to continue, and overwork were just some of the life-challenges experienced by the informants before they were exposed to street life.

The third research question was concerned about the reasons or causes that led the informants to street life. And concerning this question, physical and/or mental illness, loss of one’s spouse, accident, strict parenting style, peer-pressure, and abuse or maltreatment by caregivers were found the major actual causes that pushed away the needy people to street life.
Regarding the fourth question of the major life crises faced by the informants on the street, absence or lack of basic needs (hunger, thirst, absence of shelter, and absence of hygiene), rape and unplanned pregnancy, terrible fluctuation of weather, physical and/or mental illness, and psychosocial debilitation were found. The fifth research question was about the services the needy people began to receive right after they were collected from street and brought to Mekedonia helping center. And they were found receiving services of all basic needs (food, cloth, and shelter), medical and spiritual treatments, protection from any danger like sexual assault, and hygiene. They were also found receiving intangible services such as care or love, attachment, affection and encouragement from the helping center.

Finally, a conclusion has been drawn regarding the last research question on positive life changes the needy informants have achieved within the helping center. Hence, the informants have been found with positive life changes such as fulfillment of their basic needs, achievement of their physical and/or mental well-being, and more importantly, eminence/revival of their psychosocial status.

Generally, the elderly, bedridden, and mentally ill people were found being helped by Mekedonia helping center after they passed through a lot of terrible life experiences both before and after they were exposed to street life. Especially, after all those hardships they had on the street, they are really lucky people to achieve all those positive life changes within the center. It would be very difficult situation for them to survive unless the helping center had not reached out to them. The helping center has collected the needy people from different streets and provided them with necessary assistances to let them get back their human status.
I must dare to say that the needy people were not with human-dignity or living like human beings on the street. All the crises of street life mentioned earlier are more than enough, for me, for daring to say that they were not just with human-dignity while on the street. Consequently, the helping center has played, and still playing, a significant role in collecting and helping the abandoned members of the society so as to get the human-dignity they had at birth back.

Weinstein (2004) states “intolerance, homelessness, and many other of today's social problems are caused or intensified by egocentric, self-interested behavior and the perception of some people that others are less than human” (p. 55). This statement implies that social problems will be at least eased if people are helpful instead of being self-interested in their behaviors.

### 5.3. Implications for Social Reconstruction

As the ultimate goal of the study was to implicate that altruistic behavior plays significant role in social reconstruction process, the following possible implications are drawn accordingly. These implications relied on the positive life changes that the needy informants have achieved after they were brought from different streets to and being helped by the helping center. It is then to implicate that how the needy informants’ positive life changes (achieved with the help of the altruistic behavior of the founder, co-founder, and even workers of the helping center) could contribute for the reconstruction of certain threatened portion of the society like ours.
5.3.1. Implication of informants’ basic need fulfillment

The primary positive life change that the informants have achieved within the helping center is that fulfillment of their basic needs. This fulfillment of basic needs such as food, cloth and shelter will help individual persons abstain from going out to street for begging and eventually become victim of several life crises on the street. When people are helped to fulfill their basic needs, therefore, exposure to street will significantly decrease. It is important to remember what life challenges do people face on the street when they get exposed to street life.

To be specific, unplanned pregnancy is one of the street life challenges women face. As absence or lack of basic needs push women away to street, they will be exposed to various types of attacks including the sexual assault or rape. Besides the danger of being infected with infectious diseases like HIV/AIDS (to be discussed later on), rape is an immediate cause of unplanned pregnancy among street women. Needless to say, unplanned pregnancy, in turn, will precipitate the birth of ‘unplanned children.’ Large number of children will be thus born on the street, without responsible person to raise them with desirable and adequate care. They will be born simply for painful life.

The poor and dependent women are bearing other poor and dependent offspring. It is ‘duplication’ of beggars or poor people as well as poverty within the society. There will be high growth rate of population in general and population in poverty in particular. It should not be forgotten that Ethiopia is one of the world countries with high growth rate of population. Consequently, unplanned pregnancy caused by sexual assault against women on the street will precipitate the birth and expansion of poor and helpless street children.
Moreover, the children born on street will face numerous crises. Identity crisis is one major problem they might face. When they know that they are born to poor parents who could not raise them properly, their feeling (in addition to physical pains of hunger, shelter and illness) will be hurt. Furthermore, since their mothers might get raped by several men on the street and bear them through unplanned pregnancy, the children will not perhaps know who their respective real/biological fathers are; and this will have another huge psychological impact on their future life. Such kind of bad feeling and identity confusion among children and adolescents will unquestionably harm the society. It is because the society will be carrying hopeless and identity-losing generation.

When needy people get help to escape street life and fulfill their basic needs (as informants of this study have been so), therefore, the aforementioned actual and/or potential threats of the society will be significantly reduced, if not avoided. If the destitute people (like informants of this study) are helped to get their basic needs fulfilled before they resort to street life or early after their exposure to street life, the society will not see such a large number of people living on the street. If the number of people living on the street is reduced, the degree of crisis such as sexual assault (that is, major cause for unplanned pregnancy and sexually transmitted diseases) will be significantly reduced, too.

All in all, assisting helpless people before their exposure to street life or, if already exposed, to escape as early as they are exposed will help them avoid all the crises of street life; and escape from street life and avoidance of the crises among destitute members of the society will, in turn, save the society from facing all the aforementioned actual and/or potential social ills.
5.3.2. Implication of informants’ well-being achievement

It has been found that the needy informants have achieved their physical and/or mental well-being after they have been brought to the helping center and received help within the center. This well-being achievement by the previously mentally ill and bedridden people will have, therefore, actual and/or potential merits to the entire society. When individual members of the society get ill and/or become bedridden, well-being and productivity of the society will inevitably face challenge.

It is not only the victim citizens/members who will become unproductive, but also the people (perhaps their relatives) who look after or care the victims. When idleness is intensified among members (ill people and their relatives) of the society due to physical and/or mental illness, the society will become less productive; and economic, social, and political crises might reign, as a result.

Apart from this fact, there is also another potential challenge to the society when individual members get ill and become helpless or without care giver. As it has been found among informants of this study, people will more likely resort to street life for begging when they get critical illness and have no other people beside to help or care them. When they go to and start life on the street then there will be high degree of transmitting their diseases to other people; especially, when they are infected with infectious diseases such as tuberculosis and HIV/AIDS. These diseases will easily be spread out among other people due to several reasons such as unhygienic life situations and unsafe sexual experiences (both willing and rape) on the street. As found out in this study, unhygienic life situation and sexual assault or rape are some of the common manifestations of street life.
There will be, as a result, widespread of diseases and multiplication of ill individuals within the society; and this situation will, in turn, endanger the society.

However, the experience of Mekedonia helping center (that is, collecting abandoned people — elderly, bedridden, and mentally ill — from different streets and helping them in one center/institution) can play a significant role in easing, if not avoiding, social crises of our society. Physical and/or mental illness of individuals is one of the major social problems that can cause dependence and unproductiveness among members of the society.

Consequently, helping the physically and mentally ill members of the society, as Mekedonia helping center has been doing, so as to get their well-being back will make the society beneficiary. Besides its role in helping the terminally ill people get their well-being back and enabling them become productive members of the society, it will hold the patients and keep them from transmitting (knowingly or unknowingly) the diseases to other healthy members of the society.

5.3.3. Implication of informants’ psychosocial revival

It seems true that people revive from their debilitated psychosocial life when they get their basic needs fulfilled and their well-being significantly improved with the help of other people. Since people will believe that there is no one beside to help them to get out of their problem, if they spend long time suffering alone (as just informants of this study), their psychosocial life will inevitably be in crisis. And this crisis, in turn, might make the victim(s) insensitive to the problems of other individuals in particular and to the problems of their society in general. Perhaps they believe that they have nothing to deal or share with their society and might reject
any societal responsibility or national call during emergency. Not only the victims, but also other people who know the victims might be dissatisfied with what happened to the victims. If former soldiers (like Solomon and Akalu) are abandoned on the street with no one to help them after their long time’s service to their society and/or country, for instance, who else will be happy to serve the society and/or country as a soldier or as any other professional? Grievances might rise among victims and other members of the society against their government and/or society because of what is happening to the needy people on the street.

Feelings of the public might be hurt badly. And the grievances as well as bad feelings of the public might cause feeling of irresponsibility among members of the society saying that “I do not care about that . . . societal problem . . . as far as it does not affect me.” This will be because of the feeling hurt by the situation of fellow citizens on the street. For sure, feeling of the public will be hurt when it sees a lot of beggars on the street stretching their hands for alms or searching for food from garbage cans. So, the psychosocial debilitation is not only with the victims, but also with the public.

When needy people are collected from streets and helped by their compatriots, as just the experience of needy people in Mekedonia helping center, their psychosocial life will be revived. They will be happy and confident that there are other people beside to help them.

When they are respected for their contribution by the society and get help whenever they face hardship, they will be happy with their society and will be sensitive to any societal problem; and they will contribute their own part in easing the societal problem.
Similarly, other members of the society will also have good feeling when they see destitute people being helped. Generally, when abandoned people get collected and helped to escape all the crises they have on street, their psychosocial life will be revived; and this revival will also make the public happy.
References


Desta Asayehgn (n.d.). The continuing saga of globalism: Comparing Ethiopia’s developmental state strategies to those of Malaysia, part II. Dominican University of California.


OXFAM (2014). *Good enough to eat: Where in the world are the best and worst places to eat?*


Appendix A

Addis Ababa University

School of Psychology

Interview Guide for needy people in Mekedonia Helping Center

Introduction

I am a social psychology MA student in Addis Ababa University. I am conducting a research on life experiences of needy people both before and after they have been brought to the helping center. Purpose of the study is to implicate how altruistic behavior among individual members of a certain society contributes to reconstruction of that society. Purpose of the study will only be realized if you provide me with all the required information. I am very grateful to your cooperation in advance. I also need to assure you that any information you will give me will be kept very confidential. The interview might consist of distressing questions as you will go through good and bad experiences of your life. The interview has two parts. The first part is all about background information, whereas the second part is concerned with the lived experiences of your life starting from your childhood/upbringing experience up to the life experience you have in the helping center. You can abstain from giving any response to any question if you do not like/want to and you can also freely ask clarification if you do not understand the question.
Part One: Background Information

1. Would you tell me your full name?

2. What is your age?

3. What religion do you follow?

4. What is your educational status?

5. What is your current marital status?

6. How long have you been on the street?

7. How long is since you are brought to this helping center?

Part Two: Questions concerning informants’ lived experience

1. Would you tell me your childhood/upbringing experience? With whom did you grow up? What pleasant and unpleasant life experiences did you pass as a child? How was educational opportunity during your childhood time?

2. How was life as a mature person? Have you ever established your own family? What was your and your family’s livelihood before you went out to street?

3. How do you describe your feeling in relation to your life status before you go to street?

4. What life opportunities were there before your exposure to street life?
5. What challenges of life were there before your exposure to street life? How and to what extent did those challenges affect your life?

6. Would you tell me how you have been exposed to street life?

7. What do you think the possible reasons for your eventual exposure to street life?

8. How do you describe street life? What challenges did you encounter while living on the street? How was your feeling during street life?

9. How do you describe the shortage of basic and other needs during street life?

10. How do you compare your pre-street life and your life on the street?

11. How do you describe the reaction of the society while you were on the street?

12. What was your means of survival on the street?

13. How did you escape street life? How do you remember the day you have been collected from street?

14. What feeling did you have when you come the first time to this helping center? What services are you receiving from the helping center? How do you describe the service and way of treatment of the helping center?

15. How do you compare the life you had on the street and the life you have in the helping center?

16. How do you perceive the help you are receiving in the center? To what extent do you think the center helps you and fulfills your basic and other needs?
17. What positive changes do you achieve in your life since you have been brought to the helping center?

18. What do you think would be your life situation unless you have been collected from the street and brought to the helping center? Why?

19. What perception(s) did you have regarding the society while living on the street? Why did you develop such perception? What perception(s) do you have regarding the society after you have been brought to the helping center? Why do you develop such perception?

20. Anything you need to say at the end?

   Thank you very much once again!!!
Appendix B

 Ebola: 

 Ebola: 

 Ebola:
1. የአማራ ከም በተማ ይሸኔ؟

2. ወሳኝም؟

3. የአማራ የም鲁 ይሸኔ؟

4. የአማራ የአማራ ይሸኔ؟

5. ከአማራ ከም ከኢትዮጵያ ያሸኔ ይለስልል؟

6. መን የአማራ ከም ከኢትዮጵያ ያሸኔ ይለስልል؟

7. መን የአማራ ከም ከኢትዮጵያ ያሸኔ ይለስልል ይለስልል?
Appendix C

Pseudonyms and respective transcript information

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</tr>
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<tr>
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<td>Akalu</td>
<td>20</td>
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<td>3</td>
<td>Dawit</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>Girma</td>
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</tr>
<tr>
<td>5</td>
<td>Zewde</td>
<td>16</td>
</tr>
<tr>
<td>6</td>
<td>Misrak</td>
<td>18</td>
</tr>
<tr>
<td>7</td>
<td>Abeba</td>
<td>13</td>
</tr>
<tr>
<td>8</td>
<td>Birhanu</td>
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<tr>
<td>9</td>
<td>Tsega</td>
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<td>Lemlem</td>
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Note: the max. page is 20, while the min. page is 11. The above table does not include transcript of the co-founder (i.e., 12 pages and 3,542 words) and the field note (i.e., 42 pages and 11,854 words).
Appendix D

Informants’ Profile

Abbreviations of each column:

1. Column 6: EOTC = Ethiopian Orthodox Tewahdo Christianity
2. Column 8: LTS = Length of time on street
3. Column 9: LTHC = Length of time since in the helping center

<table>
<thead>
<tr>
<th>No.</th>
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<th>Sex</th>
<th>Educational status</th>
<th>Religion</th>
<th>Marital status</th>
<th>LTS</th>
<th>LTHC</th>
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<td>Widower</td>
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Appendix E

Sample Case (Misrak’s story)

My name is Misrak. I am 24. I have been raised up by my grandmother as I lost my mother early. My grandmother helped me to pursue my education up to grade 8. But her parenting style was very strict and uncomfortable. She was nagging me every time I go to school and return from school. She did not even allow me to go to library. She was always suspicious of me being negligent of my education and having unwanted affair with opposite sex student. Her control was becoming stricter and stricter. And I became tired of it. When I discussed the issue with my friends they told me to leave my home and my grandmother; and start my own job. They told me many things. Being convinced by them, I left my home and my grandmother. I was very eager to get my freedom and try new things. I left home taking money and other materials from my grandmother. I rented house with the money I took and began independent life. However, my peers betrayed me after they have used the money I had. They left me alone. I have also faced unplanned pregnancy. It was really tough time for me. No one was beside me at that moment. To escape the problem, I apologized my grandmother and the family of my father and returned home to give birth my first child. Since my child died soon, however, I was depressed and unhappy to live in home along with my grandmother and my step mother. My peers have also apologized me for what they did to me and promised me to be with me if I leave home once again. I did also hate my step mother with no reason. Consequently, I left home for the second time and began living with my peers. Since they were sex workers, they were pushing me to join them. But my conscience did not allow me to do so. I worked in hotel for some time. But I get sick and stopped working. My peers did not want to help me as I refused to be sex worker. The only
choice I had was to go to street. None of my family member was ready to accept my second apologize. Then I went out to street and began living there. It is after this time, therefore, I began to suffer much in my life. Rape became my daily experience in addition to bad weather and lack of food, shelter and cloth. I was being raped by several men almost every night.

I began to face agitation because of the terrible rape experience. I faced unplanned pregnancy for the second time. I was being raped even though I was pregnant and seriously sick. It realized how human being is cruel creature. I reached the stage of losing my mind because of all the terrible experiences I have been facing on the street. Thanks to Mekedonia workers to bring me to this life situation. I am sure I would have died on the street being raped unless the center brought me here. I am saved by the helping center. I do not know who told them, but they collected me from the street where I was living and provided me with all the necessary services. In addition to provision of basic needs, the center also took me to hospital. I am freed from hunger, illness and above all from rape by the helping center. And currently I am very much happy to be like this and start another journey of life. Thanks to God to help me through this sacred helping center.