THE EXPERIENCE OF STREET CHILDREN IN THE REHABILITATION PROGRAM
OF KIRKOS SUB CITY: THE CASE OF DROP IN REHABILITATION CENTER
PROJECT (DIRC) CHILD SPACE PROGRAM

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<tr>
<td>AIDS</td>
<td>Acquired immune Deficiency Syndrome</td>
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<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
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<tr>
<td>CRC</td>
<td>United Nations Convention on the Rights of the Child</td>
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<td>CSO</td>
<td>Consortium for Children organization</td>
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<td>DIRC</td>
<td>Drop In Rehabilitation Center</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>FHI</td>
<td>Family Health International</td>
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<td>FSCE</td>
<td>Forum for Street Children</td>
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<td>HIV</td>
<td>Human Immune Deficiency Virus</td>
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<td>MOLSA</td>
<td>Ministry of Labour and Social Affairs</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organizations</td>
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<td>SC UK</td>
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<td>UN</td>
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<td>UNESCO</td>
<td>United Nations Education scientific and Cultural Organizations</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
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Abstract

There are a large number of children living or spending most of their day on the street. The situation for those children is harsh situations. Several organizations’ work to help these children that includes interventions towards street children in their programs, but the amount still increases every year. The main objective of this study is to examine and explore the experience of street children in one of the rehabilitation center which is called the Drop in Rehabilitation Program (DIRC).

This study can be used as an eye-opener for organizations working with street children since the complexity of the issue is becoming a worldwide phenomenon. The most significant drivers of the street child population appear to be a complex of poverty, death of parents, and conflict in family, peer pressure, job searching and limited alternatives.

Street children also face infinite challenges when they are leaving on the street among them meeting their basic needs like food, cloth and finding decent and secure sleeping places, lack of access to services such as health, education and recreation are some of them. Besides violence is another challenge perpetuated by older boys, members of the public and the police, sexual abuse is also one of the main problem they faced, as they are living unprotected and are highly vulnerable section of the society. Especially female street children are more vulnerable to street life than their male counterparts due to gender based violence and exploitation.

Moreover, the result showed that mutual supporting groups with peers is one of the main coping strategy street children use among the different coping mechanisms while they are on the street as well as the rehabilitation center, the process of socialization occurs when a new child arrives on the street.

Thus the problem of street children is not the case that should be left to one organization. Efforts should be made by different stakeholder’s government, non-governmental organizations and community based organizations and by the public at large. All the stakeholders need to work hand in hand in order to alleviate the multifaceted problems of these children.
CHAPTER ONE

1.1 Introduction

The phenomenon of street children is rapidly becoming one of global epic proportions. UNICEF’s annual State of World’s Children reports have for many years highlighted the extremely difficult circumstances in which children live and work on the streets. It is reported that children living and working on the street present in all parts of the world. Studies have also indicated that they are more prevalent in the urban areas of developing countries. However, their mobility makes it difficult to get reliable statistics (SC UK, 2012).

Motonga further noted that in recent years street children has become a common feature of the urban landscape in most countries especially in third world countries, they are the shadowy presences that fill the surroundings of daily life, doing odd jobs, scavenging for food, begging and stealing (Motonga, 2011).

The term street children which is commonly used in literature on the thematic area was initially defined by UNICEF as boys and girls aged under 18 for whom the street has become home and /or their source of livelihood and who are improperly protected or supervised.(SC UK,2012).

According to family health international global factors such as natural disaster, internal migration and poverty, lack of proper care including HIV/AIDS are the factors that highlight the vulnerability of children; the same is to concerning the situation to Ethiopia (FHI, 2010). Moreover Retrak (2012) stated that with the advent of urbanization, recurrent drought, famine and HIV/AIDS have claimed a heavy toll on human life in Ethiopia during the past three decades. As a consequence, thousands of children have been left unaccompanied and outside of parental care.
Realistic estimates are necessary for effective programming and focused intervention. Many children are growing on the street. Street life is characterized by extreme adversity. Studies document that millions of children throughout the world are facing serious difficulties.

A number of studies have claimed that the number of street children in Ethiopia had been increasing with the high population growth, accelerated urbanization, effects of HIV/AIDS pandemic and cyclic draught during the last several decades. However, estimates vary widely since the mobile characteristics of the street population made efforts to quantify the exact number of children had been difficult (SC UK, 2012).

Despite the variations in the leading causes to the emergence and development of the problem of street children word wide, the situation analysis on street children in Ethiopia, Kidist stated that among the various interrelated factors leading to the existence of the problem of street children social, economic and cultural factors such as extreme poverty, rapid urbanization, family breakdown, child abuse and neglect have lead to enormous increase in the number of children under extremely difficult circumstances (2007).

There are also different reasons why children are in street facing various challenges arising from their living environment. Street children encounter many challenges while they are living on the street. The main problems which are exposing children to street life are family poverty which is they don’t have the capacity to accommodate their children’s basic needs (food, clothes, in some cases shelter), and due to alcoholic parents involved in physical abuses of their children. Moreover Loss of family members at early age due to different reasons ,lack of extended parents and relatives to assist them, and family breakdown or divorce followed by marital to step mother who might abuse them physically and psychologically and the
environmental (peer and community) influence are the major factors that expose children to street life (MOLSA, UNICEF, 2004).

Different interventions have been established to support and fulfill the needs of street children. The focuses of these interventions usually differ from one another. Some of them focus on delivering basic services, others on providing health care or educational services, and some others on promoting and protecting the human rights of these children (FSCE, 2003).

According to the convention of child right (CRC, 1989) and United Nations declaration, children should have given proper and complete care and services shall be extended to street children to ensure their all rounded and harmonious development. However, the vulnerability of street children have more often served as tragic illustrations of neglect and marginalization as genuine targets of national policies, program and services.

In line with this, Street children’s situations are complex and that quick fixes are helpful in response to help them get out of the street life one of which can be as being targeted for involvement in different educational training programs. Therefore, the main purpose of this study is to explore the life experience of street children in the rehabilitation program at Drop in Rehabilitation Center (DIRC) specifically in Kirkos sub city.

1.2 Problem of Statement

The problem of street children is becoming a worldwide phenomenon since these children exist in every part of the world. According to the 2003 report made by FSCE, USAID and PACT, children leave their home for various reasons and start living on the street in most urban cities. The vast majorities of these children work and live in large, urban areas of developing countries. Some of the street children are part of entire families who live on the street (FSCE, 1998).
According to Mekonnen (2011), streetism is becoming one of the major challenges of all urban areas of Ethiopia. The capital city Addis Ababa especially is among the cities that are highly affected by the problem of street children. Since 1974 there have been attempts to conduct a research concerning the problems of these children in the country in general and particularly in Addis Ababa.

The magnitude of the problem of street children in Ethiopia, the first survey on the street children was carried out by the Rehabilitation Agency in 1974. This study which used a head counting technique documented that there were 5,004 (4,955 or 99% male and 49 or 1% female) Street children living in Addis Ababa (Talcon in SC UK, 2012). In 1991 UNICEF estimated that there are hundred thousand street children and that 500 thousand were in extremely high risk of becoming involved.

On the other hand in the case of Addis Ababa, the problem of street children as lower estimates indicates 60,000 and the higher with 100,000 has become one of the major social problems in the city (CSC 2009 cited by SC UK, 2004).

According to MOLSA study supported by UNICEF, it is estimated that the overall number of children on or of the street is around 150,000 with about 60,000 living in the capital, many arriving from rural areas looking for work. According to the Consortium of Street Children (2009), the average age at which children first become involved in street life in Ethiopia is 10.7 years. A study carried out by FSCE (1998) claimed that the number of street children in the country is 500,000 and that 1,000,000 children are on the verge of joining the street life.

However, according to a recent head count by UNICEF in Addis Ababa, only 10,706 street children were accounted for and the highest number of street living children were found
This figure is ten times lower than the previous estimate. Yet there is some possibility that this head count underestimated the number of street living (SC UK, 2012). On the other hand further surveys of the late 2010 and early 2011 conducted by UNICEF indicated that there are estimates of 12,000 street children in Addis Ababa and they are concentrated in different sites of the city. In these studies the children found in the urban areas, many of these children have rural origins and identified highly mobile (FSCE, 1998).

Therefore, all the figures indicated above show that the problem is severe in the city than any other parts of the country. Due to this fact the majority of the existing organizations that intervene to address the problems of street children were operating in Addis Ababa (FSCE, 2003).

Hence, the focus of this study is to explore the street children rehabilitation issues and to see what they experience in the rehabilitation program, and how they perceive the different psychosocial services provided to them and the mechanisms employed to achieve the required objectives of the program.

Moreover, it will try to explore what lessons can be learnt and the recommendation from this rehabilitation program for both governmental and non-governmental institutions and associations and what further adjustments might need to be made.

1.3 General background of Drop in Rehabilitation Center Child Space Program

The program is serving its targets at Drop in and Rehabilitation Center (DIRC) which is established in Kirkos Sub city. The child space program has able to reach “of street” children in
Addis Ababa with different services and rehabilitated a large number of children and youth living and working on the streets into a sustainable mainstream community environment.

The center provides rehabilitation and reintegration services. The services given under the rehabilitation include sanitation and hygiene services, health education and medication, psychosocial support, life skill training, sport and recreation services. On the other side the reintegration service includes small business, vocational skill training, job placement and reunification to their families. The project was signed in April, 2012 though the actual implementation started in October 2012.

Thus, the research is delimited in Kirkos sub city, where Drop in Rehabilitation center implementing street children rehabilitation project. The area was selected due to the reason that the researcher is interested in working with children. Moreover, the researcher believed that children need the utmost care and support. Since street children are one of the most delicate and vulnerable sections of the society. As a special group of children in severe situation they are helpless being deprived of the basic necessities of life, such as food, shelter, and clothing and psychological supports. In the absence of the fulfillment of these basic needs, mere survival of the child becomes impossible and they grow up as unwanted members of the society. Thus to end this multifaceted problems the researcher is interested to see the issues that are related to helping these vulnerable groups by looking one of the Drop in Rehabilitation Center (DIRC) Child Space Program in Addis Ababa.

1.4 Conceptual framework

The following conceptual framework is developed in order to understand the casual factors that pushes or pull children into the streets. Different literatures noted that the underline cause of streetism in three major levels:-
Macro level factors – factors which are in the community context these are poverty, urbanization, forced resettlements, parent’s relocation without adequate planning, overcrowding, absence of education and job opportunity, high cost of leaving.

Meso level factors – factors which are in the family context these are family breakdown, disintegration of marriage, single parents inability of parents to feed the children and and due to this family violence, physical and psychological maltreatment of children by parents, absence of parents due to long working hours, alcoholic parents and mistreatment of children are some of them.

Micro level factors – factors which are related to personality traits are the following feeling of inferiority, parent’s inability to afford school, uniforms and the like. Orphan children due to death of parents, peer pressure, feeling of uselessness are some of them.

Hence, the focus of the study is to explore the intervention mechanisms to create a conducive environment for these vulnerable groups by looking at one of the drop in rehabilitation center.

1.5 Research questions

1. What were the street children’s prior experiences before joining the rehabilitation center?

2. How far the interventions were appropriate in order to rehabilitate these children and to become self reliant individuals in the future?

3. What are the challenges faced by the street children in the rehabilitation center?

4. What should be done to overcome the challenges they encountered in the rehabilitation center?

1.6 Research objectives

The general objective of this study is to explore the life experience of street children in the rehabilitation program in Kirkos sub city in Drop in Rehabilitation Center Project.
The study will also have the following specific objectives:

1. To understand the effectiveness of the program mechanisms to meet the objectives of the program.
2. To assess the practices of the rehabilitation program in rehabilitating the street children and to identify the strengths and weaknesses of the project.
3. To identify the strategies that street children use to cope with the rehabilitation program.
4. To understand street children’s perceptions of their life in the rehabilitation program towards the problems, fears, hope and the public towards street children in general.
5. To examine the major contribution of the relevant intervention mechanisms by the rehabilitation centre in making street children developing positive self esteem and to become self supporting individuals in the future.

1.7 Methodology

The nature of the study is qualitative research methods. To collect data, five main tools will be employed. Literature review, in depth interview, key informants interviews, focus group discussions and observations and to answer this research questions purposive sampling will be used.

1.8 Location of the study and the target population

The study was carried out in Addis Ababa, Kirkos sub city specifically the study of informants location will be Drop in Rehabilitation Center (DIRC).The primary target populations are children currently residing on the street and children who are the beneficiary at the drop in the rehabilitation center project.
1.9 Significance of the study

Children represent hope and future in every society; therefore, solving the problems of children in general and the street children in particular can serve as an input for sustainable development. For this reason the researcher is interested to see on the issues of street children who are the most vulnerable part of the every society.

Moreover, the researcher is working in the profession in the area of public relation. Therefore, I believe the situation of street children need to be well addressed to the different stakeholders such as the Go’s, Ngo’s and the community at large since these children are tomorrow’s youngsters who are contributing to the nation’s development. Thus, the situation of street children and the multifaceted problems that they are facing should be well addressed and require a lasting solution.

Hence, this research study is important

1. To assess, to identify the gaps and to examine the different coping strategies and the real life experiences of street children in the rehabilitation program.

2. On the other hand, it paves the way for those who are interested in this area, since it will contribute as a baseline for those who are interested to conduct further investigation about this issue.

1.10 Scope of the study

The study was limited to the Drop in Rehabilitation Center whose prior objective and programs are prevention and rehabilitation of street children. More specifically it was limited kirkos sub city in Addis Ababa. Hence the researcher believed that it contributes as a baseline for all responsible stakeholders to alleviate the multifaceted problems of the street children by exploring the above mentioned rehabilitation program.
1.11 Limitation of the Study

Despite the fact the availability of a number of issues related to child streetism, this research limits itself only to explore the situation given that there is time and financial constraints the study will also try to explore the rehabilitation program of the Drop in Rehabilitation Center (DIRC). It will also try to assess in depth, the perspectives of street children about their street life and stakeholders perceptions and attitude towards street children.

1.12 Ethical considerations

Throughout the research, all measures were taken to make sure that the research was conducted in an ethical manner. Research on the issue of children is very sensitive one especially children of the most vulnerable are those who are on the street. Therefore, making ethical consideration is essential and it is the basic part of methodology of the research.

Hence, written and verbal consent will be obtained from the street children who fulfill the inclusion criteria and let them know they are part of the research participants. After the researcher has signed the child protection policy of the drop in rehabilitation center. Hence, the informed consent will be incorporated for those who are only voluntary and who want to be part of the research and their willingness to be interviewed or take part in focus group discussions.

For this study those beneficiaries who are from the age range of 8-18 years of age and who directly supported by the DIRC project will be the research participants, provided that they have the full right that they can withdraw from the interview at any time with no loss of benefit will also be part of the informed consent form.
1.13 Conceptual definitions

The UNICEF’s categories of street children will be adopted for the purpose of this study.

Street Children: boys and girls, ranging in age from 5-17 years, for which the street has become the home and only source of their livelihood.

Children on the street: those primarily engaged in economic activities. They are children of either sex, within the age of 5-17 years, working or begging on the street and living with their parents or relatives.

Children of the street: refers to children of either sex who are with the age group of 5-17 and who are both economically and socially engaged on the street life. These children live and work on the street without any kind of control or assistance from parents or relatives.

Children of street mother/father: are children who live with their mother/father or both parents on the street in plastic shelters. These children may be engaged menial work or begging and may attend regular /night schools. The age range of these street children is 7-18(FSCE, 2003).

Rehabilitation program: includes the services provided to street children. It may be educational, medical, psychological, economical, recreational, etc
CHAPTER TWO

2. Literature Review

2.1 Defining street children

The term ‘street children’ which is commonly used in literature on the thematic area was initially defined by UNICEF as ‘boys and girls aged under 18 for whom ‘the street’ (including unoccupied dwellings and wasteland) has become home and/or their source of livelihood, and who are inadequately protected or supervised (Black, 1993; Glasser, 1994 in Save the children UK, 2012).

The definition of who is a street child is the determinant element in assessing their numbers and undertaking profiling of street children. However, most global bodies appear to disagree when it comes to deciding the age at which childhood is legally over. Various agencies, both national and international set the upper age limit of childhood differently (Pietkiewicz, 2012).

The UN child Rights Convention defines all those up to 18 years of age as children. Most of the international agencies which work on child’s right issue (UNICEF and Save the Children) follow this definition and they also insist that children in the 0-18 year’s age bracket should not be part of any kind of labour force (SC, 2011). Moreover, Gurung pointed out that children under 18 years of age who spend most of their time in the streets are universally recognized as street children (UNICEF, SC, 2007).

According to UNICEF (2007), street child defined as a child for whom the street has become his or her habitual source of livelihood; and also who is inadequately protected, supervised, as well as directed by responsible adults. In previous studies on street children the
street child definition included to any child that worked on the street. However, based on more diverse global researches, different categories of children living on the streets have been distinguished, while it is still difficult to categorize the recognition of children’s complex experiences.

The United Nations also has its own definition of street children “any girl or boy for whom the street in the widest sense of the word (including unoccupied dwellings, wasteland, etc.) has become his or her habitual abode and/or source of livelihood, and who is inadequately protected, supervised, or directed by responsible adults” (Aptekar, 1994).

Mark W. Lusk cited in Aptekar (1994) developed four categories of children found in the streets. Each group has its own psychological characteristics. First, there are poor working children returning to their families at night. They are likely to attend school and not to be delinquent. Second, there are independent street workers. Their family ties are beginning to break down, their school attendance is decreasing, and their delinquency is increasing. Third, there are children of the street families who live and work with their families in the street. Finally, these are street children who have broken off contact with their families. They are residing in the streets full time and are the real street children.

According to the report study on child abuse in India the term street children refers to children for whom the street more than their family has become their real home. It includes children who might not necessarily be homeless or without families, but who live in situations where there is no protection, supervision, or direction from responsible adults (UNICEF, 2007).

Gurung (2007) also stated that the phenomenon of street children is universally recognized with the increasing awareness among governmental, non-governmental and
international organizations. Street children are seen as an especially vulnerable group, worthy of special support, attention, and intervention. The term street children may suggest homeless children/youth or runaways.

The most popular general working definition for street children is from the Inter-Ngo in Switzerland who identifies a street child as: “Any girl or boy who has not reached adulthood,[...] for whom the street has become his or her habitual abode and or sources of livelihood, and who is inadequately protected, supervised or directed by responsible adults”(Inter-Ngo, 1985 in Schurink, 1993, p:5). Other classifications used to describe the situation of these children include ‘street youth’, ‘homeless youth’, ‘children on the move’, ‘street-connected children’ and ‘children in street situations’ (SCS, 2011).

However it has been argued that these definitions are too general and broad-based and many people feel that these children are not adequately defined according to the uniqueness of their experiences, resulting in many youths being under recognized and under reported (Tudoric, 2005). With this in mind Ritcher (1988) has elaborated urban street children in a broad category of children by identifying a further five categories of street children with in the category of urban youths this are Throw away youths who have been completely abandoned and neglected by their parents, Run –away youths as those children who have run away their homes due to deprivation, physical or sexual abuse, alcohol abuse and general peer pressure to join the perceived freedom that streets seems to offer. The third category Slum youths who are group of street children who belong to slum families and the fourth category Dump youths who live on rubbish dumps and scavenge for food daily and the last category Bush youths who live in bush and are often from homeless families.
At the same time, it is argued that there are children who fall under different categories or move between categories. Hence UNICEF further groups these children into three sub-classifications, *children off the street* and *children on the street*. The term ‘children of the street’ refers to children living on the street or sleeping in public places. These children are also referred to as street-living children. The second category, ‘children on the street’ refers to children who live with their families or guardians and work on the street mainly to supplement family income. These children are also classified as street working children. They work on the streets during the day and/or evening but they return home to sleep on a regular basis. The third category is children from street families who live on the streets with their families (SC, 2011).

Many literatures depict numerous attempts at defining street child phenomenon, hence the following definitions emanated from the literature Shrunk (1993:5) say:

A street child is a boy or a girl who is under the age of eighteen and who left his/her home environment part time or permanently because of problems at home and or in schools, or to try alleviate those problems, and who spend most of his/her time unsupervised on the street as part of a subculture of children who live an important communal life and who depend on themselves and each other and not on an adult, for the provision of physical and emotional needs such as food, clothing, nurturance, direction and socialization.

On the other hand, Chetty (2001) and Barnette (2004) in Michael (2010) argue that definition of street children is many and varied, depending on the orientation of the definer that is street children are those who have abandoned or have been abandoned by their families
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, schools and immediate communities before the age of eighteen and drifted into a nomadic street life.

Similarly, Monicah (2011) also added that the phrase street children is plainly straightforward and covers vast differences in the lived experiences. In reality, the fact about street children do not include a homogenous set of troubled children with the similar important traits this shared characteristic is inadequate to differentiate street children as a specific social group. Those considered as street children exhibit a vast diversity. They vary in age from infants to eighteen-year-olds both males and females.

For this study, when referring to street children, I refer to those who are on the streets, alternating between the street and institutions, who still possess the mindset of street life and those who joined the Drop in Rehabilitation Center Project and both male and female street children who are also belong to the age group of 8-18 years were defined as street children.

2.2 Street children phenomenon: Conceptual analysis

The phenomenon of street children has been in existence for many years. Historically, orphans, homeless and street children were cared for by religious organizations such as churches, temples and mosques as part of their charity mandate. These children were regarded with pity and sympathy, and the somewhat paternalistic approach to their sustenance through handouts was well supported by the public (D’ Souza, 2008). The 20th century saw a politicization of the street children ‘problem’, shifting responsibility away from religious groups, more towards the government. In the light of increasingly negative images of street children as delinquents, a number of institutions emerged the world over, which tried to treat these vulnerable children in isolation (Consortium for Street Children, 2004).
The term, "street children" was first used by Henry Mayhew in 1851 when writing *London Labour and the London Poor*, although it came into popular usage only after the United Nations Year of the Child in 1979 (Williams, 1993 in D’ Souza, 2008). The concept is vague or too broad and is not as such easy to define. This has caused controversy particularly in labeling a certain group of disadvantaged children to fall under the category of street children. This is because street children’s needs, problems, aspirations, and level of deprivations are similar with other disadvantaged children who came from similar socio–economic background. Therefore it should be noted that this group of children are not different from their counterparts and have all rights like other children. In some places there is strong objection in using the term street child because of negative connotations it has on the well being of children (FSCE, 2003).

Various agencies have come up with their own definitions to deal with the issues of street children. However, overall it is clear that the approach basically centers on a certain set of working and living conditions. Regardless of the definition or category in which they are placed such us with family, without family orphan, working, or non-working, street children tend to spend a major part of the day on the streets with other children during their adolescence.

All over the world, street children are exploited victimized whom society loves to hate. They seem to hover on the periphery of other people’s lives because of this society tends to see them in insubstantial way. Most of the people prefer to call the *street children* because these children have homes and parents somewhere in the community but they happen to find themselves living and working on the streets due to different reasons they are traditionally regarded as being a nuisance, mischievous at best criminal at worst (Michael, 2010).
The definition of street children is contested among academics, policymakers, practitioners, politicians, and the general public. Individuals and groups have their own preferred definition (West, 2003 in D’Souza, 2008). Generally, these definitions depend on such factors as where they come from, what they do and where they spend most of their time. In addition, Cosgrove (1990) asserts that a street child is any individual under the age of majority whose behavior is predominantly at variance with ‘community norms’ for behavior and whose primary support for his/her developmental needs is not a family or family substitute.

However, De Moura (2002) has argued that this type of classification incorporates the idea that the deficient characteristics of these youth differentiate them from an assumed ‘norm’. Hecht (1988) also explored another level of definition, how street youths see themselves in relation to their families and society at large, he asserted that “In some countries it is quite harmful for youths to work in the street, dance in the street, beg in the streets, sleep in the street … [and so]… the street is venue for their actions not the essence of their character” Hecht (1988:103). Street children, therefore, play a number of roles and it would be a mistake to lump them together, as this would mean that they bring with them similar problems and needs, calling for similar interventions.

Apart from commonly used definitions, some countries have peculiar ways to apppellate the phenomenon, which give clues about the country and the way they approach street children. For instance, in the UK and the USA, street children are defined as “runaways”, who leave home without permission and stay away during the night (Altanis and Goddard, 2003). In Columbia they are called “gamin” (urchin) and “chinches” (bed bugs), in Brazil; “resistoleros” (little rebels), in Italy “bui doi” (dust Children), in Vietnam; “saligoman” (nasty kids”, in Rwanda “moustiques” (mosquitoes) and “mala pipe” (pipe sleepers) in South Africa (Barrette, 1995:7, in
In Peru they are called *pajaro frutere* meaning fruit bird; in the Cameroons they are called *monstiques*, meaning mosquitoes; in French they are called *Gamin*, which means a neglected boy/girl or the one left to run about the street; in Spanish, particularly in south America they are called *Trombadiha* which means Juvenile theft; in Turkey, since they settled under the Galata Bridge in Istanbul, they are called *children under the bridge*. Other names also given to them such as hopeless, ruffians, thieves, parasites, hooligans, and bad influence” (Schurink, 1993:15 in Michael, 2010).

As has been previously mentioned, street youths are often thought to be deviants and criminals who should be locked away as they are a danger to society in general a *lost generation*, *hooligans, good for nothings, thieves, violent youngsters, nuisances and parasites* (Barrette, 1995 in Tudoric, 2005). However, this is considered a too simplistic a point of view, and in fact, there is a multiplicity of view points and options currently emerging as how to define a street child.

In this way, formulating an accurate definition of what exactly constitutes a street child has become problematic and has often fostered much hot debate amongst the professionals. However UNICEF has attempted to address the definition problem by grouping all youths as *urban youths at risk*. In this regard, they refer to *working youths* as these youths that work in the city streets or elsewhere (Ennew, 1994).

Another factor that has been focused on in formulating definitions has been the emphasis on the rhetoric used by researchers, policy makers, health workers and the media. It has been argued that discourses have been used to provide a set of meanings, misrepresentations, images and stories in such a way so as to provide a particular version of street children, often to
stimulate interest and support from social structure and resource, which has ultimately influenced how street children are seen and therefore understood (Richter, 1990).

Similarly, Payne (1997) has argued that contemporary social work is a creation by social workers, clients and agency contexts. Therefore, an awareness of the role of language in social work is also significant as it can have far reaching implications that influence decision making processes. This reality created by the use of language can be seen in some of the discourses around street youths. For example the use of phrase such as child protection or youths in particular difficult circumstances or working youths prove for very strong rhetoric. This indicates the marked effect that language can have on social work policy and practice. (De’ Moura, 2002).

Other research outputs have come to see the importance of age and gender in definitions of street youths because these are important in organizing principles in society. Hanson (2003) in Tudoric, (2005) points out that because social life is a gendered experience, it is important to highlight the impact of gendered social organization, and that too much emphasis has been given to race and class a crucial to explanations of street youths, while gender is often ignored .In addition, definitions around street youths tend to reflect only the typical male experience of the female street children rendered as invisible.

Swart (1988)in Tudoric (2005) also expressed that one of the biggest problems with under-estimating female street youths is that male street youths be seen by social services as more in need of social assistance than their female counterparts (Swart ,1988). Thus, it is concluded that current definitions of street youths are still problematic because they ignore the female experience of street life, while only reflecting phallocentric discourse (Hanson, 2003).
The human right to which the CRC gives priority is that of the survival of the child. The provisions of basic food, shelter and healthcare needs as guaranteed in the CRC cannot be assured while the child is on the street. The CRC states in Article 27 that “states parties need to recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual world and social development”. None of these developmental goals can be realized with children live on the street. Without proper protection, this vulnerable group can suffer undernourishment, poor healthy and intellectual underdevelopment, which can leave lasting impacts on young people’s ability to participate fully in their governments and the broader economy. Hence investing in their protection has profound implications for the development of the nation (Boholano, 2013).

2.3 Underlying causes of street children

Street children by the nature of their lifestyle including their living and working conditions fall within the category of the most vulnerable children. Their rights to quality life, education, shelter, food, health care, parental care, protection from physical and emotional abuse, harmful child labour and use of harmful drugs are violated or denied (SC, 2013).

A general reluctance to understand the root causes for the widespread phenomena of street children, is an important element for a general inability to address this issue. Despite efforts which conceptualize street children as “vulnerable” or “children at risk in need of protection”, the prevailing view is that they are really “delinquents” who come from very poor backgrounds and uncaring parents. Given this, government policies are often confined to a legal approach and tend to ignore the root causes of the problem (ESCWA, 2009).

For this reason they remain one of the few marginalized groups who still lack the capacity to meet their basic needs for food, shelter, and clothing. Even when these needs are
met, they usually get them in highly sub-standard conditions and often come at the expense of their overall wellbeing. On a daily basis, the rights of street children are violated as they face the risks of violence, abuse and exploitation, health hazards, stigma and discrimination, and psychological problems related to stress, anxiety and depression. Street children do not have access to basic services that are freely available including basic health care and education that are essential for the overall child and youth development (Goal Ethiopia, 2013).

The World Bank estimates that 45% of the world population is forced to live with less $1 a day, of whom almost 50% are children. Hundreds of millions of children today live in urban slums, many without access to basic services. They are particularly vulnerable because of stresses of their living conditions (UNICEF, 2012).

According to the convention of Child Right (CRC, 1989) and United Nations declaration, children should have given proper and complete care and services shall be extended to street children to ensure their all rounded and harmonious development. However, the vulnerability of street children have more often served as tragic illustrations of neglect and marginalization as genuine targets of national policies, program and services.

Street children experience high levels stress and physical and sexual abuse and psychological trauma as a result of living on the street, and they suffer from psychological pathologies such as depression and suicide behavior at substantially higher rates than children who live at home or in alternative permanent accommodation (Schimmel 2006 in Naidoo, 2008). They typically face danger on a daily basis and their lives are threatened in a myriad ways. High rates of disease and infection amongst street children are indicative of health hazards of street life. This encourages street children to lose trust in them, in other people and in GOD. Their self esteem is challenged by experience of humiliation, guilt and helplessness.
In the case of street children their living conditions including residential and working locations and their links with their families also become determinant factors. Many of the street children say that they ended up in the street due to violence in the home or family (UNICEF, 2005). Another Indian study done by (Pietkiewicz, 2012) has showed that the most common family problems of street children are death of a parent, stained relationships with step parents, parents separation, alcoholism of father, insufficient food, abuse and family violence thus, although poverty was a significant aspect of the children being on the streets, family discord was the major problem (Apetakar, 1994). Living in a constant state of survival mode in which they must be preoccupied with finding food, shelter and clothing takes a severe toll on their psychological well being (Naidoo, 2008).

In addition migration from rural areas to urban is also one of the factors that increase the problem of streetism in towns. According to a study conducted in Addis Ababa by Abeje Berehanu 32% of respondents were of rural origin (Abeje, 1998). Another study in Awassa also showed that about 61.1% of street children are migrants from other rural or urban areas (Kidist, 2007).

Hitman Gurung (2004) has noted the that the underlying causes for children to come to the street related to the issues such as poverty and illiteracy which affect the majority of street children he also indicated that other factors such as children are abused on not provided adequate love, care and support and single parents or the presence of step mother or step father are common phenomenon.

The 2007 baseline survey on children of the street in Addis Ababa by UNICEF, BoSCA and BoFED revealed that a complex set of factors push and pull children to street life (UNICEF, 2007). The most common factor was family poverty (30.5%), followed by disagreement with
biological parents (26.7%), physical abuse by step parents or guardians (11.4%), parental death (10.5%) and peer pressure which accounted to 8 per cent. A more recent study in Addis Ababa found out that about 60 per cent of street-living children left home on their own, 30.2 per cent with the influence of friends and the rest with parents or family members and brokers (SC UK, 2011).

Different studies on street children also indicated that the sexual abuse that children experience on the street and at the work place is a visible form of sexual exploitation is commercial flesh trade. While initially girls were thought to be vulnerable to this, now the number of boys being trafficked for work in commercial flesh trade is increasing. In addition, the incidence of sexual abuse on the streets is very high, especially during night (Michael, 2010).

The study by Michael (2010) is also noteworthy in that it combines all the above causes of the problem into three levels that is Macro level factors within the community context this are urbanization, forced resettlements, overcrowding, and education no job opportunities, low salaries, high cost of leaving, lack of recreational facilities and violence are some of them while Meso level factors are in the family context such as parents relocation to the cities without adequate planning for the provision of assistance and care for their children;the disintegration of marriage and family life; single parent families and the inability of parents to feed the children family violence, physical and psychological maltreatment of children by parents, the presence of step parents, the collapse of tradition, the absence of parents due to their long working hours were also identified in the Meso level.

The third level is the Micro level factors that are identified as personality traits such as feeling of inferiority because parents cannot afford school books or school uniforms, a need for personal attention which is impossible in a large family, school performance; children who are
orphans or whose parents or guardians are either in jail or have deserted them, young unmarried mothers without an income, a feeling of uselessness, the desire to survive, a love for adventure, the need to be free and peer pressure are some of the factors in the micro level.

2.4 Magnitude of the problem and the challenges that street children face

Since Street children are becoming a worldwide phenomenon. The World Report on Violence against Children underlined that street-connected children face emotional, physical and sexual abuse. They are exposed to trafficking and labour exploitation including the worst forms of child labour, sexual exploitation and forced labour (Pinheiro, 2006, Inter-Parliamentary Union and UNICEF, 2005; de Benítez, 2007 in SC UK, 2011).

It is difficult to count the number of street children living on the street because of their floating nature. Their lack of permanent address, their wandering lifestyles, and their changing workplaces make them a difficult group to locate (Petel, 1990 in Pietkiewicz, 2012). There are no accurate estimates of the number of street children worldwide, and estimates often vary from one source to another. Moreover Over one third of children in urban areas go unregistered at birth, they have no birth certificate or an official identity card. Realistic estimates are necessary for effective programming and focused intervention. The vast majorities of these children work and live in large urban areas of the developing world. More than half, 650 million, of the world’s 1.2 billion people living in poverty are children (UNICEF, 2012).

Street life is characterized by extreme adversity. Studies document that millions of children throughout the world are facing serious difficulties (Kibrom, 2008). In 1987 UNICEF estimated that over 50 million world children are exposed to street life, spending part or whole of their time in city streets working, begging or engaged in other illicit and criminal activities in their attempt to adapt to street life (MOLSA & Radda Barnen Sweden, 1988:6). Eleven years
later Africa Journal (1998: 3) reported that the number of street children worldwide ranges from 30 million to 170 million. Other nongovernmental organizations estimated that there are 100 million children at risk (OMCT & SCF, 2000).

As with the global picture on street children, the data on street children in Ethiopia is very limited, and studies and reports on the subject have come up with varying estimates. According to Child Hope, an NGO working with street children in Ethiopia, street children have become a country wide epidemic, with over 100,000 children living and/or working on the streets of Ethiopian cities (Kibrom, 2008).

Another 500,000 rural children are not in school and live in extreme poverty, creating the potential for thousands more children to join the ranks of the country’s growing number of street children (FSCE, 2003: 3). Another report by CRDA estimated that approximately 200,000 children were working and living on urban streets, of which 150,000 reside in Addis Ababa (2006: 5).

Children in especially difficult circumstances include children who live and Work on the streets, abandoned and neglected children, orphans, battered children, and children with disabilities, child workers, children in armed conflicts, child mothers (including child brides) and their children, displaced and refugee children, children infected and affected by AIDS, children of imprisoned mothers, sexually abused children and sexually exploited children. All of these undergo various forms of deprivation, abuse or exploitation, and in most parts of the world, these categories of children are on the increase (CEDC, 2001 in Kibrom, 2008).

The children working, living and surviving on the street is a global problem, affecting developed and developing countries alike. However, the magnitude of the problem varies, with less developed countries facing more acute problems. The street children are marginalized
children who require enormous assistance but they are often least assisted in a society. (UNICEF, 2012), Thus there are many factors responsible for the increase in the rate of street children.

A study done by kidist in Adama Town has shown that children live on the streets under very poor social, economic and health conditions. Being far away from families or any adult supervision is believed to worsen the situation there. Most children in Nazareth live far away from their families with no one to decide for them and to take care of them (2007).

Another study conducted by FSCE and USAID Ethiopia had also stated that more than half of the children whose parents are outside of Nazareth had never visited their families since living home. Close to half of the children have also stated that their families do not know their current address.

According to a study by FSCE (2003) in Shashemenae indicated that three fourth of street-living children and over three fifth of all street children were not getting sufficient food (2003). On the other hand, there is a common argument that the nutritional status of children living on the street is far better than children who belong to economically marginalized parents. A report by Human Right Watch indicated that children working on the street are hungrier than those actually living on the street (2005).

Connolly further looked at that the problem of street children universally increasing problem in many settings children wondering the streets are identified by what they do to survive, such as Rag pickers, Vendors, Shoe shiners and porters are used to describe them. Today with the increasing awareness among government and international agencies and these children are seen as vulnerable group who worth attention and intervention (Connolly, 1998).

Streetism is a socio- economic phenomenon that has existed for years. Although its cause and magnitude varies from nation to nation depending mainly on the socio-economic
structures, the phenomenon is prevalent in both developed and less developed countries and is one among the social problems that has gained international attention currently. Recent years have indicated an alarming increase in the number of street youths around the world, especially in poor and developing counties. It is believed that in order to reduce the number of street youths around the world, issues relating to the political and socio-economic status of a country needs to be addressed (Naidoo, 2008).

2.5 The Global and Regional Perspective

The problem of street children has become one of the urban problems which call for the attention of the international community. Experts from various angles proposed different socio-economic factors which they had found out in their studies.

It is reported that children living and working on the street are present in all parts of the world. Studies have also indicated that they are more prevalent in the urban areas of developing countries. However, their mobility makes it difficult to get reliable statistics. In 1998, UNICEF estimated that there are 100 million street children worldwide. Amongst these, ten million are believed to live at least part-time on the streets while most live at home and work on the street, mainly in the ‘urban informal sector’. According to UNICEF, street children are highly prevalent in Latin America (40 million), Asia (31.2 million) and Africa (10 million). Among countries, Brazil is presumed to have the highest concentration of street children with 25 million followed by India where 18 million of the world’s street children are said to reside (Claudio de Moura Castro, 1997; CSC, 2009a; Plan and CSC, 2011 SC in SC UK, 2012).

The World Bank also estimated that there are 100 million street children in the world (Volp, 2002). The number has plummeted in recent decades because of wide spread recession, political turmoil, civil unrest, increasing family disintegration, urban and rural poverty, natural
disaster and rapid industrialization (Catherine 2009). The United Nations International Children’s Education Funds (UNICEF) estimates that, out of 100 million children who call streets their homes, only 20 million children live in streets, without their families. In South America alone, there are at least 40 million children, in Asia, 25 million children and Europe approximately 25 million. Estimates in most countries have fluctuated widely (UNICEF, 2004).

The above figures are still being cited today and some reports even suggested that the numbers might even be much higher considering the continuous growth in population. Realistic estimates are necessary for effective programming and focused intervention. Even if the numbers are not in the millions, many children are growing on the street. Street life is characterized by extreme adversity. Studies document that millions of children throughout the world are facing serious difficulties (SC UK, 2011).

The problem of children living on the streets is a global phenomenon. It exists and causes untold havoc to millions of children in every part of the world. These children live a transitory life style and lack of basic necessities like food, health care, and a safe place to stay (UNICEF, 2007).

Children living in street situations are an increasing phenomenon in developing countries and economically advanced countries. Amongst the world’s one billion children suffering from deprivation of basic needs these children are highly likely to experience ‘absolute poverty’. Once they are on the street their living experience can be viewed as a condition of both severe and chronic poverty (Conticini, and Hulme, 2006).

Poverty, violence, overcrowding, and homelessness exasperate their deprivation. Research indicates that large numbers of children live and work on streets. In sub-Saharan Africa, 32 million children are believed to live on the street. Due to the fact that public social
services are inadequate and almost non-existent, African children in need of care are usually deprived of proper care and protection (UNICEF, 2005).

Even if the phenomenon of street children is relatively new to Africa as compared to Latin America and Asia, various studies noted that it has become an extremely concerning problem which is growing more and more complex and intensified by emerging social problems. According to the Civil Society Forum for East and Southern Africa on Promoting and Protecting the Rights of Street Children, within Africa, the highest number of street children is found in Eastern and Southern Africa. The lowest estimates put the number of street children in South Africa and Kenya at 250 thousand each and 150 thousand in Ethiopia (SC UK, 2012).

Looking at the concentration of street children among African cities, UNICEF estimated that there were around 1 million living and working in Cairo and Alexandria in 2006 (UNICEF, 2006). Estimates for Nairobi varied from 60 to 150 thousand (IRIN, 2007) and 60 to 100 thousand for Addis Ababa (Sexton, 2005 in SC UK, 20112).

They are vulnerable to physical injuries, substance abuse and health related problems including sexual and reproductive health. They also lack formal and non-formal education health. They particularly lack life skills and opportunities and upholding of their rights as laid down protection and upholding of their rights as laid down by the United Nations convention on the Rights of the child (UNCRC). Drug and alcohol abuse perpetuates the violence they face on a daily basis. Involvement in criminal activities related to influence of substance abuse is also common in most parts of the world. There are also some who use it as a means of survival on the street. This has therefore led to a significant proportion of the children entering the criminal justice systems. This eventually leads to their admission into correctional institutions (Human Right Watch Report on Street children, 2005).
The socio-economic and political context within which children live has a considerable impact on family life in the country as elsewhere. Levels of national poverty in contemporary Ethiopia strain the relationships between household members and, in particular, relationships between adults and children. Notably, among other indicators of the increasing numbers of street living children, the rise in the level of poverty in the society is rising as extreme poverty is one of the reasons which force children to run away from their homes (UNICEF, 2012).

In the last twenty years there has been a considerable amount of academic discussion as the late modern conceptualization of childhood in which the child is conceived of as a person, a status, a course of action, a set of needs, rights or differences in sum as a social actor (Thomas, 2010).

### 2.6 Street children and the public image

The public view of street children is vital. However in many countries the public’s perception and attitude towards street children are overwhelmingly negative. Street children are subjected to mental and physical abuse by police, their peers and follow citizen’s. The governments treat them as a plague that is to be eradicated, rather than as children that need to be nurtured and protected (Gurung, 2004).

Street children are subjected to physical abuse by police throughout the world. The society also treats them as outcasts rather than as children to be nurtured and protected. They are frequently detained arbitrarily by police simply because they are homeless, or they can be charged with vague offences such as loitering, vacancy or petty theft (UNICEF, 2007).

As described by Gurung there is an alarming tendency by some low enforcement personnel and civilians, business proprietors and their private security firms, to view street children as almost sub-human. They are frequently detained arbitrarily by police simply because
they are homeless, or criminally charged with vague offences such as loitering, vagrancy, or petty theft. These children are often tortured or beaten by police or held for long periods in poor condition form of trail without any form of trail or legal process. Girls are sometimes sexually abused, coerced into sexual acts or raped (2004).

Street children are generally considered a nuisance; obviously, extreme deprivation and social exclusion create opportunities for crime involvement. However, little evidence exist to suggest that street children actively or deliberately plan criminal activities. They perceive themselves as discriminated against and hated (Ochola, L and Dzikus, A., 2000).

As commented on in a number of countries involved, the issue of street children in public consciousness has a rather negative image and there is the general perception that the children are themselves to blame for the situation they find themselves; or that their behavior is seen to be more problematic for others. This major factors which propel children into a life on the streets – a life which very often puts them at serious risk of abuse, ill health and occasionally loss of life (UNICEF, 2007).

Like in any other country, the public view of street living children in Ethiopia is overwhelmingly negative. Street children are viewed with suspicion and fear. Many people simply like to see street living children disappear. This, according to the findings of earlier studies in the area, is mainly due to the low level of awareness of the public. The level of understanding of the police about the situation has shown great improvement in recent years. This could perhaps be due to awareness raising programs through the media and other concerned organizations. Yet, it needs to be pointed out that most children living on the street are still complaining that they are mishandled by the police.
Tadese Hailu provide extensive survey of the literature of the public perception towards street children in Ethiopia that is the society does not seem to have understood the problem of street children. Hence the attitude of the general public, towards the street children is not positive. According to various survey findings, however not all people see street children negatively. They are various groups and individuals in our society who see street children all the way from angelical to diabolical (2006). He also quoted Tacon (1991: 12) saying “…those who see them [street children] most negatively tend to blame their existence upon the government, upon their parents or even upon themselves. Those who see them most positively, tend to thank God that there are still some and courageous survivors left in our world …the media with unfortunate knowledge and understanding has all too often pictured them as dead end kids or children without hope”.

2.7 Street children in Ethiopia

The problem of street children in Ethiopia is not a recent phenomenon. As some governmental documents unveil, children have been living and working on the street not for less than half a century. Why children get move on to the streets is very much assorted. The Convention on the Rights of the Child adopted by the General assembly of the United Nations guarantees legal provisions for the protection of children against abuse, neglect and exploitation. The responsibility for nurturing, protection and socialization of children is primarily given to the family since it is the best and appropriate environment for children to grow and develop normally. Despite these provisions, the plights of children are groping from worse to worse (FSCE, 2003).

In Ethiopian situation, recurrent drought and civil strife on top of the impoverished state of the country have caused many children to be left without adult care and attention. Apart from
parental death or abandonment, some parents push their children out to the streets. Generally, the influx of people to the city and other complex social problems like poverty, unemployment, rapid population growth, family breakdown, displacement etc, have largely increased the number of children that make the streets their homes (FSCE, 1999).

According to MoLSA, the major causes of streetism in Ethiopia include the prevalence of absolute poverty, domestic violence, rural to urban migration, dropping out of school, family displacement and wanting to support oneself and the family (MoLSA, 2004). On the other hand, rapid growth of urban centers, war and the recurrent drought and famine have also been raised as the major causes of streetism in Ethiopia (Abeje, 1998).

Like all other cities in the developing world, Addis Ababa is facing increasing challenges to address the human rights of street children. For oblivious reasons, children’s access to basic human rights including the right to education, adequate nutrition health services, shelter and protection cannot be met by their families (UNICEF, 2007).

Ethiopian children are diverse and immense (CFSC, 2009 in Habtamu, 2011). In Ethiopia, due to Push factors (poverty, family dysfunction abuse and school problems) and pull factors (independence, Freedom, Drug/alcohol abuse) children are drifted to street life to support themselves or their families in major cities (UNESCO, 2006). Over 4 million children are estimated to live under especially difficult circumstances. It is estimated that 600,000 children are taking part in street life and as many as 500,000 children find themselves at an extremely high risk of becoming involved in street life in Ethiopia (FSCE, 2003).

Ethiopia has ratified the Convention on the Rights of the Child. She has also adopted it as a component of the law of the country. There are legal provisions to protect children from all forms of life hazards. There is, however, a huge gap in the enforcement of the existing legal
provisions in the country. Such an inadequate practice of observing the CRC and the existing gap in the implementation of the existing laws, together with the economic degradation of families in the country has left many children to grow under deplorable situation. Too many suffer from violence, physical, sexual and psychological abuses by their own families, by outsiders or by both. Many others have become victims of child trafficking for the purpose of labour and sexual exploitation. All these problems in their most acute form are highly portrayed among street living children in the country (UNICEF, 2007).

The streets of Addis Ababa, the capital city of Ethiopia, are said to be home to a population of between 60,000 to 100,000 street children with the lower estimates originating from the Ministry of labor and social Affairs and the higher from aid agencies (UN, 2004). Street children live and work in conditions that are not conducive for healthy development. They are exposed to the street subculture such as smoking, drug, alcohol and substance abuse, gambling, engaging in sexual activities or selling sex for survival (FSCE, 2009). The circumstances in which they live and work increase their vulnerability also to sexual exploitation and abuse and put them at a higher risk of unintended pregnancies, sexually transmitted infections and HIV/AIDS (Habtamu, 2011).

The creation of street children in Addis Ababa and to a lesser extent in the other towns of Ethiopia is integrally tied to the phenomenon of urban poverty. The majority children are child workers who are on the street in order to contribute economically to the household. Most of them still remain close contact with their families. This means that they return home every night to sleep over 80% of these children first became involved in street life in search of work while another 10% first come to the streets to play or spend time with friends. In a town like Mekele,
the majority of street children came there due to the effects of war, famine and draught. Many of them then progress to become street workers (Veale 1993 in Ochola, L and Dzikus, A, 2000).

Migrant children who come to Addis Ababa both from rural and other urban areas become highly vulnerable to destitution, homelessness, exploitation, etc. as soon as they reach their destination. Some international organizations, UNICEF in particular, have been committed for the last two decades to addressing the problem of street children. Non government organizations are also supporting the efforts made by the government to provide both preventive and rehabilitative services for these groups of children. However, services targeting this group of children are far behind when compared to the number of children whose problems need immediate attention (SC UK, 2012).

Addis Ababa has an ever-growing population, as people migrate from the rural areas in search of a better life. However, this dream does not transform into reality for most of them. Many of these people find themselves living in an extreme poverty. They are often forced to become street beggars or daily labourers. Hence, the decline in the economic situation has weakened families’ capacity to support and sustain their children. Given this situation in a country like Ethiopia where there is no social security fund/system, the number of disadvantaged children, in general, and street living children in particular, is escalating unimaginable particularly in the capital city. Many parents are not able to meet the basic needs of their children. There are other factors like family disintegration and hostile home environments which force children to migrate to the street. Even worse is the situation of HIV/AIDS orphans who are left without protection and care. Many of these children are forced to take to the street as the only survival option regardless of its negative consequences on their growth and development (UNICEF, 2007).
3. Methodology

3.1 Research design and method

The entire approach of the study is participatory. Children and concerned staff members will be the major informants of the study. Great emphasis was given to children to provide information pertaining to their conditions of life, before and after getting support from the rehabilitation center, on various issues.

The research method that was employed in the study is qualitative research approach. The justification for this is that the research is largely depends on the experiences of the street children who are beneficiaries of the Drop in Rehabilitation Center. As Denzin and Lincoln (2008) explain qualitative research tends to be interpretive and seeks to understand a phenomenon in its context in greater depth. Moreover, it seeks to elucidate the nature of social practices, relationships, and beliefs along with the meaning of human experiences from the participants’ point of view.

The research was carried out in line with the scientific method of the social work research. Exploratory study in qualitative method is advantageous in giving opportunity for participants to respond in their words. Moreover qualitative research explain how it may be useful for exploring “why” rather “how many”. Thus since the study uses an exploratory qualitative approach substantial data will be collected, analyzed and interpreted in relation to the research questions and objectives.

For this study the data collection technique that was used in this study include in-depth interviews, observations, focus group discussions, secondary data sources and semi structured
interview guides will be used for interviewing research participants. In undertaking the study, the following research instruments were applied and the following steps will be taken.

**Secondary data:** Literature reviews have been made, assessing all relevant documents from different sources that elucidate magnitude, nature and demographic factors of the problem. Attention was also given to the existing experiences and its dimension as well as to what is known and the perception about the issue in focus were discussed.

**In-depth interview:**

In-depth interview is a technique designed to elicit a vivid picture of the participant’s perspective on the research topic. During in-depth interviews, the person being interviewed is considered the expert and the interviewer is considered the student. The researcher’s interviewing techniques are motivated by the desire to learn everything the participant can share about the research topic.

The primary data was collected via in-depth interview that was combined with content analysis from reports, program evaluations and researchers. Thus the in-depth interview was used to collect data from the Drop in Rehabilitation Center. The researcher conducted in-depth interview with 13 respondents. All interviews were conducted by the researcher and information was collected from research interview respondents. They also provide information about their behavior, thoughts, or feelings in response to questions raised by the interviewer.

In depth interview is an effective qualitative method for getting people to talk about their personal feelings, opinions, and experiences. It is also an opportunity to gain insight into how people interpret. As a general rule, in depth interviews, the participants are more confident, more relaxed and they feel more encouraged to express the deepest thoughts about a certain subject (Lofalond and Lofland, 1995).
Open ended questions were worded so that the research participants cannot simply answer yes or no they will have the chance to explain on the topic. Although there was preplanned questions to ask during the interview, a semi-structured interview schedule were also prepared and administered to the selected sample groups within the area of the study. The researcher also allowed questions to flow naturally, based on information provided by the respondents and the flow of the conversation. Hence, the in-depth interview was conducted with 13 street children. During interviews tape recorder was used to catch up the speed of the interviewees responses.

**Focus group discussion:**

Focus group discussion implies a group discussion in order to identify perceptions, thoughts and impressions of a selected group of people regarding a specific topic of investigations (Kairuz, Crump and O’Brien, 2007).

As Kruger and Casey (2000) note, the purpose of focus groups is to promote a comfortable atmosphere of disclosure in which people can share their ideas, experiences and attitudes about a certain topic. Moreover, Focus groups allow the researcher to get both individual and interactive opinions by looking at how the subjects react to one another and this allows the researcher to record both words and nonverbal behaviors. In addition, it will give the chance to learn about the language that the focus group discussants use to describe the researchers topic of interest.

The focus group discussion begins with welcome and background information by describing meeting format and ground rules. That is the researcher controled the interaction in the group, discourages overly dominant participants and engages overly reticent participants.
Moreover, guided discussions with general questions, followed by specific questions and finally closed the discussion with thank- Yous.

Thus in this study, this method was employed to find out what the children think about the services they are getting from the programs/ projects and issues requesting information on the experiences of the beneficiaries before and after getting services from the programs, generally it was focused on matters related to type of services, needs of the beneficiaries, what should be done in the future that need to be improved in the rehabilitation center were the main discussion topics. Hence, the focus group discussion was administered only for street children who are beneficiaries of the project and it consists of 11 street children.

**Key informant Interview guide**

For this research the researcher has interviewed two key informants who are employees of the organization. One of the key informant is a social worker who is working for the organization, the other one is a psychosocial support officer and one female health officer. The researcher believed that this informants have detailed information due to the attachment they have with the children in their day to day activities.

**Observation:** Observation is the foundation of all scientific works. Direct observation emphasizes observing and recording actual behavior, rather than reported or recalled behavior. Observations may focus on an individual, a location, or event. During the data collection process, observation was undertaken by the researcher. Hence, for the purpose of this study, unstructured non- interactive observation will be administered to view the relationship of children with their caretakers and among themselves and the general atmosphere prevailing in the rehabilitation center.
3.2 Gaining trust and establishing rapport

Gaining trust is essential. It is necessary to establish trust with the research participants in order to acquire more information about them. Moreover, building initial rapport before moving on to formal interview helps the researcher to establish a good communication with the staff members and street children. My frequent visit to the rehabilitation center and communicating with the research participants and staff members paved the way for further rapport.

3.3 Inclusion criteria

Regarding the selection criteria, it is based on the research objective thus; Street children who are in the age range of 8-18 who are beneficiaries of the drop in rehabilitation center were the criteria’s of the research participants.

3.4 The research field site

The study will be employed in Addis Ababa, kirkos sub city which the project implementation Area. As it is mentioned earlier the rehabilitation center provides rehabilitation and reintegration services. The services given under rehabilitation include sanitation and hygiene services, health education and medication, psychosocial support, life skill training, sport and recreation services. On the other side the reintegration service includes small business, vocational skill training, job placement and reunification to their families.

Thus, in undertaking this research the researcher was seek to find out the multifaceted problems which street children experience in the rehabilitation center and the challenges that the Drop in Rehabilitation center face in rehabilitating these children to become self reliant individuals in the future.
3.5 Sampling method

Purposive sampling enables an initial understanding of the situation, and to identify and differentiate the needs of one or more relevant groups. It produces a sample where the included groups are selected according to specific characteristics that are considered to be important as related to vulnerability and group differences can be compared and contrasted and a variety of experiences can be summarized (Krueger and Neuman, 2006).

The purposive sampling technique, also called judgment sampling that is a purposeful choice of an informant due to the qualities the informant possesses. It simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience (Dolores, and Tongco 2007). Hence, Purposive sampling technique was employed to select the research participants by the help of the staff members who are working in the rehabilitation center.

3.6 Coding

Bryman (2008) suggests coding as one possible tool in the analytic process of qualitative research. He recommends certain steps, which are important in the coding process. The first step is to transcribe the recording and get an overview of the collected data by reading the transcription, the observations notes and other documents. Next, coding the data by reading it again and make notes about the important and most common topics. The final step is to concentrate and combine the codes into another level of codes so that there are a reasonable number. In this study the codes are related to the aim, research questions, previous research and theoretical framework. However, due to the time limit of this study, a faster version of coding is necessary. Bryman (2008) advises to listen to the recording closely to spot the information that is relevant to the study. When spotted, only the relevant information needs to be transcribed, as a
lot of the recorded data will be useless. In this manner the transcription will be less time-consuming.

3.7 Methods of data Analysis

Kruger and Newman (2003) explained that concept formation is an integral part of data analysis and begins during data collection. Thus, conceptualization is one way that a qualitative researcher organizes and makes sense of data and analyzes data by organizing it into categories on the basis of themes, concepts, or similar features.

To record the interviews, I have used tape recorder during data collection. In addition, I took note to record expressions of participants that could not be recorded by tape like facial expressions and gestures. I transcribed the recorded data using word processor. The transcribed data were coded thematically.
CHAPTER FOUR

4. Data Analysis

4.1 Introduction

The major objective of this study was to explore the experience of street children rehabilitation program in DIRC. To fulfill this objective, I employed in-depth interview, focus group discussion and direct observation with the service recipients and with care givers who are residing in the rehabilitation center. This was made by and exploring their present experiences as well as past experiences of street life and in the rehabilitation center. Data were gathered from twenty four street children (12 males and 12 females) who are currently getting services from DIRC.

From the research participants 13 of them were interviewed for in-depth interview and 11 of them take part in focus group discussion. Twenty one of them of them belong to younger children that is they belong from age (14-18). Only three of them belong to age (8-14). Out of the twenty three research participants nineteen of them reported that their parents/guardians were from the rural areas. With regard to educational background all of them are literate and 23 of them are dropping out from school. Currently due to their current street life situation only 1 of them continues his education. Three key informants who work as professionals in the rehabilitation center (one male social worker, one male psychosocial support officer and one female health officer) were interviewed. In this study all the names used are pseudonymous for the purpose of confidentiality. Hence, the data collected from participants are organized and analyzed as follows:
4.2 Profile of the Street Children

Street children were asked about their background and demographic history, place of origin, the circumstances surrounding their initiation to street life, family situation and details of their present life circumstances.

**Table 1. General information of the in-depth interview participants**

<table>
<thead>
<tr>
<th>No.</th>
<th>Age</th>
<th>Gender</th>
<th>Educational Level</th>
<th>Place of origin (Region where they came from)</th>
<th>Push factor /Immediate cause for being on the street</th>
<th>Duration stayed</th>
<th>Family size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15</td>
<td>Female</td>
<td>9th Grade</td>
<td>Addis Ababa</td>
<td>Disagreement with mother</td>
<td>6 years 6months</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
<td>Female</td>
<td>8th Grade</td>
<td>Addis Ababa</td>
<td>Disagreement with Father</td>
<td>3 years 5months</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
<td>Female</td>
<td>7th Grade</td>
<td>Addis Ababa</td>
<td>Disagreement with mother</td>
<td>6 months 3months</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>18</td>
<td>Male</td>
<td>2nd Grade</td>
<td>Tigray (Alamata)</td>
<td>Family disintegration</td>
<td>7 years 9months</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>18</td>
<td>Male</td>
<td>2nd Grade</td>
<td>Welaita</td>
<td>Death of parents</td>
<td>8 years 1year</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>17</td>
<td>Female</td>
<td>7th Grade</td>
<td>Addis Ababa</td>
<td>Death of parents</td>
<td>4 years 2 years</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>18</td>
<td>Male</td>
<td>7th Grade</td>
<td>Tigray (Alamata)</td>
<td>Fighting at school</td>
<td>6 years 9months</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>17</td>
<td>Male</td>
<td>6th Grade</td>
<td>Shashemene</td>
<td>Parents inability to afford school (Economic)</td>
<td>2 years 9months</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>16</td>
<td>Male</td>
<td>5th Grade</td>
<td>Hawassa</td>
<td>Family disintegration</td>
<td>2 years 10months</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>17</td>
<td>Male</td>
<td>9th Grade</td>
<td>Welkite</td>
<td>Peer influence</td>
<td>5 years 9months</td>
<td>8</td>
</tr>
<tr>
<td>11</td>
<td>16</td>
<td>Male</td>
<td>6th Grade</td>
<td>Hawassa</td>
<td>Peer influence</td>
<td>2 years 5months</td>
<td>5</td>
</tr>
<tr>
<td>12</td>
<td>16</td>
<td>Female</td>
<td>6th Grade</td>
<td>Jima</td>
<td>Disagreement with caregiver</td>
<td>3 years 8months</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>18</td>
<td>Female</td>
<td>5th Grade</td>
<td>Gojam</td>
<td>For better job placement</td>
<td>3 years 2years</td>
<td>6</td>
</tr>
</tbody>
</table>
In the study the focus group participants were eleven out of this six of them were males and 5 of them were females and only three of them belong to the age group of (8-14).

**Table 2. General information of focus group discussion participants**

<table>
<thead>
<tr>
<th>Focus group discussion</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger children group mixed gender (14-18)</td>
<td>8</td>
</tr>
<tr>
<td>Children group mixed gender (8-14)</td>
<td>3</td>
</tr>
</tbody>
</table>

Although the proportion is comparatively smaller than the other age cohort, children as young as 8 years of age join street life independently without any adult support and protection. As studies in many parts of the world have shown, street children tend to be predominantly male. Lusk (1989); in this study higher gender imbalance is also established with an overwhelming majority of male children. Many of the respondents who are subjected to street life are orphans who lost one or both parents but there are also others who have both parents alive. Migrant children also constitute a considerable proportion of the children while most parents/guardians reside outside of Addis Ababa. (See Table 1. above)

**4.3 Reasons for joining the street**

A careful analysis of the street children phenomenon reflected in a number of immediate, underlying and basic causes. Available literature on street children in Ethiopia from academic presentations, journal articles, books by researchers and situational analysis and survey reports, show a superfluity of causal factors and effects to the street children problem. In general the literature postulates that street children are a product of urban poor families or families that have recently migrated to urban areas from rural areas. The response obtained from research participants has shown that the underline causes why street children turn on to the street are
various. Among the main reasons intense poverty, family conflicts such as domestic violence and abuse, incurable illnesses and HIV/AIDS, abandonment and bad experience in school were raised as some of the pushing factors from home. Whereas pull factors that encourage children to leave their homes include: search of freedom, work and employment opportunities.

Street children interviewed indicated that many of the children selected to move onto the street, rather than staying within step parents’ settings that is with either a male or female step parent, and from staying in extended family settings. Ayele explained his experience as follows,

My name is Ayele I am 18 years old. I was born in Tigray region Alamata. My parents separated when I was a child. My mother came to Addis with my little sister when I was very little and my father married another woman and had three children with her. My father was a farmer. My step mother was not good to me that she was so cruel and she treated me like a salve. Her children went to school and while I have asked my father to send me to school, she refused and ordered me to keep my father’s cattle. She was abusing me psychologically very much due to this I become angry and I went out to my friends who were already on the street near Alamata.

Ayele further explained his experience of the street after coming to Addis in the following way.

Then I came to Addis to search job. My friends told me Addis is good for leaving and some of my friends were in a better condition and they were changed. But it is not the same for me. I couldn’t find job easily and it was very difficult for me. I couldn’t find my mother too. I heard she is around Megenagna with my uncles but I was little when she left home and no one gave me her address. What I found in Addis on the street was just suffering of hunger, cold and disease. At that time I don’t have even another close
other than I wore. We were also chased by policemen. Sometimes I was carrying goods and begging some other times to cover my meals.

Another child respondent named Mamo, further added his experience in the following way,

My name is Ezrael Mamo. I am 16 years old. I was born in Hawassa. My father was a farmer and my mother has passed away when I was very little. My father married another woman who was very cruel on me. She even refused to give me food. I didn’t have enough cloth and educational materials to go to school so I dropped out at grade 5 and finally I went out to the street.

The factors that contribute to the problem are different. Many children leave home to escape the hostile home environment. Family breakdown plays an important role in their decision to leave home. Alcoholism, abuse or neglect of children, divorcé or death of parents are other major factors (FSCE 2003:4). In this case, Asefa indicated his experience as,

My name is Asefa. I am 18 years old. I was born in Welaita. My parents have passed away when I was little. I have 3 sisters and 4 brothers. One of my brothers had a business in Moyale and the other was a taxi driver. The rest of them live in Welaita. After the death of my parents things were not the same to me. I know that in my living place a lot of young boys have gone to Addis in search for jobs. Due to this reason, I came to Addis and roamed around Piasa area. So far I have passed 8 years on the street.

The other probable reason why street children primarily went out from home is due to different disagreements and disputes with their guardians and as a result they do not need to turn back (MOLSA, 1995; UNICEF, 2003). Research respondents indicated that one of the reasons compelled children to be on the street is the committing of misconduct and run away from home.
Eden, 16 years old research participant, reported that she stayed on the street for the last two years where she explained her reasons as follows “I quarreled with my father so I couldn’t stay with him, my father beat me because I came home very late in the night so, I just ran away and joined the street life”.

Another girl, Selam, age 15, indicated her reasons in the following way.

Both my parents are blind earn they earn their livelihood by begging .I am the 6th girl in the family. I had a disagreement with my mother. She always told me how much she hates me. She always used to tell me to go out from home. She didn’t even want me to eat in the house. I have four brothers and five sisters. She didn’t take care of me as my sisters and brothers equally. I don’t even have enough clothes and exercise books for my education. The insult and the cursing all damaged my life so much and forced me to join street life. Sometimes I go to home to visit them with my friends especially on holidays by saving some money from begging and give it to my mother. I asked her why she hates me this much she answered to me in front of my friends, I hate you that’s all don’t ask me why.

Therefore from the above story it one can understand that violence at home is one reason for the initiation to commence street life. Besides these cases showed that there were problems in the parenting styles of families, i.e. they were more authoritarian.

In depth interview and focus group discussions results revealed that the majority of the children’s guardians or parents work as domestic workers, vendors, peasant farmers, self-employed, petty sellers and industrial workers. During the interview and discussion, street
children confirmed that street children were primarily from poor family settings and came to the streets due to lack of support and care by parents and members of the extended family.

Studies suggest that children come to the streets for an array of reasons. Typically they are running away from something uncomfortable in their home areas. Parents’ inability to provide food for their children and or to pay school fees often also plays a role (Swart and Donald, 1994). One of the circumstances responsible for maintaining children on street life, as clearly seen from their responses in the interviews was the condition of growing up in chronic poverty. Alemayehu explained his experience as,

My name is Alemayehu. I was born in Shashemene. I am 17 years old. I have 2 sisters and 2 brothers. Both my parents live in Shahsmene. The reason I resorted to the street is because there was no peace in the family due to poor living condition. My parents always fight to each other and this makes me sick and even they couldn’t afford to buy for me educational materials. Finally I decided and preferred to live in the street as the home environment.

The participant children also reported that they migrated to the capital city because they expected better employment opportunities such as to work in cafeterias as waitresses, to work in construction activities as daily laborers, shoe shining, and at the same time to pursue their education in evening classes.

Other contributing factors such as certain pull factors were also mentioned by research respondents that rendering on the street an attractive option, such as the perceived freedom and independence, the lack of supervision, chances of remunerative employment, basic needs
fulfillment, and access to money and of different services and exposure to technology. For many children, living on the streets is better than coping with problems in their homes.

Some children expressed their involvement in street life in terms of pull factors. These were children who come to the street to play or to join friends. Addis, 15 years old street child who lives in Hawassa, narrated his early street life experience as,

My parents live in Hawasa. I have one sister and one brother. My father was a carpenter. My mother was working in Hawassa University. I have everything in my home. I went out to the street due to my friend’s influences …. I have everything in my home. But due to my friends influence I went out to the street in search of freedom, better life and we came to Addis.

In general as it was depicted in the literature review that the phenomenon of street children in all countries seems to be a social problem with basic economic and environmental causes. In this study throughout the analysis poverty alone was not seen as a sufficient factor in pushing children onto the streets. Research respondents mainly saw the pioneer factors as family disruption, such factors, as already noted above, included abusive families, child headed households, death of a primary care-giver, inadequate care and support, and over-extended families. The attractive influence of city life and cultural demands were also identified as a cause for street involvement throughout the finding.

4.4 Challenges encountered by street children while they are on the street

The major challenges encountered by research participants are presented below. Female children living on the street are more vulnerable to street life than their male counterparts due to gender-based violence and exploitation. Most of these children are highly exposed to rape. They are also forced to divert to commercial sex work when other survival options are limited. As a
result of both sexual abuse and exploitation, street girls are exposed to various problems like HIV/AIDS, STDs and unwanted pregnancy (UNICEF, 2007).

Accordingly, the reports from the participant children indicated that they also encountered many problems and even they were abused sexually. Eden explained her street experience as follows,

When I went out on the street first I went to Addis Ababa Stadium area. I thought on the street everything was easy but I found it very difficult and challenging. Especially men mistreat female street girls so badly, they do many bad things. I was raped on the street by 7 boys when I was 14. For this reason I passed a lot of psychological problems and serious physical injury. I suffer from womb infection and I was also pregnant at that time but I committed abortion because that was the only option. Then I changed my leaving place around paisa area but it is not good for begging, because there are many police men in that area. So eventually I become a prostitute like other girls in the area. It was so challenging I was beaten and raped many times; they even cut my body and face with razor blade and I still have that scar on my face. At times some of them come in group and made intercourse they call it ‘yedama’ leaving us without payment; some of my friends even picked up and kidnapped by them out of the city. So street life was very challenging for me.

Even though street girls are more vulnerable to physical and sexual abuse and exploitation, male street children are also a victim of sexual abuse. The focus group discussions with street children and findings from interviews revealed that younger boys were raped by older male youths or adults living on the street. Some had girlfriends or boyfriends. Others bought or sold sex, while some had sex with friends.
The children also responded that they face continuous of sexual abuse from younger adults living on the street, passengers and drunkards. Besides during the focus group discussion the researcher observed the insult ‘Bushti’ (meaning homosexual) is common among street children. In this case Worku expressed his experience as,

My name is Worku. I am 18 years old now. I went out to the street 9 years ago. I came from Aseb in search of better jobs. Nine years ago the street was not difficult but now-a-day’s things have changed and leaving on the street is very difficult. Among the difficult situations male sexual abusing is one that becomes common in Addis Ababa, especially around Stadium or Legehar areas. Once, while I was sleeping at night, I was raped sexually by older street boys due to that reason I was sick and had gone through psychological problems and serious physical injury.

Addis, 16 years old, who came from Hawaassa due to peer pressure he stayed on the street for the last two years he further added that,

The street life challenge is diverse and very difficult. Food is not a problem for us. We can easily find’ Bule’ (leftover food from hotels and restaurants). There were difficulties when I first joined the street to communicate with my friends. Before coming here I have never heard about sexual rape of male to male or homosexual intercourse. When I heard about it I was shocked. Once I have also escaped from such incident with the help of my friends.

Another challenges encountered by any street children were involved in harmful use of substance abuse like chewing ‘chat’, ‘hashish’, ‘mastish’(inhaling glue) and cigarette. According to the research respondents especially ‘mastish’ use remains very common for both
male and female street children. In their language they say ‘mastish’ ‘metoze’ like smoking is a cigarette. This habit can lead to excessive intake, increase the chance of misbehaving, violence, unwanted pregnancy and unprotected sex. Over time, the continued use of substances can lead to complications such as brain and liver damage (WHO, 2000).

A 17 year old boy, research respondent named Belay reported that he has been in the street for the last 6 years, he came from Tigray region. He said that he learned many bad habits after he joined the street and he was addicted to substance abuse like chewing chat, smoking cigarette and ‘mastish’ (inhaling glue). Due to this addiction habits he said he has bad behaviors like stealing, fighting with his friends and involving in violence (beating females). He also said that he was only worried for his addiction habits and for this he used to work car washing and carrying goods and sometimes stealing only to fulfill his addiction.

Debela further explained his most challenging street life situation that “I used to live around ‘Atkilit tera’ one day while I was sleeping, street gangs came and stolen my clothes and some money which I brought from my home. I was crying and I wished if I didn’t come here”.

The other main Problem street children face while living on the street is finding decent and secure sleeping places. Most of them sleep outside, exposed to bad weather condition that might cause health problems again, this challenge puts girls in a more precarious situation as they are easily rape and sexually abused for sleeping out in the open. It is documented that girls also spend more money on rent than males in order to avoid sexual abuse on the streets (FSCE, 2003). A 16 year old child respondent expressed her experience as,

Street life is very hard especially for girls. Females suffer a lot of abuse from males. First I was around paisa area. There, I was beaten by policemen and younger street boys. Later I came to Flamingo area with my friends. In that area there is a compound
called DC where street children sleep at night by paying 15 birr per day. We cope up those street challenges by begging during day time and save money for our sleeping place. We eat our meals by taking leftover foods from hotels and restaurants.

Mekdes, 15 year old child respondent further added her street life challenge in the following way,

I suffered a lot when I was on the street. One day I remember that two men came to the street where we were and took us to their home with my friend by persuading as if they were helping us. Then, they tried to rape us by force even they even tortured us by showing us knives to kill us. But God saved our lives. I have a cell phone which I bought when I was at home and they took it from me and finally they sent us free. After that day we were moving from place to place at night especially around Addis Ababa Stadium. Then later on we met one girl and told us there is a place where we can sleep at night which is called ‘DC’ by paying 15 birr per person. Our group comprised of 6. If one of us don’t have that Birr, we cover the rest of the money to one another and we all sleep in ‘DC’ compound together without being separated. However, If we one of us can not afford paying all of us will sleep on the street besides Kirkos Church.

It was also found through in depth interviews and FGD that health problems were also another challenge that street children face while they are on the street. Respondents have mentioned that they have some form of health problem. Intestinal parasites are the common leading cause of illness among the study participants that was mentioned.

Furthermore, respondents have also listed the health problems such as food poisoning, abdominal pain, gastritis, malaria, headache, anemia cough, epilepsy, car accident happened to
them by a drunken driver when they are sleeping on street. They have also reported rape, unwanted pregnancy, and physical abuse by police causing health problems.

The other problem that street children face is that bad feelings due to the societies negative perception towards them. The majority of street children felt that the general public disliked them, distinguished them as trouble makers and that they should be forcefully removed from streets. Street children do not suffer merely from physical homelessness, but also from a psychological homelessness since they have nowhere to belong. In the focused group discussion, street children said that they were treated violently. In addition to this they felt disrespected and were subjected to hostility by police and security guards over and over again.

Most of the children on the street were highly fearful of the police. Alemayehu indicates that,

The society towards us is not good. They see us as thieves; worthless and dirty even when we pass besides them they think we will steal them. One day I remember when I came from the training on my way to home one guard on the street told to the police man that we have stolen car equipment which we didn’t steal ,we were never even been there and then they were beaten us and took us to police stations and we stayed there for several days.

In addition Fetiya, 15years old focus group discussion participant added her experience as,

The general public don’t have a positive attitude for us. I remember one day a 16 year old boy who lives in our surrounding came to the street .we knew him in the area before. On that day he went out from home because he was angry with his father .As soon as he came to the street where we were before we tried to convince him to go back to his home but he didn’t agree and then we took him to our house to spend the night. Then in the next morning we planned to tell his sister secretly to
take him back home, but she appeared before we called her to where we were with a
group of young boys who have beaten us. Furthermore, she also went to the
rehabilitation center. We know that it is forbidden in the rehabilitation center’s
rules and regulations to take males in our house. Then we apologize to the staff
members and told them why we did that and it was because we didn’t want to
suffer on the street rather we were trying to convince him and return to his house.

However, some of the research respondents mentioned that there are some good people
who see us in positive way, especially older persons they are good to us. They will invite us to
their homes during holidays, some other peoples also bring us food and clothes from their house
they also give us advice to become good and self reliant individuals. But research participants
reported that these kinds of people are very few and the majorities have bad attitude towards
them.

In general all of street children in the study in both in-depth interview and FGD as it is
shown above they have experienced almost the same except some variations. They pointed out
that they do not get any advantage from living on street. They are facing hardships being
exposed to rain, cold, hunger, diseases and shortage of food and cloth and to the extent of sexual
rape. All of the participants reported there is they are so fearful of the police and they have
experienced high rate of physical abuse. Besides the society also has negative attitude towards
them so that they don't give them job opportunities. The society including the police considers
street children mainly as thieves, worthless and dirty.
4.5 The services given to the street children by the rehabilitation center

According to the information from the key informant respondent (Social worker) the project is serving its targets in a Drop in and Rehabilitation Center (DIRC) established in Kirkos sub city. The center provides rehabilitation and reintegration services. The services given under rehabilitation include sanitation and hygiene services, health education and medication, psychosocial support, life skill training, sport and recreation services. On the other side the reintegration service includes small business, vocational skill training, and job placement and reunification to their families. Regarding the service provision services of the organization, the social worker of the organization says,

The intention of the organization service provision is serving them as family center and in child friendly manner that is to make children feel as if they are in their homes to give the necessary love and care which they are denied from their families while they are in their homes and to provide them some level of protection. We give reunification packages for children below 14 years old after giving them a comprehensive psychosocial support for those who are willing to return back to their family. The integration packages will also be given for children’s who are 14-18 years old. The integration packages includes different life skill trainings like hair dressing (male and female), wood work and metal work, catering, leather and textile tailoring, etc.with peer house settlement until they finish the training and facilitate job placement opportunity or small business arrangement.
With this regard a 15 year old child respondent named Selam, also indicated that,

As I mentioned earlier I frequently visit my families and one day, one of my sisters was seriously ill and she was striving to death. My mother and all the family were scared but they don’t have enough money to take her to hospital. Then I took her to our nurse which has treated her compassionately and arranged a referral to another hospital for additional treatment my lucky sister was able to obtain bed immediate to her admission to this hospital. To me this organization is like family, as this critical moment is an unforgettable event in my life. Still when I remember this day I feel so happy because these people have saved my sister from a sudden death, so this organization has also helped me to see my myself where I was before where I am now and my future hope. Now I see myself as I am capable of doing anything I want. They showed me what family means now I am able to forget the hatred inside me and I have learned how to love people.

Another research participant named Ayele also expressed his feeling with regard to the services given to him as follows,

I am so happy with the services I have got in DIRC. I can clean my clothes and take a shower anytime I need. I like there trainings too. I found it so helpful for my life. Especially the psychosocial support life skill training changed my behavior. When I was on the street I used to quarrel with my friends, I insult people and steal people’s properties, but now my behavior have changed I like the way of their teaching style. They train us by entertaining us through play games, drama, drawings, music and dancing etc.

However some of the research participants during the focus group discussions reported what they have experienced with regard to the life skill training. One research participant named
Ayele, said that “when we are given the training it will be good for us if it is on our choice. He added that first his choice was hair dressing training but he trained tailoring and hired in one of the leather industry factories”. Besides, some of focus group discussants also advocated that if it accommodates shelter based services like other organizations with provisions of food, clothes, bedroom, etc until they become self-reliant individuals. With regard to this, social worker of the organization said that

From the point of view of child space programme the approach itself is street based. Which gives the strength to the children it will enable them to use their potential. Other organizations like Goal Ethiopia tried this shelter based approach for more than 10 years. From that experience child space approach is better because it gives free entry and free exit that is they can enter and leave anytime in the rehabilitation center. We form this kind of approach because from the previous studies and experiences food and shelter is not the only problem for street children. But psychosocial support and sanitation are also the main basic needs of street children. Moreover, it is cost wise and its accessibility is also effective and time wise.

The social worker of the organization further added with regard to the child space progamm as follows,

The child space program is an approach that will help the children to know and develop their potential so that they will win the street hardship. It will give them a chance to use their own potential and cope up with their difficulties by their own. We believe it is a real rehabilitation center. We created for them their own space that is why it is named child space program. Though the change is progressive we can say the majority of the
children are in a better position when compared to their previous status. Moreover, from the government policy side also rehabilitating children in shelter based institution it takes a lot of resources for few children. But in the case of drop in center approach, with a small amount of compound with little time and shift we can give services to large number of children compared to the shelter based approach.

4.6 The rehabilitation process

The street children are passing through different and many experiences while living in the rehabilitation program. Many of the research respondents reported that they passed through different practices being in the rehabilitation program. Assefa for instance, describes his street life experiences as follows;

Previously, I was in another organization and stayed there for two years and reunified with my families after completing the rehabilitation process. My younger brother who has a business in Moyale wanted to possessed our entire parent’s resources including farming land and as a result do not want us to share my parent’s properties. Due to this I return back to Addis. I was so hopeless and become addicted to different addictions I use different substances like chat chewing, smoking cigarette, haishish, mastish etc. Then I came to this organization and registered and got rehabilitation and integration package. Now I am in a better position. The different psychosocial supports help me to stop the addictions. I am so happy with the life I have now in this compound. The life skill training also helps me to increase my self esteem to become a self-reliant individual in the future. The health facility is also good, I take care of my personal hygiene where I use to wash cloths and myself well.
In addition, there are also problems encountering on street children due to their past exposure of street life that become an obstacle to accept the normal way of living in the rehabilitation process. In this case, Dejene a 13 year old from the focus group discussant reported that he came from Hawasa as a result of fallout with his family. The family situation which he expressed as tense at times pushed him out to the street life as a result of getting angry easily. He dropped out from grade six as the result of streetism. Dejene says Addis has been very challenging to him. He rests besides Kirkos Church wall with his friends. Living on the street made him to adapt the street life and leads him to addiction. He became addicted to smoking cigarette and ‘mastish’ (sniffing glue). He used to smoke more than 6 cigarettes per day. He says it gives him the relief and he desired in particular at night.

He further added that he joined the rehabilitation center recently. He said he enjoys playing table tennis in the center and has been very competitive in the center’s tournament. According to his description, his behaviorual challenge was getting angry easily which he couldn’t control his rage and react spontaneously. Attending the sessions in the psychological issues of street children and streetism, he said it helped him significantly in controlling his anger and to communicate effectively with people and to plan for future. He thinks that he has been abusing his time by coming to Addis for no good reason after attending the rehabilitation center packages.

Moreover, he said that the subsequent individual counseling sessions and the group cased based counseling sessions helped him to decrease the number of cigarette he is smoking and hence he is currently quitted smoking. Dejene also said that he gave his testimonies for the children’s who are addicted with substances abuse in the center and who are on the way to quit the addiction. Currently he is now on the preparation stage for the reunification process with his
family. Once he arrives back home, his plan is getting his family happy and support them in every possible way he can. Rejoining with his family, he said he is certain that he will join school by the coming new academic year and continue his education.

It seems that from that the above cases one can understand that if street children are properly cared and advised to change their conditions through the support of individuals and rehabilitation centers they might become self reliant in the future. With regard to this the psychosocial support officer of the organization also says,

The children came to this life because they were denied care; love and support from their care givers. The push factors are many and diverse. Due to this reason they experience a lot of psychological and emotional behaviors like low self esteem, loneliness hopelessness, they hate and isolate themselves. After joining the street some cope up with the street hardships while the others unable to cope up with and this depends on the children’s personal coping mechanism. So the children will be given the rehabilitation packages and psychosocial support to increase their self esteem, to speak freely with the people and to enable them to be self-supporting individuals in the future. Then, we will give them the chance by their own choice what they want the reunification packages that is to return back to their families or to get the integration packages which are the exit means of the program.

However, some research participants reported that they face many challenges that is many of the street children came to the rehabilitation center from long distances such as ‘Atobis tera’, ‘Gojam berenda’ and ‘Atikilt tera’ especially those who are below 14 years old since they
don’t get the integration package they said it is very challenging to go there twice a day with their feet and without food facility and transportation allowance in the center.

One child respondent named Mekdes further added that the service provisions are good we clean our clothes, take shower ,attend special needs training like dancing, singing ,sports activities, drawing etc, also attend non- formal education like health and sanitation, psychosocial support , communication skills how to communicate with the community etc. Mekdes added that many of them did not get the life skill training package .She said that she has been in the center for more than 6 moths but some of her friends get the opportunity of joining the center after her. yet she didn’t get the life skill training.

The social worker of the organization also added that, the main aim of the Drop in Rehabilitation Center is to give what the street children lack while they were on the street. The center is the place where they keep their personal sanitation, where they met their peer groups, where they use and develop their potential and their unique talent. The children use the center very well. The organization believes it creates the rehabilitation center to be the place where they choose to come by their own will and commitment. We make them feel as though they have a family who take care of them. Thus, the integration process is not the main focus of the rehabilitation center. In the rehabilitation center there are more than 2000 street children who are getting services. However, due to man power and financial constraint, it is impossible to satisfy and engage them all in the integration process.

Thus according to key informant the main focuses of the rehabilitation center is establishing child space that is empowering their strength and use and develop their own potential .So the aim
is to change the children’s psychological and emotional behaviors, social and economical status by their own coping mechanisms where they are on the street itself. For this reason the services of the rehabilitation center are limited to the drop in rehabilitation center so that all the registered street children will get the rehabilitation packages. But in the process the center gives the integration packages to some best model street children who have the vision, who have full attendance and to those who have shown better change behaviorally will get the integration packages and its benefits life skill trainings and peer house settlements etc.

According to the social worker of organization the rehabilitation center gives the life skill training to those who are best models for others and to compete and share best practices among themselves. Moreover he added there are criteria’s for getting the life skill training that is the major one is Attendance. There is also checklist which is approved by the integration exit committee. With this regard, he also says “what we observe from their attendance is that some street children will not come on daily basis, for example they many come once in 3 months or once is 6 months so forth”.

Moreover, he added the rehabilitation center aims to provide support for those who have recognized their potential and acknowledged their weakness and cope with their difficult situation. The social worker continued by saying,

The children work not only what the organization gives them but also they work additional jobs by their own. They learn how to save money, how they become self reliant individuals in the future and to be out of the street life. So the organization believes that the rehabilitation package and the reunification packages will give them something valuable finger print for their latter life.
In connection with this the case story of 18 years old girl named Aynalem can be a good example,

I came from Amhara region from Gojam, in search of better life to the city. I worked with different houses for five years. Later I met a guy and fall in love and we lived together for five months. When he found out I were five months pregnant with his child, he run away and abandoned me without help. I have no money to pay a rent and cover my daily consumption; I couldn’t cope up the life and end up on the street. At night I started to live in at kirkos area and I lived there for 3 years. I used to beg at churches and on the street passed through all the terrible hardships and gave birth to a baby girl.

Aynalem further added her life experience after joining the rehabilitation center in the following way,

Then letter I got the chance to join this rehabilitation center and got comprehensive rehabilitation packages of health, life skills, counseling, and livelihood program. After I attended the rehabilitation packages and my progress of behavioral change I was selected for reintegration program and joined one of the renowned hair style training. Besides financial support in peer house settlement and training fee and monthly allowance were all facilitated to me up until training ends. After graduating from the center I and my 5 friends were given support to run our own hair style barber shop. Currently I am working through linkage referrals with the rehabilitation center male beneficiaries and also I am serving the neighboring community and school children .Now my saving becomes 1000 birr in a month. DIRC made a life changing support for me and my child she is now 4
years old and she entered to school. Now the future holds bright for me to build up and add more business ideas.

On the contrary as the key informant responses of the organization as indicated, there are many challenges the organization is facing while rehabilitating these children. Among these behavior of children is one of it. With this regard the psychosocial support officer said as follows,

Behavioral change is a gradual process. It is not something we throw it out easily. The children may go back to their addiction; they also show bad behaviors that they have before. We observe this kind of things sometimes. But we believe in the whole process the children passed through and learn something valuable life experience for their future life.

In addition the social worker of the organizations further noted that,

While we are providing the life skill training service there are some difficulties they fight to each other, stealing properties with each other, and after they got job opportunity they will fight with their employers, moreover we have also created the opportunity to engage them in their own small business activity but they sold it run an away, they even sold mattress and household goods which we provide them in their peer house settlement. The reason for this is since the center provides only drop in centers the children has access to get other street children outside the center and they pressurize them to do such kind of act. But those children are caught by the police and they were now in prison. So in order to protect other street children in our center we set a mechanism how to detach them from
those street children who are outside and we give them a comprehensive psychosocial support.

In general, the focus group discussants have experienced similar things to that of the above presented cases while they are in the organization. They have indicated that the services provided to them is not enough the non formal education psychosocial support, sport and recreational activities are not also provided adequately the suggested that this has to be improved. There also street children who appreciate the services of the organization. It seem that the street child perceives the services of the organization is a good thing for the betterment of their future life.

4.7 The children’s future prospects

The uncertain and volatile nature of a street child’s life means that they tend to concentrate on those activities which will give them the best returns in the shortest possible time. The street child’s disposition for immediate gratification determines his choice of skill-training, employment and educational opportunities once their basic needs are attended to, the adolescents start developing a vision for their future (D’Souza, 2008).

All of the research participants opt to study and continue with their schooling which had been disrupted. They believe that it prepares them to face life the challenges and to conduct relationships and adopt socially acceptable ways of living. With regard to this, two children both 16 year old boy respondents named Mamo and Addis express their future plans respectively as,

In the future after I finished my training from the Center, I want to work hard and be self supporting individual. I want to live my life in Addis by renting a house and to have a good life. If I have more money, I also want to help street children by opening
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such kind of rehabilitation Center. Moreover, since I like foot ball and I want to be a well known football player for me and my country, I am also fun of Arsenal.

Addis also added, “After finishing my training I want to get a job and work hard and change myself. I also want to continue my education and join higher education to study engineering which was my childhood dream. After that I want to meet my families and show my change.” Another child respondent a 15 year old named Selam further noted that “after I finished my training I want to get hired and work hard. I also want to continue my education and to open a hair salon and hair dressing training school in the future. I also want to help and change my families leaving condition”

The street children with this new mindset they see vocational training as a guarantee to remain within the new identity status. Economic strengthening activities are most effective when they target those youngsters who are at a point in their lives when they are ready to leave the street (Desuoza, 2008). Therefore, in this study the finding revealed that the skill training will enable them to increase their self confidence, self awareness and enhanced sense of the future.

The other main points from the above cases and the focus group discussants and in-depth interviews is that almost all the respondents expressed their feelings how bad their street life was and they don’t encourage future street joiners to resort on to the streets. A 16 year old research participant, Eden expressed her opinion with regard to this as follows,

As I mentioned earlier street life is very difficult especially for girls .I suggest that children should not come to the street .They have to behave as children .They have to listen their parents, they have to respect what they have been told. My life was not been like this if I listened to my father, I came home late at night that was also the problem of
our disagreement. So I advice them that they should not come to the streets whatever problems they face at home. They have to be patient and learn their education until they become independent to their families.

Another child respondent named Hanna also relates to this,

I advice them not to go out to the street. Children who has no parents like me many not have a choice they will go out to the streets. As I mentioned earlier my guardian throw me out from my mother’s house, but children who have parents or either one of them or a step parents or guardians need to stay safe at their home especially for girls. Even if they are step parents the maximum they do is to treat them unjustly, at least they don’t lose something to eat and place to sleep in their home. So when I find this kind of children I always advice and push them to go back to their home.

Moreover, Worku focus group discussants expressed his experience as follows, “when new street children come and join us we advice them to return back to their home. We don’t even give them food and sleep with us we treat them badly. Because we want to show them how bad our lives were and make them to suffer and go back to their home”.

This implies that they are keen to erase their past, during the in-depth interview and focus group discussions the researcher also observed that whenever they reminded of their past, they have a bright future towards their latter life. In general they are determined more to towards the future and less on their previous street life situation.
CHAPTER FIVE

5. The major findings of the study

Having analyzed the data in the previous chapter, in this section I shall discuss the findings by referring to some of the major ones. Interview analysis of the primary data collected revealed that the reasons behind the initiation to street life are violence and abuse at home, death of one of or both of parents, lack of support in case of orphan hood, poverty (inability to satisfy basic needs) and pressure created upon families due to poverty, family breakdown and family pressure to engage in work, peer pressure and other social and psychological reasons related to the social environment. Most street children experience abject poverty and are particularly vulnerable to abuse. These children are facing serious health hazards and developmental risks that compromise their wellbeing. This is consistent with previous studies in confirming that the most common push factor is family poverty (MoLSA 1995, FSCE 2003 and UNICEF 2007).

Moreover, for street children certain pull factors also render the street as an attractive option, such as the perceived freedom and independence, the lack of supervision, chances of remunerative employment, basic needs fulfillment, and access to money and of different services and exposure to technology. Besides the findings of the research showed that a set of multidimensional factors that are involved for leaving their birthplace since the majority of the research participants are migrants where as family poverty, death of parents, breakdown of family, abandonment and peer pressure are the major once. They also indicated that they migrated to the capital city due to their high expectation of better employment opportunities such as to work in cafeterias as waitresses, to work in construction activities as daily laborers, shoe shining, and at the same time to pursue their education in evening classes.
Meeting their basic necessities is another major challenge that children on the streets face in their everyday lives. Street children do not have a constant source of material and financial resources; they therefore have to go to great lengths to make sure that they have food. According to the findings among the activities they engage are working menial jobs, begging, scavenging and steeling. For girls, most of these activities are somehow culturally inappropriate for them and they hence depend on prostitution as a source of money and food. Not only are they paid by boys on the street for sex but by members of the public too. The aforementioned findings are also very consistent with study results of other scholars (Motonga 2008; Conticini, 2005).

The other main challenges of the study revealed that the different challenges that street children face while they are living on the street. In this study it was found out that living on the streets does put children at great risk not only from the treatment they receive from others but also from the effects on themselves of their life styles. The risk of sexual abuse, especially for girls is high. Many of the street children reported that female children living on the street are more vulnerable to street life than their male counterparts due to gender based violence and exploitation. Most of these children is highly exposed to rape. They are also forced to deviant to commercial sex work when other survival options are limited. As a result of both sexual abuse and exploitation of street girls are exposed to various problems like HIV/AIDS, STDs and unwanted pregnancy.

On the other hand, even though street girls are more vulnerable to physical and sexual abuse and exploitation now a day’s male street children are also becoming a victim of sexual abuse. Younger street boys were raped by older male youths or adult street people, passengers and drunken. They are often beaten up for no justified reason, traumatized and subject to physical injury.
Children on the streets also face a challenge of finding decent secure sleeping places for sleeping. Most of them sleep outside, exposed to weather elements that might cause health problems. And again, this challenge puts girls in a more precarious situation as they are easily raped and sexually abused for sleeping out in the street. Moving from one sleeping area to another was also mentioned as a coping mechanism from police harassment and sexual abuse. Vigorous eviction by police and Keble guards was found to be the most common reason for moving from one sleeping area to another.

Another challenge encountered by any street children were involving in harmful use of substance abuse like chewing ‘chat’, hashish, mastish (inhaling glue) and cigarette. Substance abuse was mentioned as a coping mechanism by street-living children. According to the children, drugs help them to deal with the harsh street life, to endure stresses and to deal with problems of food, hunger and pain. Many of the strategies they use to cope with their problems are harmful to their health and increase their vulnerability to disease and to further abuse (FSCE, 1998; FSCE, 2003; UNICEF, 2007).

It is also revealed that the street children have encountered different difficulties. One of this is the negative perception in the general public’s attitudes towards street children which determines our own way to interact with them. Some people fear and avoid street children due to their dirty looks and consider them potential trouble makers. When they come into contact with them, they prefer to give them a few coins to get rid of them, although others they give money on humanitarian grounds. They are even suspected and chased out and picked up from street and detained in police stations. When the police have physically assaulted these children, they receive the public’s blessings, as this presumed to letter criminal tendencies among street children.
The other main problem that these children face while they are on the street are lack of health, street children face various health hazards due to unsanitary living environment and lack of access to health services. Consequently, many of them develop nutrition-related health problems, food poisoning and infectious diseases including typhoid, cholera, TB, abdominal pain, gastritis, malaria, headache, anemia cough, epilepsy, rape, unwanted pregnancy, and physical abuse by police are some of the health problems they face frequently.

Having said all this, it is important to mention and recognize that street children have devised ways on how to deal with most of the challenges they face. A brief look on these survival strategies is presented below.

Street children use several strategies to survive the difficult conditions of the streets. These are based on the findings, it is clear that girls and boys on the streets use different means of acquiring money, food and other necessities; however boys had more diverse means of survival such as washing cars, looking after cars in car parks, selling carrier bags to people in the market, throwing garbage, drawing water, carrying goods etc. while girls largely engaged in prostitution. The implication of this is that girls on the street end up with limited survival strategies.

Another coping mechanism developed by the street children according to the finding of this study these children have developed coping strategies against all those odds. In order for children to be able to deal with their problems and sustain their life on the street, they have to use coping strategies and mechanisms (FSCE, 2003; UNICEF, 2007). The study conducted by Apetekar (1988) also indicates that street children develop coping strategies against the many problems they encountered. However individual differences regarding the capacity to adjust to new and hostile environment in general are inevitable. In this study the majority of the children
reported that they found themselves unable to cope with street life, especially during their early days. One common coping mechanisms used by most of the street children to deal with the different problems and the violence they face on the street was to belong to mutual supporting groups.

Based on my analysis, it has become clear that at individual level, street children benefit from social capital through an increase in their own social networks and resources vital to their survival. Meeting of their daily needs such as food, security, protection, clothing, etc. is all done through social networks. Social capital and social networks are therefore not only important as a means of meeting individual and collective resources but they are important assets that street children use to cope up against the challenges and stresses of street life. This finding is also in agreement with the research result of (Conticini, 2005). It was revealed that socializing with peers are the main strategies for children to cope up with all the challenges and problems encountered them while on the street.

However, For children that live under institutional care, the platform to use social capital is limited due to restrictions on activities that they can engage in and the fact that institutions meet most of their needs that require them to employ social capital, their social capital and networks are as not as useful as they were living on the streets.

Street children are provided different rehabilitation services from the organization. The center provides rehabilitation and reintegration services. The services given under rehabilitation include sanitation and hygiene services, health education and medication, psychosocial support, life skill training, sport and recreation services. On the other side the reintegration service includes small business, vocational skill training, and job placement and reunification to their families.
In the study finding it is revealed that the street children have encountered different difficulties after joining the rehabilitation organization. Some of the discussants and in-depth interview participants suggested for the center to accommodate shelter based services like other organizations with provisions of food, clothes, bedroom, etc until they become self-reliant individuals.

The other finding is that the challenge they encounter in the rehabilitation process is that the area is not suitable for the children rehabilitation that is many of the street children came to the rehabilitation center from long distances such as ‘Atobistera’, ‘Gojam berenda’ and ‘Atikilt tera’ especially those who are below 14 years old. It is not appropriate also for children to play indoor games since it is very narrow place.

The other finding of this study is that children failed from their work due to the fact that the life skill training is not initiated by the children themselves that is some of them reported that they didn’t get the training interesting because it is not with their own choice so that they are dissatisfied with the skill they acquired and due to this they have low motivation to work.

The other main finding is that some children complain with the centers’ life skill training selection criteria that is some of them were not selected while others got the training joining the organization after them. However, the organizations’ intention is to give the life skill training for few street children as models for others and to compete and share best practices among themselves. Moreover, the major selection criteria’s for getting the life skill training is Attendance. In addition their initiation to change their behavior and to avoidance of their addiction behavior in short period of time is also another section criterion. Thus some of them who fail to do so are dissatisfied by the services of the organization.
There are also several reasons street children escape or be absent from the rehabilitation center and return on the street. Based on my findings, social networks come out to be one of the factors that influence children to run away from the rehabilitation center, this is so because while on the street children depend on each other to meet their needs such as food, clothes, etc. They also support each other emotionally and look after one another when they are sick. Especially, since it is a drop in center they will have the chance to meet these children at night. Thus when taken away from the streets, this relationship and cohesiveness is disrupted and some children cannot cope up without their friends on the streets. Thus, the peer pressure made some street children to run away and go back to their friends on the streets.

The other one is strict rules that institutions have can also be hindrances to achieving success in removing street children from the streets. Some of my participants felt very restricted by the rules in institutions and hence returned to the streets where no one constantly told them what to do or restricted them. Because children’s activities institutions are guided by rules and regulations, some children felt bored in institutions. They also reported that the staff members are not reading to each other that is all of them have different orders and rules for us .For children that live in institutions with few activities and entertainment to continuously engage them will make them to opt returning to the streets. This is consistent with previous studies of Reyes (2009) the eager to run away can be caused by the strictness and regulations of an institution. Unlike the shelter, the street offers the children autonomy that they can make their own decisions and make up their own rules, without anyone else interfering.

In general, they have indicated that the services provided to them is not enough the non formal education psychosocial support, sport and recreational activities are not provided adequately .They suggested that this has to be improved. Moreover they reported that in their
peer house settlement some kitchen equipments like chop sticks are not completed. The girls also complain they don’t get underwear and bed sheets as well.

However as it is shown in the data analysis part the majority of street children appreciate the services of the organization. For many of them it seems that they perceive the services of the organization is a good thing for the betterment of their future life. Moreover almost all the research participants confirmed that how bad their street life was and they expressed their feelings towards building their future that they have a vision to be a self-reliant individual by working hard and continuing their formal education, to meet and help their families and those who are vulnerable like them.
5.1 Conclusion and social work implication

5.1.1 Conclusion

In concluding my study, I shall briefly look at the themes that this study intended to explore, i.e. reasons why street children resort to the street, challenges street children encounter while they are on the street, their coping mechanisms and their overall experience after joining the rehabilitation center and their future prospects.

There are many causes that make children come to the streets, this is a vital issues that needs serious considerations. Without clearly understanding the push and pull factors for children to move from their locality to the street, it is impossible to positively impact their lives. When asked why they left their homes, they expressed many different reasons. This tells us that the issue is a complex and complicated one. The cause of street children is multidimensional where several factors play the role of pushing and pulling children into the streets.

The findings of the study have indicated that poverty is the major cause of street children; it limits the families’ capacity to meet the needs of children forcing them to live on the streets. Besides violence and abuse at home, death of one of or both of parents, lack of support in case of orphan hood, family breakdown and family pressure to engage in work, peer pressure and bad experience in school are some of the push factors that force children to come to the streets. Whereas the pull factors that encourage children to leave their homes are search of freedom, work and employment opportunities. Thus social and economic factors appeared to be primary in pushing children onto streets. Poverty, disability (mostly blindness) and death of parents were also appeared to be the key factors in resulting the children to the street.

However, children’s, relocation to the streets does not mean they live their life without challenges. Once on the streets, street children face infinite challenges, among them meeting
their basic needs like food, cloth and finding decent and secure sleeping places, lack of access to services such as health, education and recreation are some of them. Besides violence is another challenge perpetuated by older boys, members of the public and the police, sexual abuse, as they are living unprotected and are highly vulnerable section of the society. Especially female street children are more vulnerable to street life than their male counterparts due to gender based violence and exploitation. Most of these children is highly exposed to rape.

The fining in relation to their survival strategies revealed that in order to survive the challenges they face they develop different coping mechanisms that include begging for money or food, engaging in work, ignoring the offender incase of beatings and insults, changing sleeping places, reporting to the police and using alcoholic drinks and addictive substances and especially forming supporting mutual groups is one of their main coping mechanism.

Another finding of the study also reveals that street children are also facing many difficulties being in the rehabilitation center like lack of household materials in peer house settlement, lack of comprehensive rehabilitation services due to absence action plan that is the psychosocial support, sport and recreational activities were not given constantly to them. Besides, some of them reported that the rehabilitation services of the organization could not enable them to become self reliant individual in the future because of the life skill training given to them was not by their own choice. Moreover, the place of the rehabilitation center is not suitable for them that is it is too far and they are forced to go long distances on their foot. Thus, it is recommended that the organization needs either to construct a building or rent a rehabilitation center relatively with adequate facilities in a suitable area which can be a center place in the city for all its beneficiaries.
5.1.3 Social work implication

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being utilizing theories of human behavior and social systems. Social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (IFSW, 2004). The UNCRC (1989) also clearly addresses the state’s obligation to protect children from any form of discrimination and to take positive action to promote their rights and that all decisions taken by states and other organizations regarding the care and protection of children should be in the child’s best interests.

However, the findings of this study indicated that the rehabilitation services provided to them is not comprehensive enough to enable them to become self-reliant in their future. Thus, there is a need to assess and build the rehabilitation center capacity in order that it will provide comprehensive rehabilitation services to these children, so that they will become self-supporting individuals in their future.

It is clear that the problem of street children cannot be solved by the efforts of one part only. It needs the cooperation of different stakeholders such as the GOs, NGOs, CBOs, and religious organizations. Child abuse and neglect should also be the main concern in a community. Therefore, each member of the community need to have a moral obligation to promote the safety and wellbeing of the children. Besides, since the parents are the first ones that nurture the children and it is necessary to educate parents first. By giving trainings on how to solve their socio-economic problems and on how to take care of their children.
With regard to the rehabilitation center service provisions, as it was indicated by the research participants, for instance, some children don’t want to stay in the organization for a long period of time because of absence of basic needs such as food, shelter, and clothing. Thus, it is necessary to create feeding program in a way that cannot create dependency at least one meal per day, especially for those who are between age (8-14), those who are not getting the reintegration services and who are not reunified with their family. In addition, it is necessary to work on the root cause such as livelihoods and linking the children with line sectors, availing option for those children who do not get the integration option through referral system and foster care.

The exit mechanisms for children are reunification, reintegration, direct employment, and small scale business by renting home to them and vocational skill training. Yet the organization has no any follow up or supervision plans once children get out from the project or after reunification. Thus, the organization should develop the monitoring and follow up plans for exited children.

Moreover, the center has to have large compound, teaching rooms; additional manpower, ethics classes and psychosocial support also has to work family planning and economic empowerment. Staff capacity building, with regard to transportation facility the organization need to have full time vehicle which is one of the problems with the reunification process to take the children back to their families.

The reason also for children failure or dropout from the project after completion of the rehabilitation process is that some children have no interest and vision in their life, due to the fact that they are very addicted to different drugs. As a result it is difficult to bring change on their life in short period of time. Therefore, there need to be successive one to one counseling for this
kind of children, since the organization has limited manpower especially for all the street children. There is only one psychosocial support officer. Hence, the organization needs to hire more counselors, health officers and as well as social workers.

The other reason for their failure to drop out from the project is that the life skill training given to them was not in their own choice, so that they become so dissatisfied and hence that is one reason to quit from their job. Therefore the organization centers need to keep their choice when they are integrated to the life skill training.

Though there is good relationship with the stakeholders like administrative organ in local district level and also at the Wereda level the, organization needs to create a best mechanism. Due to the policy that the government set with regard to street vendors, it forbidden to sale on the street. So the organization should work the children to get another place and continue their business by negotiating with the Wereda administration. Moreover, by creating strong linkage with all the government levels the trained model street children will have some assistance from the government to work in group with small scale businesses.

These organizations should also create awareness towards bad attitude for the stakeholders, school community, and local administration including the police and the public at large in order to make some belongingness in the community that is street children are also part of this society. Hence, there should be regular meeting to be made with regard to future adjustments.

In General, the data gathered through in-depth interviews, observation and focus group discussion meetings held with research participants of this study have revealed that the problem
of street children are many and various. Hence it needs the response of many stakeholders for collaboration in order to alleviate the multifaceted problems of these children.
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Annex I

1. **Questioners for in-depth interview**

   The following basic questions are prepared to collect primary data with regard to the experiences of street children in the rehabilitation center (DIRC).

1. **Questioners for in-depth interview**

   1. **Personal background information of the client.**

      Name of interviewee:

      Age:

      Sex

      Place of birth:

      Place of origin (name of region)

      School attendance status

   2. **Family background of the interviewee**

      a) Do you have parents? Are they alive?

      b) Where do your parents live now?

      c) What was your mothers and fathers means of livelihood? Who supports the family?

      d) Who supports the family?

2. **Street life profile**

   a) What are the reasons for you to be on the street?

   b) With whom are you living on the street?

   c) Who was supporting you on the street?

   d) What are the major challenges /problems that you are facing on the street?
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e) How do you cope up with the problems in street life?

f) What do you do for living?

g) Do you practice saving?

3. Present life style of the child

a) How did you get this organization?

b) When did you join this organization?

c) How long have you been in the organization?

d) What benefits/services you are getting from the project? Are you happy with the services of the project?

e) What did you learn during your stay in the organization?

f) How do you experience your life in the organization?

g) Do you have any good or bad memories during your stay in the organization?

h) What are the main difficulties you encountered in the organization?

i) How do manage these difficult situations?

j) What kinds of interventions provided to you that you believe enable you to become self-reliant individual in the future?

k) How do you see you life before and after joining this organization?

l) What kind of measures/interventions has to be taken you believe will help you to improve your own life?

m) What are you future plans?

n) What do you propose that the organization need to improve its service provisions and to help you to alleviate the challenges you encountered?
II. Questioners for focus group discussions

a) How do you get this organization?
b) How long have you been in the organization?
c) What are the services or benefits you are getting from the organization?
d) What are you doing now in the organization?
e) Are the services provided by the organization important to you to become self reliant individuals in the future
f) How do experience you life in the rehabilitation program.
g) What are the good conditions you experience in the rehabilitation program?
h) What are the bad conditions you experience in the rehabilitation program?
i) How do you cope up with the difficult circumstances you encountered in the rehabilitation program?
j) How do you see you life before and after joining this organization?
k) What are your suggestions regarding the service provisions in the rehabilitation program that needs to be improved?

III. Questioners for key informants

1. What kinds of services that your organization provides for street children?
2. What kind of behavior and emotional problems that the children exhibit in the drop in rehabilitation center?
3. What kinds of mechanisms are employed in order to help these children to become self – reliant individuals?
4. How are the children’s environments or past experiences related to their current behavior and attitudes?

5. How do you see the children’s behavior before and after joining your organization?

6. What kind of positive behaviors the children develop after joining your organization?

7. What kind of negative behaviors that the children brought from the street life and that they unable to change it in the rehabilitation center.

8. What kind of challenges you face in rehabilitating the street children? Do you believe these children will become self-reliant individuals in the future?

9. What are the weakness and strengths of your organization in rehabilitating the street children?

10. How do you evaluate the overall rehabilitation program of the street children?
Annex II

Concent Form

My name is Mahderehiwot Abebe. I am a second year post graduate student at Addis Ababa University, school of social work. I am undertaking a research to get my masters degree. The main objective of my research is to explore the experience of street children in the rehabilitation center.

You are selected to participate in this research because your life/work experience is directly related to the research process is found to be crucial to attain the research objectives. I would like to assure you that all the information that you provide will be kept confidential and will only be used for academic purpose.

Therefore, I would like to genuinely ask you to put your signature so as to make sure that you agreed to participate in the research process and provide information that would be necessary for the completeness of the study. If you decide to participate in the study, you have a right to terminate yourself from research at any time and that will not harm you by any means.

I may ask some personal information that some people find difficult to answer. I am not going to talk to anyone about what you tell me. Your answers are completely confidential. Your name and household members will not be written on this form and will ever be used in connection with any of the information to tell me. You do not have to answer any question that you don’t want to answer, and you may end this interview at any time you want. However, your honest answer, to these questions will help me to better understand the current situation of the on the experience of street children in the rehabilitation center. I would greatly appreciate your help in responding to this study. The interview will take about an hour and therefore I ask your patience for the time I will take to finish my questions. Would you be willing to participate?

Signature of the interviewer ___________________________   Date ________________

(Respondents gave their informed consent verbally)