ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

FACTORS PREDISPOSING STREET CHILDREN TO HIV/AIDS IN ADDIS ABABA, ETHIOPIA

By

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Acronyms

AIDS -Acquired Immuno Deficiency Syndrome

FGD -Focus Group Discussion

FG-Focus Group

HIV-Human Immuno Deficiency Virus

IRIN-Integrated Regional Information Net Work

NGOs-Non-Governmental Organizations

PLWHA-People Living With HIV/AIDS

STD-Sexually Transmitted Diseases

UNICEF-United Nation International Children Emergency Fund

USAID-United States Agency for International Development

WHO- World Health Organization

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1. Abstract

Qualitative study was conducted in Addis Ababa to investigate factors predisposing street children to HIV/AIDS among children aged 5-18 years,to explore individual behavioral factors that increase sexual risk behaviors and to assess the socio economic and societal influence on the street children sexual behavior .The participant were selected using homogenous sampling and informants who are familiar with the target population ,culture and have rich information were selected .The study has triangulated focus group discussion ,key informant interview and non participatory observation using open ended thematize question guide, interview guide and checklists respectively.

Data analysis was done manually in the field and using computer soft ware for handling qualitative data .HIV/AIDS was a relatively low concern to the street children due to their preoccupation with survival and adverse environment, levels of HIV/AIDS knowledge was relatively high, though most not put it in practice because of mood change due to substance use and alcohol intake. Majority consider themselves to be victims of the deadly disease HIV/AIDS, moreover stigmatized by the community and government organs .They believe condom use reduces sexual pleasure and perceive sex to be more natural.

The driving force that put them to use substance and alcohol were the usual and regular onset of depression ,stress ,boredom and to relive hunger ,cope with harsh realities of life ,to avert fear ,sad and to get confidence .Peer to be sexually active ,families tendency to monitor their children were found to be associated with risky sexual practices ,children tendency to chew chat ,smoke cigarette ganja ,shisha and drink alcohol were reported as the factor putting street children at risk of unsafe sexual practices and HIV infection, girls in the street are at higher risk of rape and its consequences, ,HIV/AIDS and STIs. Homosexuality was also evident among some street boys.

Promoting media education, focusing on child rearing practice and peer education to get children out of substance abuse and unsafe sex by creating street based activities and mini project scheme. Appropriate and consistent IEC/BCC target oriented need to be

disseminated , to this specific social group, more over banning all substance offering houses, chewing in the street, and its circulation. Changing the outlook and mistreatment of children by community and government organs to wards the street children.

2. INTRODUCTION

Street children are school age children (5 to 18 years old). The majority are children in difficult circumstances, who struggle to survive in urban and sub urban areas. Street children and youth are affected by HIV/AIDS in ways that can diminish their childhood, as a result limit choices and opportunities for successful survival through out their lives. It is estimated that as many as 100 million children world wide are home less or spend most of their time surviving on the street. It is suggested that as many as one million children are too involved in the commercial sex exploitation (1).

The problem of street children is becoming a worldwide phenomenon the vast majority of them live in large cities, urban areas of developing countries, and Ethiopia is among countries hardest hit by HIV/AIDS in Sub-Saharan Africa .It is now almost 19 years since the epidemic started in the country. The epidemic has affected a large segment of the society and it has spread to every region or zone in the country. Although HIV prevalence was very low in Ethiopia during the early 1980s, it has been increasing rapidly in the year1990s. Adult HIV prevalence increased from 0% in 1984 to 1% in 1989, 3.2% in 1993, 7.4% in 1997, 7.3% in 2000 and 6.6% in 2002 and 4.4% for the year 2003 (2).

The root cause of the problem is typically wide spread by poverty, rapid population growth, and recurrent displacement as a result of civil war, drought and famine. .An increasing numbers of street children have lost their parents due to illness often associated with

HIV/AIDS. Life expectancy in Ethiopia averages 42 without taking the impact of rapidly escalating HIV/AIDS epidemic into account .As a result, children in much of Eastern and Southern Africa are cared by grand parents, this generation simply is not available for most children, and orphans end up on the street much more quickly as a result (3).

In major cities of Ethiopia, children are drifted to street life to support themselves or their families. In Ethiopia over 4 million children are estimated to live under especially difficult circumstances. It is estimated that in Ethiopia there are as many as 600,000 children 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. The current number of street children in Addis Ababa is more than 100,000 of whom some 12,000 are known to be HIV positive(3).

Girls who work and live in the street are faced with extremely harsh conditions including sexual abuse by adults, rape, unwanted pregnancy and early mother hood some times as young as 12 joined the commercial sex industry . These girls are likely to join the rank of child prostitutes or street mothers and continue the vicious circle of street life and inevitable at risk of being infected with HIV/AIDS, which they often pass on to their children .It is estimated that there are 10,000 street mothers in Addis Ababa (2). The rising occurrence of street children and mothers living on the street of Addis Ababa has become one of the city's most pressing social problem, Street children in Addis Ababa are estimated by the government to number 50,000 to 60,000 UNICEF estimate that the number is three times high, approximately 150,000 are working and living in the street with no care and support; some 45,000 children earn their living in the street and go home to their families, relatives or

friends after 12-14 hours on the street daily. Even more ,however, remain on the street alone at night risking rape and violence in the absence of secure shelter ,report indicate that at least 25% are female(2).

3. LITERATURE REVIEW

Street children and youth are much more vulnerable to HIV/AIDS than older people are because of their social, emotional and psychological devolvement is incomplete. They tend to experiment with risky behavior often with little awareness of the danger. In fact risky behavior often is part of a larger pattern of adolescent behavior often including alcohol and drug use, delinquency and challenging authorities. HIV/AIDS is a global problem, not only a public health issue of some countries .It affects every sphere of society, particularly south of Sahara; and Ethiopia is among the countries hardest hit(4).

Africa

African children infected by HIV/AIDS are the ultimate development nightmare for the continent grappling with major socio-economic problems, According to the UNAIDS, every day, two thousand infants contract HIV through their mothers through out the world .At least 95% of these infants are born in Africa. Every day, in the entire world, six thousand children lose one or both parents due to AIDS. More than 90% of these children are Africans. Everyday sixteen hundred children die of AIDS (9).

A study conducted Taffa.N from February to June 2000 assessed the prevalence of HIV among youth in Addis Ababa. The result showed an over all HIV-1prevalence of 5.3% among the 319 out of school youth, there was a 60% excess prevalence rate among out of school females compared to the males'. Out of school youth groups had a 13 times higher chance of being HIV affected than youth in the school. The study indicates significant prevalence of HIV infection, particularly among female and out of school youth (10).

1. Socio-economic and cultural influences.

HIV spread fastest and farthest in conditions of poverty, powerlessness and information condition in which young people live, AIDS is now largely a disease of marginalized people. World wide the AIDS epidemic is the poorest countries within countries, the disadvantaged people with few opportunities, service and support systems are at greatest risk. Among the youth as well, HIV disproportionately affect poor and marginalized people. Lack of employment opportunities is leading the youth to feeling of hopelessness, drug trafficking drug abuse and prostitution (12).

A World Bank analysis of 72 countries shows that, at national level both low per capita income and unequal distributions of income are associated with high rate of HIV infection (12). In Ecuador sexual risk taking by adolescents was more common among families with only one income earner than in those with two or more. Economic hard ship and civil unrest

have pushed more and more young men and women away from home and to towns and cities to look for work. Many enter multiple sexual relationships that carry risk for HIV and thus transmit the virus from one place to another (4).Poverty and lack of alternatives are major reasons that many children become sex workers (12). Poverty and HIV transmission are linked in a Varity of ways ,poverty often leads to prostitution or to trading sex for material goods .Young women may be especially vulnerable due to societal practices that may deny them education and work opportunity .Poverty also leads to poor nutrition and weakened immune system ,making people more susceptible to tuberculosis and STIs(15).

Developing countries like Ethiopia spend their limited resources to the prevention of this pandemic disease rather than for their immediate necessities. Ethiopia is among the least developed countries in the world in terms of economic development and standard of living of its people .The socioeconomic back ward ness that prevail for centuries, like that of other countries, Ethiopia is experiencing the problem of child prostitution being aggravated by the pull and push factors of urbanization and rural life poverty, war, migration /displacement, lack of employment opportunity, inability to pursue education because of varied, inadequate family income ,teenage pregnancy ,irresponsible sexual behavior of adults early marriage and the like, contribute much for the increase of problems of child prostitution (18). According to information obtained from study conducted about sexuality, HIV/AIDS and risk and perception, the reason for their street life involvement were diverse, 37% reported their own bad behavior as a cause 33% gave economic reasons, inmost cases the economic situation of urban poor families creates much stress for both parents and children(20).

Our County's culture could be one of the major factors that contribute to the wide prevalence of HIV /AIDS, it will influence how children deal with the epidemic .For example ignorance of reproductive health issue will put children at risk of infection and other sexually transmitted diseases, AIDS stigma evoke negative action denial, shame, fear, anger, and discrimination. In culture where HIV is seen as a sign of sexual promiscuity, gender norms shape the way men and women inflicts with HIV are perceived, in that HIV women face greater stigmatization and rejection than men. Gender norm also influence the way in which family members experience and cope with AIDS and death (18).

2. Gender dimension of risk and vulnerability.

It is the interplay of biological, cultural and economic factors that makes young girls particularly vulnerable to the sexual transmission of HIV. While both girls and boys engage in consensual sex, girls are more likely than boys to be uniformed about HIV, including their own u-vulnerability to infection if they start having sex very young, Girls are also far more likely than boys to be coerced or raped to be entitled into sex by some older, stronger or richer Women of all ages are more likely than men to be infected with HIV during unprotected vaginal intercourse, This vulnerability is specially marked in girls whose genital tract is still not fully mature (18).

Physiological differences in the genital tract directly contribute to women, running a higher risk of acquiring HIV infection and STDs than men, additionally the presences of untreated STD in both men and women greatly enhances the risk of transmitting and contacting HIV through unprotected intercourse, gender norms often determine what women and men are supposed to know about sex and sexuality (15).Girls may be forced into long-term sex

working as an economic activity. Violence against women can occur at any point in their lifetime. The extent of abuse is more directed to sexual attack at adolescent, forced prostitution and trafficking are perpetrated by men (13). According to a study under taken in, Uganda40% of the 400 randomly selected elementary school student's age ranging from 11 to 20 who were sexually active reported of being forced to have intercourse (22).

3. Sexuality, Condom use and problem related to condom

Studies widely report that condoms are understood to diminish sexual pleasure and are inconvenient to use. Attitude of young people to condom use reveals male-female differences, sexually experienced boys feel strongly that sex is better without condom and while girls tend to agree with this, their attitude towards condom is far more positive(12). A closer examination of the youth's sexual behavior indicates a profile of high-risk activities. First, about half of these youth initiate sexual intercourse at the young age of 15-16. Second, a notable proportion of them continue to engage in sex with multiple partners after initiation, including with individuals at high risk of STDs and HIV/AIDS like commercial sex workers Third, despite these risky sexual activities, condom use is not popular among these students

A proportion of secondary school youth report every using condom with a median of 40 percent. However, fewer than half of those who have ever used condoms report using them consistently or during most recent sexual intercourse (25).According to forum on street children survey, the street girls have little choice whether to use condom or not during sexual relationship since most of the sexual activities of female street children take place without their consent, sexual abusers and perpetrators do not let their sexual victims use birth

protective methods (10). Reasons for non-use of condom range from aversion to using condom to purchasing problems and improper condom use. Even those with adequate knowledge about HIV/AIDS are often unable to negotiate condom use with their partners, or they may use them improperly due to substance abuse (10). Perceived negative consequences among the most frequently reported reasons for non use of condom in Ethiopia are fear of reduced sexual pleasure and perceived unreliability, condoms because of their presumed susceptibility to tearing and slipping off during intercourse have been cited (34).

In Ethiopian studies conducted in Duptie, Bahar Dar and Eastern Gojjam reported that 53.6%51.3%and 64.6% out of school youth do not use condom consistently (26, 31, 37). I n a national survey conducted by Kaiser family foundation on youths knowledge and attitude on sexual heath 75% of young people aged 15-24 years agreed that condom often do not get used when people are drinking or using substances, in another study alcohol was associated with willingness to have unsafe sex (27).

4. Substance abuse, alcohol and unsafe sexual practices

Drug abuse, alcohol abuse and HIV /AIDS epidemic are some of the major burdens of societies in the 21 century. Studies and statistics show that globally more preadolescent and teenage children are using substances and drugs, consequently indulge in to unsafe sexual practices (30). Evidence shows that out of school youths and children comprise the majority and are at high risk as far as sexual activity is concerned (19). Alcohol and drug lead to risky behavior increasing men & women's vulnerability to acquire HIV/AIDS, as the result of increased sexual activity, unprotect sex and violence (35).

A study conducted by Belay A. to assess the association of substance abuse and sero status of clients attending voluntary test and counseling sites in Addis Ababa, reported that there was significant association between clients sero status and drug abuse. Those who smoke, drink and chew were likely to be HIV positive (35).

Apart from substance use street children describe other risk behavior. Most notably, they described high risk sexual practice, report indicated that 20% of street children were intoxicated while having sex with opposite and same sex partners and clients (Manila, age range 8-19); 44% claiming having been forced to have sex, 81% not using condoms of the over 53%who reported being sexually active, 60% not knowing about what safe sex is, 31% of the girls reporting having had a child and 19% having had an abortion (Rio, average age 13.9 years); and 79% of males reporting STD and 16% claiming to have at least one child (4). According to the report of AIDS cases submitted to the ministry of health, 87% of new infection is due to the practice of multiple partners' sex contact (15). among those sexually active high school students in Addis Ababa, 60.2% claimed to have had sexual relation with 2-5 persons and the majority of the respondents used no protective methods at all, study on high risk behavior practice among males in Jimma town, revealed that 47% had sex with commercial sex workers, out of which only 24.4% had reported using condoms (38).

Khat contain a psycho active substance, cathione which produces central stimulating effect analogues to amphtheamine,Insomnia is a common problem after use of khat and sleep disturbance is highly prevalent among current users ,Alcohol intake following chat chewing

commonly known in Ethiopia as‘’chebsi’’is taken to overcome the effect of khat chewing (30). Different studies have reported that substance abuse increase sexual desire of the users’ .It is reported increased alcohol consumption was found to be associated with an increased likelihood of being involved in sexual activities.(41) Weaking ego control, substance like alcohol could elicit behavior likely to increase probability of exposure to HIV (42).

5. Family, peer, and community influence

Among the most common explanation for the deteriorated relationship were the anger /resentment /hopelessness felt by the street children due to being abandoned by family and society in addition to harassment by the police was a cause for increased hostility by the children toward the public. There was also an increase in the needs and increased use of drugs among the children which brought about more aggressive begging or robbing, finally public insensitivity and public blaming of children for their situation was cited as part of the deterioration between street children and public (43).

Parent’s attitude

Parents, adult members and other in the community influence adolescent health behavior. Studies show that young with a stable, positive and supportive family environment that includes parental monitoring engage in less risk taking .In many cultures parents traditionally did not discuss sex with their children. Instead of parents’ grand parents, aunts and uncles played this role. Most researchers agree that parent-child communication about HIV/AIDS and sexuality should begin early so that it can evolve comfortably as the child matures. A single serious talk about sex as a child enters puberty is likely to be strained and awkward.

Similar discussion before, however, provides the ground for the successful discussion. Parent-child communication is most likely to be successful in close loving relationship. But some adults still think that sex education encourage sexual experimentation. Despite such worries, review of programme evaluation find that HIV/AIDS education programme do not hasten the early start of sexual activity, do not increase the frequency of sex and do not increase the number of sex partners among adolescents (44).

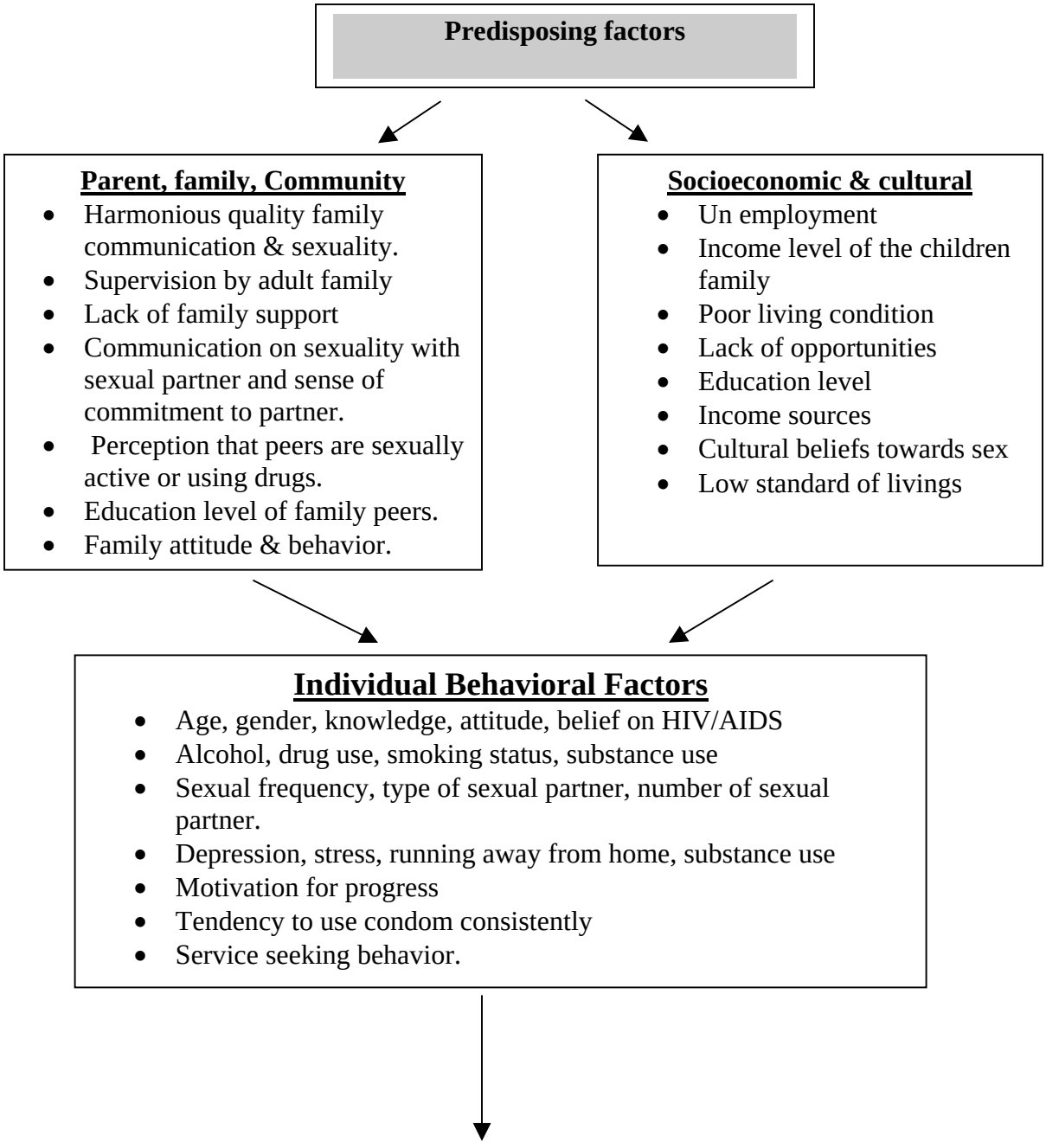
Lack of family support and limited education opportunities lead many children youth to turn to life on the street. Currently there are about 600,000 streets in Ethiopia with more than 60,000 in Addis Ababa alone. These young people face rape, sexual attack, beaten robbed unintended pregnancy that predisposes to risk of HIV/AIDS (15).

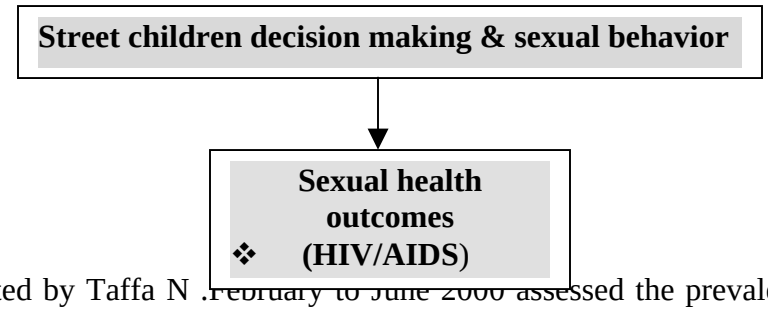
Peers pressures

Weakening of economic, social and cultural bases of the family push youth to become norm less concerning their sexuality leading youth to seek knowledge and advice about sexuality from inappropriate sources (Peers) predisposing them often to undesirable end results. Among key elements of HIV/AIDS education program designed by US researchers one of it was to deal with peer pressure and other social pressure on young people to be sexually active. Changing young people's risk behavior providing information to helping young people acquire the ability to refuse sex and to negotiate with sex partners (4).

A frame work has been presented in the next page which was found to be suitable to summarize the back ground information and show the direction of the study.

Conceptual Framework on Risk Factors That Predispose Street Children To HIV/AIDS.





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Available data show that sero prevalence rates for street children are to 10-25 times higher than non street children this is because street children tend to become sexually active earlier than most other groups of children and engage in sex with many sexual partners (45).Nearly all studies of sexual behavior and HIV risk in Ethiopia adolescents have been conducted among high school and college students to the neglect of less accessible, marginalized groups of young and children such as street children and out of school s (45).

These findings made the study to focus in Addis Ababa, among street children to explore the individual behavioral factors, socio economic and societal factors that predispose

street children to high risk sexual practices which contribute to the transmission of HIV/AIDS.

4. OBJECTIVES

4.1 General objectives:-

-To identify factors predisposing street children to high-risk behavior with respect to HIV/AIDS.

4.2. Specific objectives: -

-To explore individual behavioral factors that increase high-risk sexual behavior.

-To assess the socio-economic factors that influence street children sexual behavior.

-To explore the effect of societal, (peer, parent and community) influence on street children

Sexual behavior.

5. METHOD

5.1. Study Area

The study was conducted in Addis Ababa. Addis Ababa has an area of 540 square kilometer with a population density per square kilometer 5,291, an altitude of 2200-2800 meters above sea level with a temperate climate, it is divided into ten sub cities (Kefle Ketemas) with a total of 100 kebeles.The total population is 2,805,000 (1994) with a male to female ratio of 1:041. The population growth rate is 3.79% per annum with net immigration of 2.97% and a rate of natural increase of 0.82%. From the economically active population, 30% are unemployed with dependency ration of 39.5 %(46).

5.2. Study design

Exploratory qualitative method was used for this study. Such an approach has been chosen because, it is most appropriate to collect information that may help to understand social problem in a natural setting to the advantage of getting deeper insight into the research question and by considering the intimate nature of the question to discussed in a group and get first hand information using observation which this can tease out the complex web of factors which influence behaviors. This design triangulates different data collection methods and respondents. Focus group discussion, key informant interview and participatory observation were chosen to get deeper insight into the research question in order to get first hand reported and observed behavior.

5.3. Study population

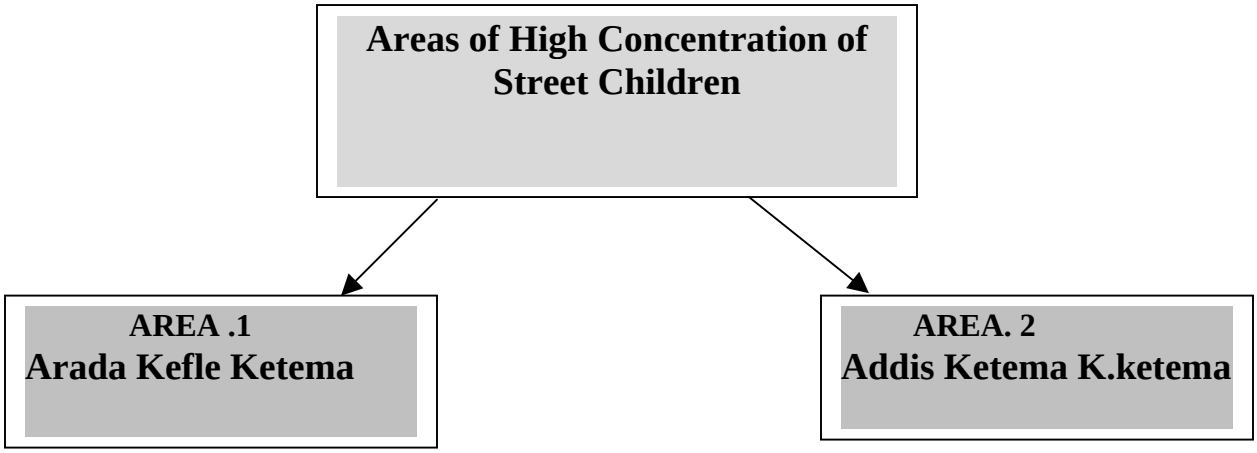
Street children fulfilling the inclusion criteria of age between 9-18 years and those who stayed more than two years on the street were involved, on the basis of concentration of the street children, the sub districts (Kefle ketmas) considered are: - **Addis ketema andArada kefle ketema .**

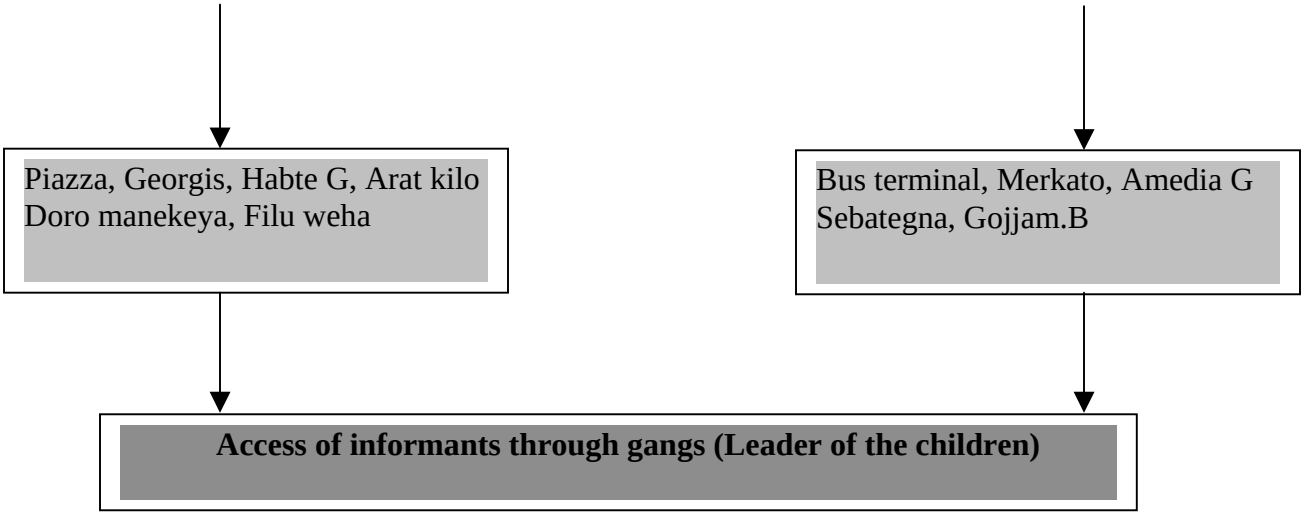
5.4. Sampling Strategy

On basis of concentration of street children purposive sampling method was used to select informants that shed light on the study question. Two kefle Ketmas (sub cities) were selected on basis of concentration of street children; these are Addis ketema and

Arada. Informants were recruited for the study from areas of market place, center of the city and bus terminals and recruitment of respondents continued to the point of redundancy (saturation). One of the unique areas selected is Addis ketema where there exists Merkato, it is the kernel of poverty and bustle and hustle of African's largest open air market, many living on the street or forced into prostitution by poverty and the other area is Piazza-Georgis where giant criminals and enormous substance use practices are identified.

Schematic presentation of sampling procedure





Data collection technique

Focus group Discussion

The focus group consists of 8 respondents; the group has homogenous composition in terms of sex and age. Informants were arranged in groups between the ages of 9-13 years and 14 to 18 years, for both male and female. Semi-structured interview questions were arranged to guide data collection .A total of eight focus group discussions for all sites, guided by semi-structured questions were held with street children, aged 9-18 years, and those who stayed more than two years were recruited by the gangs and the investigator. Discussion teams focused on reasons for leaving home, knowledge about HIV/AIDS and perception, and items to be covered in relation to exploring individual behaviors that predispose to HIV/AIDS, socio-economic and cultural factors, societal (peer, parent, community) that influence sexual behaviors of street children. All discussions were tape recorded in Amharic, transcribed and translated to English. Notes also were taken to

details of group dynamics, particular reactions, the number of informants endorsing particular viewpoints and these are later incorporated in to transcriptions, the discussion were conducted in the morning for the day session, and the night session at 8 pm, the after noon weather of the day session would not allow discussion at ease and more importantly these people engage in chat chewing and smoking Shisha.

Four focus group discussions were conducted for each site every three days, for both day and night sessions of data collection, the rest of days were reserved for transcriptions, coding and preliminary analysis. All FGDs were conducted in two sessions, one in the day and the other during nights to contact the off street and, on street children respectively. Each discussion session lasted about 2 hours, at the end of the discussion; the informants were given the opportunity to raise issues and concerns regarding sexuality and HIV/AIDS predisposition that need clarifications, recruitment of respondents quitted when new information is no more generated by participants The moderator used predetermined list of open-ended questions, which were arranged in logical sequences and conducted the discussion.

The tape-recorded interview & discussion after transcription were counter checked with the recorded note; summaries were made, coded & analyzed at every contact, in addition to formal FGDs, many informal talks and discussions were held during the entire filed of study, suggestions and ideas were also recorded in the note. Setting in the kebele Hall was arranged for privacy for participants.

Selection of focus Group Moderator, Recruiter and note-taker

The focus group discussion were conducted with experienced moderator whose role was guiding the discussion .The moderator was one with the right combination of talent and experience with the technique familiar with the target population and culture ,a graduate of sociology with requirement of bachelor degree. The note takers were one with previous experience and 12 grade completed, their duties were to list topics discussed, monitor reaction of group participants and ensures that the entire discussion is tape-recorded, the recruiters were locating the sites and invite participants; these were the gangs familiar with the target population and culture.

KEY INFORMANTS INTETVIEW

Key informants were gangs, police, Akababe Tebeka and Porter (former street child) for each sites and these were selected in a purposive manner who are knowledgeable about the study topic the question guide was built in useful probes to assist the interviewees which are used to prompt respondent to speak further when an initial question fails to elicit the desired information The interview guide was prepared in English, translated to Amharic and back to English. It was piloted to check on the consistence of the questions to the interviewees and duration of the interview was one and half hours.

The interview began with general, open-ended questions, later moved to greater precision as detailed information emerged. Most interviews were conducted in the morning, the investigator conducted the interview, note were taken carefully and tape recorded, the interview guide were adjusted, as the research process progressed. The role of the investigator was listening and allowing the informants to be free to raise on issues that

comes their mind in regard to the research questions. Willingness to be tape-recorded and participation in the interview, rewards were submitted. Question that reach saturation were removed every evening, after transcribing the day's and night's work and during preliminary analysis.

OBSERTVATION

Non participatory observation was conducted by the investigator in the two sub cities where most street children were concentrated to notice any behavior during day and night, the gangs (leaders of street children) for each sub city were with the investigator , during the observations a as field guide. Observation was conducted using refined checklists. The observed events were recorded and counter checked with the response of discussion & interview themes.

5.6. Data Quality

To ensure the quality of the information, the following activities were accomplished. Intensive and problem-oriented training were given to moderators, recruiters, note taker and supervisor about the objectives of the study, ways of carry out their duties for three days. Moderator was selected based on their ability and skill, which have experience in the past similar studies, with requirement of bachelor degree.

Probing questions were prepared in English and then translated to the local language (Amharic) and then translated back to English in order to maintain consistency. Pilot testing of the probing questions were conducted in a group similar to the target group, and the necessary modifications was incorporated this has enabled the investigator to

evaluate the appropriateness of the interview, discussion guide and the stuidy environment. Points recorded in the notebook were countered checked with the tape-recorded for consistencies.

5.7. Data Analysis

The investigator transcribed each tape-recorded interview and discussion, and transcribed word for word in Amharic language and then translated to English. Contact summaries were summarized of each contact with the respect to the theme formulated, others relevant issues that may be saturated, and those that need further clarification.

The raw data material was in the form of field note and tape-recorded documents and memos. At the end of the interview, summary note were written and attached to each field note. Oral interview were transcribed in to written text for analysis.

The translated text document of the note and the transcribed information were entered into Open Code version computer software, coding and sorting was done using this software. Reading and coding was initiated while the data is being collected, then the investigator returned to the data & examine the evidence that support or negate each theme and sub-theme. Finally an overall interpretation was done, how thematic areas relate to one another, explaining how the various concepts related to the study question.

5.8. Ethical Clearance

Ethical clearance was obtained from Addis Ababa University Medical Faculty Department of community health. Respondents participated based on their willing ness. Individual consent was requested before each interview and discussion. Privacy, confidentiality and benefits were maintained. Participants were assured that they would not face anything for participating in the study. Other responsible authorities were informed to get their support and commitment to the study.

5.9. Operational definitions.

Streetism

Life style of children who for various reasons work or live in the street with all of its Sub-group cultural values, norms, customs and expectations.

Children on the street

Those children who primarily engaged in economic activities of street they are children of either sex falling with the age group of 5- 18 years working or begging on the street, but living with their parents.

Children off the street

Children of either sex who are with in the age group of 5-18 and, who are both economically and socially engaged in street life. These children live and work on street with out any kind of control or assistance from parents or relatives.

Street children

They are school age children 5-18 years old, comprising both on and off street children, the majorities are boys, but that does not exclude the presence of girls. They are children in difficult circumstances, who struggle to survive in urban and suburban areas.

Adolescent

Young people with in the age range from 10-19 years of age.

Youth

Young people with in the age range of 15-24 years.

Risk sexual practice

Youth who had sex earlier than 18 years of age, or have sex with non-regular sexual partner, or exchange sex for money (money for sex) ,or have more than one sexual partner or use condoms inconsistently.

Gang

A leader of the street children, used to benefit in favor of protection and support from the children.

6. Result

6.1. Characteristics of the study area and population

A total of 32 street girls and 32 boys participated in the focus group discussions with age range from 9 - 18 years and two focus groups for each sex among on and off street children in the two sub cities were conducted, eight key informants were selected in both sub cities that have intimacy and familiar with target population and culture- police, gang, porter (who were once street children) and Akababe tebeka were selected. Most of focus group discussants were single have sexual partner the discussions were held with in similar sex and age groups. These children had been in the street for two to ten years, very few of them were attending school ,non had completed secondary school and some had received any formal schoolings ,majority were illiterate ,some were born and grew up in Addis Ababa ,others come from other communities ,most were very mobile ,some children were engaged in shoe shining ,peddling in the central and market area of Addis Ababa. Begging, peddling survival sex, carrying, washing car and performing a number of odds are the means of survival for few participants.

Table-Socio demographic characteristics of the focus group participants in Addis Ababa.

Variables	Number of children participated
Type of street life	
On the street	32
Off the street	32
Age groups (years)	
9-13	32
14-18	32
Sex	
Male	32
Female	32
Religion	
Orthodox	46
Muslim	10
Others	8
Literacy status	
Primary (1-6)	12

Secondary (7-12)	6
Illiterate	30
Read and write	16
*Means of survival**	
Begging	36
Carrying	22
Pick pocketing	16
Prostitution	20
Peddling	8
Criminal acts	10
Others	6
Currently living with Parents /guardians	32
Alone with no parents	32

* More than the total participants since some children engage in more than one occupation like begging and survival sex

6.2. Knowledge of HIV/AIDS Transmission and prevention

Most of the discussants knew the transmission and consequence of HIV/AIDS came into an identical conclusion that it is a major health and development problem. They considered that HIV/AIDS has been affecting the productive segment of population including street children. Almost all discussants and key informants remarked about HIV/AIDS transmission, that it is transmitted through unprotected sex, sharing of objects particularly used blades, needle and contaminated materials stained with blood of HIV infected person. Most street children tend to become sexually active earlier than most other group of adolescents and engage in sex with many sexual partners. The street girls are also more likely to be raped or forced into sexual relationship to ensure their survival and eventually likely to be vulnerable and at risk of acquiring HIV/AIDS. Majority of the children know the transmission and prevention of HIV/AIDS, and most get the

information from non governmental organization and charities working on street children, but the use of substance and alcohol revert the situation, when they are in states of inability to control them indulged into unsafe sex. A 13 years old street boy from Addis ketema kefle ketema expressed, remarked by saying;

> *" Most of us do have the awareness, but when we use these substances, force us have sex, we do not give attention to it, and said let what to come (emoted yemeta) and do every thing carelessly, Even tend to have sex with Festal (Plastic bag) preferring to condom…''*

The level of knowledge was not dependent on age, urban rural origin, and educational level. The children are aware of other sexually transmitted diseases such as syphilis, and gonorrhea, but appeared to be unaware other such as Chancroid and lymphogranuloma venerium .Knowledge about HIV/AIDS transmission and prevention on the whole is very good, among the misconception some children still believe that traditional medicine, the power of GOD are effective and powerful cures of AIDS.

The children perceive that all sexual transmitted diseases except AIDS could be cured using a variety of traditional and modern medicine, some believe that illness is a punishment of GOD, that only girls in brothels are at risk and that all infected people are thin and look sick, few still think that abstinence from sex after acquiring HIV will protect them from AIDS the children recognize that the general public is at risk and that young people are at even higher risk ,few children think that they are not at risk because they were not engaging in sexual intercourse or they do not have multiple partners ,the girls felt at risk of HIV infection and most thought their partner would be the source of infection .The children have certain stereotypes and these included people at risk of HIV

infection, prostitute ,immoral people and victims of rape ,school going children (*yebet lijoch*) .girls without income who trade sex as a means of survival.

6.3. Perception of risks and vulnerability

The children have usually left school and home; they survive by scavenging, begging, stealing, peddling exchanging sex for money, or working in the informal sectors at low paying-vending, carrying and bearing, washing cars and entertaining public. The street children are known to engage in sexual activity with peers and adults from within and out side their social circle.

A14 years old responded in a noxious way to the question do you think condom prevents STDS including HIV/AIDS by saying;

> "*Excuse me condom never protects, Once when the street boys were having sex with me turn by turn (yedama yardegugnale), later contracted sexually transmitted disease and cure of it, with so much suffering but the boys were using condoms that time, had condom been a preventive device, I would not be infected with STDs.*

Another 13 – years old boy, who is addicted to substance in Arada Kefle Ketema remarked as;

> "*Condom does not prevent, every one laughed and looked at him instantly and one of the respondents opposed his view trying to interrupt him . . . but continued by saying, it only prevents five percent. There is five percent*

leakage. Had the condom not been leaking five percent, it could have prevented.…''

The participant considered girls living at home (*yebet lijoch*) particularly student to be more exposed to HIV than the street children and prostitutes. They remarked that sex with street girls and prostitute *(shelewoch*) was safer than with (yebet *lijoch)*, because the former were thought to have used condoms before consenting to sex, while the non street children (*yebet lijoch*) were described as careless.A13 – years old street girl who us work on transactional sex remarked ;

"The majority of students are exposed to HIV/AIDS, the so called non street children (yebet lijoch) with the pretext of going to latrine met with their friends, secondly the commercial sex workers are exposed, but the street children do not have HIV/AIDS. HIV/AIDS is present among non street children (yebet lijoch)….''

6.4. Determinant of street children sexual behavior

The children routinely suffer from exhaustion, deprivation, hunger, social isolation and a lack of emotional support. They are particularly vulnerable to HIV infection through sexual abuse and drug abuse. Girls are particularly vulnerable, since sex is often followed by commercial sex work. Children sell sex as a means of survival, it is an income generating activity, and earning is an urgent and immediate need, and these children suffer a greater exposure to rape and sexual abuse of other street dwellers, and many of them turn to drugs and substances to escape degradation, guilt and misery. Health risks related to inhaling benzene, smoking ganja and shisha are further complicated by

malnourishment and risks associated HIV/AIDS, unsafe sexual practices under the influence of alcohol increased the risk of contracting STDs and HIV.

Respondents of both sub cities said, the children used to chew and smoke cigarette, ganja and shisha as way of to over come their loneliness and escape the harsh realities of their lives, while using these substances the children loss themselves and indulged into unprotected sexual intercourse, criminal acts and theft. A 38 years old key informant policeman working in Addis Ketema child protection unit remarked;

> *"The street children in order to over come the existing extreme temperature and problems in living conditions they are subjected to use substance unknowingly so as to protect them selves from the cold, take something like benzene, hashish and this push them to commit crime…''*

6.4.1. Substance and alcohol use

Children are addicted to chat, alcohol cigarette, ganja and shisha, even during the focus group discussion, some were chewing chat, the reasons they give were to be alert and respond to what ever comes, when asked if they used substances other then chat, cigarette, shisha and ganja they said they did not practice or observe. In response to the question what would be your reasons to use these substance and when did you use them. All discussant and informants expressed the major predisposing risk factor putting out of school particularly, street children was the ever increasing number of "Chat bet" Tej bet" and the availability of the left over "*Geraba*" in the rubbish pit, the trend of sharing what you have and availability of ganja and alcoholic drinks after chewing chat.

Most street children tend to visit "Tella bet", "Araki bet" and "Tej bet ". It was reported that there is so called "chebbsie" after chewing chat, a session to ban the problem of sleep disturbance and to decrease and alleviate anxiety due to the effect of chat produced, and the children used to take alcohol and have sex after wards. A 14 years old boy expressed his view on using of substances and its consequences by saying;

> "*I have to drink first and if I have some money in my pocket to pay for the prostitute (Shele), then go to her, bargain and when we agree, went to her small house and have sex without condom.''* Another street boy aged 16 from addis ketema kefle ketema remarked by saying;
>
> *''I only think of sex after I have chewed chat and had a few drinks, sex inevitably follows and have sex. In addition the use of alcohol and cigarette gave me confidence; to steal and have sexual intercourse with ladies if I get a drunken man, used to kick or assassinate (Hang) him.''*

Even though using substances may lead to serous problems, many street children use substances as

a coping measure, to alleviate their stress and depression. There is a connection between problems of life on the street and the effects that the substance produces. A 13 years old street girl from Arada kefle ketema remarked by saying;

> "*The very first time I came to street life become addicted to cigarette, chat, benzene and ganjas take them on daily basis. After inhaling solvents ganja I feel an earthquake & that God is above me, the half body of mythical hero appeared as a manageable (a flying object). After a few hours, I lose your appetite; feel very weak, tired and sleepy….''*

The observation revealed that, the use of substances by street children tends to add to their health and other difficulties while substances like chat, shisha, hashish, cigarette, benzene and ganja used by street children to keep them a wake for work, or to alert to possible violence to replace the need for food. Most children around Piazza , Georgis used to chew in the outside of georgis church and in the vicinity of first line court, they used to contribute some amount of money and buy chat, smoke cigarette and ganja, if this not enough tend to collect the left over chat (*Gereba)* which is thrown in the rubbish pit, having chewed the chat became elated, euphoric together with their street girl friends, talk too much discussing every issues of activities including night adventures which this is the usual event in the georgis & piazza.

Majority of the children displayed high risk sexual practices whom they were chewing in the day times were found to be intoxicated looking for a lady to have sex with opposite and same sex ,and the new comers were forced to have sex without using condom after being elated (*Merkana)* and had a few *(chebbsi*) .Similar observations were made around sebategna, Merkato and Bus terminal where every one was rushing to get this substance, in this area there is wide spread use of inhalants, chat chewing and smoking, there is also a common use of ganja (wig).

A risk of exposure to HIV is rapidly becoming an area of concern because of the large number of street children engaging in unprotected sex after having this ganja. These children are frequently the targets of local gangs, Police, Akababe Tebeka and Denbe Askebare. The majority of the children chew chat take shisha and alcohol together after

being intoxicated and elated wander here and there to look for a girl sleeping in the street. During participatory observation I witnessed most children after being intoxicated, were bargaining with commercial sex workers for price and condom use most were participant in my focus group discussions. A 16 years old street boy from Addis ketema remarked by saying;

> *"We drink occasionally chew and go for drink (chebsi) there is a commonly held trend that is chewing in the morning (yejebena), to open our eyes and be alert. After chewing and drinking Areki, Tej, and inhale wide – ganja (wid- inemechachlen, Ganja- inmechachlen. ''*

All female street girls and some key informants witnessed a street girl raped after being intoxicated and elated with ganja (*Hashish)*, which this is mostly inflicted by the police, Akababe Tebeka and the local non street children(yebet lijoch). A 18 years old street girl is Arada Kefle Ketema said;

> "*On my part I do not smoke, nor had any of addictions, but my friends, smoke, chew and drink. After chewing they tend to drink (chebsi). Then after got drunk consequently contracted different kinds of diseases there are ladies whom I knew...''*

6.4.2. Condom use and problem related to condom

Most participants in the were sexually active and used condom occasionally, they liked using them, but when ever they take chat, drinks or hashish, their mood changes though the majority came to an identical conclusion that condom use reduces sexual pleasure for both males and females more over, the participant perceived sex to be more “natural”

with out a condom. A 16 years old street boy expressed his feeling about condom by saying;

> *"I know condom can prevent HIV. I used it when I get money, if not do not mind have sex with out it (Bemelataw)'' all the participants laughed instantly and kept quite for a while….''*

Another 13 years old female street boy from Abrade Kefle Ketema Said;

> "*Condom is very important thing for all of us, at one point in time, when we were*
>
> *having sex turn by* turn (*Yedama*) every one was using it, but one boy could not get
>
> condom instead used *a ten cents plastic bag (Festale), even other times used with kurtu*
>
> *plastic bag (Koshikosho),'' every one laughed, one participant said what makes you*
>
> *laugh all of you did it''*

Most participants both male and female expressed, had it not been for this deadly disease HIV/AIDS sex is more enjoyable without condom; this has shafted their views to disgust over condom use, but considered the only safe way to have sex, few continued to use them as a better alternative than doing bare, the children have information about sexuality and protection, while the majority of the participants and informants expressed that the children are practicing unsafe sex, even if they have information about HIV/AIDS and condom use, the use substance and alcohol lead them to in consistent and improper condom use to the extent of having sex without condom.

However, few participants perceived negatively for non-use of condom as fearing of sexual

Pleasure, unreliable condom because of their presumed susceptibility to tearing and slipping

off during intercourse, further mentioned condom use is degusting, filthy and socially unacceptable and their partners may not agree about the need. Another 15 years old street boy

from Arada Kefle Ketema remarked by saying;

> *"We do sex without condom, when having sexual intercourse condom do not give us pleasure/urge (Simmet Aysetem) we know that it prevents, but the ladies are not pleased with condom and usually say are you going to have sex with festal and we say not it is without it (Bemelataw)…''*

When asked 38 years old man police working in child protection unit in Addis Ketema Kefle Ketema remarked to what changes and perception noticed of condom utilization and said;

> "*For example when we see the street children they have awareness the reason why they have the awareness is that every street girl when dealing with some one either for short or the whole nights first ask for condom or made available to have sex during their business times (trading sex).''*

While another key informant, 37 years old police from Arada Kefle Ketema raised opposing views,

"The street children do have lesser awareness in the utilization of condom, because they do not have adequate knowledge about HIV/AIDS, when ever information on HIV is given to the other segment of the population, it is not given street children''

In general, awareness about condom use and HIV was relatively better but, it tends to be reverted when taking substance since, most street children after using chat, cigarette, shisha and ganja loss themselves, do not know what they are doing, as a result driven into un protected sex.

Various misconceptions came up during discussion; but the majority came to an identical conclusion that the children have knowledge on condom use but their awareness is distorted while using substance and alcohol ,thinking that condom does not prevent HIV/AIDS rather it transmits the lubricant it contain is the virus other materials like festal could prevent the transmission.

6.4.3.-Sexuality

Most street children spend the day time chewing, taking shisha and ganja there is a change in their alertness thinking perception, decision making and emotions, particularly when ever they take ganja (*Hashish*) giggle or laugh at strange things or their mood switch quickly between high/lows.

Most discussants and some informants said that tend to be even aggressive when elated and intoxicated using chat, ganja and alcoholic drinks respectively and behave in ways

they normally would not, eventually subjected to improper use of condom, and further admitted that it is the elation followed by intoxication that is responsible for most substance use related problems children, they suffer from burns accidents, injuries, gambling violence, rape, unsafe sex. A 13 years old, addicted street girl from Arada Kefle Ketema gave her view on sexual experimentation;

> "*Things that push to sex are smoking inhaling ganja, and drinking this time my sexual feeling increase and the boys start to approach me and go with them and have sex ,since I do not know my self because of intoxication and elation and have sex turn by turn (yedame).''*

Another15 years old street girl from the same focus group; remarked on the same issue by saying;

> "*I need sex when I drink, smoke ganja and inhale benzene, then after have sex with my friend, if my friend is not present the street boys (duriyes) turn us aside (yeglebetunale) since this is a sleeping time, they have sex turn by turn (yedama yebedunale)''.The participants laughed and kept a while and quit chatting.*

When asked what kind of people will get HIV/AIDS and what initiate them to be driven to unsafe sexual practice said that, in majority of cases the most exposed are commercial sex workers, drivers, street children and non street students (*yebet lijoch*) in the order of decreasing magnitude, as to initiation of sex, most being intoxicated, lose their consciousness where and what has happened is beyond their will and control. Most discussant and key informants suggested the street children are involved trading sex (*business*) not because they want to, and sometimes forced under the influence of

alcohol, which this involve much struggle and friction between the two bodies, usually causing condoms to tear in the process.

Most had sexual relationship with a variety of partners among the social groups and with the community for a various reasons, sex with peers was most frequently described as being for pleasure, protection or behavioral control, where as sex with adults happened in exchange for money, material objects or leisure resources, the main motivation for sex with female partners is pleasure, boys described these sexual encounters as one of their greatest sources of enjoyment. While majority of the street girls motive is earning money by having sex with adults of the community. The practice of multiple sexual partners contact is the most prevailing condition in the street children, most had two or more partners and majority used no protective methods at all since most indulged to unprotected sex under the influence of substances and alcohol.

A 15 years old street boy, from Addis Ketema explained intimacy and sex by saying;

> "*There are lots of ladies coming from country side, and sit around the vendors home waiting for a job, after they losing the chance of getting a job, finally went for trading sex having seen the street children who are standing in the night in the corners looking for males, this time they start smoking, chewing, drinking and spent the day time in the video house, and go for sex trading at night with whom they met….''*

Among the participants in the male category said rape never practiced by street boys as the girls are their partners and intimate with in the social group, but it is the police, Akababe Tebeka and local gangs who used to chase them as a favor of giving support and

protection, and the other segment of the community like the non street boys (*yebet lijoch*), and some drunk men, used to engaged in risky sexual practice by hugging or frightening the girls in some dark area of the street..

A 13 years old, addicted street girl from Arada Kefle Ketema remarked in anxious way;

> *"I faced a lot of problems by the street boys (duriyes) but, more brutally the municipal guards raped me several times during night, woreda one and two night security officials asked me for sex and many of them raped me at one moment in time, I too faced similar problems in Afenchober. I cannot do anything..... cried violently and quit chatting further….''*

In both Kefle Ketemas the nature of continuous exposure and their life style make the children vulnerable to variety of problems, most around Piazza, Georgis, Doro manakeya, Merkato Sebategna, Bus terminal and Amedie Gebeya use almost chat, ganja shisha and benzene. These children usally chew in the night to keep them awake and later smoke cigarette and ganja, which this is a usual event.

The children around these area start chewing at around 7 PM and take ganja. At one moment in time, at 9 PM mid night found most being elated taking ganja and hashish, these children was my participant in the focus group discussion. Some were forcing the new comer street girls to have sex turn by turn (*Yedama),* the gang showed me, while going a few distance, a girl was shouting, violently and a police man came and took the boy, the person was from the community, non street boy (*yebet lij*).The police hit and took him away dispersing even the other children around, who were sleeping.

When asked about abnormal sex, sexual deviance is not normal beyond the imagination for all human beings to commit, how ever homo sexuality was evident, but oral sex was not practiced nor been witnessed. When probed further about any harassment inflicted on Street children most said there are few addicted street boys who used to have sex with similar sex by force or hidden, while other street boys slept and even commit sex with people with mental problems. A 17 years old street girl, who seems to be despaired in her life remarked about homosexuality as follows;

> *" In majority of cases, when male to male intercourse is made one boy turn his face presenting his buttock to the other boy, the latter face his buttock while the children are in deep sleep have anal sex, these are called homo sexual (Bushti)''*

6.4.4. Stress and boredom

The children may see their family and community devastated, family members die or may experience physical harm, beyond this spectrum it is a usual event to see children experiencing "hassles, day today conflict and pressures, they are likely to be "nagged" by parents that is the on street children, parental arguing, house hold and schools "chores". Many problems for these groups relate to daily "hassles" such as conflicts, finding shelter, clothing and food, the banning of violence and sexual abuse, and having to cope with mistreatment by police, Akababe Tebeka *(chelelewoch*), Justice and the local gangs.

Substances are attempted to escape from this local government organs, and the ongoing boredom and stress.

Most discussants and informants said that the children are usually in states of constant stress and boredom, to alleviate this as coping measure tend to use substances and drugs in an attempt to escape this riddle which persisted overtime and are not easily resolved and are often related to a deprived socio economic environment, for most participant survival in such circumstances can be the all consuming task finding adequate food, shelter, clothing and health care. The hopelessness of children contributes to feeling of depression and low self-esteem. They are in no position to change their economic situation or poor living conditions, moreover the street children move between communities/sub districts to escape threats from police Akababe Tebeka and local gangs, this involve use of substances to facilitate acceptance among new peers.

A 13 years old street boy from Addis Ketema remarked on reasons to use substances, by saying;

> "*We use these substances, as a result of stress and anger, these make us to be addicted, for example I do not have addition to chat, but when ever I faced any disappointment, stress, tend to use what I did not do before.''*

Most key informants believed that, majority of the street children take substances and alcohol as a coping measure to ban their stress, depression and boredom, in doing so many enter into unprotected sex and criminal acts. While undergoing observation most street children were depressed and sleepy particularly during around 10 AM – 12 PM

seeking for substance. In the area of georgis church and piazza many of the children found dizzy, itching their body, beg any one crossing the street. During my observation witnessed with the gang , those who were depressed and bored in the morning and Mid day were found dawdling in this area being intoxicated, these boys were chewing and smoking cigarette before it is getting down.

6.5. Peer, Parent and Community factors

6.5. 1- Lack of family support

All discussants came to an identical conclusion that street children living on street is better than coping with problems in their homes conflict with parents particularly with step parents are common. Parents or others have physically or sexually abused some children at home; moreover life on the streets can expose children to serious health risks and physical danger. These risks may be greater if the children use substance. A 16 - years old male street boy remarked about his family's condition by saying;

> *"My family's are in a good living condition my father is a vendor and went out because of disagreement with my step mother, even can go home back I did not commit any other faults, the problem mainly lied on my step mother, I want to learn but they do not allow me , as a result driven to street.''*

Another 13 years old street girl in Addis Ketema remarked about her family condition.

> *"My family is living with a little income, it is my mother who is managing and controlling us, it was difficult for her to feed us, to get our daily meals, fail to teach us, because of this I and my sister went to street life.''*

The informants and discussants reached on an identical conclusion that the family forms the corner stone of efforts to socialize prevent and avert drug and substance use, but the

prevailing disrupted family circumstance lead to poor adult care and support at home. Parents usually greatly influence their children's health and sexual behavior, where decisions are usually made by parents including other adult family members, which this eventually limit education opportunities and lead them to turn life on streets, on the contrary children with stable, positive and supportive family environment, that include parental monitoring and controlling engage in less risk taking.

A 28 years old key informant –a gang remarked on family situation of street children by saying;

> *"There are some children who went out to street due to their families underlying poverty, where their parents are not able to teach them, and there are some who went out simply with no obvious reasons having every thing in their house, steal their parent's money, lost it thoroughly eventually driven to street life.''*

6.5.2. Peer Pressure

All discussant know their peer were sexually active and using substances, most of their peers used to chew chat, drink alcohol; smoke Shisha and ganja (Wig), peer groups or relation usually provide important mediating factors influencing the individual perception and emotions, peer pressure is usually manifested when there is a lot of search for identity, insecurity about their identity, therefore the risk of experimenting with substance and sex is higher. The participants considered peers influenced their addiction and sexual behavior. A 10 years old street boy from Arada Kefle Ketema remarked on peer's pressure as follows;

"*We are mostly using these substances, it is not because we are addicted, but see our*

friends doing it, as a result become addicted, and at this moment this is called elation

(Mude meyaze)''

Another 13 years old female street girl from Arada Kefle Ketema remarked;

"*I started using substances after I saw other children using it, I felt being inferior and started to use it, at this time moment there is so called hashish (ganja) cigarette & chat. We do not buy chat rather use the left over chat (Gereba), which we used to get it from the rubbish pit. I used them regularly, having acquired from my friends….''*

6.5.3. Violent environment

Children sustain in many place physical injuries, disappointment and violence in all areas, the usual sources of violence are the police, Akababe tebeka, local gangs, sexual partners, the non street boys (*yebet lijoch, wotetewoch*). Moreover reported all policemen, Akababe Tebeka and other citizens consider them as undesirable, useless people; view them as targets of fear and spoil the city's beauty, because of their substance use, predatory crimes and theft, un acceptability in urban dwellers, the children have frequently been targets of local guards *(Akababe Tebeka*) police, and even the street boys, residents of different communities are supporters of violent solutions to local crime, fearing that their area can be insecure, particularly the street girls are targets of local gangs, in favor of obtaining protection and support.

When asked about any violence and harassment the key informants reported, in most cases, violence among street children is evident, while they are intoxicated and using inhalants, moreover commit promiscuous sexual activity while using these substances and alcohol. Some street children reported having been used by criminals and drug trafficking against some individuals and more over been used as a messenger for stealing, lotting and participate in drug distribution activities. When a 13 years old street girl asked about disappointment and violence from Arada Kefle Ketema remarked;

‘’While we are in the street the police men chase, annoyed us whenever we start some

thing to support our lives, like peddling(jebelo) they used to snatch us, what can we do to survive, they said why do not you go to your home land, but we do not have the means to go there.’’

Another 15 years old street boy from Addis Ketema expressed similar incident by saying;

"*Yes, the policemen ask us sex as a bribe to protect us from aggressive, used to rape us and pregnancy may also follows the r problem is the cold, the cold in the night is the major problem, if you get sick you will not get treatment soon.’’*

Violence and harassment were observed in both sub districts mainly around Merkato, Piazza Georgis, Sebatgna, Bus terminal and Habtegeorgies. The existence of street children seen as a problem to be dealt with Police, Akababe Tebeka and Denbe Askebarie and the children are criminalized, placed in prison, torched, regularly chased , not trusted for any service that exists, it is a usual event to see a Policemen and Akababe Tebeka

chasing, hitting, and beating these children. The street girls who are working sex for trade *(business*) waiting for men were chased. During observation I with the gang witnessed around Gojjam berenda at 10 PM, a man from the community took a street girl with his car considering these young girls are safe from HIV having been intoxicated.

6.5.4. Lack of supervision and information of parents

All participants discouraged strict supervision and punishment by adult family to protect children from risky sexual behavior ,it was well addressed that this will not have any effect in shaping the children sexual behavior rather it may lead the children to try the matter that have been denied by revenge to their parents act .

All participant pointed out that parents involvement in shaping their children sexual behavior and in preventing HIV/AIDS was so poor .Most of the parents do not have awareness about HIV/AIDS and were not discussing sexuality issues openly with the children ,some of the participants who expressed that their current risky behavior would have been changed if their families had informed them every thing openly like what sex means ,what to be done ,with whom to do it and how to do it Most expressed weak or negative bond to family would occur in children growing up in such environment likewise; bonds to society can also be weakened by bad experiences at schools in addition to the environment, where the street live poverty takes its toll inability to pursue education, buy educational material, the relation of step parents and children is often negative.

6.6. Socio – Economic Contexts:

6.6.1- Livelihood Concerns

Nearly all the participants showed obvious signs of street life ragged clothes, poor hygiene and unkempt appearance. Many had scratched and unhealthy look, the majorities were engaged in peddling *(Jebelo*), washing cars, begging, pick pocketing, vending. Back breaking and messenger for thieves were the main means of survival for few participants. Most participants had lost one or both of their parents and those living with families were engaged in shoe shinning and peddling *(Jebelo*) to support their families and/or themselves. The majority of the street children participating in the discussion were homeless, spending their nights in dangerous, unsheltered areas, around building and cold environment chased by police and Akababe Tebeka (*chelelewoch),* some slept in the streets while others very close to one another to stay warm at night. Most of them chew, smoke ganja, shisha and drink alcohol.

When asked about their life, the majority of the discussant and informants said, the children live and work on city streets choosing street life as the alternative to poverty at home, where they face constant threats of hunger, exploitation, violence, abuse, sickness and imprisonments. Most street children's time is spent working on daily problems, such as finding food to eat though majority of the children bring left over food *(bullae*) in exchange for discharging wastes of the hotels, and a place to sleep, clothes to wear, but majority do not mind about their clothing. Substance use offers a quick and easy escape from day to day problem to avert their stress, depressions boredom and constant threat from the government organs. A 13 years old street boy from Addis ketema kefle ketema remarked about his life in the street by saying;

"When I intend to work on shoe shinning, the government employees the so called guards, Akababe Tebeka and Denbe Askebarewoch chase us and there are some non street boys (duriyes) who force us to shine their shoes, and snatched our money''

Another street boy with same age in the same focus group discussion and site remarked;

"*After I came here, faced a lot of problems, sleep in the street at one moment in time, while sleeping in the street the non street boys (Chelelewoch) stolen my clothes and shoes (Megelbet Ale) , the other problem is when ever we work together carrying goods, there is a trend called (mawareja, maresha) and take part of what we get.''*

A 23 old key informant a porter who once was street children remarked about their living conditions as follows;

"The children are driven to street life, when ever they encounter problem, the children might have stolen something or due to destitute life joined into this type of life, the street girls has the alternative to be hired in a house, if their intention failed obliged to be prostitute.''

The observation finding revealed as to their living conditions, that majority of the children's immediate concern were survival and shelter, these children are detached from their families, factors associated with survival on the street and coping with stress, survival sex, begging including acts of self mutilation and self humiliation. I witnessed also during my observation along the streets of sebategna, Bus terminal , Hebtegiorgies and Filweha that the street girls who join the street were standing waiting for the males, some approach the passing cars or pedestrians begging for money, while most street

boys involved in street vending, running message, washing cars, pick pocking this is evident in the city Bus terminal particularly in Piazza - Georgis, witnessed some of my focus group participants were making line waiting for bus ticket, one of the street boy aged 12 saw me and bend his neck in an attempt to disguise himself feeling shame of his activity.

As to improving the situation in street life majority of the discussant and most informants remarked, improving the incomes of poor parents is a way of helping and keeping kids off street-families, families of the on street children often need to send their children out to work on the street in order to survive. Some organizations need to support and organize in order to improve their income and living standards, by encouraging street children to form co-operatives which this enables them to exercise street based activities.
A 28 years old Akababe Tebeka in Addis ketema kefle ketema remarked on the improvement of their lives by saying;

> *"On part, I think, there are methods of improving. The street life is the worst phenomena encountered, so it is advisable to gather these children in one setting and support them by providing them with developmental in come generating schemes, establishing school and other mini projects which enables them to work and learn side by side through the support of the government, community and non governmental organization.''*

6.6.2 -Economic – factors

The children are leading destitute life, exploited and abused which this increase their vulnerability to HIV infection, their extreme poverty deprived access to health facilities,

Schools and media also limit their access to information and education on HIV/AIDS. Poverty compounded with poor standard of living made them, often unaware of the risks, and the vulnerability of the street children to HIV/AIDS, this accounted for un protected sex and high frequency of causal partner by using substances of different sorts that would increase their sexual experimentation, More over the existence of high rate of prostitution and economic migrants in fluxing to the city searching for job and end up in survival sex, , more over the problem due to decreased commitment of responsible organizations working on street children in creating rehabilitative and preventive programme.The children surviving in the street work on shoe shinning, peddling, car washing carrying, stealing, begging and trading sex and most spend their income for substance use and alcohol.

A 13 years old street girl from Arada Kefle Ketema remarked in on how her income and what she does with the income, by saying;

> "*I get some like 20 or 30 birr committing business (sex for trade), during night, used to get it from those drunk who are seeking sex in exchange to money, when they give me some money cheat and disguise myself having received their money (Icherbachewalehu, Ekeyesebachewwalhu), with the money I get, eat food, relax myself, take hashish ganja (ganja Ekeretsebetalehu)''*

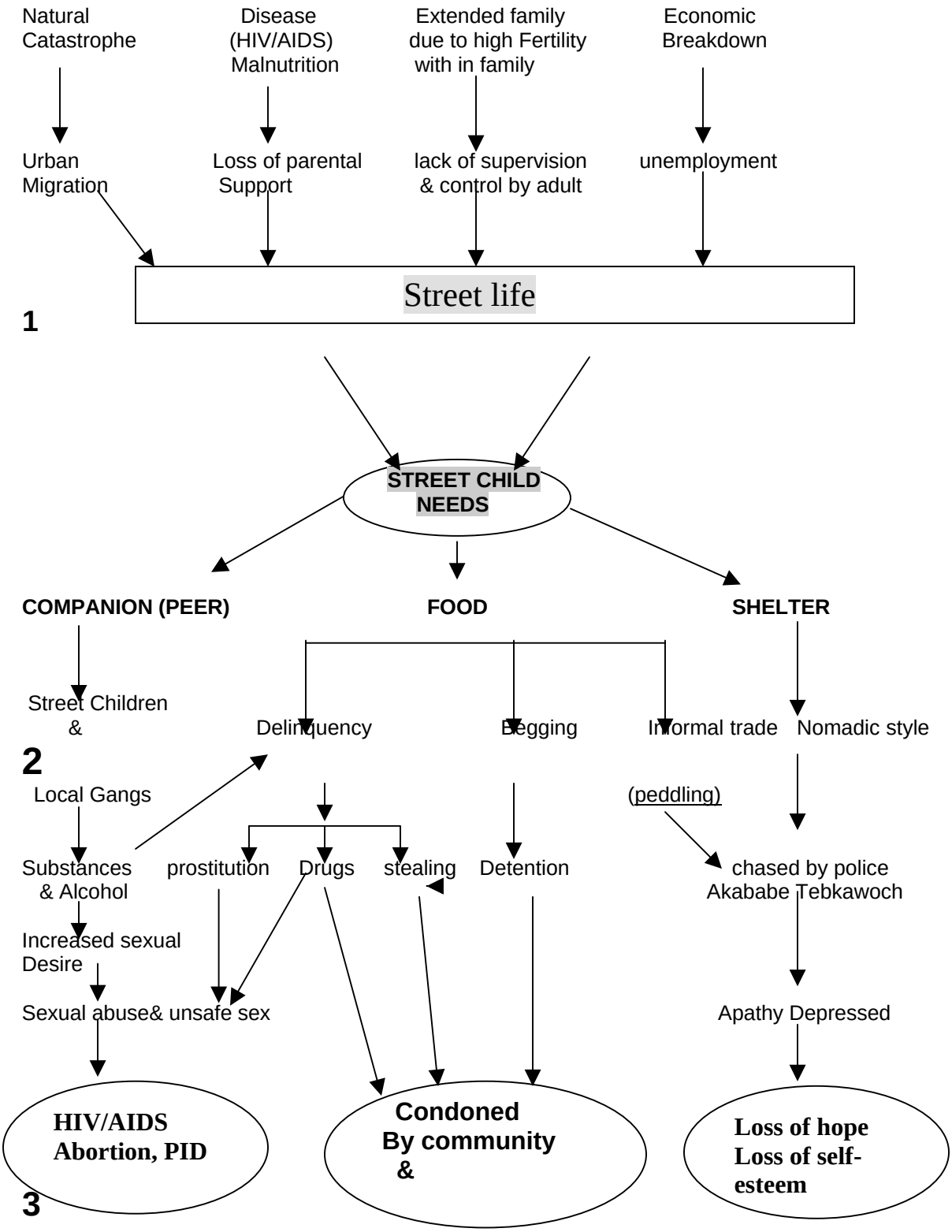
As to their economic situation, I witnessed majority of the children are in conditions of severe deprivation and destitute life, , begging in front of restaurants, peddling cigarette, soft, condom and chewing gum .It is rife to see children holding their peddling running away; some washing car begging and vending, for most of the children life is harsh and

intolerable, lots of children under go prostitution, some working on a street while other rent a small house which only occupy a small bed and look for a male coming watching at the gate of their houses, the street girls engaged into the sex trade as a better opportunities.

Almost similar phenomena were observed around Georgis - Piazza and Doro mankeya where majority of the children sit long hours being idle at the gate of st.George church begging and exposed to physical abuse. Most children were begging, pick pocketing and cheating while street girls under goes prostitution, poverty lead to this growing numbers of prostitution. I witnessed children as young as 13 were involved into the sex trade, in Georgis, Arat kilo, Doro mankeya and Fileweha, a peculiar situation has also been witnessed street boys of 14 - 16 years were waiting their usual partners in the night around 10 PM, the street children leader (gang) informed me that these children are homosexual (*Bushiti*) waiting for their usual customers, there are some people from the community who used them to have anal sex.

The study findings on the effect of individual, family, peer, economic, and social predisposing risk factors in driving street children to risky sexual practices and HIV/AIDS was summarized using sequence of events, street child risk assessment and proposed actions encompassing a frame work as follow:-

SEQENCE OF EVENTS, STREET CHILD RISK ASSESSMENT AND PROPOSED ACTION

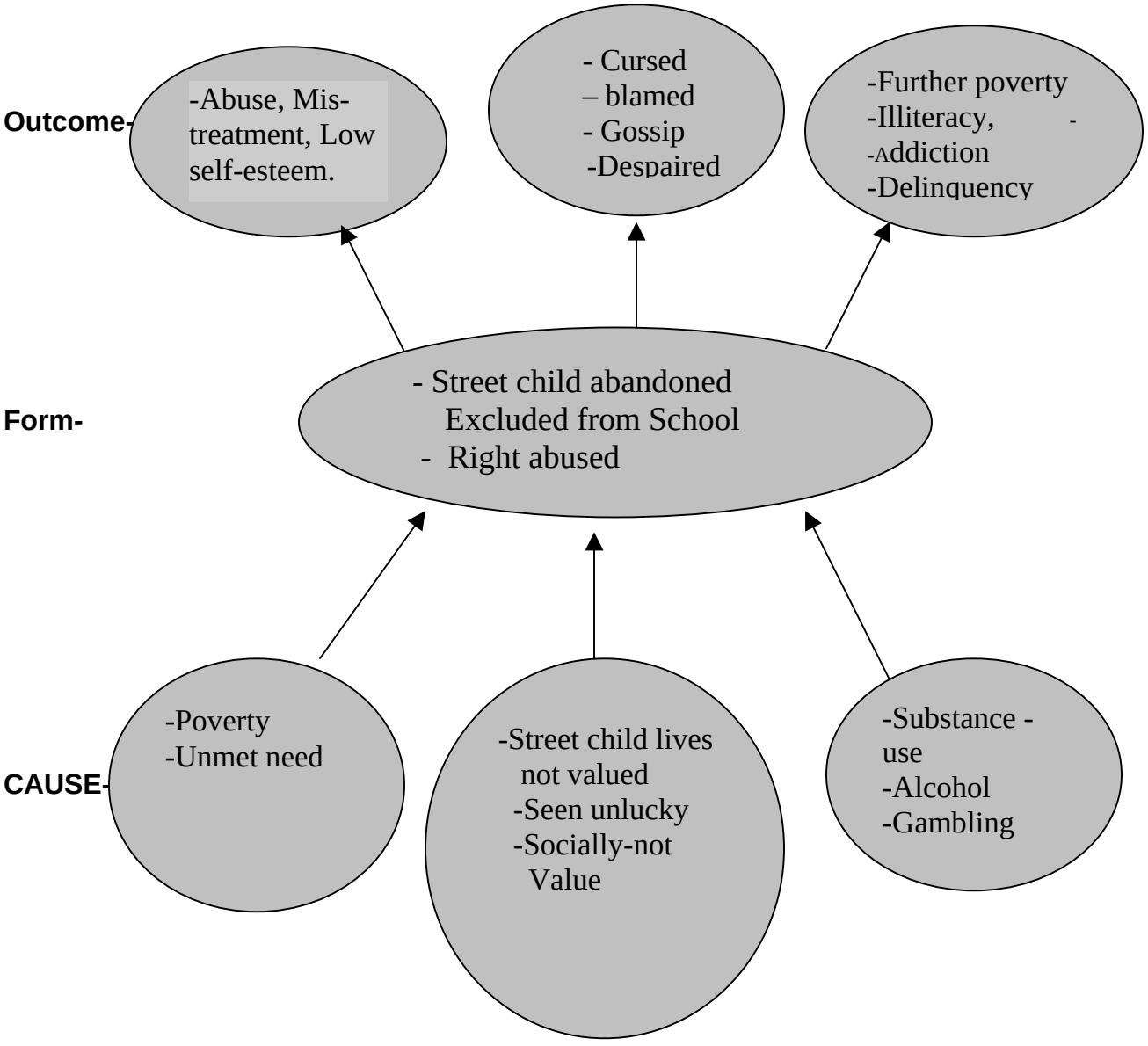


HIV/

Proposed Actions

1. Corrective approach-community Health Educational programme
2. Preventive approach –Early intervention, rescue from street
3. Rehablitative approach, right abused advocacy-reintegrate into the community

Street child consequence of stigma, marginalization and its out come for community, society, economy and politics, grounded in the data.



7. DISSCUSSION

Information about street children in general and predisposition to HIV/AIDS in particular is scarce in our country. This study has triangulated the qualitative data collection instruments exploring the characteristics of the study subjects; unstable life, addiction to substance use and alcohol.

Majority of the children were not in a good relationship with their parents and the community organs, felt that they are neglected and cursed by the police and Akababe Tebeka, and view them as embarrassment or threat to society and imprisoned, abused or beaten them, as a result the children used substance as coping measure to avert their preoccupation. From the total focus group discussant, none were abstained from remarking harassment and violence inflicted mainly by the police, Akababe Tebeka (*Chelelewoch*) local gangs and non street children (*Yebet lijoch, wotetewoch*). The majority remarked that the government employee security worker like police and Akababe Tebeka, used to chase, disappoint, torch and rape them. This may be the reason why most children prefer to chew khat or drink alcoholic drinks, and consequently had unprotected sex.This finding was similar with study conducted by WHO on Substance use(43).

The reliability of these findings however was confirmed through key informant, of all the informants the police and Akababe Tebeka in both study sites reject the expression given by the discussants, the rest complement their views. Absence of treatment by government organs, like Akababe Tebeka, Denbe Askebare, police, establishment of street based activities, and rehabilitative measures lead the street children to pass their leisure time in khat chewing in the streets, chewing houses and drinking local alcoholic drinks, and these were traced to contribute significantly for the increased prevalence of risky sexual practice among street children in Addis Ababa. This finding was not found to be similar with the study studies.

The children expressed sensitive issues to the very detail openly particularly the street girls were not shy or reluctant in responding questions related to sexual issues, this showed that they are careless and despaired, which this prone them to unsafe sex and juvenile delinquencies .

Poverty forces them to endure situation that place them at risk. This may be due to their hopeless situation or being taken as a means of gaining income to sustain their life, as a result contracted HIV/AIDS. This was found to be similar with the study conducted in Dessie by Tadela G. which showed that strong association were made between the use of the substances and unstrained sex, when ever chewing chat and drinking sex usually follows, the use of alcohol, chat, unsafe sexual practice, including inconsistent and improper condom use were evident in the study **(**20).

Majority of discussant and most informants clearly remarked that the street children are not using condom during sexual intercourse being intoxicated, few discussant even do not

believe its prevention, rather consider other preventive things like plastic bag *(festal)* and kurtu festal (koshi kosho) better than condom. This finding indicates that majority of the street children are at risk of contracting HIV/AIDS, because they were not using condom consistently or they were not abstaining from sex as a result had unprotected sex.

The reason for non use of condom are aversion to using condom, purchasing problem, decrement of sexual feeling and thinking that condom it self transmit the deadly disease HIV/AIDS. Most participants gave the reason that the cost of the condom is higher as times goes on , few participants consider condoms are prepared inter mingled with the virus, the presence of the lubricant is the justification and in most areas the uses of these materials as a best alternative to condom use is rife. This might be a risk factor for transmission of HIV/AIDS and other sexually transmitted diseases.

This finding was similar with a study conducted in Eastern Gojjam and Awassa which showed, despite high rates of sexual activity among street children, attitude regarding condom use are for the most part negative. Various studies have reported the proportion of sexually active street children having ever used condoms to be in the range of 8.2% to 33 %.(23, 37). This finding was similar with the qualitative study conducted by T. Getnet,the discussant in his study explained using chat, alcohol, and other drugs influence their perception of sexuality and their decision to use condom, strong association were made between the use of these substance and unstrained sex(10). Guy was evident in some streets of the area, this finding indicate that some of the children were at risk of contracting HIV/AIDS.

Peer pressure to be sexually active and families not supporting their children to have accurate information on sexuality were found to be associated with children behavior to have sexual intercourse with non regular sexual partners or with a commercial sex partner ,inability to manage peer pressure, poor involvement by parents in shaping the children sexual behavior and lack of open communication on sexuality issues were raised as initiator of sexual practices, This is almost clearly stipulated in similar study conducted by Taffa.N in a rural community of Ethiopia (10).

Chewing chat and alcohol intake and particularly smoking ganja were found to be significantly predisposing risk factors which put the children at risk of having sex either with non regular sexual partner or to have sex in exchange of money ,which is a risk for contracting HIV/AIDS and STIs. This was similar with a study conducted among US college students, those who had sex under the influence of alcohol or other drug were 2.5 times more likely not to have used any protection (42).

As to their awareness and vulnerability to HIV/AIDS, Most discussant and informants remarked that children knew the transmission, and perceive that they are vulnerable to this deadly disease because of their risky sexual behavior, the level of knowledge about HIV/AIDS among street children is high compared to that of children attending school in Addis Ababa, even those with adequate knowledge about HIV/AIDS are often unable to negotiate condom use with their partner or they may use them improperly due to substance abuse, This and earlier finding suggest that education programs should not only provide information but also augment their skills to negotiate safe sex and proper

condom use This finding was similar with a study conducted in Brazil, Addis Ababa and Dessie.

Most street children were poorly managed & controlled; family relationship can easily become strained to the point that life within the family is unbearable; the death of one of the parents intensifies the situation. Where most exposed to harsh risky behavior, survival sex for street girls (*sex for trade*) as the only means of earning money and survival, this is due to their despairment or considering as ameans of income which this is a risk factor for contracting the virus , this finding is similar with the study conducted by forum on street children in Addis Ababa Aug. 2003; 25.7% of the respondents revealed that they were practicing prostitution, considering the fact that prostitution is a highly sensitive issue loaded with taboos and stigma, the over all finding indicated that a majority of female street children some of them as young as 13 joined the sex trade due to economic reasons (1).

From this finding the key predisposing factors that was reported as a reason why children were not at increasing risk of contracting HIV/AIDS , was the ever increasing use of substance and alcohol a sense of hopelessness lead children to chew chat and drink alcohol to pass their ample of time, as a result they are practicing multiple sexual partnerships and condom use was not regular or even not used, rather used other materials for prevention sake .There is a need to launch multifaceted, intersectoral intervention for street children and other poor children, apart from knowledge of HIV/AIDS transmission and protection which is dependent on a number of complex large scale socio economic forces, more over peer education to promote awareness of

HIV/AIDS and involving street children in the programme may also be effective in reducing the risk of HIV infection among them.

8. Strength and Limitation

The study design is appropriate to answer the study questions as factors predisposing street children to HIV/AIDS. It is hardly possible to identify or explore the factors using survey method, as more sensitive issues needs to be explored and probed; the study

focuses in the capital of the country that is highly concentrated with street children and their risky behavior predisposing to HIV/AIDS.

The use of tape recording and photographing, the choice of comfortable place for discussion and interview, make both discussants and informants comfortable, more over their perception that I am from Addis Ababa University helped the focus group discussants to express their views freely on different items of issues.

The results are based on perception of representatives and not an objective, the study there fore need to be seen as exploratory with the results suggestive rather than conclusive. The other limitation is the participants were selected purposive and the sensitivity of the issues might have under estimate the extent of the problem.

9. Conclusions

From this finding it can be said that the street children are at risk for HIV/AID, they are practicing multiple sexual partnerships and condom use is not regular or even not used,

rather used other materials for prevention sake. Most street children were practicing sexual intercourse with commercial sex partner exchanging sex for money, food, cloth and with non regular sex partners, however the children have knowledge about HIV /AIDS transmission and prevention.

Majority of the children reported to chew khat, smoke cigarette, shisha, and ganja and alcoholic drinks and this were significantly associated with risky sexual practices, these may have happened because of hopelessness, stress and boredom and the community, governmental and non governmental organizations poor support. Families (parents) were found to be poorly involved in shaping the children sexual behavior, the community and government organs like Akababe tebeka, police and Denbe askebare blamed, chased and cursed this marginalized section of the population. Peer pressure was also found to be another driving force that predisposes the children for risky sexual practice.

The children strive to survive engaging in different activities and the income they get lead most children to visit ‘’Khat bet ‘’Tella bet ‘’and Areki bet’’ depending the amount they get , few street boys enrolled into homo sexuality (survival sex), this has lead the children to be hopeless and ignorant of HIV/AIDS epidemic. When the future seems to hold little or no hope, the risk of unprotected sex leading to HIV/AIDS seems to be very important in Addia Ababa, action need to be taken on a number of sides educating the children and reintegrate them to the community.

10. Recommendations

The following recommendations are for warded based on the finding of the study.

1. HIV/AIDS prevention activities need to be focused and alleviating poverty so that their futurity

will be helpful and they will have bright vision to protect themselves.

2. Risk taking behaviors like alcohol intake chat chewing and smoking ganja and shisha are highly

prevalent among street children which put them to be increasingly predisposed to risky sexual

practice. Efforts need to be made to make their life hopeful by establishing street based activities and some income generating schemes.

3. Conduct comprehensive efforts on strengthening the codified right of children and programme to

alert policy makers to focus on preventive, corrective and rehabilitative measures to alleviate the

problem of streetism.

4. Changing the outlook and practice of community and government organs towards children.

5. Target oriented, specific social group, appropriate and consistent IEC/BCC campaign.

6. Banning all ganja, shisha offering, chewing houses and chewing in the street and its circulation

7. Taking legislative actions against drug, substance traffickers and local gangs mistreatment that

expose the street children to unsafe sexual practices

8. To design a strategy to narrow the gap between knowledge and practice further detailed research

should be conducted.

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Annex

INDIVIDUAL CONSENT FORM

Dear brothers' and Sisters'-

Hello my name is ---------- and I am working with factors predisposing street children to HIV/AIDS in Addis Ababa. Currently *I am studying community health in Addis Ababa University* and this research is part of the study. We are conducting a study in selected areas of Addis Ababa to learn about factors that predispose street children to HIV/AIDS. You have been chosen to participate in this study.

We want to assure you that your responses will be kept strictly secret. We will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you do not want to answer or you will not be obliged to continue the study or give reasons for doing so, and refusing to participate or with drawing form the study process, will not have any consequence to you.

The information that you give will solely be used for this study and the result of the findings might get published, but your identity will be treated with confidentiality and your name will not be used in connection with the information that you gave.

Your participation is completely voluntary, but your experiences could be very helpful to other street children in the country.
Do you have any question?
The interview will take approximately one and half hours and the focus group discussion will take two hours and we will consider compensation fee for the time lost in our interview and discussion participation.
If you are clear with the information provided and agree to participate, please sign here

Thank you for agreeing to spare me the time for this interview/ discussion

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To be completed by the interviewer.

I certify that I have read the above procedure to the participant/s.

Name/Sign----------

In-depth interview, discussions question guide and observation check lists

Thank you for agreeing to be part of this study investigating factors that predispose street children to HIV/AIDS.

The objective of the study is to explore an individual behavioral factor that contributes to HIV/AIDS predisposition, prevention & control.

These interview and discussion guides consist of semi-structured open-ended questions in the sense that the session will be conducted according to a list of items/issues to be covered. The sequence of the issues will depend on the flow of each interview /discussion guide to allow for follow up and exploration of relevant issues that might emerge during the interview/discussion process. The following are discussion and interview guides.

Introduction of the moderator, note taker, recorder with the discussants.

- Kefle Ketema _____
- Woreda/Area _____
- Keble _____
- Sex of informant/s _____
- Age of interviewees/discussants _____
- Investigator _____
- Time interview/discussion started _____
- Time interview/discussion ended _____

I. Focus group discussion question guide

THEME OF THE FOCUS GROUP

A. Items to be covered in relation to leaving their home, driven to street life, their knowledge about HIV/AIDS, and risk perception.

1. Could you please tell us reasons for leaving home & joining street life?
2. How would you explain the major problems encountered being in street life?
3. Could you please tell us what HIV/AIDS is and how its transmission? & preventive measures are?

B. Items to be covered in relation to exploring individual behavioral factors that predispose to HIV/AIDS.

1. What would your reasons be to use these substances, when do you use them? If you use them
2. What are the types of substances you use? Who are using these substances and describe the Consequences, after using it
3. In your opinion, what are the most likely sources of HIV infection for children in your localities?
4. What kind of people do you think will get HIV, why, how?

C. Items to be covered in relation to socio economic and cultural factors that influence street children sexual behavior.

1. currently as street children, how is your in come? What do you do with your daily incomes?
2. Could you please describe your family income & means of survival?

D. Items to be covered in relation to societal (peer, parent, community) influence on sexual behavior of street children.

1. How does your partner & peer's action influence your sexual behavior?
2. What does increase your sexual experimentation? How?
3. Please explain, why is the perception that peers are sexually active or using drugs?
4. Tell us any disappointment you have had.

II. Key informant In-depth interview question Guide.

1. What are reasons for leaving home and join street life?
2. What changes have you noticed when they are using substances and the consequences? Probe
3. How do you explain any practice or witness of rape on street and sexual assaults?
4. How do you explain the street children's knowledge about HIV/AIDS? Its transmission and Prevention? Can you give me some specific examples?
5. What do you think could improve the situation in street life?
6. What kind of people do you think will get HIV/AIDS? Probe what initiate them to be driven to unsafe sexual practices?
7. What changes and perception you have noticed about condom utilization?
8. Would you please tell me any influence of peer, parents and community on sexual behavior of children? Probe
9. How do you describe sources of income and for what do they spend the money?
10. How do you describe the families living condition and their income?

III. Observation checklists

1. Their living conditions in their residing areas or street corner during night.
2. Their substance use practice, feeling and consequences in the street.
3. Cooperative activities among street children.

4. Measures taken to improve their living condition and opportunity to expand street based

activities.

5. Any violence, harassments inflicted on street children.

<u>የግለሠብ የስምምነት ፎርም</u>

ውድ እህት/እና ወንድም ፡-

ጤና ይሥስጥልኝ ስሜ ---------- ይባላል በአሁን ወቅት የጐዳና ተዳዳሪ ወጣቶችና ህፃናት ለኤች አይ ቪ ኤድስ ሊያጋልጧቸው የሚችሉትን ነገሮች አዲስ አበባ ውስጥ እሰራለሁ፡፡ ይህ ጥናቴም አንዱ አካል ነው፡፡ እኛ የምናጠናው በአዲስ አበባ በተመረጡ ቦታዎች በጐዳና ተዳዳሪ ወጣቶችና ህፃናት ለኤች አይ ቪ የሚያጋልጧቸውን ነገሮች ነው፡፡ ስለዚህ አንተ/አንቺ ለዚሁ ጥናት ለመሳተፍ በአጋጣሚ ተመርጠሃል/ሻል፡፡

ለጥያቄዎቹ የምትሰጣቸው/ጫቸው መልሶች ለጥናታችን ጠቀሜታ ስላላቸው የራስህ/ሽ የሆነውን እውነተኛ ምላሽ እንድትሰጥ/ሰጭ እንጠይቃለን፡፡ ማንኛውም የምትሰጠው/ጪው መልስ ለጥናቱ ጥቅም ብቻ ስምህ/ሽ ሆነ አድራሻህን/ሽን በጥያቄው ወረቀት ላይ አይመዘገብም ሚስጥራዊ ቃላቶች ነው የምንጠቀመው፡፡ ይህንን ጥያቄ በሙሉ መመለስ ወይም በከፊል መመለስ ወይም በፈለግክ/ሽ ጊዜ ማቋረጥ መብትህ/ሽ ነው የማይፈለጉ ጥያቄዎችም መዝለል ይቻላል፡፡ እንዲህ በማድረጋችሁ የሚደርስባችሁ ነገር የለም፡፡

ለዚህ ጥናት የምትሠጠው/ጪው መልስ ለጥናቱ ብቻ እንደሚውልና ውጤቱም ለህትመት ይበቃል ነገር ግን ያንቺ/ያንተ ምንነትና ስም ከምትሰጠው/ጪው መልስ ጋር አይገናኝም፡፡ ያንቺ/ያንተ መልስ መስጠት በሙሉ ፈቃደኝነት የተመሠረተ ሆኖ ምላሽ መስጠት አንቺን/አንተን መስል ህፃናትና ወጣቶች የጐዳና ተዳዳሪዎች ሊጠቅም ስለሚችልና እውነተኛ ምላሽ እንድትሰጭኝ/ጠኝ እንጠይቃለን ስለዚህ ለነዚህ ለሚቀርብልህ/ህ ጥያቄዎች ለበትሰጠን/ስጪን ልባዊ ምላሻ ከልብ እናመሰግናለን፡፡ ጥያቄ ካለህ/ካለሽ እንመልሳለን፡፡

የአንድ በአንድ የጥያቄ ምልልስ ቢያንስ አንድ ሰዓት ተኩል የቡድን ውይይት ደግሞ ቢያንስ 2 ሰዓት ይፈጃል፡፡ ለሚባክነው ጊዜ መጠነኛ ክፍያ እንከፍላለን፡፡

ተጠያቂው/ዋ በተጠቀሰው መረጃ መሠረት ለመሳተፍ ስለመስማማቱ/ዋ እዚህ ፈርሙ ----------

ተጠያቂውን/ዋን ስለተሳትፏቸው እናመሰግናለን

ከላይ የተጠቀሰውን የመጠይቅ የስምምነት ፎርም በትክክል ለተሳታፊዎች ማንበቤን አረጋግጣለሁ።

ፊርማ ----------

የአንድ ለአንድ ምልልስ የቡድን ውይይት ጥያቄ መመሪያና በእይታ የሚገኙ ክስተቶችን መከታተያ መመሪያ.

ለዚህ ጥያቄ ለመሳተፍ በመስማማታችሁ እናመሰግናለን።

የዚህ ጥናት አላማ የግለሠብ ባህሪ ላይ ባተኮረ መልኩ ለኤች አይ ቪ የሚያጋልጡ ነገሮችንና መከላከያና መቆጣጠሪያውን ለመፈተሽ ነው። እነዚህ ምርጫ የሌላቸው ልቅ የመግለጽ መጠይቆች ናቸው።

የአወያዩ የመዝጋቢው የቀጂው ከተሳታፊዎች ጋር ትውውቅ.

ክፍለ ከተማ ----------

ወረዳ/አከባቢ ----------

የተሳታፊ/ዎች ጾታ ----------

የተሳታፊ/ዎች እድሜ ----------

ተመራማሪው ----------

ውይይቱ-መጠይቁ የተጀመረበት ሰዓት ----------

ውይይቱ/መጠይቁ ያቀቀበት ሰዓት ----------

I. በቡድን ውይይት ላይ የሚቀርቡ የመወያያ ጥያቄ መነሻዎች

ሀ. የጐዳና ተዳዳሪዎቹ ከቤታቸው ያወጣቸውና የጐዳና ኑሮ እንዲያመሩ ለኤች አይ ቪ ኤድስ ዙሪያ ላይ ያላቸው አመለ∝ከት ዙሪያ

1. እባክችሁ ጐዳና ተዳዳሪዎች ለጐዳና ኑሮ እንዲጋለጡና በዚሁ እንዲወሰኑ ያደረጋቸው ምክንያቶች

ምንድን ናቸው?

2. ወደ ጐዳና ኑሮ ከወጣችሁ በኃላ የሚያጋጥሟችሁ አበይት ችግሮች እንዴት ይገለጻሉ?

3. ኤች አይ ቪ ኤድስ ምን እንደሆነና እንዴት እንደሚተላለፍና መከላከያውን ብትነግሩኝ?

ለ. በግለሰብ የባሕሪ ጉዳዮች ለኤች አይ ቪ ኤድስ የሚያጋልጡ ሁኔታዎች ዙሪያ

1. እንዚህን ሱስ አስያዥ ነገሮች ለመውሰድ ያላችሁ ምክንያት ምንድን ነው መቼ ነው የምትጠቀሙት?

2. የምትጠቀሟቸው ሱስ አስያዥ ምን ዓይነት ናቸው ማንስ ይጠቀምባቸዋል

መጨረሻውስ ውጤቱ ምንድን ነው?

3. ኮንዶም የአባላዘር በሽታችንና ኤድስን ጨምሮ እንደሚከላከል እንዴት ትገነዘባላችሁ?

4. ምን ዓይነት ሰች ናቸው ለኤች አይ ቪ ኤድስ የሚጋለጡት እንዴት ለምን?

ሐ. **በማህበራዊ ኢኮኖሚያዊና ባህላዊ ጉዳይ የጐዳና ተዳዳሪዎችን የወሲብ ባህሪ የሚፈታኑ ነገሮች ዘሪያ፡-**

1.እንደ በረንዳ ተዳዳሪነታችሁ በአሁን ወቅት ገቢያችሁ እንዴት ነው በአገኛችሁትስ ገቢ ምን ታደርጉበታላችሁ?

2.የቤተሰቦቻችሁን ኑሮ የዕለት ገቢ ሁኔታ ብትገልጹልን?

መ. የማህበራዊ /በጓደኛ በወላጅ በህብረተሰብ/ በጐዳና ተዳዳሪናዎች ላይ ያለው ተጽህኖ ዙሪያ፡-

1. የሴት ጓደኛችሁ /የወንድ ጓደኞችሁ ሁኔታ በእናንተ የወሲብ ባህሪ ተጽእኖ አለው ካለው ቢገለጽ

2. ለወሲብ መገፋፋት የሚጨምሩ ነገሮች ምንድን ናቸው እንዴት?

3. በወሲብ ጉዳዬች በአፍላነት ያሉና ሱስ አስያዥ ነገሮችን የሚጠቀሙ አመለ∝ከታቸው እንዴት

ትገልጹታላችሁ?

4. በጎዳና ህይወት እያላችሁ የደረሰባችሁ መንገላታት ወይም ጉዳት ካለ? እነሱስ እነማን ናቸው?

II. የአንድ ለአንድ የጥያቄ ቃለ ምልልስ የጥያቄዎች መምሪያ

1. ወደ ጐዳና ህይወት ለመውጣት ያላቸው ምክንያት ምን ሊሆን ይችላል?

2. እባክዋምን ስለ ሱስ አስያዥ ነገሮች መቼ እንደሚጠቀሙባቸው ቢነገሩን እና የመጨረሻ ውጤቱስ ?

3. አስገድዶ መድፈርና የወሲብ ጥቃት የጎዳና ተዳዳሬዎች ህጻናት ችግር ነው ብለው ያስባሉ? እንዴት?

ማንስ ነው የሚያደርስባቸው?

4. የጐዳና ተዳዳሪ ህፃናት በኤች አይ ቪ ኤድስ ዙሪያ ላይ ያላቸው ግንዛቤ እንዴት ነው? የመተላለፊያና

የመከላከያው ዘዴስ ከምሳሌ ጋር ሊጠቅሱልኝ ይችላሉ?

5. የጐዳና ተዳዳሪ ህፃናት ህይወት ማሻሻል እንዴት ይቻላል?

6. እንዴት ያሉ ሰዎች ናቸው ኤች አይ ቪ ኤድስ ሊይዛቸው የሚችለው? ጥንቃቄ የጐደለው ወሲብ

የሚገፋፋቸው ምንድን ነው?

7 .በጓደኛ ቤተሰብ ህብረተስብ አማካኝነት በጐዳና ተዳዳሪዎች የወሲብ ባህሪ ላይ ተጽህኖ ከለ ቢገለጽልኝ?

8. ምን ዓይነት ለውጥና ግንዛቤ በኮንዳም አጠቃቀም ላይ አስተውለዋል?

9. የወጣቶችና የህፃናቱ የዕለት ገቢ እንዴት እንደሆነና ያገኙትን ገቢ ለምን እንደሚያውሉት ቢገልጽልኝ?

10. የጐዳና ተዳዳሪዎች ቤተሰቦች አኗኗርና ገቢያቸው እንዴት ይገልጹታል?

III. ለእይታ ግንዛቤ የሚያስፈልጉ መከታተያዎች

1. ጎዳና ተዳዳሪዎች በሚኖሩበት አካበቢ እና በጎዳና ጥግ የሚያደርጎት አናናሮአቸው መመልከት

2. አደንዛዥ እጽና አልኮል ወስደው የሚስማቸው ስሜትና የሚፈጽማቸው ድርጊቶች መከታተል

3. የጎዳና ተዳዳሪዎችና አብሮ ተባብሮ ለመኖር የሚያደርጉት ጥረት ማየት

4. የጎዳና ተዳዳሪዎች ኑሮዋቸው ለማሳሳል የሚየደርጉት ጥረትና በአጋጣሚ ጎዳና ላይ የተያያዙት

የሚያደርጉት እንቅስቃሴ

5. በጎዳና ተዳዳሪዎች ለይ የሚደርሰው ጥቃትና ጉዳት ምን እንሰሚመስ ማየት