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MENTAL DISTRESS, COPING MECHANISMS AND RESILIENCE BUILDING OF CHILDREN OF STREET IN SELECTED SUB-CITIES OF ADDIS ABABA

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Mental Distress, Coping and Resilience of Children in Streets in Addis Ababa City at Some Selected Sub Cities

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This is to certify that the thesis prepared by Girma Gizaw entitled: Mental Distress, Coping Mechanisms, and Resilience Building of children in streets at selected sub cities in Addis Ababa and submitted in partial fulfilment of the requirements for the Degree of Master of Counseling Psychology complies with the regulations of the university and meets the accepted standards with respect to originally and quality.

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Declaration

I, the undersigned, declare that this thesis is my original work and has not been presented for a degree in any other university, and that all source of materials used for the thesis have been duly acknowledged.

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Abstract

The main objective of this research was to make assessment on the level of mental distress, coping mechanisms measurement scale and resilience building level of children of streets at selected sub cites in Addis Ababa. The living environments of children of the street were very harsh and slummy. They were unable to meeting their basic necessities such as food, cloth and secure sleeping places, and also lacked access to services such as health; education, recreation and also highly affected by diseases, depression and other psychological effects. The data pertinent to the study was gathered through a standardized questionnaire in four areas i.e. basic background information, mental distress level, coping mechanisms and resilience building level. The data was analyzed by using descriptive and inferential statistical principles. In the research, the number of children of street are increased to flow the capital city mainly due to poverty, peer pressure and conflict with parents. This particular study was addressed 128 (111 males and 17 females) children of street children who live in Addis Ketema, Arada, Lideta and Kirkos sub-cities in Addis Ababa. A self-report measure consisting of demographic characteristics related questionnaire on mental distress, coping strategies and resilience level measurement scale was used to collect data. The results have shown that all participants had high level of mental distress. Regarding coping strategies, the finding was indicated that the participants seeking social and spiritual supports. They also try to work for earning their life by selling items, in the middle of the roads which is exposed them in full of risks and playing lottery games as well as begging mostly. On resilience building issues, the finding was revealed that the children of streets those have secondary education level are better in the resilience building rather than primary school and non-education respectively.

Key words: Mental Distress, Coping Mechanism, Resilience Building

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List of Acronyms and Abbreviations

AA - Addis Ababa

ACRWC - African Charter on the Right and Welfare of the Child

AU - African Union

BoLSA - Bureau of Labor and Social Affairs

CBO - Community Based Organization

CRC - Convention on the Rights of the Child

GDP – Gross Domestic Production

ECA - Economic Commission for Africa

EFA - Education for All

GO - Government Organization

ILO - International Labor Organization

IYC - International Year of the Child

MoLSA - Ministry of Labor and Social Affairs

NGO - Non Governmental Organization

OAU - Organization of African Union

SNNPR - Southern Nations, Nationalities and Peoples' Region

SPSS - Statistical Package for Social Sciences

UNCRC - United Nation Convention of Rights of Children

UNESCO - United Nations Education Science and Culture Organization

UNHCHR - United Nations of High Commissioner for Human Rights

UNICEF - United Nations International Children 's Emergency Fund

MoWCY – Ministry of Women, Child and Youth

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CHAPTER ONE

Introduction

1.1 Background

Millions of children of streets in both developed and developing countries are left to survive on their own. They are ill-treated, half-starved, ruthlessly abused, exposed to the elements of nature, socially deprived and abandoned and denied affection, education and assistance. Children of streets often arrive in this dead end with poor health generally. This accrual, in combination with the inconsiderate circumstances of street life, soon contribute to the child's lowered immunity, morbidity, ill health and eventually, the child's exposure to health problems (Doris Fiasorgbor, 2015).

Throughout the world in general and in Africa in particular witnessing rapid and wide-ranging of socio- economic and political changes with both positive and negative consequences, from which the negative consequences of this changes lead to large number of children to end up on the street (Kopoka, 2000). The term ―children on the street‖ which is commonly used in literature on the thematic area was initially defined by United Nations International Children ‘s Emergency Fund (hereafter, UNICEF) as any boys and girls aged under eighteen years for whom the street has become home and /or their source of livelihood and who are improperly protected or supervised (Save the children United Kingdom, SC UK, 2012 in Mahiderhiwot, 2014).

The problem of children of the street are an alarming and escalating worldwide social problem. There are no accurate estimates of the number of children on the street worldwide, and estimates often vary from one source to another. There are an estimated 150 million in the world, and numbers are increasing across the African continent. By 1992, the Organization of African Union (hereafter, OAU) estimated that Africa had about 16 million children on the street and 32 million by the year 2000 (Kilbride, 2000 in Kipyegon et al, 2015). However, UNICEF (2005) report indicates that, in sub-Saharan Africa, 32 million children are believed to live on the street. The lowest estimates put the number of children on the street in South Africa and Kenya at 250 thousand each (SC UK, 2012). According to Child Hope, an Non-Governmental Organization

(hereafter, NGO) working with children on the street in Ethiopia, children on the street have become a countrywide epidemic, with over 100,000 children living and/or working on the streets of Ethiopian cities (Kibrom, 2008). However, UNICEF (2000) estimates that the problem may be far more serious, with nearly 600,000 children on the street country wide and over 100,000 in Addis Ababa Zerihun Yachob, 2018).

The problem of children living on the street is a global phenomenon. It has created countless problems to millions of children in all parts of the world (UNICEF, 2007). They live transitory life style and lack basic necessities like food, health care and a safe place to stay. In the world, street children exist on the margins of society, living in inhumane conditions, suffering from hunger, harassment and physical abuse, deprived of basic services such as education and health care. The children streets are isolated in socially, economically and psychologically in the society. (2005) MoLSA`s evidences have indicated that in Ethiopia, the children of streets viewed as social problem in Addis Ababa has been recognized by the government since 1974.Children of streets have a wide chance to expose the mental distress as the result of the harsh environment. The also try to cope with the situation and having experiences on resilience ability.

Mental distress or stress adversely impacts the mental health of street children. High levels of anxiety, depression, and suicidal thoughts are positively correlated with stress among street children in several studies (Menke, 2009). In addition, the link between stress and poor academic performance and cognitive functioning has been reported in previous research (Zima, Wells & Freeman,1994 &Tewodros Zelalem 2018). Therefore, it is very important for the street children population to be able to cope with stress in a positive manner. However, many street children cope with their high levels of stress in negative ways. Lonnie et al. (2013) have found that most street children cope with stressful events in the following ways: using alcohol or drugs, crying, attempting suicide, sleeping excessively, and running away from home.

A disturbing or unpleasant mental or emotional state, such as fear, anxiety, depression, confusion, mood-swings, strange ideas, your senses playing tricks on you etc. often producing physical symptoms or behaviors which impairing ability to cope with day-to-day living. Mental distress refers to a wide range of experiences from relatively mild and transitory states to more

chronic and severe conditions. Mental distress is common and can happen to anyone, 1 in 4 people will suffer from some form of mental distress at some point in their lives with as many as 1 in 50 experiencing chronic and severe conditions. The extent to which mental distress develops, whether in response to certain life-events or seemingly out of the blue is thought to result from a complex interaction between nature i.e. genetic makeup and your nurture i.e. past and present environment *(*Goldberg, D (2016): Distinguishing mental illness in primary care.

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities (DSM-5, P20).

Coping refers to the dynamic cognitive and behavioral efforts to handle both external and internal stressors (Lazarus & Folkman, 1984). It has been recognized as a stabilizing factor that may assist individuals in psychosocial adaptation during stressful events (Ali, 2011). The use of effective coping strategies enables the return to a stable state thereby reducing the negative effects of stress (Conticini& Hulme, 2007).

Coping strategies are defined as constructive ways in which people deal with the demands of living. The process of coping means that persons create a series of solutions to life's problems, solutions that can be changed in the future. Coping strategies include behaviors that are relevant to an active, effective person dealing with demands, often conflicting, of a biological, psychological and social nature (Kroeber, 1983, p. 179). Coping throws light of a specific kind of behavior, namely, on the adaptive quality of the children's behavior to street environments. From this approach the strengths of the children, the personal resources they call upon and develop are highlighted (Mathew Foley, 2013).

Coping strategies is a critical importance to attenuate the distress when a person experiences conflict with another. Coping strategies is not a new concept, and there has been a long history of theories that tried to distinguish different styles of coping strategies. Three most common

classifications for coping strategies include emotion-focused versus problem-focused coping, approach versus avoidance, and, lastly, cognitive versus behavioral (Sanaz Aazami 2015).

Most stress research has focused on testing the effects of coping strategies on negative outcomes such as distress, anxiety, and pathology. The present study focused on the effects of coping styles on the affective components of subjective well-being. Its main aim was to test differential associations between coping styles and positive and negative affect Ben zur (2009).

Resilience refers to the capacity of an individual or community to cope with distress overcome adversity or adapt positively to change. The ability to bounce back from negative experiences may reflect the innate qualities of individuals or be the result of learning and experience. Regardless of the origin of resilience, there is evidence to suggest that it can be developed and enhanced to promote greater wellbeing. Resilience is not regarded as a quality that is either present or absent in a person or group but rather a process which may vary across circumstances and time (University of Queenland, 2008).

The resilience concept recognizes vulnerable communities as the key actors in their own future. Resilience is the capacity of individuals, communities, institutions, businesses, and systems within a city to survive, adapt, and grow no matter what kinds of chronic distress or stresses and acute shocks they experience. Resilience is an agenda shared by actors concerned with threats to development, whether poverty, disaster, conflict or related. Resilience is an ability of an individual, a household, a community, a country or a region to withstand, to adapt, and to quickly recover from distress (DFID, 2015).

1.2 Statement of the Problems

As I have tried to assess several studies, so far there were few researchers who have touched about only mental distress level and coping mechanisms of children of streets. Hence, this research is a unique and very comprehensive to study the three domains that are children of streets are experienced in daily life. These domains are the measurement scale of mental distress, coping strategies and resilience capacity of children of streets.

The negative perceptions of the community towards children of the street make them in social exclusion, and the presence of positive perception to children on the street. It is concluded albeit the community supported children of street in different ways; it did not bring prolonged change on their life (Redea Tesfaye (2015). Children of street are viewed by community with suspicion, fear and majority of them fell that the general public disliked them and labeled them as trouble makers (Mahiderhiwot, 2014).

Negative attitude of the community is also one of the challenge that children of street faced. The majority of children of street felt that the general public disliked them, distinguished them as troublemakers and should be forcefully removed from streets (Zerihunb 2018).

Some studies have shown that children of streets` mental stressors are cumulative in nature and that ineffective coping behavior may lead to poor physical, emotional, or social outcomes (Menke, 2000). Few researchers have also studied the stressors and coping behaviors of children of street. Some stressors that they might experience include lack of sufficient food, clothing, and other material goods, family conflicts, unstable housing, and danger in their environments (Girmachew, 2006). In addition, children of streets may experience changes in the behavior of family members, fear of being separated from their parents, losses associated with being homeless, school drop-out, exposure to many strangers, and threatening situations on the streets and where they are staying (Davidhizar & Frank, 1992; Menke, 1998 & Tewodros, 2018).

Toomey and Christie (1990) found that children of streets identified as stressors the loss of things that facilitate acceptance by peers, such as special types of clothing, games, and fad items. These children might experience discrimination, feeling embarrassed for being poor and having decreased self-esteem. Polivka, Lovell, and Smith (1998) conducted a qualitative assessment of

inner city school aged children's perceptions of street children. They found that some children perceived them as being dangerous, unsafe, noisy, unfriendly, smelly, and ugly (Tewodros, 2018).

Children of the street in Addis Ababa, stadium area face infinite challenges when they live on the street - among them meeting their basic needs like food, cloth and finding decent and secure sleeping places, lack of access to services such as health, education and recreation are some of them. Besides violence is another challenge perpetuated by older boys, members of the public and the police, sexual abuse is also one of the main problems they face, as they are living unprotected and are highly vulnerable section of the society. Especially female children of the street are more vulnerable to street life than their male counterparts due to gender based violence and exploitation. Moreover, the result showed that mutual supporting groups with peers is one of the main coping strategy children of the street use among the different coping mechanisms while they are on the street as well as the process of socialization occurs when a new child arrives on the street (Sebrato, 2016; Zerihun, 2018).

As it can be inferred from these works the studies carried out on children of street at a different areas of the city, Addis Ababa were mainly concentrated on to explores the life experience, the perceptions of the community, the level of mental distress, the coping mechanisms and resilience building of children of streets. As the matter of fact, in Ethiopia, there is lack of full information on children of the streets because of the national census did not carry out since 2007. This research is, therefore, conducted to fill the research gap by investigating the mental distress, coping mechanisms and resilience building and their basic background of children of streets. factors leading to children on the street, their challenges and coping mechanism in the study area. Along with this, the life of the children of street that researcher perceived in a day to day life in the study area caught attention to do this research. The center of attention in this study is children of street between the ages of 10 to 17. This is done on the belief that those children above the age of 10 can easily understand and appropriately respond to the questionnaires.

1.3 Research questions

This study tried to address the following research questions:

- What is the level of mental distress of street children?
- What are the major coping strategies of street children?
- What is the status of resilience among street children?
- Is there a statistically significant relationship between mental distress and resilience after adjusting for socio-demographic variables?

1.4 Objectives of the Study

1.4.1 General Objectives

The main objective of the study was to assess the basic background, mental distress measurement scale, coping strategies measurement scale and resilience building level of homeless children of streets in selected sub-cities of Addis Ababa.

1.4.2 Specific Objectives

The specific objectives of the study included:

- To find out the level of mental distress of street children
- Assess the major coping mechanisms of children on the streets
- To investigate resilience status of street children
- To investigate whether there is a statistically significant relationship between mental distress and resilience after adjusting for socio-demographic variables

1.5. Operational definition of Terms

- Children- people under the age of 18
- Children of the street- are homeless children who live and sleep on the streets in urban areas. They are totally on their own, living with other street children or homeless adult street people.

- Mental distress or psychological distress is a range of symptoms and experiences of children of the street's internal life that are commonly held to be troubling, confusing or out of the ordinary.
- Coping mechanisms- are the strategies children of the street often use in the face of stress and/or trauma to help manage painful or difficult emotions.
- Resilience- is that ineffable quality that allows some people to be knocked down by life and come back stronger than ever.

1.6 Significance of the Research

This research is an essential to highlight and provide the knowledge, experiences and necessary information concerning the mental distress of children in the streets that they are faced. Further, the thesis is emphasized on coping mechanisms and the resilience building and ability of the children in the streets to avoid the mental distress. Besides, the study is a useful as a reference for the actors deal with children in streets such as GOs and NGOs. It also gives important inputs for researchers to carry out further assessment and take measures to mitigate the problems that children are faced in the streets. The study is played a crucial role for decision makers to develop a sustainable program for children in streets. It is given a detail about evidence especially in about mental distress measurement scale level, the coping strategies of children in the streets and the resilience ability and building to restoration the life from the mental distress.

1.7 Scope of the study

The purpose of the thesis is to assess the mental distress, coping mechanisms and resilience building of the children in the streets. The study has been done in four central sub cities of Addis Ababa City administration where children of streets mostly prefer to live. These are Addis Ketma, Arada, Gullele and Kirkos Sub Cities. In general, the four target sub cities have been selected after discussing and consensus with Addis Ababa City Administration Bureau of Social and Labor Affairs (BoLSA) who has branch offices in each ten sub city of Addis Ababa. The data have been focused in four tools. These are background, mental distress, coping strategies and resilience building of the children in the streets.

1.8 Limitation of the Research

The researcher is a self-sponsor and variety of limitations faced him mainly in financial and others. As the result, he has not conducted the research in more than four sub cities. The core limitations were indicated as below:

- There was difficulty to get a published statistical data by government and/or relevant organizations especially from 2015 - 2018 that indicates on children of street status; many partners and even MoLSA also are referred the national census information that had been conducted in 2007.
- The researcher addressed only four sub cities out of ten sub cities in the capital due to limitation of capacity in logistics.
- Less number of girls were participated in the study and this was limitation to analyze in comparatively with boys.
- It was inconceivable to meet with parents/guardians for further information in terms basic demographic background due to remote of birth places of the participants.
- Some participants were not popular in Amharic language except Afan Oromo. Therefore, skillful translators immediately were employed by high rate of perdiem despite shortage of money as the researcher is self-paid and
- The target children of streets were not available at one fixed area regularly due to finding their daily meals even within the same sub city; so some of them were attended after frequently appointments.

In general, despite of these potential limitations, the researcher has successfully collected the quality data by mobilizing and mentoring the enumerators who are assigned by government (MoLSA) and responsible as the frontline for the people at risk those are orphans, children with disabilities especially for children of street in their respective sub city.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

The literature review discusses about public images towards children of streets, theoretical explanation of mental distress on children of streets, their experiences about coping strategies, resilience building of the environment. In addition, the chapter provides knowledge about root causes or pushing and pulling factors and reviewing few best practices and achievements of certain countries to improve life of children of streets to obtain some knowledge to synchronize with our context.

2.2 Public Images towards Children of Streets

The public image towards children of streets, some writers assessed related to culture and norms. For instance, traditionally in an African society, a child was normally a member of a community and could not be separated from it. This meant that even the entitlement that a child deserves was a community matter (Kopoka, 2000). Again he also observes that in traditional East African societies, the child was educated and socialized by the community for membership in to the community. A child in Africa used to be the responsibility of each individual member of society and therefore children had no need to fend for themselves. They were loved and cared for by society. Today, children are the responsibility of individual parents and are ignored by the rest of the community (Kobaka, 2000, in Zerihun, 2018).

The children of street are marginalized and rejected by virtually all section of the urban community and are relegated, that inevitably, to the position of social reject. Children of streets get absorbed in the big bad world of the urban streets, they get introduced to substance use, start getting engaged in diligent behaviors, and get pushed by their peers or experience pressure from the gangs to get involved in criminal activities. As a result of this, children of street are seen as a problem, and a threat to society instead of reviewed as children with problem who need help from society (Campbell and Williams, 2007, in Shimels 2015).

They are also perceived as transgressors because they often use drugs, commit robbery and make noise. These negative perceptions and attitudes consequently lead to poorly designed and inefficient intervention programs aimed at grappling with the children on the street phenomenon (Boaten, 2006).

Like in any other country, the public view on children of street in Ethiopia is overwhelmingly negative. Children of street are viewed with suspicion and fear. Many people simply like to see them living children disappear (Mahiderhiwot, 2014). On the other side, majority of the children of street fell that the general public disliked them, labeled them as ―Trouble makers and wanted them be forcefully removed from street (Kibrom, 2008). However, there are various groups and individuals who see children on the street all the way from angelical to diabolical. According to Tacon (1991) cited in Mahiderhiwot (2014, in Zerihun 2018

2.3 Theoretical Framework of Mental Distress

Several researches are witnessed that mental distress is defined as the following. Mental distress is a disturbing or unpleasant mental or emotional state, such as fear, anxiety, depression, confusion, mood-swings, strange ideas, your senses playing tricks on you etc, (often producing physical symptoms or behaviors) often impairing your ability to cope with day-to-day living. Mental distress refers to a wide range of experiences, from relatively mild and transitory states to more chronic and severe conditions (altham.com. 2010).

Wikipedia also defines the mental distress: Mental distress (or psychological distress) is a term used, both by some mental health practitioners and users of mental health services, to describe a range of symptoms and experiences of a person's internal life that are commonly held to be troubling, confusing or out of the ordinary. Mental distress has a wider scope than the related term mental illness. Mental illness refers to a specific set of medically defined conditions. A person in mental distress may exhibit some of the symptoms described in psychiatry, such as: anxiety, confused emotions, hallucination, rage, depression and so on without actually being 'ill' in a medical sense (en.wikipedia.org › wiki › mental distress).

As the result the streets children are vulnerable for exposure to poly-victimization that might lead them to mental distress or psychological distress. They face various types of physical abuse, sexual violence, bullying and exposure to violence, neglect, drug abuse. These children may

suffer severe mental health outcomes due to chronic exposure to psychosocial distress, specifically anxiety and depression. An analytical review of the literature was undertaken to examine the research studies on the psychological and social impact of the living condition on the street children from both a national and global lens. Research evidence indicates that there is a strong correlation between mental health and overall holistic development of the individual (Tushar, 2019).

The impact of mental disorders among homeless people is likely to be substantial in low income countries because of underdeveloped social welfare and health systems. As a first step towards advocacy and provision of care, we conducted a study to determine the burden of psychotic disorders and associated unmet needs, as well as the prevalence of mental distress, suicidal ideation, and alcohol use disorder among homeless people in Addis Ababa, the capital of Ethiopia (Fekadu, 2014).

Mental distress has a power to influence others. Caregivers are people who take care of others, often parents, spouse, or children with special medical needs or disability and they play an important role in the management of patients with epilepsy. Care giving is a broad responsibility, including not only practical help and care but also emotional support. Care is more often very stressful task that creates social, emotional, behavioral, and financial challenges for the caregivers, making them prone to mental distress like depression, anxiety, and somatic problems.

Mental illness influences not only the primary individuals having the diagnosis but also families, friends, and important others around them. Mental distress among caregivers manifests itself with different levels of depression, anxiety, mood disturbances including losing of hope, feeling sad, loneliness, isolation, fearfulness, being easily bothered, nervousness, somatic symptoms such as headache, fatigue, and insomnia arising from providing care for the person in problem.

Care giving is a time-consuming responsibility, creating social, emotional, behavioral, and financial problems for the caregivers and causes various limitations on their personal life. Caregivers within the family have often been described as forgotten patients. Caregivers experience psychological distress including mood swing, fatigue, headaches, joint and muscle pains, and marital and family conflicts.

Cross-sectional studies suggested that caregivers of patients with epilepsy experience considerable emotional distress. Caregivers who experience high burden are at risk of developing clinical disorders including depression and anxiety.

Epilepsy is the most common chronic neurological disorder characterized by recurrent or multiple seizures. It accounts for 1% of the global burden of disease and affects over 65 million people worldwide. The World Health Organization also estimates that 80% of people with epilepsy live in low- and middle-income countries. The incidence and prevalence of epilepsy are thought to be higher in low- or middle-income countries than in high-income countries. About 3-4 million Africans suffer from epilepsy where the treatment gap is estimated to be 80%.

A range of factors such as giving care for younger patients, being unemployment, staying longer duration of illness, living in rural area, having family history of epilepsy, having low social support, and experiencing stigma were factors associated with mental distress in caregivers of patients with epilepsy. Similar studies also showed that epilepsy is associated with stigma both to the patient with epilepsy as well as the patients' family. Despite being aware about the situation of mental distress among caregivers of patients with epilepsy in different settings, unfortunately we do not know about the psychological burden of epileptic caregivers in relation to their care giving role in Ethiopia. Therefore, this study aims to determine prevalence and factors associated with mental distress among caregivers of patients with epilepsy at Amanuel Mental Specialized Hospital, Addis Ababa, Ethiopia (Sofia, 2018).

Millions of children throughout the world live on the street. These children are among the most deprived; they usually have no access to health care or education and some of them have been victims of violence even before taking to the street. Street children are seen by many as worthless, and many countries have used violent and punitive measures to remove them. Recently new approaches have been introduced that aim to restore these children to their families and societies. Most estimates of the number of street children fail to give a definition of street children or details of the method of counting. Nevertheless, published estimates, which are essentially informed guesses, are quoted by different authors until they become accepted as fact. In 1986 the United Nations Department of International Economic and Social Affairs estimated that there were 30-170 million street children worldwide. The large range illustrates how difficult it is to count street children accurately. Several related economic, social, and political factors

have been linked with the phenomenon of street children. Land reform, population growth, drought, rural to urban migration, economic recession, unemployment, poverty, and violence have all been implicated. Brazil, which is thought to have the highest numbers of street children in Latin America, has one of the most unequal distributions of wealth in the world: the top 20% of the population receive 26 times the income of the bottom 20%, and half the population survive on 14% of the national income. Street children have been described as victims of "economic violence (Scarlon, 1998).

Street children are poor or homeless children who live on the streets of a city, town, or village. Homeless youth are often called street kids or street child; the definition of street children is contested, but many practitioners and policymakers use UNICEF's concept of boys and girls, aged under 18 years, for whom "the street" (including unoccupied dwellings and wasteland) has become home and/or their source of livelihood, and who are inadequately protected or supervised. Some street children, notably in more developed nations, are part of a subcategory called thrown-away children, consisting of children who have been forced to leave home. Thrown-away children are more likely to come from single-parent homes. Street children are often subject to abuse, neglect, exploitation, or, in extreme cases, murder by "clean-up squads" that have been hired by local businesses or police (Thomas, 2009).

The present report analyses the circumstances of children working and/or living on the streets. It concludes that the actual number of children who depend on the streets for their survival and development is not known and that the number fluctuates according to socio-economic, political and cultural conditions, including growing inequalities and patterns of urbanization. The report analyses the causes that lead children to the street and the challenges they face in their everyday lives. It recognizes that before reaching the streets, children will have experienced multiple deprivations and violations of their rights. The report makes a number of recommendations to States and draws attention to this moment of opportunity when States are developing or strengthening comprehensive child protection systems; civil society organizations are consolidating promising specialized interventions; data collection is becoming more systematic and research more participatory. As requested by the Human Rights Council, children working and/or living on the street have been consulted in the preparation of the present report. Investing

in children in street situations is essential to building a society that respects human dignity, because every child counts (UN-OCHR, 2012).

Psychological distress or dysfunction may well be the appropriate focus of treatment to improve sleep. Clinicians or researchers interested in the psychological correlates of sleep disorder may use measures of global psychological functioning, such as the Brief Symptom Inventory (Derogatis, 1993). Measures of a specific psychological disorder, such as anxiety or depression, can be used such as the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, &Erbaugh, 1961), or the State Trait Anxiety Inventory (Spielberger, Gorsuch, &Lushene, 1970). Finally, health care providers may choose to assess cognitive functioning, with a brief questionnaire, such as the Short Portable Mental Status questionnaire (Pfieffer, 1975). Such measures are used to gain a snapshot of a patient's psychological status and to determine if a more comprehensive psychological evaluation is warranted. Unless severe cognitive deficit, psychopathology or personality disorder is suspected, lengthy and costly measures such as neuropsychological assessment batteries or comprehensive personality assessments are typically not warranted (Trevorrow, 2010).

As several scholars emphasize that mental distress or psychological distress is a term used, both by some mental health practitioners and users of mental health services, to describe a range of symptoms and experiences of a person's internal life that are commonly held to be troubling, confusing or out of the ordinary.

Mental distress has a wider scope than the related term mental illness. Mental illness refers to a specific set of medically defined conditions. A person in mental distress may exhibit some of the symptoms described in psychiatry, such as: anxiety, confused emotions, hallucination, rage, depression and so on without actually being ‘ill’ in a medical sense (Altham.com 2010).

Mental distress or mental health is more than the mere lack of mental disorders. The positive dimension of mental health is stressed in WHO’s definition of health as contained in its constitution: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one’s intellectual and emotional potential. It has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal

stresses of life, work productively and fruitfully, and make a contribution to their communities. Evidences show that mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder.

Scholars emphasize that, mental distress or mental health problems not affect only the individual but society as a whole. Mental distress is a major challenge to global development. The actors concern on mental distress pointed out that - no group is immune to mental distress or mental disorders, but the risk is higher among the poor, homeless, the unemployed, persons with low education, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly. For all individuals, mental, physical and social healths are closely interwoven, vital strands of life. As our understanding of this interdependent relationship grows, it becomes ever more apparent that mental health is crucial to the overall well-being of individuals, societies and countries. Evidences indicated that unfortunately, in most parts of the world, mental health and mental disorders are not accorded anywhere the same importance as physical health. Rather, they have been largely ignored or neglected.

Psychological distress or dysfunction may well be the appropriate focus of treatment to improve sleep. Clinicians or researchers interested in the psychological correlates of sleep disorder may use measures of global psychological functioning, such as the Brief Symptom Inventory (Derogatis, 1993). Measures of a specific psychological disorder, such as anxiety or depression, can be used such as the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, &Erbaugh, 1961), or the State Trait Anxiety Inventory (Spielberger, Gorsuch, &Lushene, 1970). Finally, health care providers may choose to assess cognitive functioning, with a brief questionnaire, such as the Short Portable Mental Status questionnaire (Pfieffer, 1975). Such measures are used to gain a snapshot of a patient's psychological status and to determine if a more comprehensive psychological evaluation is warranted. Unless severe cognitive deficit, psychopathology or personality disorder is suspected, lengthy and costly measures such as neuropsychological assessment batteries or comprehensive personality assessments are typically not warranted.

A study conducted by Family Housing (2009) in USA also shows that street children between the ages of six and 17 have a very high rates of mental disorders compared to children under

family care. Based on this finding, one-third of street children have at least one major mental disorder that interferes with daily activity. Almost half (47 per cent) have problems with anxiety, depression, or withdrawal, compared to 18 per cent of children with family support. Thirty-six per cent demonstrate delinquent or aggressive behavior, compared with 17 per cent of children living with their families. Finally, the research concluded that, the stress of homelessness in children can lead to insecure attachments to others, poor self-esteem, and dysfunctional personality development.

Regardless of their group differences, all street children witness many unpleasant incidents, which may prone them to a range of psychosocial problems such as depression, anxiety, substance abuse, unprotected sexual encounters, and various other misbehaviors (Hamid, Seyed, Shariat, Sharif, & Mohammad, 2007). As Davey (1998) research shows, street children experience high number of stressful events and have low self-esteem; the majority of children who participated in the study were also found in the clinical range for emotional adjustment and behavioral problems. Apparently, this situation tends to exacerbate and more stress exhibited as the longer a child is exposed to a homeless life style (HCH Clinicians' Network, 2000; cited in Tewodros, 2018).

2.4 Coping, Adaptive and Maladaptive Strategies

Coping is defined by several professionals and organizations because of its broad functions in all development. Coping is a very broad concept with a long and complex history. Several distinctions have been made within the broad domain; indeed, it might even be said that a bewildering number of distinctions have been made. The distinction that launched modern examination of coping was that between problem-focused and emotion-focused coping. Problem-focused coping is directed at the stressor itself: taking steps to remove or to evade it, or to diminish its impact if it cannot be evaded. For example, if layoffs are expected, an employee's problem-focused coping might include saving money, applying for other jobs, obtaining training to enhance hiring prospects, or working harder at the current job to reduce the likelihood of being let go. Emotion-focused coping is aimed at minimizing distress triggered by stressors. Because there are many ways to reduce distress, emotion-focused coping includes a wide range of responses, relaxation, seeking emotional support, to expression of negative emotion (e.g., yelling, crying), to a focus on negative thoughts (e.g., rumination), to attempts to escape stressful

situations (e.g., avoidance, denial, wishful thinking). Problem-focused and emotion-focused coping have distinct proximal goals. The proximal goal determines the response's category assignment. Some behaviors can serve either function, depending on the goal behind their use. For example, seeking support is emotion focused if the goal is to obtain emotional support and reassurance, but problem focused if the goal is to obtain advice or instrumental help. Problem- and emotion-focused coping can also facilitate one another. Effective problem-focused coping diminishes the threat, but thereby also diminishes the distress generated by that threat. Effective emotion-focused coping diminishes negative distress, making it possible to consider the problem more calmly, perhaps yielding better problem-focused coping. (Carver, Charles S.; Connor-Smith, Jennifer, 2010).

The most common coping strategy is called anxious avoidance. This coping strategy refers to the avoidance anxiety-provoking situations. Unfortunately, if a person does not confront the feared situation, and instead avoids it, their fear will mostly likely be maintained. An avoidance coping strategy serves to maintain anxiety disorders because the person never has the opportunity to learn that they can tolerate their anxiety. Likewise, they cannot have new experiences that would allow them unlearn the faulty beliefs they have come to associate with the situation. Unfortunately, the strategy of avoidance is successful in the sense it temporarily "takes away" the unpleasant experience of anxiety. Through a learning process called operant conditioning the person learns to avoid the negative experience of anxiety. According to the principles of operant conditioning, a behavior that serves to remove an unpleasant consequence (in this case, the reduction or elimination of anxiety symptoms) will cause that behavior to increase. In other words, the reduction in symptoms will cause avoidance to occur again. This is called negative reinforcement. Negative reinforcement means the removal of something that causes an increase in a behavior (reinforcement). To make matters worse, avoidance eliminates opportunities to learn how to tolerate, to master, or to overcome the fear-producing situation (Matthew , 2011).

Most stress research has focused on testing the effects of coping strategies on negative outcomes such as distress, anxiety, and pathology. The present study focused on the effects of coping styles on the affective components of subjective well-being. Its main aim was to test differential associations between coping styles and positive and negative affect, using secondary analysis. The data were derived from 3 studies (n = 480) in which various samples adolescents, university

students, and a general population participant completed trait version questionnaires of coping and affect. The main results, based on correlation and multiple regression analyses, showed that problem-focused coping was positively related to positive affect and negatively related to negative affect, whereas avoidance coping showed the opposite pattern of associations with positive and negative affect. Most important, problem-focused coping was found to be a moderator of avoidance coping effects on both positive and negative affective responses (Ben-Zur, 2009).

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. Two general coping strategies have been distinguished: problem-solving strategies are efforts to do something active to alleviate stressful circumstances, whereas emotion-focused coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events. Research indicates that people use both types of strategies to combat most stressful events (Folkman & Lazarus, 1980). The predominance of one type of strategy over another is determined, in part, by personal style (e.g., some people cope more actively than others) and also by the type of stressful event; for example, people typically employ problem-focused coping to deal with potential controllable problems such as work-related problems and family-related problems, whereas stressors perceived as less controllable, such as certain kinds of physical health problems, prompt more emotion-focused coping. Coping skill can be conceptualized as a combination of coping style and range of implementable coping strategies. Coping style is a mixture of attribution style (perceived source of stress, locus of control, optimistic or pessimistic outlook on finding a solution) and personality characteristics, such as risk tolerance, sense of self-efficacy, and introversion or extroversion. Coping strategies reflect the repertoire of responses to the stress that the individual has available and can use successfully. Whereas personality is relatively fixed, coping strategies can be taught explicitly or through modeling. Coping strategies can be divided into three major categories: active coping, passive coping, and avoidance. An approach like music therapy, discussed later, combines active and passive coping (Olle Jane Z. Sahler, John E. Carr, 2009).

Coping mediates between antecedent stressful events and distressing consequences. A coping style is a typical manner of confronting a stressful situation and dealing with it. There are three basic coping styles: task-oriented, emotion-oriented, and avoidance-oriented (Endler, 1997). Task-oriented coping consists of efforts aimed at solving the problem. Emotion-oriented coping involves emotional reactions; and avoidance-oriented coping involves activities and cognitions aimed at avoiding the stressful situation and can be of a distraction or social diversion nature. One can also conceptualize and investigate coping in terms of how individuals respond to specific stressful situations, such as coping with an illness (Endler, 2001).

Since the 1980s the most widely accepted definition of coping has described coping as:

a. constantly changing
b. involving both cognitions and behavior
c. effortful
d. concerned with the management of specific demands, and
e. present when demands from within or outside of a person are evaluated as taxing or exceeding that person's resources.

Key features of this definition focus on the process of coping, noting that coping is not trait-like. Coping fluctuates across situations, although there is also stability in coping. The management aspect of this definition also is emphasized. Coping efforts may not always be successful. Some of the cognitive and behavioral strategies individuals use to manage stress lead to better adjustment, while other strategies result in worse adjustment. A third feature of the definition is that coping is a psychological construct, in that it involves evaluations or appraisals of a situation as exceeding a person's resources to manage the situation. Finally, coping involves voluntary and effortful responses. Individuals respond in broad ways to stress, and those responses include both voluntary and involuntary (automatic) reactions. Coping refers to the effortful responses people make to manage a situation or their emotional responses to it (African Food Agro, 2020).

All above explanations, studies, and lessons given towards of coping mechanisms are indicted continuum efforts and strategies are important to overcome the distress that happen in our long life journey. However, be in optimistic mood and having a bright vision, goals and clear

implementing strategies are basic to reach the benefits at end. We understood further from the definitions, there is one cross-cutting formula on coping mechanisms. Flexibility, patience and situational analysis and consider the contexts are crucial elements for success coping mechanisms as directly or directly learned from the theories.

As presented above, faced with the daily stresses that accompany street life, street children use several coping strategies to survive and furthermore, to make life less stressful for themselves. These children use adaptive as well as maladaptive strategies to negotiate the stresses of street life (Kombarakaran, 2004). There is perhaps no better place to observe children's resilience than on the street; what Conticini and Hulme (2007) call a 'display' of coping strategies. Survival strategies can be effective or ineffective in solving problems, but they are always specific to local conditions and problems (Tsedey, 2005). This was particularly illustrated by studies conducted on immigrant experience of adapting to a new environment which proved that strategies are context specific and often maladaptive in other settings (Busse, 2002). Survival for street children and youth means several things at one and the same time. It could generally mean securing food, shelter, clothing and protection against violence and other forms of abuses (Tsedey, 2005). Therefore, one common coping mechanism used by most of the street children to deal with the different problems and the violence they face on the street is forming strong social networks among themselves (Mahiderehiwot, 2014). According to Girmachew (2006), having social networks gives street children a chance to discuss their daily experiences, problems, challenges, future aspirations and opportunities. Living communally allows children to socialize and cope with the urban challenges.

Tsedey (2005) conducted a research on street children of Addis Ababa and she stated that 'the most crucial means of survival for many street children is to organize themselves into intimate groups or cliques. Street children miss the family life and protection it provides, so they seek security in the group. It provides a chance to find a temporary shelter and for migrants' (Tewodros, 2018).

Adaptive versus maladaptive: the adaptive coping strategies, which traditionally benefit or positively affect the lives of those who use them (Folayan, et al., 2016). Examples of this approach include religious/spiritual coping such as praying and reading scripture

(Stolzfus&Farkas, 2012); exercise (Cairney, Kwan, Veldhuizen& Faulkner; 2014); meditation; listening to music; and socializing with friends and family (Feld &Shusterman, 2015). Overall, researchers concluded prosocial behaviors like these effectively can help to combat the negative 8 consequences of stress, including the mental health challenges mentioned above (Raposa, et al., 2015).

The other form of coping is maladaptive coping, refers to methods often leading to adverse consequences including some of the mental health challenges described earlier. Prior research divided maladaptive coping into two different categories, emotional, in which individuals respond to a situation confrontationally or with an excessive emotional response, and avoidance-based, where individuals actively delay response to a situation or completely evade a stressful situation through isolation or other maladaptive behaviors (Folkman& Lazarus, 1988; McHugh, Reynolds, Leyro, & Otto, 2013; Folayan, et al., 2016).

Maladaptive coping behaviors can include drinking (Woolman, Becker, &Klanecky, 2015), smoking (Mackey, McKinney, &Tavakoli, 2008), drug use, overeating (Feld &Shusterman, 2015), and other unbeneficial behaviors. Historically, these coping strategies can lead to negative effects on one's life including but not limited to addiction (Furnari et al., 2015) cited from thesis of (Sinjin M.P. Roming, BS 2018).

The adaptive coping mechanism is the designing different strategies and paying sacrifices and continuum efforts to overcome the adversity without giving up. To the contrary, maladaptive coping mechanisms is one strategy which people at risk especially children in street in particular. Social isolation and avoidance behavior are maladaptive coping strategies reported by adolescent suicide attempters. More adolescent suicide attempters report using social withdrawal when faced with a problem than normal control subjects (SpiritoOverkolser, et al., 1989). However, the use of social withdrawal among adolescent suicide attempters is similar to that found among non-suicidal psychiatrically hospitalized adolescents (Spirito, Francis, Over-holser, & Frank, 1996).

Both groups reported using social withdrawal as a maladaptive coping strategy. These findings suggest that it is important for clinicians to address avoidance behavior. For example,

adolescents who attempt suicide maybe similar to non-suicidal adolescents in the sense that they attempt to use a number of coping strategies prior to the suicide attempt. However, they may use more maladaptive cognitive strategies and at a certain point, withdraw from social contact, which may increase the risk of a suicide attempt. This may be a sequence effect; adolescent suicide attempters may initially use adaptive coping strategies, then move on to maladaptive strategies, and finally withdraw prior to an attempt (Anthony 1998).

2.5 Resilience

Resilience is one instrument to keep self in panic situations such children in the streets in particular. Psychologists define resilience building as the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems, or workplace and financial stressors. There are many aspects of your life you can control, modify and grow with. That's the role of resilience. Becoming more resilient not only helps you get through difficult circumstances, it also empowers you to grow and even improve your life along the way. Resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. Three resilience phenomena are reviewed: (a) good outcomes in high-risk children, (b) sustained competence in children under stress, and (c) recovery from trauma. It is concluded that human psychological development is highly buffered and that long-lasting consequences of adversity usually are associated with either organic damage or severe interference in the normative protective processes embedded in the care giving system. Children who experience chronic adversity fare better or recover more successfully when they have a positive relationship with a competent adult, they are good learners and problem-solvers, they are engaging to other people, and they have areas of competence and perceived efficacy valued by self or society. Future studies of resilience will need to focus on processes that facilitate adaptation. Such studies have the potential to illuminate the range and self-righting properties of, constraints on, and linkages among different aspects of cognitive, emotional, and social development (Masten, A. S.; Best, K. M.; Garmezy, N.1990).

The dynamic nature of resilience necessitates that children from high-risk backgrounds who are functioning adaptively despite experiences of adversity must be examined over time. In the current investigation, the adaptation of school-age maltreated and non-maltreated socio-

economically disadvantaged children was examined over 3 consecutive years. In accord with predictions, a higher percentage of no maltreated children than of maltreated children were found to be resilient. Moreover, a higher percentage of maltreated than of no maltreated children were shown to exhibit functioning consistently in the low adaptive range. Differential predictors of resilience were found in maltreated and non-maltreated children. Specifically, for maltreated children, positive self-esteem, ego resilience, and ego over control predicted resilient functioning, whereas relationship features were more influential for no maltreated children. These findings are discussed in relation to the unfolding of resilient self-organizational strivings in maltreated and no maltreated children (Cicchetti, D.; Rogosch, 1997).

Research on childhood wellbeing has resulted in limited knowledge regarding other aspects of resilience in families, such as that of parents. Informed by literature in childhood and family resilience, in this review, we progress conceptual understanding by focusing on parental resilience. The definition of parental resilience, as the capacity of parents to deliver a competent and quality level of parenting to children despite the presence of risk factors, is offered here as a worthwhile framework through which to explore variables thought to contribute to resilience among parents. A conceptual model is proposed whereby parental psychological wellbeing and self-efficacy, family functioning, and social connectedness are specifically addressed, with each posited as playing an important role in parents' ability to deliver high quality parenting. In addition to these factors, how parents accommodate adversity and find meaning in their everyday lives within their families is hypothesized to be an important process in understanding parental resilience (Denny, 2015).

Resilience is interestingly a term taken from the physics of materials, i.e. the property of a material that enables it to resume its original shape or position after being bent, stretched, or compressed viz. elasticity. In psychiatry, resilience stands for one's capacity to recover from extremes of trauma and stress. It is attributes of some people who manage to endure and recover fully, despite suffering significant traumatic conditions of extreme deprivation, serious threat, and major stress. Resilience in a person reflects a dynamic union of factors that encourages positive adaptation despite exposure to adverse life experiences. Resilience is associated with mental health and considered to be essential as a component of successful psychosocial adjustment. Increasing attention is drawn in recent years to the potential role that personality and

neurobiology might play in determining resilience. In case of children; resilience may stand for successful adaptation to extreme events such as maltreatment or poverty. It may be more evident in all stressful situations in form of how these children respond to the everyday social, physical, and intellectual challenges faced by them (Shastri, 2013).

Resilience may not be the end-all and be all of personality traits, it's such a hot topic for good reason: it is a wonderful trait to have, it is related to a plethora of positive outcomes and perhaps most important of all it can be improved. Resilience is that ineffable quality that allows some people to be knocked down by life and come back stronger than ever. Rather than letting failure overcome them and drain their resolve, they find a way to rise from the ashes. Resilience isn't about floating through life on a breeze, or skating by all of life's many challenges unscathed; rather, it's about experiencing all of the negative, difficult, and distressing events that life throws at you and staying on task, optimistic, and high-functioning. In fact, developing resilience basically requires emotional distress. If we never ran into disappointment in the first place, we would never learn how to deal with it (Rutter, 2000).

Psychological resilience, occasionally referred to as mental fortitude, is defined as the role of an individual's mental processes and behaviors in his/her ability to withstand or adapt to demanding environments. Individuals operating in a sport environment encounter a variety of difficulties and challenges, potentially ranging from daily hassles to major events, and how they react to such stressors has the potential to affect their well-being and performance. The complex regulation of emotion by the brain and the consequences of change are the focus of the psychopathology of vulnerability and psychological resilience. Stress plays a role in mental disorders, both as a causal factor and as an outcome of disordered thought and disrupted interpersonal relationships (Carsten, 2019).

The term resilience has been conceptualized in various different but related ways, across a range of disciplines including engineering, ecology, economics and psychology. Psychological resilience has been defined as a dynamic psychosocial process through which individuals exposed to sustained adversity or potentially traumatic events experience positive psychological adaptation over time. Experts in the field have described psychological resilience as involving the interaction of protective mechanisms across levels, including factors such as supportive family and relationships, effective coping skills, culture and neurobiology. Resiliency has also

been described and measured as a set of characteristics that facilitate positive adaptation. However, conceptions of resilience as a dynamic process, a set of characteristics or as activated through protective mechanisms are complimentary rather than mutually exclusive. Resilience is a developmental process, unfolding over time and circumstances. Resilience is developmental, both in the sense that childhood and adolescence are critical periods to lay foundations for functioning in adulthood and that individuals change and grow throughout life. Resilience is not an outcome, but a process, although 'resilient outcomes' may denote achievements thought to be remarkable given an individual's circumstances. Resilience is not a box to tick; it is an ongoing process of meaning-making and growth in which the only reliable constant is the mutually dependent capacity of the individual and their environment for change (Graber, 2015).

The resilience building is the process in human being as many authors agreed here above. It is an adaptability that enables the person who is under pressure to have a positive attitude toward themselves and the environment phenomenon. Resilience is the restoration process to go back to the original healthy and happy situations of the persons. It is a capacity building process through trial and error without discouraging journey to minimize the risks and achieving results and redesign a positive insight for next outcomes.

2.6 Factors that Expose Children in to Streets

2.6.1 Pushing Factor Elements

Many research findings have shown us towards definition of pushing and pulling factors. Some of them stated that push and pull factors in geography refer to the causes of migration among people. The reasons can be social, economic, environmental or political in nature. People migrate from a place because of unsustainable conditions such as: unemployment often, people leave places where they are less likely to get employment (such as rural areas) and go to urban areas where job opportunities are more plentiful. This factor has been the major reasons cities and towns are highly populated. Individuals leave their homes to search for employment in more industrialized areas. Insecurity also people move away from places that experience terrorism, violence, and high levels of crime. They move in search of peaceful and secure environment. Due to scarcity of land people are forced to migrate in search of more land to cultivate and live in. Individuals in need of undertaking extensive agriculture move to less populated areas.

Political instability again the effects of politics force people to move out of their homes or even countries, in search of a peaceful environment and drought and famine. Some communities are nomads in that they move away from their land in periods of severe drought and famine in search of water and food (worldatlas.com).

Economy plays a vital role in human progress and social development. Accordingly, family poverty is a factor that pushes children on the street. For example, every individual to family member needs enough economic resources to survive or to make their lives comfortable, i.e., food, clothes, shelter, healthcare, education, child care and child welfare. Those families who are living under the poverty line cannot give proper care to their children. Children will become subject of negligence, this leads them to leave home and start to make their own group on the street (Loknath, 2014 cited in Zerehun, 2018.

Understanding why many children work on the streets while others live there, and how causal factors differ by gender, is important to design effective and sustainable actions for them. In 2007, it was reported that between 250,000–300,000 children lived and worked on streets across Kenya. Situational factors such as poverty, political instability, violence, physical/sexual abuse, being orphaned, drug abuse, unplanned pregnancies and family conflicts. Children in sub-Saharan Africa report a variety of reasons for leaving home: lack of food and basic necessities, emotional neglect, being unwanted by stepparents, abuse from parents or caregivers, as well as a desire for independence and work opportunities (Ballet, Bhukuth, &Radja, 2013: Kaime-Atterhög&Ahlberg, 2008: Plummer et al., 2007: Sorber et al., 2014 & Young, 2004).

Coming from households that are poor, large in size, lack one or both parents, contain polygamy fathers are low in support in which there is violence or alcohol abuse, and in which parents have lower education predicts children's migration to the street (Aderinto, 2000: Ballet et al., 2013: McAlpine, Henley, Mueller, & Vetter, 2010: Sorber et al., 2014; Sorre&Oino, 2013: Strobbe, Olivetti& Jacobson, 2013: Veale&Donà, 2003). Difficult home circumstances acting as a push factor to the streets has been reported in other resource-constrained settings and it has been suggested that improving conditions in the home through income-generation projects and community development are vital in mitigating street involvement. However, in Kenya it is evident that any intervention also needs to address traditional brewing and familial substance use that strongly influences street children's engagement in substance use (Mary L. Plummer 2007).

There are macro-level causes that push children onto the streets including poverty and economic need, the impact of structural adjustment programs, war, rural-urban migration, famine, HIV/AIDS and politically instigated violence. Then there are micro-level causes, which are predominantly concerned with internal family dynamics. Poverty is the most cited response in street-children studies. Many families have broken up and children left to fend for themselves. As a result of family disintegration the proportion of the number street children in urban areas has reached alarming proportions (Dinku, 2005). Many families are also increasingly characterized by absence of parents, lack of communication between parents and children, alcoholism and domestic violence. Many children run away to the streets to avoid violence and abuse in the family (Kopoka, 2000:9). Together with the high rate of family disintegration, children and parents reported physical abuse as a major factor pushing children away from home. Domestic violence especially physical and sexual abuses of children were among the main reasons why a large number of children run away from their homes and end up on streets (Bibars, 1998:2002). Parental illness (physical and mental), and drug and alcohol use among the fathers and stepfathers were considered as precipitating factors for family disruption. Children frequently used drugs, and said that drugs were easily obtained within the neighborhood and that parents usually punish their addicted children which in turn forces children to move away from the home (Abdelgalil, Gurgel, Theobald, Cuevas, 2004).

Family violence especially step father or step mother maltreatment leads children to become or end in street. Extreme physical abuse in the home promotes rebellious attitudes among many adolescents, and the children begin to perceive leaving the family as an alternative for their dependence and emancipation from their parents' abusive behavior (Boakye-Boaten, 2006). MOLSA (2005) also argued all forms of violence against children including physical or mental violence, injury, abuse, neglect and maltreatment, deprivation and exploitation, including sexual abuse which leads children to leave their home and become on street. The size of the family also has a strong impact on the family's economic situation, and the emotional ties families have for their children decreases as the size of the family increases. Families with more children incur more costs and require more efforts in terms of provision of care and large family size have low emotional attachment for their children. Often poor families are unable to assume complete responsibility for raising and supporting their children if there are many. Large families provide less time, care, and money for each single child. When the father is working all day to earn

enough to cover the basic needs of his family, children become deprived of their father's attention and affection, and even from his mere physical presence. A study on street children in the Philippines indicated that most street children come from large families with an average size of 6 to 10 members (UNICEF, no. d: 18). Another important dimension worthy of explication is some contradictions in the literature concerning street children and attachment to their families. As it is stated earlier, some scholars assert that children who have had little attachment to their primary giver have higher potential to leave their homes for the streets and vice versa. Different studies reflect that street children are not always seen as abandoned or without any family support. From their studies in Sudan and Ethiopia, children looked to the streets as an avenue to fulfill their basic needs (Boakye-Boaten 2006). This study was conducted in Nekemte town, which is found in western Oromia of East Wollega Zone, and 331km away from the capital city of the country. The town is the capital of Eastern Wollega zone with a total population of 76,817 of which 39,167 are males while the remaining 37, 650 are females (CSA 2008). Nekemte has an altitude of 2045 meters above sea level and is considered to have a temperate climate (Tesfaye, 2015).

As the Study revealed, the major causes which forced children runaway are ranging from escaping abusive parental punishment followed by poverty, hate of step parents to parental alcoholic behavior. Benzene sniffing, smoking, chewing chat, use of plastic are some of the substance abuse street children have commonly used. Even some of them also reported as if they have already begun using marijuana and hashish pretending to stand with hunger and cold. The research also distinguished as there are two types of street children. These categories include the street children who have completely lost touch with their families and relatives and entirely live on the streets and street children who have contact with their families. The study recommends how to properly address street children's socio-economic and psychological problems. For further studies, it is also recommended that research should be undertaken to explore the role of streetism in psychological wellbeing of street children. As the Study revealed, the major causes which forced children runaway are ranging from escaping abusive parental punishment followed by poverty, hate of step parents to parental alcoholic behavior. Benzene sniffing, smoking, chewing chat, use of plastic are some of the substance abuse street children have commonly used. Even some of them also reported as if they have already begun using marijuana and hashish pretending to stand with hunger and cold. The research also distinguished as there are

two types of street children. These categories include the street children who have completely lost touch with their families and relatives and entirely live on the streets and street children who have contact with their families. The study recommends how to properly address street children's socio-economic and psychological problems. For further studies, it is also recommended that research should be undertaken to explore the role of streetism in psychological wellbeing of street children (Sofia, 2019).

Street children are a consequence of poverty, low education, abuse and lack of parenthood. Ward and Seager (2010) writes, push-factors such as situations of abuse, domestic violence or poor family relationships are common among street children. It can go as far as their situation within the home becomes unbearable and they choose to live on the street. Ward and Seager (2010) write that preventative work reduces the number of children living on the street, it is therefore important that organizations put in significant effort at an early stage. Also as a measurable instrument of the work and methods that are practiced by social workers.

Ward and Seger (2010) state that within the interviews with children concerning push-factors, the girls described sexual abuse by stepfathers, while boys described irritated relationships with step-parents. Another problem noted, is that most of the street children end up in city centers. According to Ward and Seager (2010) the consequences of this fact, that most of the services available are located in city centers and reach children only when they have been on the streets for some time. Because of the services location the children do not get any protection directly which could be necessary for survival. The lack of preventive work reduces the alternatives for street children, and push them involuntary to the street (Amanda &Martinsson, 2017).

2.6.2 Pulling Factor Components

Theories are explained on the pulling factors which attract people to live in a particular environment can include security, employment, political stability and climate are referred to as pulling factors.

Major of pulling factors which attract people to move to a certain area are comprised: availability of better job opportunities. People seeking employment leave their homes to the places that they can access better opportunities. In addition, religious freedom one phenomenon there is places in the world where free worship is not protected. People will flee from religious

prosecution. Political freedom encourages people are attracted to governments that exercise democracy as opposed to dictatorship. A fertile land also makes people interested in farming are attracted by the fertile lands for better production.

Environmental safety again attracts people to move from places free from environmental hazards like flooding, earthquakes, tsunamis, and hurricanes attract a lot of people (WorldAtlas.com).

Modernizations in society bring about improvement and advancement in cities and villages. Thus, the development in the cities attracts many children from villages to cities to find a means of livelihood (Ojelabi, 2012). Kopoka (2000) observed that the advent of modernization is one of the evident factors promoting streetism. The children on the street travel down to cities where they know no one and the place they take abode is the street. A thesis has been studied similar to above ideas also that the reason children leave their home environment or families is not merely because of the problems in the family home life, but also due to the children on the streets` peer friendship. This could directly relate with the perceptions of freedom of the street life that children on the street have in all their daily activities, which might influence or attracts those children who already have developed a strong street connection with them. Participants said that peer influence also headed them to the street, those children were motivated by their peer friends who had a prior street experience. As already mentioned, being a street child is caused by a number of immediate, underlying and basic causes rather than a single factor. Thus, for children living with the various domestic problems, the information they receive from their peers can easily convince them to leave their family home (Zerihun, 2018).

2.7 Best Practices and Achievements of some countries to Improve Life of the Children of Streets

2.7.1 Nigeria

2.7.2 Pakistan

2.7.3 Philippines

Children of street have been a focus of attention for aid agencies and governments for little more than fifteen years. The issue first appeared as a major concern in the wake of the International Year of the Child (1979). Street children have been a focus of attention for aid agencies and governments for little more than fifteen years. The issue first appeared as a major concern in the

wake of the International Year of the Child (1979). Street children have been a focus of attention for aid agencies and governments for little more than fifteen years. The issue first appeared as a major concern in the wake of the International Year of the Child (1979).

The problem of the children in the streets is a global burning issue. The street children`s issue first appeared as a major concern in the wake of the International Year of the Child-IYC (1979). In 1986, UNICEF`s Executive Board approved priority measures on behalf of children in especially difficult circumstances (Lalor 1999). On top of this global concern, some countries have tried to mitigate the problems of their streets children. Therefore, this thesis has made efforts to analyze relatively the best practices and achievements of three countries to adopt their experiences for our context. Among of the countries are Nigeria, Pakistan and Philippines.

2.7.1 Nigeria

The Federal Government of Nigeria (2003) promulgated a Child Rights Act in 2003 and there are many programs emerging for the support of street children in Nigeria. These programs include the provision of support in the area of feeding, clothing, housing, medical care and education. These events marked significant landmarks in ameliorating the problems of street children in the country.

In Nigeria, remand homes which is one of the units under the Social welfare department is the government agency dealing with children's problems and since the promulgation of the Nigerian Child Rights Acts 2003, the unit had been saddled with the responsibilities of addressing the needs of delinquent children including the street children in Nigeria. The unit has major offices in all the state capitals across the country with other offices in all major towns across the federation. There are also some NGOs and Civil Society organizations working to support the street children across many cities in Nigeria. Despite all these efforts, the problem of street children seems unabated while it is becoming a permanent feature of the Nigerian societies. Efforts have been made to assess the challenges leading to increase in the number of street children (Joshua, 2013).

2.7.2 Pakistan

Pakistan does not have many children who live on the street, but there are many who live "off" the streets: many children of school age go out on the streets to earn money to supplement their

family income. This number is increasing in Pakistan. It is estimated that 3 out of 10 children aged 5-9 years do not go to school, and 3 out of 5 have never been inside a classroom. Among the groups of street children, the most vulnerable, marginalized and ignored are the gypsy children. While recognition of a child's rights to education, protection, and humane conditions of work is enshrined in the Constitution and reflected in state policies and legislation, enforcement is reportedly insufficient. It involves both the government and the civil society in putting together a comprehensive policy and holistic interventions to which all stakeholders and various actors working for children commit the required resources. Finally, Pakistan is implementing the National Plan of Action for EFA. The plan visualizes long-term macro-economic and sectoral growth strategies. It gives priority to poverty reduction and human development, and has a sector-wide development approach covering all the sectors of education. Despite this progress, Pakistan continues to face an array of challenges relating to street children. The two major challenges in achieving the EFA targets are premature withdrawal of children from school at any stage before the completion of primary education and the retention of a child in class for more than one year (Education for all/EFA:2015).

2.7.3 Philippines

The Philippines Child hope Asia estimates that 1 to 3 percent of the children and youth population living in the major cities are street children. Metro Manila (National Capital Region) has an estimated 50,000 children on the streets. Although 75 percent of these children return home to their families, and many are still able to go to school after working or begging, the remaining 25 percent live on the streets and do not go to school, having dropped out or never enrolled. As a signatory of the World Conference on EFA in 1990, the Philippines implemented a ten-year EFA Plan of Action from 1991 to 2000. Its assessment report, however, showed a lack of progress during the EFA decade. The EFA plan for 2004 to 2015 is now bringing in the secondary education level as an equal concern. The Bureau of Non-Formal Education is also currently providing remedial instruction for working children through home study, and in 1999 began a non-formal education accreditation and equivalency system to help children over the age of 15 to gain school certification. The Philippine Government also supports distance learning programs and mobile tent schools. Finally, the National Project on Street Children provides educational assistance to street children through a network of government, non-government, and

7 community organizations. Despite this progress, two major challenges remain: formal and non-formal schools need to adjust their educational system to cater to children with irregular schedules and learning capacities, and facilities need to be closer to where disadvantaged children reside and work (Education for all/EFA:2015).

CHAPTER THREE

METHODOLOGY

3.1 Research Design

The purpose of the study was to assess mental distress level, coping strategies and resilience level of children on the streets in selected sub-cities of Addis Ababa. To this end, the study employed cross-sectional design. This design was used because it allowed in collecting data within a relatively short period of time from a good number of participants. Based on the research questions, the quantitative methodology is an appropriate design to carry out the research.

In quantitative research our aim is to determine the relationship between an independent variable and a dependent or outcome variable-- in a population. Quantitative research designs are either descriptive (subjects usually measured once) or experimental (subjects measured before and after a treatment). A descriptive study establishes only associations between variables. An experiment establishes causality. For an accurate estimate of the relationship between variables, a descriptive study usually needs a sample of hundreds or even thousands of subjects; an experiment, especially a crossover, may need only tens of subjects. The estimate of the relationship is less likely to be biased if you have a high participation rate in a sample selected randomly from a population. In experiments, bias is also less likely if subjects are randomly assigned to treatments, and if subjects and researchers are blind to the identity of the treatments (Hopkins, 2000).

The quantitative data is information about quantities, and therefore numbers, and qualitative data is descriptive, and regards phenomenon which can be observed but not measured, such as language. The quantitative research gathers data in a numerical form which can be put into categories, or in rank order, or measured in units of measurement. The quantitative researchers aim to establish general laws of behavior and phenomenon across different settings/contexts. Quantitative researchers try to control extraneous variables by conducting their studies in the lab (McLeod, 2019).

3.2 Setting or Study Areas

The study was carried out in four selected sub cities in Addis Ababa. In the capital, there are ten sub cities and which MoLSA has branch offices to concern for people at risk orphans and children of streets in particular.

Hence, after detail discussion was held and arrival consensus, the research has been conducted in the following sub cities.

They are:

a. Addis Ketema,
b. Arada,
c. Lideta and
d. Kirkos Sub Cities have been selected for the data collection.

The basic rationale why the four above mentioned sub cities have been selected were:

- the sub cities are located central of the capital and availability of plenty of businesses, restaurants and hotels to get food, mostly-leftover for the children of streets
- existing verandas for sleeping relatively in sub cities and
- densely of population areas that prefer by children of streets for begging, selling small items in the streets for earning money etc.

The children of streets were not mostly born in the capital city as their basic background has indicated. They have come to the capital by pushing and/or pulling factors to escape from the original home or regions.

3.3 Participants

3.3.1 Population

The participants or target groups of the study were children of street who live full time in open field or streets in the selected four sub cities – Addis Ketema, Arada, Lideta and Kirkos. These groups were identified by cluster and infrequently visited as required by each sub city MoLSA`s experts. These children of streets are mostly spent their time by begging and some of them selling items such as chewing gum, cigarettes at corners and in the middle of the main roads

which are exposed them for car accidents. Further, they spend their time playing local games, running, lottery and other selective activities. The range age of the participants were 10 - 17 years old. Under age of 10 were not available during the assessment. Nevertheless, eighteen years and above were plenty who were not included in child age categories conventionally. During the study, 128 children of streets were assessed. And distribution by sub cities were shown in below chart.

Name of Sub City	Gender			Remark
	Male	Female	Total	
Addis Ketema	28	2	30	
Arada	22	12	34	
Lideta	31	0	31	
Kirkos	30	3	33	
Total	111	17	128	

A lot efforts were made to assess more children of street than 128. However, it was difficult to go beyond due to age that many were above 18.

3.3.2 Data Sources

The main and primary sources of the data were the children of streets who were lived in open field in Addis Ketema, Arada, Lideta and Kirkos Sub Cities.

To collect the data, the following instruments approved and applied:

- Basic background information
- Mental distress measurement scale,
- Coping strategies measurement scale and
- Resilience building measurement scale.

Hence, the quantitative data were effectively and efficiently gathered professionally by enumerators who are skillful in the area and responsible for children of streets in the respective sub city.

3.4 Techniques

The participants were chosen according to criteria set in prior. All participants were to live in open field in the four sub cities. They get the basics needs mostly by begging and/or selling items. The major criteria were about age range that is from 10-17 and the next criteria was the respondents should not less than one year in the streets as well as the clients are to be volunteer to response the questionnaires. The tools have been comprised gender, age categories and convenience sampling method applied due to the nature of the respondents. Regarding on duration of the data collection it was started on 24 February and ended on 11 March, 2020 before the eruption of the Corona virus in Ethiopia.

3.4.1 Pilot testing and validation

A pilot testing was conducted at eleven children of the streets before the main data collection. The purpose was to identify the gaps of the instruments, to assess understanding of the participants to respond each question within a given time. As the matter of fact, during the pilot test, most children of streets were correctly filled the instruments by asking few explanations about some phrases. Next, a sort of orientation and briefing was conducted for four enumerators at each sub city MoLSA`s offices. The briefing was focused on the instruments contents and clarity. They were given positive feedback on the instruments as precise, clear and applicable tools to assess the children of streets. So there was a lot lessons obtained from the pilot testing and validation processes to make correction and modification if there is any vagueness and inappropriate words or phrases in the instruments before conducting actual study. Then, the final draft of the instruments was approved and distributed to the enumerators for collection the actual data.

3.4.2 Data Collection Procedures

The data of this thesis was collected by four enumerators who are staff members of each sub city MoLSA office and graduated in psychology and sociology. As prior were briefed them on the objectives of the study, about deadline, how to consider on ethical issues, validity and reliability of the data collection which are all central to its quality. In doing so, first the enumerators contacted the children of street and explain them about the purpose of the research. Following this explanation, the enumerators were confirmed the willingness, readiness, having appropriate

times and collaboration of children of streets to fill the questionnaires. After these decisive procedures and agreement made orally with the participants, the enumerators officially were started the data collection in their respective site or sub city which was taken more than fifteen days.

In between, the researcher was visiting each site or field while the data were collecting just to understand the process and encouraging the data collectors as well as to resolve some challenges that were related about techniques and logistics issues like providing copies of the instruments, paying the perdiem for the enumerators and to make clarification on the tools if there were any doubt. The researcher visiting time was specific based on the enumerators and children were arranged. Most of time the common schedule was morning shift including Sunday. Regarding the questionnaires were originally prepared in English and Amharic although in some areas Afaan Oromo speakers were there and immediately taken actions by making ready the fluent translators and inclusively done in both languages. Seventeen children of street were Afan Oromo speakers; nine in Addis Ketema and eight in Lideta sub cities.

3.4.3 Method of Data Analysis

The data collected were analyzed using Statistical Package for Social Sciences (SPSS) Version 20. To determine street children's mental distress, coping strategies and resilience level, descriptive statistics (frequency values and percentage scores) were computed. More over to describe the sample participants, mean, standard deviations were used.

To examine group differences, inferential statistics mainly Independent Samples T test and One Way ANOVA was performed. For cases that involved significant difference when analyzing ANOVA, post hoc analysis was employed to determine the group for the statistical difference.

Multiple regression analysis was performed to investigate statistical association between independent (predictor) variables and the dependent variable.

3.5 Ethical Considerations

All ethical standards were effectively employed during the data collection. attention about ensuring the physical and emotional safeties of the participants. In the process of investigation, the researcher took all ethical standard of a research in to consideration. Participants of the study

first briefed about the purpose and importance of the research, the kind of data to be collected, how it is to be collected and how it will be used. Verbal informed consent was obtained from each study participants after explanation was given about the main purpose of the study. Confidentiality of the data was assured to the participants by assigning codes to each respondent and keep their names anonymous.

CHAPER FOUR

FINDINGS

The main aim of the study was to assess the level of mental distress, coping mechanisms and resilience building of children in the streets. Based on the research questions, this section of the study focuses on the following major areas. By examining descriptive statistics, the first section briefly describes the sample and socio-demographic variables. In doing so, frequency counts and percentages were generated. Moreover, the relevant descriptive statistics like Mean and Standard Deviations were computed.

The second section deals with determining the level of mental distress, identifying coping strategies and examining the level of resilience. Mean scores of mental distress, coping mechanisms and resilience were observed. Frequency counts and percentage values were computed to meet this objective. For group differences, Independent Samples T test and One Way ANOVA were computed.

In the third section, with the aim of obtaining correlation values, the relationship between mental distress and resilience was evaluated. Moreover, the association between demographic variables and resilience was examined.

4.1. Background Information of Participants

Participants were children of the streets sampled from four sub-cities (Lideta, Addis Ketema, Kirkos and Arada) of Addis Ababa. A total of 128 children in the streets responded to orally administered questionnaires which were considered for analysis. The table below describes the demographic characteristics of the study participants. Out of the total number of respondents, the majority (86.7%) were males while the remaining 13.3% were females.

The minimum and maximum age of the respondents were 10 and 17 years respectively with a mean year of 15.16 years (SD =1.88). Regarding educational level of the participants, majority (89.1%) of them were in primary school. Participants with high school education accounted for 3.9 % of the total sample while the remaining 9 % had no formal education at all.

Table 1. Summary of Participant Demographic Data (***N* = 128)**

Variable	Category	N	%	Mean	SD
Sex	Male	111	86		
	Female	17	13.3		
Age	10-15	63	49.2	15.16	1.88
	16-17	65	50.8		
Educational level	no education	9	7		
	Primary	114	89.1		
	high school	5	3.9		
Birth place	SNNP*	52	40.5		
	Oromiya	29	22.7		
	Amara	23	18		
	Addis Ababa & Harar	24	18.8		
Pushing &pulling factors	Poverty	31	24.2		
	Orphanage	21	16.4		
	Conflict	30	23.4		
	peer pressure	46	35.9		

**SNNP-Southern Nations, Nationalities and People*

It was also found that participants from SNNP comprised majority (40.5 %) of the sample followed by participants from Oromiya region (22.7%). The remaining 18 % from Amhara region and 18.8 % participants were from Addis Ababa and Harar respectively. The pushing - pulling factors that exposed children to the street included poverty, orphanage, conflict and peer pressure. Out of the total participants, an overwhelming majority (35.9%) of them reported that they became children on the streets because of peer pressure. Poverty was the reason behind the cause of 24.3 % of the participants to become children on the street. The remaining 23.4 % and 16.4 % of the respondents became children on the street because of conflict and orphanage respectively.

4.2. Summary statistics of mental distress of children in the street based on demographics

To provide a brief summary of mental distress of children in the streets, descriptive statistics mainly mean and standard deviation were computed. In doing so, demographic characteristics were taken into consideration.

Table 2. Summary statistics of mental distress of street children

Variable	Category	mean	SD
Sex	Male	12.10	5.378
	Female	15.24	3.23
Age	10-15	12.4	5.07
	16-17	12.63	5.45
Educational level	no education	14.67	6.31
	Primary	12.39	5.21
	high school	11.69	3.85
birth place	SNNP	12.52	5.55
	Oromiya	11.48	4.86
	Amara	12.96	5.8
	Addis Ababa and Harar	13.33	4.5
Pushing and Pulling factors	Poverty	12.13	5.19
	Orphanage	13.14	6.04
	Conflict	12.80	4.61
	peer pressure	12.30	5.42

Note: *higher scores indicate high mental distress*

As it is indicated in table 2 above the mean score of females (15.4) for mental distress is higher than that of males. However, the mean scores of the two age ranges (10-15 & 16-17) are approximately equal. Regarding educational level, those with no education have the highest mean score (14.67) followed by those with primary (12.39) and high school (11.69) level.

The table further shows that street children who were from SNNP had a mean score of 12.52 in mental distress which is approximately equal to the mean score of those from Amara (12.96). Street children from Oromiya had the least mental distress mean score (11.48) while those from Addis Ababa and Harar have the highest mean score (13.33). The mean score of poverty (12.13), conflict (12.80) and peer pressure (12.30) caused street children are approximately equal while the mean score of those children exposed to street because of conflict is relatively higher (13.14).

4.3 Mental Distress Level of Children of Streets

As one of the major objectives of the study, mental distress of children on the streets was assessed using Mental Distress Measurement Scale. Therefore, level of mental distress based on demographics is presented as follows.

Table 3: Mental distress level of street children

		Mental distress level			
Variable	Category	Low		High	
		N	%	N	%
Sex	Female	2	11.8	15	88.2
	Male	35	31.5	76	68.5
Age	10-15	22	34.9	41	65.1
	16-17	15	23.1	50	76.9
	no education	2	22.2	7	78.8
Educational level	Primary	33	28.9	81	71.1
	high school	2	40	3	60
	SNNP	15	28.8	37	71.2
Birth place	Oromiya	8	27.6	21	72.4
	Amara	6	26.08	17	73.9
	Addis Ababa & Harar	8	33.33	16	66.77
	Poverty	9	29.03	22	70.97
	orphanage	7	33.33	14	66.77
	Conflict	8	26.7	22	73.3
	peer pressure	12	26.08	34	73.9
Total		**36**	**28.8**	**92**	**71.2**

As can be seen from table 3 above, majority (71.2%) of the research participants had higher level of mental distress while only 28.8 % of the participants reported a lower level of mental distress. Compared to male participants to female participants reported a higher level of mental distress. Regarding educational level, 78% of those with no education reported the highest level of mental distress. While 71.1 % of the participants in primary school reported higher level of mental distress, only 60 % of those with high school education reported high level of psychological distress.

Considering place of birth, 73 % of the participants from Amara region reported the higher level of mental distress followed by participants from Oromiya region with 72.4 % of them reporting high mental distress level. The percentage of participants from SNNP who reported high level of mental distress is 71.2 % compared to 67% of the participants from Addis Ababa and Harar.

Regarding the factors that pushed the children to streets, 73.9 of those who became children of the street because of peer pressure indicated their mental distress as high. The next group who reported high level of mental distress was those who were victims of conflict in the household with 73.3 % of them reporting high level of mental distress. Nearly 71% of those who were exposed to the street because of poverty and 66.77 % of those participants who became children of the street because of orphanage reported high mental distress level.

4.4 Mental Distress level difference across groups

By employing Independent Samples T test and One Way ANOVA, attempt was made to see if there was significant difference across different groups in the level of mental distress.

To see difference in mental distress across sex and age, Independent Samples T test was employed. The result showed that there was statistically significant difference ($p = 0.021$) in the level of mental distress between male (mean =12.1, SD = 5.38) and female (mean =15.2, SD =3.23) street children. Compared to males, females had higher level of mental distress. To examine educational level difference in mental distress, One Way ANOVA was employed.

Table 4. Educational level difference

Source of variation	Sum of Squares	df	mean square	F	sig.
Between groups	47.751	2	23.875	0.866	0.42
Within group	3446.218	125	27.57		
Total	3493.969				

From the above table 4 above, it can be clearly seen that there was no statistically significant difference in mental distress across levels of education as the sig (p-value) was higher than the expected value ($p = 0.423$).

Similar result was also found in mental distress when examining birth place. Street children who were from SNNP (mean =12.5, SD =5.5), Oromia (mean = 11.4, SD = 4.88), Amhara (mean =13.3, SD =5.8) and Addis Ababa and Harar (mean = 12.5, SD = 4.5) had no statistically significant difference ($p = 0.605$) in their level of mental distress.

Considering the pushing - pulling factors that derived children out of their homes, One Way ANOVA was used to determine any significant difference among causal factors of poverty (mean = 12.13, SD = 5.19), orphanage (mean = 13.1, SD = 6.04), conflict (mean = 12.18, SD = 4.61) and peer pressure (mean = 12.3, SD = 5.41). ANOVA result revealed that there was no statistical significant difference ($p= .892$) in the level of mental distress among children who lived on the streets because of poverty, orphanage, conflict and peer pressure.

4.5. Major Coping Strategies of children in the streets

Identifying major coping strategies of street children was the other objective of the current study. To this end, descriptive statistics was used to meet this objective.

Below is a table indicating the major coping strategies.

Table 5. Major coping strategies of street children

Coping strategies	total N	%
seeking social support	105	82
tension reduction	101	78.9
Spiritual support	96	75
Solving one's problems	91	71.1
self – blame	34	26.9

Participants were presented with 18 coping strategies and asked whether they use any of them to cope with life on the streets. In this study, the most common coping strategies are presented. As it is indicated in the above table, majority (82%) of the respondents reported that they seek social support. In fact, more males (84.6%) tend to seek social support compared to their female counterparts (64.7%). Some 71.1% of the respondents try to solve their problems by themselves with more males (73%) endorsing this item compared to females (58.8%).

Once again, involving in tension reduction activities was endorsed by more males (81.9 %) than females (58.8%). To the contrary, as few as 26.6% of the participants reported they blame themselves for the life on the streets. In fact, females (35%) engage more in self-blame than their male counterparts (25.2%). Engaging in spiritual activities as a coping strategy was 75% of the participants. More males reported to engage in such activities than female participants (52.9%).

4.6. Resilience Level of Street Children

Determining resilience level of street children was yet another objective addressed in the study. The table presented below explains the issue in detail.

Table 6: Resilience level of street children

Variable	Category	Low		High	
		N	%	N	%
Sex	Male	34	30.6	77	69.4
	Female	6	35.3	11	64.8
Age	10-15	16	25.4	47	75.6
	16-17	19	29.2	46	70.8
Educational level	no education	2	22.2	7	77.8
	Primary	32	28.1	82	71.9
	high school	0	0	5	100
Birth place	SNNP	13	25	39	75
	Oromiya	12	41.1	17	58.6
	Amara	5	21.7	18	78.3
	Addis Ababa and Harar	4	16.7	20	83.3
Pushing and pulling factors	Poverty	3	9.8	28	90.2
	Orphanage	5	23.8	16	76.2
	Conflict	8	26.7	22	73.3
	Peer pressure	14	30.4	32	69.6
Total		**34**	**26.6**	**94**	**73.4**

Generally speaking, majority (73.4 %) of the respondents reported high resilience level compared to only 26.6% of the respondents who reported low resilience level. Specifically looking into the categories, the above table shows that majority of males (69.4%) and females (64. 8) reported they were highly resilient. Age wise, majority of children in both age ranges reported high level of resilience.

In terms of educational level, all those with high school education reported high (100%) level of resilience. This is followed by those with no education (77.8%) and those in elementary school (71.9%). Regarding place of birth, three-fourth of those who were born in the region of SNNP indicated their resilience level as high. The remaining one-fourth of respondents from the same region reported low level of resilience. When the pushing and pulling factors are considered, majority (90.2%) of poverty-caused street children had the greatest level of resilience compared to orphanage (76.2%), conflict (73.3%) and peer pressure (69.6 %) caused children of street.

4.7. Resilience level difference based on demographics

Having determined the resilience level of street children, Independent Samples T test and One Way ANOVA were used to investigate any significant difference in the level of resilience of street children based on demographics characteristics. The following table shows resilience level difference across different groups.

Table 7. Resilience level difference across groups

Variable	Category	N	Mean	SD	sig	F
Sex	Male	111	16.77	6.2	.857	2.965
	Female	17	17.06	4.7		
Age	10-15	63	16.97	5.93	.775	
	16-17	65	16.66	6.15		
educational level	no education	9	14.56	5.24		
	Primary	114	16.62	5.9	.003	5.96
	high school	5	25.2	3.03		
birth place	SNNP	52	17.25	5.73		
	Oromiya	29	14.41	6.66	.038	2.89
	Amhara	23	19.13	6.08		
	Addis Ababa and Harar	24	16.54	4.99		
	Poverty	31	17.71	6.13		
Pushing and pulling factors	Orphanage	21	17.86	6.11	.431	.925
	Conflict	30	16.8	5.70		
	peer pressure	46	15.74	6.12		

Comparing means of males (mean = 16.77, SD = 17.06) and females (mean = 6.2, SD = 4.7) using Independent Samples T Test revealed no statistical significant difference (p = 0.857) in resilience level. By the same token, Independent Samples T Test for age groups of 10-15 (mean = 16.97, SD = 5.93) and 16-17 (mean = 16.66, SD = 6.13) revealed no statistical significant difference ($p > 0.05$) in resilience level. Also, as can be seen from table 7 above, the mean score for those with no education is 14.56. The mean scores for participants in primary and high school are 16.62 and 25.2 respectively. One Way ANOVA result revealed that there was a statistical significance difference ($F(2, 125) = 5.96$, $p<.05$) in level of resilience among participants in the different educational levels.

Table 8 ANOVA result for educational level difference in Resilience

source of variation	sum of squares	df	mean square	F	Sig.
between groups	401.697	2	200.849	5.967*	.003
within groups	4202.803	125	33.662		
Total	4609.500	127			

*F is significant at 0.05 level (2-tailed).

To identify the groups responsible for the statistical significance in the educational level, post hoc comparison was performed. Because of unequal number of sample sizes and therefore violating homogeneity of variances, Games-Howell test was employed.

Table 9. Difference in Resilience in terms of educational level

		Post Hoc (Games-Howell) test			
(I)Educational level	(J)educational level	mean difference (I-J)	std.error	F	sig.
no education	Primary	-2.067	1.834		.52
Primary	high school	-8.577*	1.465	5.967	.004
high school	no education	10.644	2.213		.001

*the mean difference is significant at 0.05 level (2-tailed)

Table 10 above indicates post hoc result for educational level revealed a statistically significant difference in two pairs of groups (between no education and high school and primary and high school). A simple look at the mean scores of the two groups tells that compared to those with no and primary education, those with high school education had higher level of resilience. The mean difference between street children with no education and those with primary education was not statistically significant.

Similarly, participants who were from SNNP (mean = 17.25, SD = 5.73), Oromiya (mean = 14.41, SD = 6.66), Amhara (mean = 19.13, SD = 6.08) and Addis Ababa and Harar (mean = 16.54, SD = 4.99) had a statistically significant difference in the level of resilience F(3, 124) =

2.89, $p < .05$). The table below indicates at least one of the groups had a statistically significant difference in resilience.

Table 10. ANOVA result for birth place difference in Resilience

Source of variation	Sum of squares	df	mean square	F	sig
Between groups	302.148	3	100.716		
Within group	4307.352	124	34.737	2.89	.038
Total	4609.500	127			

To determine which group was responsible for the difference, post hoc (Games- Howell) test was performed as can be evidenced from the following table.

Table 11. Difference in Resilience in terms of birth place

Post hoc (Games-Howell) test					
(I)birth place	(J) birth place	mean difference (I-J)	std.error.	F	sig.
SNNP	Oromiya	2.84	1.47		
SNNP	Amhara	1.88	1.49		
SNNP	Addis & Harar	.71	1.29	2.89	0.038
Oromiya	Amhara	-4.72*	1.77		
Oromiya	Addis & Harar	-2.13	1.60		
Amara	Addis & Harar	2.59	1.63		

*The mean difference is significant at 0.05 level (2-tailed).

As it can be seen from table 12 above, post hoc results revealed that there was a statistically significant different in resilience level between street children from Amara and those from oromiya. To the contrary, the difference was not statistically significant for street children who came from Oromiya, SNNP and Addis Ababa and Harar. Therefore, the post hoc result indicated that street children who came from the region of Amara had higher level of resilience.

One Way Analysis of pushing and pulling factors like poverty (mean = 17.71, SD = 6.13) orphanage (mean = 17.86, SD = 6.110, conflict (mean = 16.8, SD = 5.7) and peer pressure (mean = 15.74, SD = 6.12) caused street children indicated no statistically significant difference ($F (3, 124 = .925, p>.05$) in resilience level.

4.8. The Relationship between Independent Variables and Resilience

The last objective of the study was to examine whether there is any statistical significant association between mental distress (mean = 12.52, SD = 5.245) and resilience (mean = 16.81, SD = 6.03) after adjusting for demographic variables. Multiple regression analysis was performed to determine the predicting ability of independent variables on the dependent variable.

Table 12. Regression results examining the contributions of independent variable to Resilience

	Resilience			
Independent variable	**B**	R	Adjusted R^2	sig.
Sex	-.207	-.016	-	.857
Age	-.838	-.026	-	.775
Educational level	**4.537**	**.246***	**.035**	**0.005**
Birth place	.118	.020	-	.823
Pushing and pulling factors	-.594	-.14	-	.117
Mental distress	.034	.005	-	.959

Table 13 above indicates that all the independent variables (sex, age, birth place, pushing and pulling factors), except educational level, were not associated with resilience. Moreover, mental distress and resilience had no significant association at all. The only variable that was found to have statistically significant association with resilience was educational level ($\beta = 4.53$, $p < .05$). This variable alone was responsible for some 3.5% of the variance in resilience. This means a one-unit increase in education was associated with 4.5 units increase in resilience. Put in other words, a one grade level increase in education is associated with an increase of four mean scores in resilience.

CHAPTER FIVE

DISCUSSION

The many aims of this particular study were to assess the level of mental distress, identify coping strategies and determine resilience level of street children in Addis Ababa. Research questions were set and findings were analyzed using appropriate descriptive and statistical procedures. In this section of the study, findings are discussed.

5.1. Mental Distress level of Street children

Based on the finding of this research, the perceived mental distress level of the participates in this study is generally high. Even though exploring the causes of distress was not the interest of this study, other studies pointed out not getting along with siblings, troubled peer relationships, perceptions about self, unable to get basic life necessities, maltreatment by police as a major distress factors for children of street. (Menke, 2009; Azmeraw, 2015 & Tewodros, 2018). The high perceived stress level of the children of the street involved in this study could be associated with different reasons. The first reason could be the ability to satisfy basic needs as this crucially determines distress/stress levels. In the study of (Girmachew, 2006; Tewodros, 2018), it was found that most of children of street in Addis Ababa suffered from hunger, cold, illness and psychological uncertainty. Tewodros` in he mentioned that children of street earning capacity of the children is limited as they are under age and the length of period they stay on the street does not help very much with their income.

In this research, applying the appropriate descriptive statistics, mental distress level of street children was analyzed using scoring norm of the scale. Accordingly, majority (71.2 %) of the street children had a high level of mental distress. Out of these, 88.2 % of those with high mental distress were female participants and 68.5% were their male counterparts. All other demographic variables (age, birthplace, pushing and pulling factors, and educational) had no statistical significant difference in mental distress.

5.2. Major Coping Strategies of Street Children

The coping literature has also established that males tend to use problem focused strategies than females (Lutzky; Knight, 1994 & Tewodros 2018). Since the participants of this study were all

males, this may also explain why problem-focused coping strategy is most common across the research subjects.

In this study, a statistically significant mean differences were not existed in the perceived stress level scores of children who lived on the streets below and above 6 months in support of this, Sayem and Kidd (2013: Tewodros 2018) confirmed that there is no significant mean difference in the levels of stress as a function of longevity of street life. However, this research uncovered that there is a significant negative correlation between the two variables. Similarly, a research by Riches, Acton, Moon and Ginns (2009), pointed out that the level of stress significantly decreases as street children lived in the streets for a longer period of time.

Researches who argue that there is an inverse relationship between the two variables hypothesize that due to either selective withdrawal from high stress, or that children who have longer street life experience are more fully adapted, they tend to experience less stress. Researches by Kibrom (2008;), Lugalla and Mbwambo (1999) and Tewodros, 208) also discovered that, street life experienced children tended to have less stress because they have more social networks, strong self-belief, better skills and personal goals compared to children who had little street life experience.

Attempt was made to identify the major coping strategies that street children used to cope with life on the streets. To this end, it was found that major coping strategies street children used were seeking social support, involving in tension reduction activities, solving one's own problem and spiritual connection. Specifically, majority (82%) of street children reported they sought social support as a coping mechanism. Close to 79 % of the participants also reported that they engage in tension reduction activities although the kinds of those activities were known.

Another point identified by the participants as a major coping strategy was having some form of spiritual connection with 75 % of them indicating that they find support from spiritual activities. Moreover, some 71.1% of the participants reported that they try to solve their problems by themselves. Other strategies included in the questionnaire found to be less relevant to the participants and hence not included here.

5.3. Resilience Level of Street Children

Three resilience phenomena are reviewed: good outcomes in high-risk children, sustained competence in children under stress, and recovery from trauma. It is concluded that human psychological development is highly buffered and that long-lasting consequences of adversity usually are associated with either organic damage or severe interference in the normative protective processes embedded in the care giving system. Children who experience chronic adversity fare better or recover more successfully when they have a positive relationship with a competent adult, they are good learners and problem-solvers, they are engaging to other people, and they have areas of competence and perceived efficacy valued by self or society. Future studies of resilience will need to focus on processes that facilitate adaptation. Such studies have the potential to illuminate the range and self-righting properties of, constraints on, and linkages among different aspects of cognitive, emotional, and social development (Masten, A. S.; Best, K. M.; Garmezy, N.1990).

The dynamic nature of resilience necessitates that children from high-risk backgrounds who are functioning adaptively despite experiences of adversity must be examined over time. In the current investigation, the adaptation of school-age maltreated and non-maltreated socio-economically disadvantaged children was examined over 3 consecutive years. In accord with predictions, a higher percentage of no maltreated children than of maltreated children were found to be resilient (Cicchetti, D.; Rogosch, 1997).

In this thesis, according to the scoring norm of the resilience scale, street children's resilience level was classified as low and high. Based on this, findings of this particular study showed that majority (73.4 %) of the participants reported high level of resilience while the remaining 26.6 % of them reporting low level of resilience.

Analysis of resilience level based on demographics showed that males and females had no statistically significant difference in resilience level. Similarly, age ranges, and the pushing and pulling factors revealed no statistical significant difference in resilience level of street children despite some differences in their mean scores.

To the contrary, mean scores of street children in the different educational levels and birth place had a statistically significant difference in their resilience. Therefore, compared to street children

who had no education and those with primary school education level, participants who had high school education were more resilient. Post hoc test also showed that street children who came from the region of Amhara were more resilient.

5.4. The Relationship between Demographic Variables and Resilience

To determine which variable predicts resilience level, multiple regression analysis was performed. Results showed that educational level significantly predicted street children's resilience level. Increase in educational level was significantly associated with greater resilience.

CHAPTER SIX

CONCLUSION AND RCOMMENDATION

6.1. Conclusion

The finding of this research shows that, children of street who participated in this study experienced high level of perceived mental distress. This finding may not be surprising considering the living conditions of these children and the day to day aggravations they encounter. The question of satisfying basic needs, protecting oneself from physical and emotional abuse altogether with the negative attitude towards children of street among the society can cause immense level of distress upon these children. Based on the findings of this research, the amount of time children lived on the street has influence on the level of distress that they would experience but other demographic factors such as age, time and level of education were found to have certain impact in determining perceived distress levels across the participants of the study. It was also reported that, these variables don't have strong correlation with the type of coping strategy used by the street children in dealing with stressful experiences

The results indicated that with a mean score of 12.52 (SD = 5.2) majority of street children had high level of mental distress. Independent Samples T test showed that female's level of mental distress was significantly higher than their male counter parts. However, no statistically significant difference in mental distress was observed in the different age ranges, educational level, birth place and pushing and pulling factors.

Other related studies also identified major coping mechanisms used by street children of streets. In this research, children of streets strongly seek for coping strategies the social and spiritual support, attending relaxation activities and also solving their own problems by themselves. It was also found that the participants blame themselves less often.

Regarding resilience level of street children, majority of them (73%) had greater level of resilience (mean = 16.81, SD = 6.05). Even though different mean scores were observed between male and female participants, the difference was not statistically significant. Similar results were observed among street children in the different age ranges and the pulling and pushing factors that derived children out of their homes.

However, a statistically significant difference was observed among street children in the different levels of education. Street children who had high school education were found to be more resilient compared to those with no education and those in primary education.

Attempt was also made to determine a statistical significant association among demographic variables, mental distress and resilience. There was association between mental distress and resilience. Moreover, birth place, age, sex and pulling and pushing factors had no statistically significant association. However, educational level significantly predicted resilience. It was responsible for 3.5% of the variance in resilience.

6.2. Recommendations

In this section, recommendations are forwarded based on the findings of the study and the discussions made. The finding was shown that the mental distress level of the children in the streets is high in general. They also need social and spiritual supports with close follow up till mitigation of their problems. Hence, the researcher would like to recommend a few potential recommendations and suggestions to give attention by concerned bodies.

6.2.1 Children of the street are living in stressful situations in such homelessness, difficult to meet daily food to survive, clothes to meet seasonal needs, personal hygiene, treatment to save themselves from communicable and non-communicable diseases. So, the study area community members have responsibilities to do coalition jobs to save the lives of these disadvantaged groups or children of street.

6.2.2 Children of street are extremely vulnerable and their lives are at panic for various types of risks, they are facing physical, sexual abuses and harassment. In this regard counseling services and vocational skill training and placement also useful to improve their self-esteem and self-reliance that increase their insight.

6.2.3 We understood from the finding that children of street are faced mental distress. On top of this all actors who work with vulnerable children of street should recognize the coping and resilience abilities of their target groups and build up on those traits than merely treating them as victims. Even though these group of people are living in extremely difficult conditions, they have their own creativity, knowledge and potentials that could be tapped and used for their own good.

6.2.4 The study was indicated that poverty is the major cause for pushing most children of street from their original areas and attention should be given to alleviate the economic status of family or guardians; unless migration to towns perhaps continues and mental distress is inevitable.

6.2.5 A wide scope research with full of resources and logistics is an important to reach many children of streets to avoid their mental distress, scale up coping mechanisms and resilience capacity.

6.2.6 The study has shown that several participants were primary school students who drop-out and exposed to street life by peer pressure which was one of pulling factors. Therefore, ahead a continuum of awareness creation and education should be given to all students by respective schools on the negative impact of street life.

6.2.7 The research was revealed that children of streets could not access to counseling and guidance services to revive from mental distress and having optimistic conditions for their future life. So the researcher lastly recommend that a body should be aware to facilitate a situation which on availability counseling services for these marginalized groups.

To winding up, I would like to suggest that there are also some issues that needs to be studied further and detail in terms of family backgrounds, culture, norms and psychological behaviors. Children of street are social phenomenon and problem caused by failure of society standards and principles and it is an extensive area of study. The researcher believes that all responsible actors such GOs, NGOs and civil societies need to ensure that children of streets are deserved to be protected and provided with appropriate medical, counseling and social services.

Reference

Altham.com. (2010) *"Mental Changes.org.uk*. *Retrieved*. ^Goldberg, D *Mental Distress Changes*''

Anja, Z. Y. (2018). Factors Leading to Children on the Street, Challenges and their Coping Mechanism in Piassa area, Arada Sub-City of Addis Ababa. Thesis, 71-80.

Baker, R. (2013). Market Strategies International and Task Force Co-ChairNon-Probability Sampling: Report of the AAPOR Task Force on Non-Probability Sampling

Ben-Zur, H. (2009). Coping styles and affect. International Journal of Stress Management.

Bryman, A. (2006). Integrating quantitative and qualitative research: Qualitative Research, 6 (1), pp.97-107

Carver, Charles S.; Connor-Smith, Jennifer, M. (2010). Personality and Coping. Annual Review of Psychology

Campbell and Williams, (2007; Shimels 2015): Children of street are seen as a problem, and a threat to society instead of reviewed as children with problem who need help from society

Cousineau, D. (2005). The rise of quantitative methods in psychology - Université de Montréa Addis Ababa | national capital, Ethiopia". Encyclopedia Britannica. Retrieved 9 February 2019 en.wikipedia.org › wiki › Addis Ababa

Doris Fiasorgbor, (2015),Homeless children struggle to survive on the streets of Ethiopia's capital

Endler, N.S. (2020) in International Encyclopedia of the Social & Behavioral Sciences, 2001.(Taken partially, from 3rd African Food Agro, Feb24-26, 2020: Millennium Hall-AA.)

Fekadu, A. (2014). Burden of mental disorders and unmet needs among street homeless people in Addis Ababa, Ethiopia

Friberg, A. & Martinsson, V. (2017). Problems and Solutions when Dealing with Street Children. Jonkoping University

Gavidia-Payne, S., Denny, B., Davis, K., Francis, A. and Jackson, M. (2015). "Parental resilience: A neglected construct in resilience research". Clinical Psychologist.

Graber, R. (2015). Psychological Resilience: State of Knowledge and Future Research Agendas

Gardner, T. (2019, Jan 7). Homeless children struggle to survive on the streets of Ethiopia's capital. Retrieved from www.theguardian.com: https://www.theguardian.com/global-development/2019/jan/07/homeless-children-struggle-to-survive-on-streets-of-ethiopia-capital-addis-ababa

Hopkins, W.G. (2000), Quantitative Research Design

Jan, D., Reinhar, D. T, & Gosney, J. E. (2015). International Encyclopedia of the Social & Behavioral Sciences (Second Edition),

Joshua E.(2015). Perspective Education for all. Resources pack Improving Learning Opportunities for Street Children

Johnston, G.L. (2009), Respondent-driven sampling: A new method for studying street children with findings from Albania

Kebede, S. K. (2015). The Situation of Street Children in Urban Centers of Ethiopia and the Role of NGO in Addressing their Socio-Economic Problems: The Case of Hawassa City. International Journal of Academic Research in Education and Review, 46-57.

Kipyegon K, Nyachwaya F. N, Okirigiti C. A. and Kipchirchir, I. K (2015), Factors Influencing Rising Number of Children on the street In Urban Centers In Kenya: A Survey Of Eldoret Municipality, Kenya

Kevin (1999), Street Children: Comparative study

Kibrom Berhe (2008). Life in the Streets of Adama: The Situation of Children on the street a Fast Growing Ethiopian Town, Addis Ababa University

Kilbride, P., Suda, C. & Njeru, E. (2000), Children on the street in Kenya: Voices of Children in Search of a Childhood. Westport, Connecticut: Bergin & Garvey.

Kopoka, P.A. (2000). The problem of Children on the street in Africa: an ignored tragedy. Proceedings from Paper to be presented to an International Conference on Children on the street and Children on the street's Health in East Africa held in Dares Salaam, Tanzania, April 19th 21st April 2000.

Larsen, C.H. (2019). Aidan Moran, in Dictionary of Sport Psychology,

Lalor, K. (1992). Study on Street Children in Four Selected Towns in Ethiopia Study on Street Children in Four Selected Towns in Ethiopia. Technological University Dublin, kevin.lalor@tudublin.ie www.worldatlas.com › articles › what-are-push-and-pull-factors

Lazarus, R. S., & Folkman, S. (1984: Tewodros 2018). Stress, appraisal, and coping. New York: Springer Publishing Co.

Mahederehiwot, A. (2014). The Experience of Street Children in the Rehabilitation Program of Kirkos Sub City: The Case off Drop in RehabilationCenter Project (Dirc) Child Space

Program.

Makofane, M. (2014). Conceptual Analysis of the Lable: Street Children, Challenges for the Helping Profession, Analysis of Street Children, 134-146.

Matthew, S. (2011). The Maintenance of Anxiety Disorders: Maladaptive Coping Strategies"

Masten, A. S.; Best, K. M.; Garmezy, N. (1990). "Resilience and development: Contributions from the study of children who overcome adversity". Development and Psychopathology. 2 (4): 425–Cicchetti,

McLeod, S. (2019). What's the difference between qualitative and quantitative research?

Mengesha, M. (2011, june 1). Street Children in Addis Ababa:Exploring Policy Framework for Intervention. (Advisor, Ed.) Street Children in Addis Ababa:Exploring Policy Framework for Intervention, 1(thesis), 83-207.

Menke, E. M., & Wagner, J. D. (1997). A comparative study of homeless, previously

homeless, and never homeless school-aged children's health. Issues in

Comprehensive Paediatric Nursing, 20, 153 –173.

MoLSA (2005), Study on Children on the street in Four Selected Towns of Ethiopia. Addis Ababa, Ethiopia.

MoLSA, UNICEF, University College Cork, Ireland. (1993). Study on Street Children in Four Selected Towns in Ethiopia. Study on Street Children in Four Selected Towns in Ethiopia, 114-189.

Olyeniyi,. (2013). Providing Sustainable Supports for Street Children in Nigeria: Stakeholders Challenges and the Policy Options Available

Olle Jane Z. Sahler, John E. Carr (2009), in Developmental-Behavioral Pediatrics - Fourth Edition

Rogosch, F. A. (1997). The role of self-organization in the promotion of resilience in maltreated children. Development and Psychopathology.

Plummer, M.L. (2007), Beginning street life: Factors contributing to children working and living on the streets of Khartoum, Sudan

Rutter, M. (2000), Resilience reconsidered: Conceptual considerations, empirical findings, and policy implications". In J.P. Shonkoff& S.J. Meisels (Eds.), Handbook of early childhood intervention (2nd ed., pp. 651–682). New York: Cambridge University Press.

Sarah Thomas de Benitez (2009). "State of the World's Street Children: Violence Report". SlideShare. SlideShare Inc. Retrieved 30 November 2012

SC UK (2012), save the children: National Situation Analysis on Children on the street in Ethiopia

Sofia Seid (2018): Prevalence and Associated Factors of Mental Distress among Caregivers of Patients with Epilepsy in Ethiopia: A Cross-Sectional Study Design

Shastri, PC (2013). "Resilience: Building immunity in psychiatry". Indian Journal of Psychiatry

Scalon, T.J. (1998). Street children in Latin America,

Sinjinm, B. & Roming, B. S. (2018). Adaptive and Maladaptive coping strategies for perceived stress and their relationship with quality of life. MA Thesis. Graduate Council of Texas State University

Sofia, M. (2019). Causes and consequences of streetism among street children in Harar City, Spirito, A. & Donaldson, D. (1998). Children & Adolescents: Clinical Formulation & Treatment in Comprehensive Clinical Psychology Ethiopia

Tesfaye Diriba (2015), Family Problem as a Contributing Factor for Street Children. The Case of Nekemte Town.

Tewodros Zelalem. (2018). Stress and Coping Strategies of Street Children Living and Working in Addis Ababa

Trevorrow, T. (2010). Assessing Sleep Problems of Older Adults: Handbook of Assessment in Clinical Gerontology (Second Edition)

Tushar Savarkar (2019) Mental Health Problems Among Street Children: A case of India,

UNICEF. (2010/2011). Head Counting of Street Children in Addis Ababa and Adama. Addis Ababa and Oromia Bureau of Women, Children and Youths Afaairs,

UN- CRC .(1989). The Convention of Right of Children that adopted and signed by Global Leaders

UN –OHCHR. (2012). Report of the United Nations High Commissioner for Human Rights on the protection and promotion of the rights of children working and/or living on the street* en.wikipedia.org › wiki › Mental distress.

Appendices

Appendix 1: The Map of Target Sub Cities which the Research was conducted in.

Appendix 2: Basic Background Assessment Instrument of Children in Streets

Background/Personal History and Instructions (ግለሰባዊ ታሪክ)

Respondents: Children of Street in Addis Ababa at Selected Areas individually to be filled willingness on Mental Distress, Coping Mechanisms and Resilience Capacity.

1.Working/Living area (የስራ ቦታ ወይም የመኖሪያ ቦታ) _____ 2. Gender (ፆታ)_____3. Age (ዕድሜ)____ 4. Duration in street (በጎዳና ላይ ምን ያህል ቀየህ/ሽ?) _____ 5. Education Level (የት/ደረጃ)_____ 6. Birth area (የትዉልድ ቦታ)_____ 7.Relationship with family/ relatives /neighborhood (ከቤተሰብ/ከጎረቤት ጋር ያለ ግንኙነት_____ 8. Main reason that exposed you to the street - select one ወደጎዳና እንድትወጣ/ጪ ያስገደደህ/ሽ ዋናው ምክንያት- አንዱን ምረጥ/ጪ (poverty/ድህነት/, orphanage /ወላጅ አልባነት/, conflict/ግጭት/, peer pressure/የአቻ ግፊት/).

Instructions /መመሪያ/

Your willingness is required to fill the formats and not need to write your name. There are three formats attached here that concerned mental distress, your coping mechanisms and last is indicated your ability or restoration.

ይህን ቅጽ/ መጠይቅ ለመሙላት የአንተ/ቺን ፈቃደኝነት ይጠይቃል። በቅጹ/በመጠይቁ ላይ ስም መፃፍ አያስፈልግም። ከዚህ ጋር የተያያዙት ቅጾች/መጠየቆች ሶስት ሲሆኑ፣ አንደኛዉ የአይምሮ ደህንነት መለኪያን፣ ሁለተኛዉ የአንተ/ቺን የአይምሮ ድብርት ማቃለያ/ማስወገጃን መንገድና ሶስተኛዉ ደግሞ የአንተ/ቺን የአይምሮ ድብርትን ማገገሚያን ችሎታን የሚመለከቱ ናቸዉ።

Finally, thank in advance to give attention to fill these questionnaires.

በመጨረሻም ጊዜያችሁን ሰዉታችሁ ይህንን ቅጽ/መጠይቅ ስለሞላችሁልኝ ከልብ አመሰግናለሁን።

Researcher/ አጥኚ

Appendix 3: Mental Distress Level Measurement Scale Instruments

Mental Distress Measurement Scale of Children in the Street in English and Amharic Languages Self-Reporting Questionnaires (01-20).

Instructions: The following questions are related to certain problems that may have bothered you since you have exposed to the street life. If you think the questions apply to you had described, answer "Yes" and "No" if it did not apply to you. Based on your answer, put the number of your answer under the space provided for recording the score.

በጎዳና ተዳዳሪዎች በግል የሚሞላ የአዕምሮ ደህንነት መለኪያ መጠይቅ

መመሪያ፡ የሚከተሉት ጥያቄዎች አንተ/ቺ ለጎዳና ተዳዳሪነት ከተጋለጥክ/ሽ ጀምሮ ከሚያስጨንቁህ/ሽ (የሚያሳስቡህ/ሽ) አንዳንድ ችግሮች ጋር የተዛመዱ ናቸው፡፡ ስለዚህ እያንዳንዱን ጥያቄ በጥሞና በማንበብ የሚመለከትህ/ሽ ከሆነ 'አዎ' ለማለት "1"ን፣ የማይመለከትህ/ሽ ከሆነ ደግሞ 'የለም' ለማለት "0"ን በየጥየቄዎች ትይዩ በተሰጠው ኮድ በሚለው አምድ ስር ጻፍ/ፊ፡፡ /

ለመሆኑ ከአዕምሮ ጋር የተያያዙ ምን ምን ችግሮች አጋጥመውህ/ሽ ያውቃሉ?

እስቲ ከዚህ በታች የተጠቀሱት ጥያቄዎች ምን ያህል አጋጥመውሃል/ሻል

No	Column 1 –English	Column -2 Amharic	**የመልስአማራጮች**		**ኮድ**
			አዎ	**የለም**	**(ቁጥርአስገባ)**
01	Do you often have headaches?	በተደጋጋሚ የራስ ምታት ያምሃል/ሻለረ?	1	0	
02	Is your appetite poor?	የምግብ ፍላጎትህ/ሽ ዝቅተኛ ነው?	1	0	
03	Do you sleep badly?	የእንቅልፍህ/ሽ ሁኔታ የተዛባ ነው?	1	0	
04	Are you easily frightened?	በቀላሉ ትረበሻለህ/ሽ?	1	0	
05	Do your hands shake?	እጆችህ/ሽ ይንቀጠቀጣሉ?	1	0	
06	Do you feel nervous, tense or worried?	የመንፈስ መጨነቅ፣ ውጥረት ወይም ስጋት ይሰማሀል/ሻል?	1	0	
07	Is your digestion poor?	የበላሀዉ/ሽዉ ምግብ አልፈጭ እያለ ያስችግርሀ/ሻል?	1	0	
08	Do you have trouble clearly?	በትክክል ማሰብ ያስቸግርሀል/ሻል?	1	0	

09	Do you feel unhappy?	ደስተኛ ያለመሆን ስሜት ይሰማሀል/ሻል?	1	0	
10	Do you cry more than usual?	ከወትሮው በተለየ ብዙ ታለቅሳለህ/ሽ?	1	0	
11	Do you find it difficult to enjoy your daily activities?	በየቀኑ በምታደርጋቸው/ በምትሥራ/ሪያቸው ሥራዎች/ድርጊቶች ደስተኛ እንዳትሆን/ኚ ያዳግትሃል/ሻል?	1	0	
12	Do you find it difficult to make decisions?	ውሳኔዎችን ለመወሰን ይከብድሃ/ሻል?	1	0	
13	Is your daily work suffering?	የዕለትተዕለት ስራህ/ሽ በስቃይ የተሞላ ነው?	1	0	
14	Are you unable a part of play in life?	በህይወትህ/ሽ ውስጥ አስፈላጊ የሆነውን ድርሻ ለመወጣት ትቸገራለህ/ትቸገሪያለሽ?	1	0	
15	Have you lost interest in things?	በህይወትህ/ሽ ውስጥ ባሉ ነገሮች ፍላጎት አጥተሃል/ሻል?	1	0	
16	Do you feel that you are a worthless person?	ዋጋ ቢስ ሰው ነኝ የሚል ስሜት ይሰማሃል/ሻል?	1	0	
17	Has the thought of ending your life been on your mind?	ህይወትህን/ሽን የማጥፋት ስሜት ተሰምቶህ/ሽ ያውቃል?	1	0	
18	Do you feel tired all the time?	ሁልጊዜ የድካም ስሜት ይሰማሀል/ሻል	1	0	
19	Do you have uncomfortable feelings in your stomach?	ሆድህን/ሽ ምቾት የሚነሳ ስሜት ይሰማሀል/ሻል?	1	0	
20	Are you easily tired?	በቀላሉ ትደክማለህ/ሚያለሽ?	1	0	

Appendix 4: Coping Strategies Measurement Scale Instruments

Coping Mechanisms of Mental Distress Measurement Scales of Children in the Streets

Self-Reporting Items (01-18)

Instructions: The following items are related to coping for mental distress that may have concerned you since you have been exposed to the street life. If you think the items apply to you, please, select and write your answer; number '1' for YES and '0' for 'NO' in the code column.

በጎዳና ተዳዳሪዎች በግል የሚሞላ የአዕምሮ ድብርት ማቃለያ/ ማስወገጃ መለኪያ መጠይቅ

መመሪያ፡

የሚከተሉት ሀሳቦች አንተ/ቺ ለጎዳና ተዳዳሪነት ከተጋለጥክ/ሽ ጀምሮ ከሚያስጨንቁህ/ሽ (የሚያሳስቡህ/ሽ) የአዕምሮ ድብርት ማቃለያ/ ማስወገጃ መንገዶች ጋር የተዛመዱ ናቸው፡፡

በነዚህ ሃሳቦች አንተ/አንቺ የምትስማማ/ሚ ከሆነ 'አዎ' ለማለት ''1''ን፣ ካልተስማማህ/ሽ ደግሞ 'የለም' ለማለት ''0''ን በየሀሳቦቹ ትይዩ በተሰጠው ኮድ በሚለው አምድ ስር ጻፍ/ፊ፡፡

በጎዳና ላይ ስትኖር ስትኖሪ ድብርት ከመጣብህ/ሽ ምንታደርጋለህ/ታደርጊያለሽ?

እስቲ ከዚህ የሚከተሉትን ሃቦች አንብብና/አንቢቢና በመመሪያው መሠረት መልስ/መልሽ፡፡

No	Scale Items (Column 1 - English)	Column 2 –Amharic	Answers			Remark
			አዎ	የለም	ኮድ	
01	Seek social support	ማህበራዊ እገዛ መሻት	1	0		
02	Solving the problem	ችግሩን መፍታት	1	0		
03	Work hard to achieve	ለውጤት ጠንክሮ መሥራት	1	0		
04	Worry	መጨነቅ	1	0		
05	Spend time with friend	ከጓደኛጋርጊዜን ማሳለፍ	1	0		
06	Social action	ስራንበብቃትማከናወን ማኅበራዊ ክንውን/ድርጊት	1	0		
07	Wishful thinking	በበጎ ሃሳብ መሞላት	1	0		
08	Not coping	ችግሮችን ለመቋቋም አለመቻል	1	0		

09	Tension reduction	ጭንቀትን መቀነስ	1	0		
10	Seek to belong	ወደፊት ስለጥሩ ግብ ማሰብ የእኔነትን መሻት	1	0		
11	Ignore the problem	ችግሮችን መናቅ/መተው	1	0		
12	Self –blame	ራስን መውቀስ	1	0		
13	Keep to self	ስለራስ ብቻ ጥንቃቄ ማድረግ	1	0		
14	Seek spiritual support	ሃይማኖታዊ ድጋፍ መሻት	1	0		
15	Focus on the positive	በጎ ነገር ላይ ማተኮር	1	0		
16	Seek professional help	የባለሞያ እገዛ መሻት	1	0		
17	Seek relaxing diversions	አዝናኝ ነገሮችን መሻት	1	0		
18	Physical recreation	በአካል እንቅስቃሴ መዝናናት	1	0		
	Total					

Appendix 5. Resilience Building Measurement Scale Instruments

Resilience Measurement Scale Level of Children in the Street

Self-Reporting Questionnaires (01-14).

Instructions: The following items are related to measure the resilience level of children in the streets since you have been exposed to the street life. If you think the items apply to you had described, answer by putting "X" under one of the choices i.e. Mild, Moderate or Severe.

በጎዳና ተዳዳሪዎች በግል የሚሞላ የአዕምሮ ድብርት ማገገሚያ መለኪያ መጠይቅ

መመሪያ:ከዚህ በታች የተጠቀሱትን ተግባራት ማከናወን ምን ያህል ትችላለህ/ ትችያለሽ?

በጎዳና ላይ ስትኖር/ስትኖሪ ምን ምን ትሰራ/ትሰሪ ነበር?

S. N	**Scale items –English Column 1**	**Column 2 Amharic**	**ቀላል**	**መካከለኛ**	**ከባድ**	**Remark**
1	Able to adapt to change	ከለውጥ ጋርመላመድ መቻል				
2	Close and secure	ግንኙነትን መዝጋት እና አስተማማኝ ማድረግ				

	relationships					
3	Believe in God can help	በፈጣሪ ማመን ሊረዳ ይችላል				
4	Can deal with whatever comes.	ምንም ነገር ቢመጣ/ቢያጋጥም መቋቋም				
5	Past success give confidence for new challenge.	የቀደመ ስኬት ወደፊት ለሚያጋጥም ተግዳሮት በራስ መተማመን ይፈጥራል፤				
6	See the humorous side of things	የነገሮችን አስደሳች/በጎ ጎን ማየት				
7	Self-control and flexibility	ራን መቆጣጠርና ግትር አለመሆን (ተለማጭነት)				
8	Tend to bounce back after illness or hardship	ችግርን ባሸናፊነት መወጣት ወደከፍታ ያመራል				
9	Things happen for a reason.	ችግሮች/ነገሮች የሚከሰቱት በምክንያት ነው				
10	Best effort no matter what	ምንም ይሁን ምንም መልካም ጥረት ማድረግ				
11	You can achieve your goals	ግብህን/ ግብሽን ታሳካለህ/ታሳኪያለሽ				
12	When things look hopeless, you don't give up	ነገሮች ተስፋ አስቆራጭ እንኳ ቢሆኑ አንተ/ቺ ተስፋ አትቆርጥም/ጪም።				
13	Know where to turn for help	መፍትሔ የሚገኝበትን መንገድ ማወቅ				
14	Under pressure, focus and think clearly	በችግር ውስጥ እንኳ ቢኮን በትኩረትና ጥርት ባለ ሁኔታ ማሰብ መቻል				
Total						