THE SEXUAL EXPERIENCE OF STREET ADOLESCENT GIRLS FROM THE REPRODUCTIVE HEALTH PERSPECTIVE IN ADDIS ABABA

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ACRONYMS

ACPF	-	African Child Policy Forum
AIDS	-	Acquired Immuno Deficiency Syndrome
BoFED	-	Addis Ababa Bureau of Finance and Economic Development
BoSCA	-	Addis Ababa Bureau of Social and Civil Affair
CSC	-	Consortium for Street Children
EC	-	Emergency Contraceptive
FGD	-	Focus Group Discussion
FSCE	-	Forum on Street Children
GO	-	Government Organization
HIV	-	Human Immunodeficiency Virus
ICPD	-	International Conference on Population and Development
MDG	-	Millennium Developmental Goals
MoWA	-	Ministry OF Women Affair
NGO	-	Non-Government Organization
OHCHR	-	Office of the United Nations High Commissioner for Human Rights
RH	-	Reproductive Health
STI	-	Sexually transmitted infection
UNCRC	-	United Nations Convention on the Rights of the Child
UNICEF	-	United Nations Children's Fund

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Abstract

This research focused on street children sexual experience and reproductive health. The study was conducted as a thesis research for the partial fulfillment of the Master of Social Work (MSW). The study was determined to assess the sexual experience reproductive health challenge, knowledge and skill of street children to solve reproductive health issues. The study area was conducted in Addis Ababa City Administration, Arada sub city around piazza Area. The study participants were Adolescents street children between the ages of 15- 19 years. Moreover, health centers representatives and the Sub-City Women, children and Youth Affair representative were participants of the study as well. The researcher employed qualitative research design by employing in-depth interview focus group discussion and key informant interview as tools for primary data collection. Street adolescent girls are exposed to different reproductive health problems because of environmental, personal, economic and health care service factors. The environmental factors include the environment they are living. The personnel factors include low attention to their reproductive health and the information gap while the economic factor is the economic problem they have on the street. Service related factors include service unfriendliness of the health care services for street children. The findings depicted street children are highly exposed to unintended pregnancy. Under the study nearly all i.e 16 participants face unintended pregnancy at list once in their stay on the street. Most of them did abortion as a means to avoid the unintended pregnancy.

Key words are: Street children, Street Adolescents Girls, Sexual experience, Reproductive Health.

Introduction

Ethiopia is a youth continent as other Africa Countries. This basically means young segment of the population constitutes the lion share of the whole population. Population censuses and projections conducted in different years show that youth constitute a high proportion of the Ethiopian population. Accordingly 2011 DHS shows, about 63% of the total population of Ethiopia is below the age of 25 years.

Having a young population is an asset for the country's development. They can be an asset for nation's development if the ability and skill of young segment of the population are utilized in a manner that are productive and if young segment of the population are protected from the things that may affect their development and progress.

According to the Ministry of Women, Children and Youth Affair, Street children are categorized as one of the vulnerable group of Orphan and vulnerable children. Orphans and Vulnerable Children (OVC) are children whose survival and development is jeopardized by certain circumstances and are therefore in need of alternative childcare services (MoWA, 2009, p.11).

Children living on the Street or Street living children are children who live and make their living on the streets. Children living on the street or street living children include the population under-18 year-olds who permanently live without their parents on the streets of Addis Ababa. (BoSCA, BoFED & UNICEF, 2007, p.5).

Reports and surveys from UNICEF and other governmental and non-Governmental organization on the street children reveled that, the number of street children increased after the HIV/AIDS prevalence in Ethiopia. The prevalence of HIV/AIDS made many children Orphan and vulnerable. Besides many children become homeless, many houses become child headed

household. The number of street children and women in major towns of Ethiopia is rapidly increasing, specially, in Addis Ababa the number of street children is dramatically increasing.

According to BoSCA, BoFED and UNICEF, 2007 food being the crucial need for street children, only a small proportion of children reflected their expectation of support whereas a relatively higher number of children expected accommodation service (p.33).This clearly diverted the attention of governmental and nongovernmental organization to focus on the food and basic need of street children. Moreover, this tendency to focus on the basic needs of street children makes intervention to ignore the health aspect of street children.

Most of street girls are highly exposed to rape. They are also forced to divert to commercial sex work when other survival options are limited. As a result of both sexual abuse and exploitation, street girls are exposed to various problems like HIV/AIDS, STIs and unwanted pregnancy (BoSCA, BoFED & UNICEF, 2007, p. 2). Street adolescent girls are very vulnerable to reproductive health problems that affect their development and progress.

According to the MoWA, 2009, a child means every human being below the age of 18 years (p 9). The World Health Organization (WHO), as it is cited in FMOH (2011) learning module, adolescent is defined as an individual in the 10-19 years and it again categorized it in to three categories i.e. early adolescence (10-14), late adolescence (15-18) and post-adolescence (20-24).

The study will focus on street adolescent girls because of their vulnerability different problem. Female children living on the street are more vulnerable to street life than their male counterparts due to gender-based violence and exploitation. Baseline conducted by BoSCA, BoFED &UNICEF(2007), also confirmed that harsh and hostile street environment that is more pronounced on female children.

This study focus on understanding street adolescent girl's sexual experience from reproductive health perspective. This will mainly focus on late adolescent street children between the age of 15- 18. The research participants are basically of the streets children which means who live entirely on the street. As reproductive health is abroad topic, the researcher selected few reproductive health components and studied the sexual experience of street children against the selected reproductive health components. The selected reproductive health components for the study are contraceptive use, unintended pregnancy, abortion, STI/HIV, antenatal and postnatal care Knowledge about reproductive health and service related to reproductive health.

The researcher employed qualitative research design and case study type is selected from other from different qualitative methods. In- depth interview, focus group discussions, and key informant interview was utilized to answer the research questions. The study focused on generating knowledge for appropriate action for street adolescent girls regarding their reproductive health.

The finding of the study shows the sexual experience, reproductive health challenge, skill, knowledge, social support and network of street adolescent girls. Beyond this, finding was analyzed in a way that produced reach information about street adolescent girls. Possible recommendation is provided on what should be done in the next step for street children.

Researches like this one are every important to generate reach qualitative information about street children and their reproductive health. This, in turn, will help in planning and implementation of reproductive health program for street children. This will directly contribute to street children wellbeing in particular and for the country's development process in general.

Statement of the problem

The World Health Organization recognizes that Street children may be literally living on the streets abandoned by their families or they may have no family members left alive; separated from their families and move from friend to friend, or live in shelters, such as abandoned buildings, hostels, and refuges; in contact with their families, but spend most days and some nights on the street because of poverty, overcrowding, or sexual or physical abuse at home; in institutionalized care, having come from a situation of homelessness, and at risk of returning to a homeless existence (FSCE, 2003,p.2) .

In 2007, the Ministry of Labor and Social Affairs estimated the overall number of Children on and off the street are around 150,000 with about 60,000 living in the capital (UNICEF, 2011). Further aggregation was provided by FSCE (2003) on the adolescent street children number. Accordingly, from these total street children 15,000 (25%) of them are girl street children.

Street children number in Ethiopia is dramatically increasing from time to time. According to the Base line Survey of Children living on Street of Addis Ababa which is conducted by BoSCA, BoFED and UNICEF (2007), the number of children who live and wander on the streets in the capital is varying from time to time because of continuous mobility of street children. This is because of HIV/AIDS and due to the prior life situation of street children.

Street children are categorized as off the street and on the street. The problem of the off-street children, children who are staying the whole day and night on the street is shoddier than on the street children. Off the street children are facing basic need problem and they are also facing different health problems.

Living on the street, without any family support, supervision, protection or guidance make street children to be exposed to range of problems that will affect the over well wellbeing. In other word, this affects their development and progress. Violence, particularly physical abuse, and untimely engagement in sexual act affect street children life.

It is widely recognized that street children live a transitory life style and are vulnerable inadequate nutrition, physical injuries, substance use, and health problems including sexual and reproductive health problems (FSCE, 2003, p.1).

Young people often have less access to information, services and resources than those who are older. Health services are rarely designed specifically to meet their needs and health workers only occasionally receive specialist training in issues pertinent to adolescent sexual health (FMOH, 2011, p.2). Young segment of the population who are living on the street face double jeopardy regard to their health i.e because they are young and because they are on the street.

Street children are treated as the most sexual and vulnerable segment of the population for different health outcomes, nonetheless, their sexual and reproductive health needs are not that much emphasized by interventions. The sexual experience from the reproductive health consequences are not that much studied. This in one way or the other contributed for the sexual and reproductive health problem of street children. This challenge of street children is not the attention of many interventions and the problem is not still considered as a challenge. Hence, street children sexual experience from the reproductive health perspective is an area of concern which scientific investigation is lacking.

Under international human rights law, States, as the principal duty bearers, are accountable for respecting, protecting and fulfilling children's rights within their territories

(OHCHR, nd p. 14). This clearly shows street children also have such kind of right. Right includes all forms of right including reproductive health right.

Moreover, Street children network and social support are underutilized by governmental and nongovernmental organizations that are working on street children. During the literature review it was found out that there are two different contradictory research results about street children social support. The baseline survey conducted by BOSCA shows street children support each other while the study conducted by Aptekar & Heinonen 2003 shows street children don't support each other. This will directly affect how interventions approach street children. The research also focused on studying the existing social support among street children to solve their reproductive health problem.

Hence, in order to scientifically study the sexuality and reproductive health issues of street children and in order to assess the knowledge and skills of street children in their reproductive health perspective the study entitled "*The Sexual Experience of Street Adolescent Girls from the Reproductive Health Perspective"* is conducted.

Objective of the Research

The overall objective of the study is to explore the sexual experience of street adolescent girls from the reproductive health perspective in Addis Ababa city. This study is intended to provide a qualitative data. The research is basically designed to initiate further interventions by providing empirical information about the, causes, magnitude and effects of the problem. Moreover, the study is determined to forward viable recommendations. Specifically, the study meets the following objectives:

Specific Objectives

- To assess the sexual experience of street adolescent girls
- To assess the Reproductive health challenges of street adolescent girls
- To assess factors that contribute for the reproductive health problem of street adolescent girls
- To assess the knowledge and skill of street adolescent girls to solve their reproductive health issues and how they solve their reproductive health problems
- To assess the available social support mechanism when street adolescent girls face sexual and reproductive health problems?

Research Question

The study is expected to answer the following research questions which are categorized as major research question and specific research questions

Major Research Question

-What are the reproductive health challenges and asset of street adolescent girls?

Specific Research Question

- What are the sexual experiences among street adolescent girls?
- What are the reproductive health challenges of street adolescent girls?
- What are the knowledge and skill of street adolescent girls to solve their reproductive health issues?
- Is there any social support for street children when they face sexual and reproductive health problems?

Significance of the Study

Street children are a segment of the population who need protection and care. The care and protection will help for their wellbeing and will help them to contribute for the nation's development at large.

The focus of the proposed study is to assess street children's sexuality and their reproductive health. The study will also focus on assessing reproductive health challenges of street children and their knowledge and skills to solve reproductive health problems.

The study will generate qualitative information about street children and their reproductive health. This information will be valuable in planning, implementation of reproductive health program for street children. Moreover, the knowledge, skills of street children to deal with their reproductive health problem will be valuable input for interventions that will be designed to address the productive health problem of street children. This is mainly by using what street children already have to solve their reproductive health problem rather than developing new models of interventions.

Last but not list, the other purpose of the study is to give an insight for further research on street children and to provide possible recommendation on what should be done as a next step for street children.

Operational definition

To provide a clear understanding about different words the following key words are defined as follows:

Street Adolescent Girls: for this specific research Street Adolescent girls are street children who are between the ages of 15-18 who live entirely on the street. This term is basically developed considering two facts: considering the UNICEF definition of child which is below the age of 18 and considering the definition given to the late adolescent i.e between the ages of 15-19.

Sexual experience: Sexuality is an expression of which we are as human beings. Sexuality includes all the feelings, thoughts and behaviors of being male or female, being attractive, and being in love, as well as being in relationships that include intimacy and physical sexual activity (http://www.who.int/reproductive-health/gender/sexual_health.html).For the study sexual experience is the practice research participants related to sex.

Reproductive health: According to WHO a state of complete physical, mental and social well being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.

For the determined research reproductive health will refer the following things which will only refer some components of reproductive health components: Knowledge about reproductive, contraceptive use, unintended pregnancy, STI/HIV, abortion, antenatal and postnatal care and service related to reproductive health.

Literature Review

The literature review included different sections that are presented indifferent section. These includes, the concept of street children, Street Children in Ethiopia, Causes leading children to the street, The concept of sexual and reproductive Health, Street Children and reproductive health, Policies and intervention for street children reproductive health, Street Children Coping Mechanism, Asset, Social Support and Networking and the Conceptual Frame work of the Study

Street children

Today, “street children” is understood as a socially constructed category that, in practice, does not constitute a homogeneous population, making the term difficult to use for research, policymaking and intervention design (OHCHR, nd, p. 10).

The term “street child,” used by the Commission on Human Rights in 1994 (OHCHR, nd p. 7).The term ‘street children’ was initially defined by UNICEF as ‘boys and girls aged under 18 for whom ‘the street’ (including unoccupied dwellings and wasteland) has become home and/or their source of livelihood, and who are inadequately protected or supervised .

UNICEF further groups these children into two sub-classifications, ‘children off the street’ and ‘children on the street’. The term ‘children of the street’ refers to children living on the street or sleeping in public places. These children are also referred to as street-living children. The second category, ‘children on the street’ refers to children who live with their families or guardians and work on the street mainly to supplement family income. These children are also classified as street-working children. They work on the streets during the day and/or evening but sleep at home (ACPF, 2012 p4)

Street children are the resource full individuals in the world, yet their right are continually violated and denied in multiple ways often at the hands of those that are tasked to protect them and street children are recognized to be young people who experiences a combination of multiple deprivations and ' street -connectedness' (Thomas de Benitez,2011,p. Vii & viii).

Different researches show different estimates about street children number. Major difficulty in estimating street children population, is the definition of the term ' street children' are contested and without an accepted definition of the term ' street children it is difficult to determine their number accurately(Thomas de Benitez, 2011,p.7) and the mobility of the street children population makes it difficult to get reliable statistics. (ACPF, 2012,p.5). It is likely that the numbers are increasing as the global population grows and as urbanization continues apace (CSC, 2010, p.6).

The number of street children is to be estimated 100 million children were growing up on urban streets around the world (UNICEF 2005: 40-41). The majority of them are in developing countries: 40 million in Latin America, 25-30 million in Asia, and 10 million in Africa. Street children are mainly boys, but the number of girls is increasing (FSCE, 2003, p.6)

Fourteen years later UNICEF estimates the latest number of street children which puts put the numbers of these children as high as 100 million. This clearly contradict with the fact that UNICEF is reporting the dramatic increase of the number but the number still remains the same after fourteen years.

Compared with Latin America and Asia, the problem of street children in Africa is relatively a new phenomenon. Africa is one of the continents which has a high population growth and the least urbanized region in the developing world. This rapid growth has great effect on the lives of slum dwellers of the cities (FSCE, 2003,p. i).

Street Children in Ethiopia

The trend observed during the past few years portrayed that the number of child headed households is relatively increasing leaving a significant number of orphans to be pushed to street life. Street children are mainly boys, but the number of girls is increasing. The characteristic, nature and features of the problem of street children in Ethiopia have similar trend with the other African countries (FSCE,2003,p.30).

Estimates of the number of street children in Ethiopia vary widely between 150 thousand and 600 thousand. By the lowest estimate, there are over 100,000 street children in the capital city, Addis Ababa (CSC, 2009) and 25 % are girls (MOWA, 2009 p.3). Based on government estimates, there were 855,720 orphans (maternal, paternal and dual) who lost their parents due to HIV/AIDS and 5,453,313 orphans and vulnerable children (MOH and FHAPCO, 2008). On the other hand, according to an estimate by UNICEF, in 2007 there were 5,000,000 children orphaned due to all causes (UNICEF, 2007) and this does not include vulnerable children who are not orphans (ACPF, 2012, p.5).

As the Country Reports on Human Rights Practices (2006) also indicated, the government estimated the number of children living on the street to be between 150 to 200 thousand, with approximately 50 to 60 thousand living in Addis Ababa. The UN Children's Fund (UNICEF) estimated there were 600 thousand children living on the street in the country and more than 100 thousand in the capital. Hunter and Williamson (2005) estimated that, out of the total child population under 15 years of age in Ethiopia, 16.02% will be orphans by the year 2010 (BoSCA, BoFED and UNICEF, 2007, p.30).

The above statistics shows how much comprehensive statistical information on street living children is lacking. I am saying this mainly because some estimate about 150,000 children lives on the streets, about 60,000 of these children live on the streets in the capital. Others

estimate the number to be far higher, with nearly 600,000 country-wide and over 100,000 in Addis Ababa. This really shows how much a government and nongovernmental organization should work together to provide an accurate data regard on street children number.

It is estimated that 2,640 to 4,000 children aged 7-17 were living on the streets of Addis Ababa in 2007. These are children who either migrated from other urban and rural areas or they are originally from Addis Ababa (BoSCA, BoFED and UNICEF, 2007, p.25).

The above figure seems a magic figure, the Ministry of Women, children and Youth Affair and organizations that are working on street children are repeatedly reporting the number of street children in Addis Ababa is dramatically increasing whereas the figure shows there are only 2,640- 4,000 street children in the capital city. As per my assessment /trough observation/ on street children, I believe the number of street children is far beyond the estimated number.

According to the base line conducted by BoSCA, BoFED&UNICEF(2007), the demographic information on places of origin indicates that the highest proportion of children came from other urban areas outside of Addis Ababa (42.0%). This is followed by those who were from Addis Ababa (37%). Children from rural areas outside Addis Ababa constitute 20% of the sample population considered in the study (p. 7).

A further analysis of the data depicts that respondents who have migrated into the study town from rural and other urban settings are higher (62%) than the respondents who were born in Addis Ababa. When we look at the disaggregated data of migrant children, urban to urban in-migration is more pronounced (79.5%) than rural-urban in migration (BoSCA, BoFED and UNICEF, 2007, p. 37).

According to the finding of BoSCA, BoFED and UNICEF in 2007 from the total respondents the huge majority of the respondents have marginalized jobs that require technical

knowledge. These mainly include: carrying things/goods (53.0 %), selling small items (10.6%), running errands (8.4%), cleaning and day laboring, involvement in commercial sexual exploitation, domestic work, etc. Begging is also noted by (16.9 %) as the other form of survival activity (p.67).

Causes leading children to the street

A paper on the problem of street children in Africa presented by Anthony pointed out that identifying reasons for the existence of children living on the street is crucial in finding a permanent solution to the problem. There are those who argue that the emergence of street children is bound up with the totality of urban problems - that the phenomenon is exclusively urban: there are no "rural street children." While it is true that street children are usually found in urban areas, many of these children have rural origins. Because of this, the problem extends beyond urbanization. It is becoming increasingly clear that there is no single cause for street children. The problem of children living on the streets of Addis Ababa cannot be reduced to a single cause or factor. Some studies that were carried out on street children in the country show a multiplicity of factors that lead to the emergence and development of street life (BoSCA, BoFED and UNICEF, 2007, p.28).

A study undertaken in four selected towns has noted that the highest proportion of children living on the street are ‘out-of-family’ children who may have been pushed to the street because of parental pressure to contribute their share to the family income. (FSCE, 2003,p. ii).

The FSCE study in 2003 study also indicated other factors like family disintegration, abuse and neglect, lack of education opportunity, environmental influence as the underlying factors for children to join the street. Many children leave home to escape the hostile home environment. Family breakdown plays an important role in their decision to leave home.

Alcoholism, abuse or neglect of children, divorce or death of parents are the other major factors (p. ii& 4).

The main reasons for leaving home were further investigated against the forms of custody in order to find out whether the previous living arrangements have relation to factors that force children to leave home. The three major reasons are poverty, disagreement with parents/guardians and beatings of step parents. Poverty has been found to be the main driving force for those under the custody of biologically related family members (mothers, fathers, siblings). The result shows that 27% of the respondents who were living under the custody of father left home because of physical abuse by step parents while on the other hand, 12.1% of those living under the custody of mother migrated to the street for the same reason (BoSCA, BoFED and UNICEF, 2007, p.46).

The same study in its the qualitative findings also showed some children left school and joined street life because of their association with friends who used to smoke cigarettes, chew chat and had other unethical behaviours like quitting classes. During the an in-depth interview held with the respondents, many girls admitted that the close association they had with children living on the street played an instrumental role to take the harsh decision they made to leave home reason (IBD p.45& 51).

Street children mobility to street has been identified as a coping strategy of for survival; as bound up in identity development; and a transition to other livelihood form. Children's use of mobility for survival in these circumstances implies choice of street as a site of opportunity in the response to adverse the home condition. Beyond satisfying immediate survival needs, street children's mobility has evidenced process of empowerment trough which children development innovative coping behaviour, exercise personal agency (Thomas de Benitez, 2011, p.26).

According to Kate McAlpine *et al*. (n.d) states urbanization plays a crucial role for the increasing street number migrating to live and work homeless on the streets in urban areas around the world(p1).Some researchers recognized structural violence as underlying immediate reasons for children leaving for the streets the kind of societal hostility that naturalizes poverty, sickness, hunger, and premature death, erasing their social and political origins so that they are taken for granted and no one is held accountable except the poor themselves (CSC, 2010, p. 21).

A specific study conducted by Ejigayehu Yimam in Dessie Town in 2007 on street children showed street children left their home for many reasons; among the reasons mentioned were, being orphaned was reported by 124 (36.2%), to look for a job by 79 (23.0%), poverty by 44 (12.8%), to escape family disharmony by 39 (11.4%), displacement by 18 (5.2%), peer pressure by 15 (4.4%), to join friends/play by 11 (3.2%) and the remaining 13 (7.0%) left their home for others (p.21).

The Concept of Sexual and Reproductive Health

The 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing established sexual and reproductive health and rights as fundamental to human rights and development (Atsuko Aoyoma, 2001, p.2) The WHO defines reproductive health as:

> a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.

Sexual health is a personal sense of sexual wellbeing as well as the absence of disease, infections or illness associated with sexual behavior. As such, it includes issues of self-esteem, self-expression, caring for others and cultural values. Sexual health can be described as the positive integration of physical, emotional, intellectual and social aspects of sexuality. Sexuality

influences thoughts, feelings, interactions and actions among human beings, and motivates people to find love, contact, warmth and intimacy (WHO, 2000, p.2).

Reproductive health also implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods for the regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples the best chance of having a healthy infant (White, W. Merrick & Yazbeck ,2006 , p.13).

People with adequate reproductive health have a satisfying and safe sexual life, can have children, and can make a choice as to whether they would like to have children and if so, when and how to have them (WHO, 2000, p.2).

Adolescent sexual and reproductive health refers to the physical and emotional wellbeing of adolescents and includes their ability to remain free from unwanted pregnancy, unsafe abortion, STIs (including HIV/AIDS), and all forms of sexual violence and coercion (FMOH, 2011, p.3).

Street Children Sexual Experience

Sexuality begins before birth and lasts throughout the course of life span. A person’s sexuality is shaped by his or her values, attitudes, behaviors, physical appearances, beliefs, emotions, personality, likes and dislikes, spiritual selves, and all the ways in which he or she has been socialized (http://www.who.int/reproductive-health/gender/sexual_health.html)**.**

Sex is considered to be a social taboo in the society in general. Disclosure of information related to sexual matter is difficult to many people, leave alone, children (BoSCA, BoFED and UNICEF, 2007, p.109).

Many young people engage in sexual activity before marriage and do so at early age often without any protection against pregnancy or STIs. Health surveys and social studies conducted in different parts of the world, in recent years have indicated that, in many countries, most teenagers (60.0% to 70.0%) are sexually active (Ejigayehu, 2007, p.5). This teenager sexual activeness data by implication included street children that are teenagers.

Living in an environment where risk is ever present, sexual act for an instant desire gratification is a common phenomenon. This results in an impulsiveness and risk taking behavior among children living on the street in general and female children in particular (BoSCA, BoFED & UNICEF, 2007, p.109).

Sexual violence including rape is very common on the streets. Both street girls and boys are at risk. The perpetrators may be strangers or people known to them. Sexual abuse may also occur within the family e.g. forced sex with a stepfather (WHO, 2000, p.8).

Moreover on the study conducted in 2008 titled "*Situation of Sexual Abuse and Commercial Sexual Exploitation of Girl Children in Addis Ababa*" showed girls who are on the street are highly vulnerable to sexual abuse(p.V).

According to the baseline of BoSCA, BoFED&UNICEF(2007), most female street children are sexually active which constitute 75% of these respondents. Female children are more vulnerable than male children when it comes to sexual abuse and exploitation. Both female and male children express the high prevalent of commercial sex work and rape among female children living on the street. Most of the female children feel sexual abuse as an unavoidable violence for girls particularly for new comers and young children. Most of them have also admitted being involved in sexual act of commercial nature as a means of survival option (p. 108& 159).

According to the BoSCA, BOFED & UNICEF 2007 base line survey on the street children, sexual abuse was more prevalent in the age groups of 13-15 years (50.0%) and 16-17

(37.0 %). However, young children of age 10-12 (13.2%) had also faced the problem of sexual abuse. Sexual abuse is reported by 51.5 % of female respondents. The same study showed Female Street children reported they face sexual abuse after they joined the street but reporting sexual abuse to the police is not common because of fear of being labeled which is again related with the social taboo (p.108).

Study conducted in Ghana, Accra shows as high as 83% of first sex took place before they started to sell along the streets. Half these hawkers indicated that they had regular sexual partners, 13% of these sexual partners were themselves street hawkers (Kwankye, Nyarko & Tagoe, p.11).

Friends of girls living on the street also play a great role by arranging and facilitating conditions for the abusing boys without the knowledge of the female child. Thus the unfortunate child becomes a victim of rape as a result of which she faces a series of problems. It was also noted that young female children and new comers are more exposed to sexual abuse as compared to older girls and those who stayed long on the street. They are more assertive and knowledgeable about the prevalence of such things (BoSCA, BoFED and UNICEF, 2007, p.114).

Substance use may influence sexual behavior in ways that increase the risk of acquisition of HIV and other STDs. The street child's decision on sexual behaviors such as whether to use a condom during sexual activity, whether to negotiate for sex or to use force (rape) depend on the level of intoxication. Sometimes street children engage in this type of sexual activity due to the immediate need to secure food and shelter, or as a means to obtain substances or to support their families. Street children sometimes have sex with other street children of the same sex(WHO, 2000, p.7).

Unprotected sex is common among street children. This could result in a variety of sexual and reproductive health problems. Street children spend a lot of time in settings where casual

sexual encounters occur (taverns or 'crack houses'). Because of the unprotected nature of the sexual intercourse, there is a high risk of STDs and other reproductive health problems engaging in unprotected sexual intercourse can lead to acquisition of STDs (WHO, 2000, p.7 &8).

Street Children and reproductive health

In 2010, there will be more 10–19-year-olds on the planet than ever before approximately 1.25 billion (*8*), 83% of whom will live in developing countries and will be most vulnerable to a range of reproductive health problems, including too-early pregnancy and childbearing; infertility; genital mutilation; unsafe abortion; STIs, including HIV; and gender-based violence, including sexual assault and rape (WHO, 2008, p.6).

Although, young people in Ethiopia constitute over one third of the total population, most youth do not have access to information on issues that have great impact on their SRH. The health seeking behavior of these people particularly in relation to their sexual and reproductive health in Ethiopia is very low. In addition to these, the existing reproductive health (RH) services are adult-centered; thus making less accessible to these population. Furthermore, health care providers in Ethiopia are often ill equipped to address adolescent-specific needs. In such cases, the participation of parents, community members and other stakeholders is crucial to improve health status of the youth (Dessalegn, Mesganaw &Fikre ,n.d, p.2).

Study conducted in Diredawa town by the FSCE asserted street children have different reproductive health challenges. The finding has manifested a marked gender based difference with a very high proportion of female children having been suffering from various illnesses. Accordingly, 85.5 percent of females had health related problems compared with 50 percent of males. From gender perspective, female children of the street who have health problems were proportionally higher (73.2 %) when compared with their male counterparts (48.4 %) (FSCE, 2003,p39).

A risky sexual behavior is one that increases the likelihood of adverse sexual and reproductive health consequences. Examples of such behaviors are: sexual activity under the influence of substances, sexual intercourse with drug users, unprotected sexual intercourse, commercial sex/survival sex/prostitution, and unprotected sex with a same sex (particularly between males) partner (WHO, 2000, p.7).

Moreover, a key risk factor for poor reproductive health is unsafe sex, a major subject of attention in reproductive health today(White *et.al*, 2006, p.17). These health consequences may include unwanted pregnancy, unsafe abortion, HIV/AIDS and STDs(WHO, 2000, P.7). White *et.al* (2006) study shows the unsafe sex negative reproductive health outcomes includes unsafe abortion, and sexual violence (p.17).

Lack of access to education, lack of information about contraceptive measures, exposure to unprotected sex and sexual violence and exploitation by peers and adults are among the major factors that exposed street girls to unwanted and untimely pregnancy. Unlike their counterparts who get some sex education in schools through related areas like biology classes, these group of female children do not have adequate knowledge and access to prevent pregnancy or HIV and STDs infection. Even those who have knowledge about HIV/AIDS have little or no means of protecting themselves because of exposure to sexual abuse and exploitation (BoSCA, BoFED and UNICEF, 2007 p .116& 120).

The result of the base line survey conducted on street children revealed that 55.6% of the female respondents who were 12 years or above had been pregnant at one time or the other during their stay on the street (BoSCA, BoFED and UNICEF, 2007 p .116). Knowledge of any method of family planning among the street hawkers was lower (Kwankye*et.al.*, p.13).

The first assumption is that unwanted pregnancy may be the consequence of exposure of female children to sexual abuse. When pregnancy was seen against rape, it is revealed that 57.1%

(8 out of 14 children) of those who were pregnant were also raped. The second possible cause of pregnancy can be the result of limited or lack of knowledge about contraceptive (BoSCA, BoFED and UNICEF, 2007, p.117).

Street girls may become pregnant because of unprotected sex. Because the reproductive system is not fully developed, they are prone to complications related to childbirth such as premature delivery and obstructed labour. These can cause injuries or death to the baby and the mother. The baby born to such mothers may have a low birth weight and may be prone to infections and illness. Coping with the needs of the child may be difficult for a street girl (WHO, 2000, p.9).

Study conducted in Ghana shows, the prevalence of abortion among the hawkers themselves is evident in the high number of them that expressed their willingness to seek abortion any time it became necessary. Such a practice or thinking has obvious negative implications for the reproductive health of the hawkers especially the females among them (Kwanky*et.al*., p.11).

Pregnant street girls may feel pressured into terminating their pregnancy. They often have no one to turn to for support and advice and they may not have access to reproductive health services for safe termination of pregnancy. They may seek the services of unqualified persons or induce the termination themselves. Unsafe abortions could lead to infections, bleeding, or even death. Damage to the reproductive organs can cause infertility (inability to have children).
The stress of the experience could also lead to psychological problems such as depression (WHO, 2000,p.9).

STDs and HIV infection are consequences of unprotected sexual intercourse with an infected individual. The risk of STDs increases if a person has more than one sexual partner or a partner (including prostitutes) who has other sexual partners (WHO, 2000, p.9).

The unhealthy environment in which these children live and the lack of availability and under-utilization of health services are all contributing factors to causing health related hazards

to street living children. The information obtained on children's health is useful evidence that gives us some insight into the children's health status and access to medical care, as perceived by the respondents (BoSCA, BoFED and UNICEF, 2007 p.85).

Policies and intervention for street children reproductive health

Children have the right to grow up in a nurturing environment where they can realize their full potential. Yet, throughout the world many children are growing on the street, which is far from being such an environment (ACPF, 2012, p.5).

Human Rights Council Resolution 16/12 on the protection and promotion of the rights of children working and/or living on the street attracted more co-sponsors than almost any other resolution since the creation of the Human Rights Council in 2006(OHCHR, n.d, p. 7).

International organizations, such as UNICEF and save the children are reportedly focusing on supporting the development of comprehensive and holistic child protection systems. The importance of looking at the whole picture of child protection in order to tackle , trough comprehensive responses, the border issues and concerns that affect not only street children but also other groups and marginalized young people (Thomas de Benitez , 2011, p .50&51).

Ethiopia has ratified the United Nations Convention on the Rights of the Child (UNCRC) and designed favorable policies and national plans to address the plights of children (MoWA, 2009 p: 3).Moreover, the Government of Ethiopia has adopted policies and strategies to address some of the social, economic, educational and health problems faced by young people. Currently, national programs are guided by a 10-year plan which is based on the 'National Adolescent and Youth Reproductive Health Strategy 2006-2015'. Other key documents indicating government commitment include the Young People Policy issued in 2000, the Policy on HIV/AIDS launched in 1998, the Revised Family Laws amended in 2000 to protect young

women's rights, (for example against forced marriages), and the Revised Penal Code, which penalizes sexual violence and many harmful traditional practices (FMOH, 2011,p.2).

Nowadays, a number of governmental and non-governmental organizations are increasingly opting towards implementing integrated childcare programs with a variety of alternative care components. This can be taken as a good practice in terms of widening the opportunities made available to the diverse needs of target groups leading to a larger margin of inclusion (MoWA, 2009 p:). Although non-governmental organizations are making a significant contribution to alleviate some of the problems of street children in Ethiopia, many agree that they cannot alone, solve such a fundamental urban problem. They need a strong support and cooperation from the Ethiopian government and the public (BoSCA, BoFED and UNICEF, 2007 p .32).

It can be argued, however, that reproductive health is not an all-or-nothing situation and that the solution is for local communities and national programs to take ahased approach consistent with their financial and capacity constraints (Arlette Campbell White, Thomas W. Merrick &Abdo S. Yazbeck, 2006, p.5).

According to ACPF (2012), Prevention and protection services that are being rendered to street children include provision food, educational materials cloth and medical services while there are very few organizations catering shelter services (p.7).

The kind of support respondents received from the organizations varies. Food was the most common support as reported by 61.2% of the respondents. This is followed by clothes (19.6 %) and health service (11.9 %). Money, education/training, advice; shelter; job; the opportunity to reunite with families were also amongst the support provided to the children. However, very few children mentioned assistance in this category (BoSCA, BoFED and UNICEF, 2007 p.32).

The above finding clearly implies how street children reproductive health is not a focus of organization that are working for the welling of street children. As per my literature review there are only few organizations that are working to street children reproductive health. Nonetheless, the reproductive health need of street children is almost ignored by organizations that are working on street children.

In fact, it should be noted that lack of access to free health service at the government hospital is a serious problem that discouraged many children from seeking medical help at the public hospitals and health centers when they get sick. As the FSCE (2003) indicated that the majority of the children living on the street were denied access to free medical treatment. According to 2003 Baseline Survey made on Street Children in Nazareth, only 23.1% of those who had serious health problem got free medical service from public hospitals while 64.1% did not have access and 12.8% never tried to get medical treatment (BoSCA, BoFED and UNICEF, 2007 p.89).

Street Children Coping Mechanism, Asset, Social Support and Networking

Most research on street children until now has approached this issue from a ''risk'' and ''vulnerability'' perspective, but there is a growing consensus among current researchers that there has been too much emphasis on an illness or weakness perspective (and too much of a psychopathology orientation), and not enough emphasis placed on the competencies, strengths and resilience processes of these children (McAlpine, Henley, Mueller &Vetter, 2009, p.2).

Research has moved away from a focus on dysfunction, pathology and psychological breakdown to understand characteristics of children's street lives as changing in space, over time and embedded in multidimensional contexts (CSC, 2010, p15).

Recognition of street children's participation in on-street networks developed around more structured concepts of street gangs and street groups such as surrogate families'(Shanahan 2003,

Ghana) or Stroller‘bands with fixed territories and internal hierarchies (Hansson 2003, South Africa), which are vital for sharing resources and information (Ennew & Swart-Kruger, 2003), protecting from outsider violence or harassment, and offering support during illness or injury (CSC, 2011, p. 22).

According to Ayuku (2003) (as it is cited inThomas de Benitez , 2011) street children network could be seen as a resource for developing a modern, democratic and ethnically diverse society (p .23).

But Street kids in Addis Ababa was stated by Aptekar & Heinonen 2003 (as it is cited in Thomas de Benitez , 2011) as having loose knit and neither socially nor emotionally supportive, perhaps as children resisted giving personal autonomy (p.24) .Nonetheless, the baseline survey conducted on street children in Addis Ababa Showed street children are using mutual supporting groups on the street as coping strategies for street challenges. The reasons indicated by the respondents were mainly to protect one-self from external abuse or harassment (47.6 %), support each other at times of sickness (29.9%), and to find friends (22.4 %) (BoSCA, BoFED and UNICEF, 2007,p.133).

It can clearly be observed from the finding that children who have no other support from family members belong to street group to support each other at times of problem. In other words the group is more or less substituting the role of the family. Protection and security from any form of harassment or abuse from outside is also the other role of the group. One can neither adjust to nor tolerate the harsh environment of street life without membership in one of the groups formed on the - 134 street (IBD).

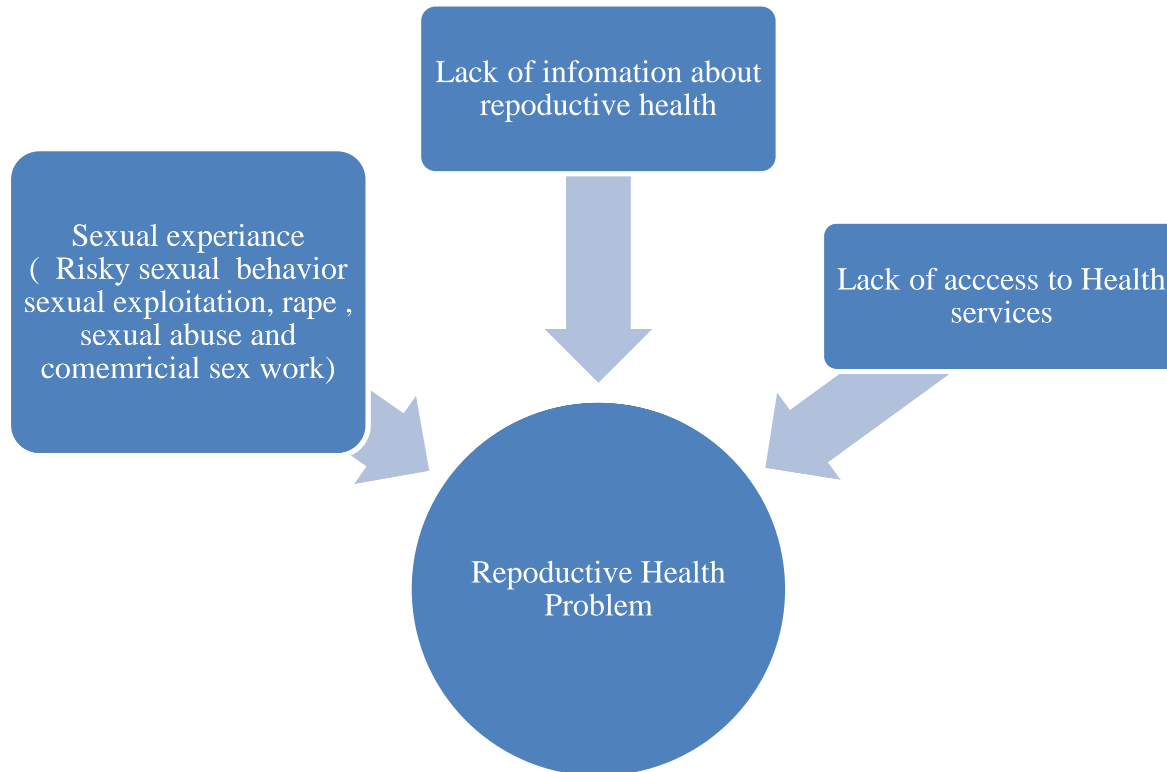
As shown in the above paragraph, living with a male partner is the most common mechanism used by female street children in this study. However, there were female children

from the participants in FGD and the case study who strongly objected to this measure taken by female children. According to the opinion of these respondents, the protection female children get from their male partners is only until the girl gets pregnant. After the girl becomes pregnant, her boyfriend abandons her and starts an affair with another girl. On the other hand, those who supported female children's living with a male partner said male children can protect their girlfriends from attack and this, they said, allows girls to live stress-free life. Sexual harassment and abuse are sources of stress to street girls. In this regard the immediate result was given more weight by the supporters because no female child would be sure of what might happen to her in the future. A 14-year-old girl named T started living with a male partner four months ago. She has the following to say about her life with her 'husband' (IBD, p.136).

The above paragraph showed two contradictory arguments about street children network and social support among street children. The former one states Addis Ababa Street children don't have social support while the baseline survey showed the support among street children to solve their problem.

Conceptual frame work

After going through and reviewing different literature, the researcher developed the following conceptual frame work.



The above diagram clearly shows the causes of reproductive health problem. According to different literatures, reproductive health problems are caused by different factors. Lack of information on reproductive health, sexual experience and lack of access to health services are the main factors for reproductive health problems. The sexual experience includes different things i.e sexual exploitation, sexual abuse and commercial sex work. Regard to sexual experience of street adolescent's girls, gender plays a pivotal role in influencing the sexual experience and also affects reproductive health.

Research Methods

This study uses primary source of data to gain a full insight of the research problem and it also employ secondary source of data. Sample technique that is relevant for the research topic was employed. Furthermore, the researcher employed diverse techniques to collect the primary source of data with the intention of getting detailed qualitative data. Detail description of the entire processes of the study is presented as follows.

Study Design

The researcher employed qualitative research method. The idea behind qualitative research is to purposefully select participants or sites (or document or visual material) that will best help the researcher understand the problem and the research question (Creswell, 2008, p.178).

The researcher employed case study design for the determined qualitative study. The case study design has been selected because the issue explored was about the sexual experience of street adolescent girls in the reproductive health perspective. The study focused on the sexual experience of street adolescent girl, which was determined to provide an in- depth understanding of case. Moreover, the case study has been selected because of the case design quality in showing different perspective of the problem from different individual cases.

In general case study has been selected for the study because the researcher is not exploring life of one individual , generating a theory or describing the behavior of a cultural group rather the researcher seeks to provide in-depth description and understanding of individual cases to assess the sexual experience and to provide reach data related with their reproductive health.

Study Area

The research area is in Addis Ababa city Administration, Arada Sub city around Piazza area .According to the Goal Ethiopia Annual report on street children, Arada sub city is the highly populated area by street children and specifically Piazza area is highly populated from the sub-city. Moreover, these areas have diversified street children population. It is diversified in terms of religion, sex, life style, place of origin and other many aspects. These factors make the area to be representative for the determined research. The research participants who participated in the FGD and in- depth interview constituted from Piazza area: Piazza Giorgious Area, Piazza Churchil Area and Piazza Taytu Hotel area.

Study Population and Participants

The primary research participants are adolescent street children. Specifically, female adolescent street children between the age of 15- 18 and who live entirely on street are the target of the study. Totally 17 street adolescent girls directly participate on the research through in-depth interview (12) and FGD (5). Moreover, Medical Director of the Arada Sub City Clinic, Project Officer of the Family Guidance Association (FGA) Confidential Clinic and representative of Arada Sub City Women, Children and Youth Affair Bureau was participants of the research under the key informant interview technique. In general, 20 participants participated in the study.

Sampling procedure

Non-probability sampling technique was employed in which participants were selected through purposive/Judgmental/ sampling technique. Likewise, the researcher used snowball-sample to gather necessary data from street children. This process created a smooth condition for the researcher to meet with appropriate research participants.

Sample Inclusion

To select research participant the following sample inclusion method was utilized

- Street children who are girls
- Late adolescent girls between the age of 15- 18. According to FMOH late adolescent are children between the age of 15-19 and UNICEF defined children as human beings that are below the age of 18. Hence the research comes up with the age inclusions by considering the two definitions related to children.
- Adolescents who are in their reproductive age. According to WHO (2006), Women of reproductive age refers to all women aged 15–49 years (p.13). Hence by considering their reproductive age the researcher select adolescents between the ages of 15-18 years.
- Adolescents who are living in the research area

Data Collection Procedure

To get well enhanced and reach qualitative data and to answer the research question both primary and secondary source of information were utilized. The detail description of each procedure is presented as follows.

Primary Source of Data

Primary source of data was gathered through different data collection techniques**.** The tools for primary data collection were in-depth interview, key informant interview and Focus Group Discussion (FGD) in order to gain in-depth information.

Interview

In-depth interview: The researcher conducted face to face interview with research participants. The research interview questions was semi structured questions which are open ended. This enabled the respondents to actively participate in the process and helped the researcher to get reach data.

The researcher at the beginning planned to conduct an in-depth interview with seven street adolescent girls but to reach at the data saturation the researcher interviewed additional five street children which make the total participants to be 12 street girls for the in-depth interview.

Key Informant Interview: Three key informant interviews were conducted with Public Health center representative, NGO representative that is working on health service provision for street children and with a representative of Arada Sub City Women, Children and Youth Affair Office. The key informant interview questioners was semi structured and open ended. The researcher took a note in all interview process and the whole interview process was recorded by a digital audio recorder after interviewee provided their consent.

Focus Group discussion: Focus group discussion was one of the methods to collect the qualitative data .This helped the researcher to find well enhanced qualitative data. In this study, one FGD was conducted. Accordingly, five adolescent street children who did not participate on the in-depth interview were selected and participated on the FGD.

Secondary Source of Data:

Secondary source of data was gathered from different sources. Different journals, papers, articles, books and published magazines and other published material were utilized.

Ethical considerations

All social research involves consent, access and associated ethical issues since it is based on data from people about the people. Since researchers cannot demand access to people, situation or data for research purpose, assistance and permission are necessarily involved (Punch,2006, p.6).

To keep the academic integrity and honesty and to respect the research participants, the researcher considered various ethical issues. The researcher got permission from Addis Ababa University School of Social Work to conduct the study and got necessary permission from the Addis Ababa City Administration Women, children and Youth Affair Bureau, (Please see the annexed letter of research permission).

The study was conducted collecting from street adolescent girls and from the key informant interviewees. The researcher recognized street adolescent girls have had different traumatic life experiences. Hence, the researcher followed different ethical consideration.

Children must have the opportunity to express their views about activities that affect their welfare, and these views should be respected. Children and adolescents can provide crucial information about their needs and how to respond to them (Horizons, 2008.p. 5).

As it is stated in Horzon, (2008) publication, the most important principle is to always put the best interests of the child first by promoting and protecting their wellbeing. Moreover, it states the importance of children's participation. Children and adolescents are often the best sources of accurate information about their own lives. Their perspectives on decisions about their care and their future are important. They have a right to express their views about decisions affecting their own lives and those of their families or communities (p.6).

The data was collected from the research participates in a way that do not potentially harm research participants. Since the research ethics does not allow getting consent from children

below the age of 18, the researcher contacted the Addis Ababa City Administration Women, Children and Youth Affair Bureau concerning the consent. The Bureau provided the researcher with a letter of cooperation which helped the researcher to collect data from street children. Accordingly, using the permission provided by the Bureau, the researcher used the consent of street adolescent girls in addition to the permission letter since there is no parent or guardian for these children.

All respondents of the research were provided with brief explanation about why they have been chosen for the research. Besides the brief oral explanation, written consent form was provided to all research participants that contain full information about the purpose of the research, why they are chosen to participate in the research.

Participants of the research were provided with full right to withdraw from the interview if they feel uncomfortable about the questions they are asked. This specific information was provided to all participants at the beginning of the research process.

Proper care was taken during the interview data analysis and presentation to keep the identity of the interviewees unknown to the readers of the thesis report. The researcher use pseodonames and codes for the case stories as well as for other research participants. The researcher also contacted a professional counselor because of the different facts that will arise after the collection of the data.

In order to ensure confidentiality of the information after the finalization of data collection and data analysis, the audio records are handled with utmost care. The tape records are kept in a safe place for the confidentiality of the data.

Trustworthiness of the Study

According to Kregure and Newman (n.d), validity is part of a dynamic process that grows by accumulating evidence over time, and without it, all measurement becomes meaningless.

The researcher employed different tools for the data credibility. After the in-depth interview the researcher conducted FGD with street adolescent girls. Moreover, to check the street adolescent girls' problem regard to their reproductive health the researchers conducted the key informant interview with three participants.

Data Analysis

Inductive data analysis – Qualitative researchers build their patterns, categories, and themes from the bottom up, by organizing the data into increasingly, more abstract unit of information. This inductive process illustrates working back and forth between the themes and the database unit the researchers have established a comprehensive set of themes (Creswell, 2008, p.175).

Data collected through different research topic was first prepared and organized in a manner that will allow the researcher to analyze the data. In-depth interviews, key informant interviews and focus group discussions that are conducted by semi-structured questions and which were rerecorded through the audio records was transcribed. Since all the recorded data are in Amharic, all interpreted to English and transcribed in a computer. Each participant was provided with codes which helped the researcher to identify the participant by code and which contributed for the confidentiality of the data.

To get a general sense of the information the researcher read the transcribed data carefully. After the data transcription the researcher organized the information related to each research questions. The responses of the participant put against each research question. After that the

researcher organized the data to each research questions and re-organized the data again into categories on the basis of themes, concepts, or similar features.

Cross case synthesis was the main analytic technique of the study. Cross case synthesis analytic technique is useful method for analyzing multiple cases. Besides 'the analysis is likely to be easier and the findings likely to be more robust' (Yin, 2003, p.134).

Limitation of the study

The researcher acknowledged the difficulty to get access to the study participants, specifically street adolescent girls. Street children do not permanently reside in the certain place that created difficulty on the research. Towards this end, the researcher used snowball samples to reach street children. In addition, to their accessibility problem the researcher had encountered a problem to discuss about sexuality, as talking about sex is a taboo in Ethiopia. Hence, street adolescent girls' difficulty to discuss about sexual matters on face-to face interview was a main limitation of the research.

According to my assessment there is no legal frame in Ethiopia that states about how consent should be taken form street children below the age 18 who are living on the street without any parent or guardian care. This was the major challenge I face regard to consent. For this main reason, the Addis Ababa City Administration Women, Children and Youth Affair Bureau were contacted and the Bureau provides necessary permission for the researcher to conduct the study.

Interviews in the research should be conducted in a convenient place that will allow the researcher and the research participant to discuss freely. Securing space to conduct the FGD and in-depth interview was one of the main challenges during the data collection.

The researcher also acknowledged the research limitation regard to research generalizability. This study will not be generalized to the general population as it is a qualitative study.

Data Presentation

The study "*Sexual Experience of Street Adolescent Girls from the Reproductive Health perspective"* is conducted with the objective of assessing the sexual experience and related reproductive health challenge of street children. The study participants are 12 in-depth interview five street adolescents under the FGD and three key informant interviews. The Key informant participants are representative of Addis Ababa City Administration Arada Sub City Women, Children and Youth Affair Bureau, Family Guidance Association (FGA) Model clinic and Arada Sub City Health Center. Major findings of the study are presented in the following sections.

Socio-demographic information of the study participants

In Table 1 below the researcher presents the socio-demographic profiles of street girls participated in the current study.

Table 1 socio- demographic status of street adolescent girls

No	**Data collection type**	**Age**	**Place of birth**	**Parental status**	**Educational level of the adolescent**
1	In- depth interview	18	Nazireth	Both dead	Illiterate
2		17	Jimma	Both alive	7th grade
3		17	Addis Ababa	Both alive	7th grade
4		15	Arisi	Both alive but divorced	Illiterate
5		17	Sebat bête gurage	Father passed away mother alive	4 th grade
6		16	Addis Ababa	Mother passed away father alive	9th
7		15	Addis Ababa	Mother alive father passed away	7th
8		15	Wollega	Both dead	7th grade
9		15	Addis Ababa	Both alive	8th grade
10		18(HIV Postive)	Nazireth	Both alive	10th grade
11		16	Bahirdar	Both died	4th grade
12		16	Zeway	Both died	6th grade
13	Focus group discussion Focus group discussion	16	Gonder	Both died	8th
14		17	Merawi	Both died	5th
15		15	Wolkitea	Mother died	3rd
16		16	Hosahina	Father died	7th
17		16	Addis Ababa	Both died	6th

As it is summarized in Table 1 above, 17 street adolescent girls directly participated in the study. From these participants, five participants are 15 years old, five are 16 years old, other five are 17 year old and only two participants are 18 year. Twelve street girls who participated in the FGD and in- depth interviews migrated from other parts of Ethiopia to Addis Ababa.

Participants were asked about their parental status, i.e. whether their parents are alive or not. Seven of the participants have lost both parents. Other five lost one of their parents. On the other hand, five participants reported that both parents are alive. Accordingly, 12 participants lost both or one of their parents.

Fifteen of the 17 participants had been enrolled to formal schooling and quit school when their destination became street life. As the result of school enrollment, 15 of the participants are able to read and write while the two are illiterate.

Regard to the economic status of the child parents, all of the study participant except Participant five and Participant nine are from poor families in which family means of income is reported to be small agriculture holdings, daily labor, and low status employment such as working as guards. Mothers are reported to be housewives. In general, all most all participants are from poor family back ground.

Three key informants were also participated under the study. Key informant was selected because the organization he is representing i.e Arada Sub City Women, Children and Youth Affair which is working on Children. Moreover, Key Informant two was selected because the organization she is representing is providing health service and Key Informant three was selected because the organization she is representing is working on reproductive health service for the community including street children.

Street life assessment

In Table 2 below the researcher presents to show street adolescent girls year of stay on the street, reason for starting street life and means of income on the street which is presented as follows .

Table 2 street life assessment

No	Age at which girls started street life	Years of stay on streets	Reason to start living on the street	Means of income on the street	Code name for the analysis
1	13	5 years	Seeking better life /child labor abuse Harsh work environment	Begging	Participant1(P1)
2	15	2 years	Early marriage	Begging	Participant 2 (P2)
3	14	3 years	Conflict with family	Begging and currently admitted by one organization for the food support	Participant 3 (P3)
4	12	Three years	Step mother abuse	Begging	Participant 4(P4)
5	15	Three years	For better job	Begging	Participant 5 (P5)
6	16	Three month	Step father abuse	Friends working in commercial work and she share her income	Participant 6 (P6)
7	15	Five month	Uncle physical abuse	Commercial sex work	Participant 7 (P7)
8	12	Four years	Aunt abuse	Begging/shikela	Participant 8(P8)
9	13	Three years	Just to be free	Begging/shikela	Participant 9 (P9)
10	16	Three years	HIV positive and my parents discrimination	Begging	Participant 10 (P10)
11	14	One year	Parents died	Begging	Participant 11(P11)
12	15	One year and half	Parents died	Begging	Participant12(P12)
13	14	2 years	Both died and used to live with uncle and because of uncle wife	Begging	Participant 13(P13)
14	15	2 years	Both died	Begging	Participant 14(P14)
15	15	1 year	Mother died and conflict step mother	Begging	Participant 15(P15)
16	14	2 years	Father died and conflict step	Begging	Participant

			father		16(P16)
17	15	One year	Both died and because of fight with cousin	Commercial sex work	Participant 17(P17)

As it clearly seen in the table, many participants started to live on the street at the age of 15 years old. Regarding to the number of years street adolescent girls spend on the street; many of them spend more than two years on the street. Seven participants have been living on the street for more than three years. Other four participants lived on the street for two years. Still other four participants have been living for one year. Only two participants (Participant 6 and Participant 7) are new for street life. They spend only three month and five month respectively on the streets of Addis Ababa.

Reason to start street life

The participants were asked why they started to live on the streets. All of the participants except participant 9 were forced by pushing factor to live on the street. Whereas, P9 has reported she was attracted by the street life. From the total participants three of them were forced by work load at home and physical abuse in the form of corporal punishment and conflict with family member. The majority of the participants i.e eight participants mentioned that they started to live on the street because of the punishment and conflict with family members. Two participants who lost both of their parents explained poverty or economic problem as the main cause to live on the street. Other two of the participants explained they are forced to live on the street due to sexual abuse and its related consequence and one participant due to early marriage. Participant P5 explained the cause as follows.

> I come to Addis Ababa for a job, I was planning to work as a waitress and it didn’t manage to get any job. I started to work as house maid in one house. My employer’s son raped me. After three month I become pregnant and I told to the employer son, he told me he will kill me if I don’t leave the house. One day he

came to my room with a big knife and he told me he will kill me if I don't live the house. I leave the house and the only option I have is to live on the street. Nobody wants to employ a pregnant lady as house maid or as a waitress.

Participant 10 also started to live on the street due to sexual abuse related issue and its consequence she explained the cause as follows:

> I was sixteen year old when I was raped by my brother's friend. My parents took me for HIV test after three month. The test was negative then they took me again after there month, the result was positive. I just still couldn't believe what happened my parents discriminate me. I couldn't resist it. I went out from home and started to live on the street of Addis Ababa, street is the only choice had.

The above two participants started to live on the street due to reproductive health related reason, i.e pregnancy and HIV/AIDS.

One adolescent girl explained the reason for starting street life as a result of early marriage. Parents arranging early marriage and couldn't allow her to continue schooling

> My father has three wives all he think about is marriage. I was a top student in my class. My father wanted me to marry an old guy who is older than my father. Education was my dream at that time. Just run away from the arranged marriage.

Participant nine was the only street girl who went out from home due to pulling factors she observed on the street. She describes the pulling factor as follows.

> I went out with my friends for the Epiphany ceremony. It was late when I tried to go home. I decided to stay the night on the street .I liked how we spend the night, I stayed

for one week on the street. I got back to home. I just missed that life, it was fun to stay on the street for one week and I started to live on the street.

All of the participants linked poverty as the immediate factors that forced young girls to join street life. Participants five and nine did not agree that poverty was the reason for them to start street life.

Means of income on the street

Street adolescent girls lead their life by engaging in different activities as means of income. Twelve participants reported their means of income on the street is begging. Participant nine use the term *Shikela* for beginning while participant 11 use the term as *Wodiyabel.* One of the participant explained her main means of income is beginning but she started to receive a support from one non-governmental organization and another one participant also reported her means of income is begging and further explained she will start waitress work in the coming few weeks. Participant six explained her means of income is her friend who is a commercial sex worker but by proving different questions and by asking how the participant is sexually active the researcher found out the participant is involved in a commercial sex work act and the probability of means of income will be commercial sex work.

Likewise participant seven explained her means of income support from different individuals as well as beginning. Her friend who is coded as participant six in her explanation about means of income states that her means of income is a friend who is working as a commercial sex worker which is coded as participant seven under this study. Participant six further explained her friend (P7) is a commercial sex worker and she still involved in the act. The researcher raise different questions for participants that provided sufficient information regard her means of income. The research participant raised sexual abuse as one of the challenge and individuals who are not living on the street, as she referred them as ordinary persons, are the one

who abuse street children. Related to this issue the researcher posed a question whether they deal on money before she went with them. Participant seven explained that she deal with money and some of them didn't give her the money after she sleep with them. This and other things on the data revealed the participant in one way or another is involved in a commercial sex work and her means of income can be commercial sex work.

Participant number nine explained her means of income is begging which she calls it as *Shikela*. On further discussion she explained that she, sometimes, involves in what she call *Kefela* of the foreigner which is more related to robbery and to commercial sex work.

Expression about Street life

All of the FGD and in- depth interview participants explained street is the worst place in life. They all explained it is worst especially for street adolescents who live entirely on the street. They further explained the sleeping at the night is worst because of abuses which include sexual and physical abuses. They all are involving in making money to spend the night by paying certain amount of money to the places that are available in different areas of Addis Ababa. If they can manage to get the money most of them spend the night by paying some amount that ranges from 3- 10 birr per night. As it is expressed by one of the participants:

> Life is so hard on the street. We face the worst things in life on the street. The boys are the main source of misery in our life they do not allow us to work in the day and also to sleep on the night. We mostly use begging as source of money and if we make money by begging we spend the night by paying 6 birr to one house which is called DC/which she want to associate it with Washington DC(Participant 9).

Participant 10 states:

"Street life is the most difficult one especially for us who are HIV positive and who is living on the streets. My health is deteriorating from day to day and I cannot do anything. Street is a place where some will see the worst things in life".

Participant 11 has explained that Street life is very difficult having a child on street is very hard.

Sexual Experience of Adolescent Girls

First sexual experience on the street:

All of the participants confirmed that the first sexual experience of most street children is on the street. They explained it may happen willingly or by force. Almost all participants except participant 4, participant 5 and participant 10, exercised their first sexual experience on the street. Participant 8 has the following general statement to say.

> On the street, girls are highly exposed to rape and other risky behaviors like smoking drinking and other things. Sex is the most easily available thing on the street. Whether you want to do it or you don't want to do it, sex is the most easily available thing on the street. If you want to do it you can do it any time and whether you don't like it you will be raped. You will start everything on the street.

Participant 7 has the following opinion about street life.

> Street children start their sexual experience on the street. Many of them start sex in order to generate money out of the practice. Street girls want money to cover their basic expense if they cannot manage to get it by begging they will start doing business, which is sex.

The researcher has also confirmed that most street children experience horrible life on the streets. Many street children start their first sexual experience on the street.

Sexual Violence and Street Children

From all participants that are sexually active and who exercised their first sexual experience, all most all of them experience their sexual debut by force. Participant 2 and participant 11 experienced their first sex willingly because they want to protect themselves from abuse.

All of the participants stated rape is the most common thing on the street and the most common form of abuse. None of the participants consider verbal sexual violence as violence. One of the participants who is adolescent mother explained the sexual abuse on the street as follows

> All of street girls whether she is adolescent or whether she is old will face sexual abuse on the street. Our life is full of worries and misery. Whenever men are drank we will try to skip from them by going to other places. Street life is very difficult especially for young girls. Right now I am worried about myself in protecting myself from rape tomorrow I will be worried about my daughter. Street life is just like this full of worries and every street adolescent is vulnerable to rape and it is unavoidable (P5).

Perpetrators *of sexual abuse*

According to the FGD and in-depth interview participants confirmed, street girls and also street boys are victims of abuse. Eleven participants of the in-depth interview explained that perpetrators of sexual abuse are street boys and person who are not on the street. “The cap / Kebiro / are also the one who abuses street adolescent girls”(P8).As participant 8 explained, Kebiro/ Cap/ are boys who are group leader on the street. They are basically older than other street children and they are respected by street children.

> The police men are also the one who are abusing street girls they seem nice to street girls, they seem the one who care for street but they will do what others do. They will ask you to have a sex with them otherwise they will make you to leave the area. We don't expect this kind of things from them. If you don't sleep with them, they will force you to leave the area. Moreover, drank people are also the one who abuses street children. When we leave our prior place on the street and when we try to settle on new site, we always face abuse on the new area. Street life is horrible; we barely sleep on the street (P8).

Participants on the focus group discussion also mentioned street boys who are living on the street and also ordinary people are the one who rape girls .Moreover, participants on the FGD and on the in-depth interview conformed street adolescent girls who are on the street facilitate different condition for abusers. The entire participant explained new comers are more exposed to abuse than street adolescent girls who stayed longer period of time on the street.

Street Adolescent Girls Current sexual involvement

Thirteen participants have a sexual experience in the last one month. Participants that are sexually active have a sexual relationship with opposite sex. From the whole participant only one participant never had a sexual experience and she is n't sexually active.

> I don't have any kind of sexual relationship right. What is the relevance, in one way or another I will be sexually active after all I am on the street, exposed to rape .The physical abuse related to rape is what I hate the most, sometimes abusers will bit me if I refuse to have sex with them, what I have to do is just to allow them to do it (P5).

From thirteen participants this 10 of them are involved in the current relationship to protect oneself from different form of abuses.

> In the street someone should have “Mekebriya” which she used it to refer boyfriend for protection, to protect myself from abuse. Currently, I have Mekebriya and I am somehow safe from rape because I have a boyfriend. If I broke up with my boyfriend, I have to have another Mekebriya the next day, either way everybody on the street will sexually exploit me (P8).

Two of them, through the triangulation question, are involved in current sexual relationship to generate means of income to cover basic expenses on the street. P6 and P7 are involved in a commercial sex work activity.

> When you are on the street what you care about is money, how to get a food to eat. It is only three month since I went out from home I do not have anything to eat it is all about survival if you cannot make money by beginning the only option we have is sleeping with male. My friend always arranges me with guys who want to have a sex with me, she always tells me it will n’t harm me that much and it is better than starvation on the street. Sometimes I do that, I sleep with them (P6).

Two participants are not sexually active currently, but they used to have a boyfriend on the street to protect on self from abuse. Both agreed sex is the most easily available thing on the street.

P9 has a boyfriend but involved in other sexual activities and have a confusing sexual relationship, she explained about how she makes money as follows

> When we try to make money by begging most of the foreigners try to take us to their home. They will tell us they want to sleep with us and they will give us 1000 or 2000 birr for one night, who will n’t be tempted to do that?, after all we are on the street. Some guys promise us they will give us a lot of money and they will buy clothes and some other stuff for us. We have foreigner customers, some of them can speak Amharic and some of them don’t. I can speak little English and I am the one who mostly communicate

with them when we go without them. They like when you speak a little English. Most of the foreigners who are doing such kind of things are the “Tikuwakir Ferengoche” (which she tries to explain about the People who speak English and who come from other Africa countries) but we also have other foreigners who took us to their home. Most of the time we will deal with them and we ask them to give us the money prior to the sex. When they give us we run a way. Some of them are smart they will only give you if you go with them. One day a man told me he wants to have a sex with me and he will give me 50,000.00 birr. At first he gave me 500.00 birr then I gave the money to my close friend and I went with him to sleep with me and my friend. Actually my friend and mine plan is to steal some amount of money from him. He is so huge and I was afraid to have anything with him then we left without having anything.

All of the participant underlined most street children are involved in a sexual relationship as a means of protection and security on the street. Street girls involved in a sexual relationship with street boys to protect oneself from rape and abuse and to generate some income on the street.

Reporting Sexual Abuse

All of the participant on the street never report to the police or to any legal body when they face abuse on the street. Most of them explained they are afraid of police men and not to be labeled by friends. One of the in-depth interview participants explained it as follows.

What is the relevance of reporting, the abuser will be released in the next day. If I report to the police and if the abusers is arrested, his friend the next day will come and beat me he will threaten me he will kill me. Nobody report abuse. Specially, for new comer reporting sexual abuse is unlikely (P8).

Some police men are not willing to pay any attention to street children in simple things let alone report to abuse. One of my friend reported the sexual abuse and the perpetuator

> was arrested. The next day his friends came bat her and told her to leave the area. This is what will happen to a girl who reports abuse, and then what is the relevance of reporting to the police (P5).

Sexual experience with the same sex

All of the participants are involved or used to involve in a sexual relationship with the opposite sex. More than half of the participant conformed they know street children who exercise homo sexuality. All of them underlined sex among male and male is the most common one. Half of the participant they expressed they know homosexuality between female and it is common on the street.

> Homo sexuality is a very common thing on the street and it happens in many street spots. It is a fashion of the day, everybody does it like as a fashion. Most of these girls are bisexual too, they have sexual relationship with female and male. Some of them always say they want to spend the night with me. Most of the girls do it in dark areas. When I told them it is not natural they replied it is none my business. Moreover, they will rape other girls if they have any issues with them (P2).

Most of the FGD participants confirmed they are aware of the homosexuality on the street .One of the FGD participant explained “Sex is the most easily available thing on the street, you can do it any time you want to do it. I wonder why anybody will be interested with the same sex” (P14).

Sexual and Reproductive Health

Risky sexual behavior

Only few participants mentioned more than two risky behaviors. Most of the participants have mentioned rape has a negative outcome on street adolescent girls. All of them mentioned the street life exposes to abuse and this will negatively affect street life. Moreover, all of the participants believe using drug exposes and affect street life negatively. Nonetheless, knowing

the fact it has a negative consequence on them; four participants are using alcohol, cigarette and different forms of drugs on the streets. .

> I drink chilache (Draft), smoke cigarette and I also use some drugs like ganja, bombareliea and Mastish (shoes Mastish). Mastish exposes street children to different form of abuse. If I take Mastish, I cannot control myself, people may attack me and it exposes for rape. For instance, I don't usually use drug with street boys unless I know them very well, it will end up with rape. I know substance abuse exposes to different kind of problem but how can I enjoy street life without using drug (P9).

Knowledge of the term RH

Majority of the participants never heard the term reproductive health and they do not know about it. Two of the participants stated they are familiar with the term but by posing further questions the researcher found out they don't know anything about it. Only one of the participants who quit school at the 7th grade briefly explained about reproductive health accurately. She mentioned she knows about reproductive health on her biology lesson and because she took training on the street which was facilitated by one NGO.

Participants of the FGD are not familiar with the word. Even if only few participants are familiar with the term, they don't properly know reproductive health meaning. This was reflected in the following statement

> Reproductive health is something related to our psychology, it is how we control our emotion and feeling. It all about how an individual express himself/ herself. When you can n't express what you feel about your friend it is a reproductive health problem (P6).

Key Informant 2 also affirmed this fact, "Most of street children even don't know the term reproductive health". This thing shows how street children are not familiar with the word reproductive health and shows the knowledge gap about reproductive health.

Three participants are getting reproductive health service at the nearest clinics. Even if they are getting service related to reproductive health, they all are not familiar with the world reproductive health. After the researcher gave some explanation about reproductive health, all participants believed reproductive health is something important to their well being and they all want to know about it.

Understanding about RH problem

All of them understand RH as a serious problem but have different kind of explanation for different reproductive health issues. Three of the participants explained unintended pregnancy is not a problem.

> I did not know I was pregnant until my pregnancy reach four month. At my 4th month pregnancy I went to sister's hospital. I was unhappy when they told me my pregnancy but I became happy after a while. I don't have anybody on the street and I don't have any family member who will support me. Even if I don't love the fact that I don't know the father of my child, I love the child because he is all I have on the street. My friends told me this is not the thing that I should be proud of and told me to give the baby to government organization,
> I refuse to give my baby away because I know I'm all alone on the street. In addition to this, my baby is a source of income through begging and having a child is also protecting me from abuse (P1).

Contraceptive use among Adolescent Girls

Nearly half i.e seven participants have mentioned one method of contraception. All of them did not properly know the use and function of the contraceptive. Few participants don't know any method of contraception.

Contraceptive use at first sex

Contraceptive use at the first sex was a question the participants was asked. From all most all participants i.e 13 of them who have sexual experience don't use any kind of contraceptive at the first sex. Two participants believe the boy might use condom at the first sex. Only one participant use injecatable contraceptive on the street, "I was aware of the street life and on the second day I started to use injectable contraceptive and on the fourth day I was raped by four street boys".

All of the participants agreed most of street children don't use any form of contraceptive at first sex because their first sexual experience for most street children is forced and they don't have knowledge related to contraceptive.

Current Contraceptive Use

Injecatble contraceptive is the most common and widely used contraceptive on the street among adolescent who are using contraceptive. Five participants are using injectable to protect oneself from unintended pregnancy. Few participants are using male condom while five of them are sexually active who are not using any kind of contraceptive. Some of the research participants quit using contraceptive because they believes it affect their menstruation cycle. The HIV positive participant who is sexually active but who is not using any kind of contraceptive explained the reason behind it as follows:

> My friends told me taking contraceptive will worsen my life situation and it will decrease my health quality. Hence, I never take any kind of contraceptive but sometimes the males use condom when they sleep with me (P10).

From a significant number of girls who are sexually active but who are not using any contraception, four of explained they don't have any intention to use contraceptive because they don't have a plan to stay on the street.

Regard to participants opinion about other street children and contraceptive use, most of the participants agreed only few street adolescent girls are using contraceptive. Participants also believe street children who are using contraceptive are mostly injectable contraceptive. Key informant 2 and 3 also confirmed this fact; among street girls that use contraceptive most of the street prefer to use injectables. The two key informants explained the clinic is providing different forms of contraception for street adolescent girls and most street adolescents prefer to use injectable contraceptive.

Regard to why they choose to use the contraceptive they are using over the other contraceptive, most street adolescents who are using the injectable explained injectable is easy to use.

> I am using injectable because it is easy to use. If I choice pill it means I have to remember and take it very single day. On the street we have a lot of things that bother us; we don't want to bother our life by trying to take a contraceptive pill every single day. Some street girls use pill but they failed to take it properly (P5).

From five participants who use contraceptive currently most of them go to government hospital for contraception while only one are going to NGO which is providing contraception freely. The entire participants who are taking contraceptive explained the reason behind preferring to go to the GO and NGO centers is related to price affordability. All explained they choose to go there because it is cheap /free. Some of them informed the researcher they are paying for card and for laboratory tests only. All of the participant start to use contraceptive after they started to live on the street and after they face unintended pregnancy on the street. Only one of the participants started to use when she immediately started the street life.

Only one of the participants had heard about Emergency Contraceptive (EC) but didn't know the function of the contraceptive and how it should be taken. The remaining all participants

never heard of EC before the research and they didn't know its use and function. All of the participants explained their peers on the street may n't know about EC.

Pregnancy

All of the participants believe street adolescent girls are highly vulnerable to rape and it exposes them to unintended pregnancy. The entire participant agreed unintended pregnancy and in general pregnancy is the most common problem on street adolescent girls.

From all the participants majority of them (16 participants) was a victim of unintended pregnancy and from all this participants only four of them gave birth the child. One participant who faced unintended pregnancy earlier is currently pregnant which is an intended one.

Unintended pregnancy and Abortion

Nearly all of them (16) know adolescent girls did abortion when they face unintended pregnancy. The abortion mechanism listed by the participants are: taking some kind of pill with coca, going to hospital, taking traditional medicine a going to traditional clinics if the child is more than four month. One of the participants explained about her abortion process as follows;

> It is easy for anybody to abort unintended pregnancy, even I can abort a seven month child. If any street child is pregnant below two month, she can abort anywhere she wants. On street our menstruation cycle is abnormal, if one girl menstruation is absent for two month she may consider it as a normal situation. Most of the street children are n't aware of the pregnancy. They will be aware of the pregnancy when they reach are four month and above pregnancy. Mostly they can't abort in clinics because they are expensive. The payment rate varies according to the month of pregnancy. Some of the clinics charges more than 2,500.00 birr. Moreover, some of them are unwilling to do it if it is more than 5 month. In such kind of conditions street children go to traditional clinics or they will take different things to abort the child. In traditional clinics you are only expected to pay less than 700.00 birr if it is more than 7 month. But all of these things are not affordable

for street children. If any street child cannot manage to get the money for abortion, she will be forced to give birth the pregnancy (P2).

Most of the participants mentioned abortion as a prior solution when they face unintended pregnancy. Nearly all of them participants face unintended pregnancy. Nonetheless, only four of them gave birth the child. Twelve participants didn't gave birth the pregnancy. Only four participants were willing to tell where they went for abortion. They went to government clinic and nongovernmental organization. The remaining participants were unwilling to provide an explanation where they go for abortion.

> I was raped by group of boys; it was my third time that I was raped. On the first two ones, I didn't face any kind of pregnancy and at that time I thought I am the kind of person who is infertile. After third abuse, I found out I was fourth month pregnant. I went to the nearest clinic they told me it is risky to abort the baby. My friend told me to boil soap with water and to take it at the morning without eating any food. I took it as she told me. I never experienced such kind of thing in my life, I collapsed after taking the mix few minute. I don't want to have a baby who doesn't have a father name. I went to a clinic and they wanted me to pay 2,500.00 birr, who can afford that no body. Specially, for me it is unaffordable as I have no any means of income on the street. Finally, I abort it by few Ethiopian birr (P8).The participant was unwilling to tell the researcher where she finally went for abortion.

All most all participants i.e 16 face at list one intended pregnancy on their stay on the street. From these only four of them have gave birth the unintended pregnancy.

Antenatal and Post natal care

All participants were asked if they know peers who have children go for antenatal and postnatal during and after the pregnancy. All of them responded most of the street adolescent girls are not going to health centers for antenatal and postnatal care.

All of the participants that have a child (4 participants) went antenatal after they are 7 month and they are going to postnatal to the government health centers. One of the participant who is a three month pregnant at the time of the research is going for antenatal care to one NGO that provides the service. All of the participant who is attending antenatal and postnatal care explained they prefer to go there because of the cost issue. They further explained everything is almost free at the governmental clinics.

HIV/AIDS and STI and street Adolescent Girls

Street adolescent girls have moderate knowledge about HIV/AIDS; nonetheless, knowledge about other STI is very limited. Insignificant numbers of street children have knowledge about STI other than HIV/AIDS. Regard to HIV/AIDS all of the participants believe street children are highly vulnerable to HIV/AIDS comparing with their male counterpart.

All of the participants' raised rape as a risky factors that exposes street children for HIV/AIDS. Most of street children have moderate knowledge about HIV/AIDS. In some of the participants even if they are well aware about the HIV transmission there is some miss conception about HIV, the misconception are presented as follows.

> I know about HIV /AIDS it is transmitted by food poison and I know it is transmitted by rape (P5).
>
> We do not support people who have HIV/AIDS and we will not allow them to do anything with us. We have a fear that it will be transmitted, we don't sleep and share anything with them (P2).

HIV/AIDS and ART Use by Street Adolescent Girls

All of the study participants believe most street children are HIV positive. Form the total 17 participants 15 of them know someone who is HIV positive on the street. Form the study participant one of them is HIV positive and used to take ART but quit using it. She reported her experience as follows

> I used to take ART, currently stop taking ART. The medication need proper diet, we barely eat on street. The treatment is very hard, if I don't have a proper food why would I take it, it is useless. Other street children also start and quit the medicine because of the food issue. Some of them also quit the medication when they gain weight. Some of them says they feel better and they quit the ART(P10).

One of the participants also added as follows

> I know street children who are HIV positive, they all don't take the ART they just give up and they use drugs and alcohol to deal with it. When you ask them why they are n't taking the ART they will tell you they don't have anything to eat. But they can still eat food by the money they use to buy alcohol cigarette and other drugs. They are addicted they care about their addiction not about the food and their ART (P8).

HIV positive street adolescent and few participants who have friends on ART expressed street adolescents who are going for ART are going to the government health centers and also to one NGO (Sisters Missionary, as the street adolescents girls expressed it) that provides ART for street children.

The HIV positive participant was asked why she chooses to go to ART at the government health center; she explained government is the only one that provides ART. This shows the knowledge gap of the street adolescent about the ART accessibility. In the research area and also in Addis Ababa ART is available in government hospital and also in selected private and NGO health centers.

Service of Reproductive Health

Most of the participants believed only few street adolescents girls are going to the health center seeking reproductive health. FGD participants particularly affirmed street girls go for RH service to health centers when the problem worsens. Participants asserted most street adolescents are concerned about food and shelter rather than their health.

From the whole participants nearly half of the participants are going to health center in the past three months. From these participants majority of them are going/went to the government hospital and very few participants are going to NGOs that provides RH service for street children. None of the participant is going/went to private health centers.

Participants were also asked about the encouraging factors that encourage them to choose the health center they are going right now over other one. Respondents who are going to health centers reflected they are going to the GO and NGO health center because the service is free and some of them referred it because it is cheap. Nearly all of the participants (15) went to health centers when they face some kind of reproductive health complication.

Information about RH

Participants were asked how their peers get information about pregnancy, contraception, HIV/STI and abortion services. Eight participants heard about the mentioned reproductive health information. Majority of them who know about RH and who heard something about the mentioned RH component explained they heard about it from their peers/ friends. Few participants mentioned they heard about the mentioned thing from the health care providers and another three participants heard about these things on media when they were home. One participant believe she and her peers get information about reproductive health related to pregnancy, contraception, HIV/AIDS and STI and abortion service from the training provided by NGOs and one participant don't know about it.

Factors that Limit Accessing Reproductive Health services and Reproductive Health service Friendliness

From the total participants 13 of them believe some street children don't have health care seeking behavior. The Key informant interview 2 also confirmed this fact by stating

> Some street children know where to go for service and more over they have some knowledge about reproductive health. The problem of some street children is they don't pay any

attention for their health, they tend to focus on food and other things than their health. This directly affects their health. They come to clinic after the problem worsens. Most street children don't have a health service seeking behavior (Key informant 2).

The thirteen participants also raised the service unfriendliness of reproductive health services. These participants believed, health care provider and other staff starting from the guard are unfriendly to street adolescent girls. They all agreed the services are not that much easily accessible for street children. Most of them raised they choose to go to government health center because it is cheap.

My 16 year old friend was pregnant on the street. Nine month passed but she didn't deliver the child. She was ill and she went to the government health center, the doctor didn't pay any attention to her because she is a street girl. She went to the hospital several times they didn't treat her well. She prefers not to go to the hospital again. She passed away without delivering the child (P8).

Only three participants who are going the government hospital (two) and one at the NGO prefer to go to due to its cost effectiveness and they believe the services are somehow friendly for street children. These participants also believe the service is accessible for street children. The rest of the participants don't believe the services are friendly for street children.

Social Support of Street Adolescent Girls Related to Reproductive Health

One of the research topics was intended to assess the social support and social network among street children. From the total participants only four of them believe they have a social support among street children. These four participants have a social support in the street by forming a group.

We support each other. We support when newly comers adolescents joined street. For instance, I always call their parents to enable them to rejoin with their family. Once one

> girl reunited with her family because I call them secretly .Moreover, we support each other by sharing our problem and sometimes we discuss about reproductive health (P3).

Thirteen participants believe there is a support among street adolescents but this support is only limited with close friends. All of the thirteen respondents reflected group support is not that much common thing on the street. Street adolescent girls support each other if they have a close friend on the street.

> We don't support each other, if you have close friends you will support each other but if you don't have close friend nobody cares about you. Nobody care about nobody, after all we don't know each other .Boys and girls don't support each other they may support each other for unnecessary things like group fight and for other things. All street boys are the same they are one and the same no body care for street girls.
>
> When we feel sick some of the street boys will tell us to leave the area. Nobody cares about nobody (P8).
>
> Support for HIV positive people is nonexistent on the street. Most of street adolescents discriminate us. Most of HIV positive street children don't even disclose their status to their friends because they don't want to be discriminated. We can't sleep with them and eat with them .It is so hard; very few street children will support HIV positive people (P10).

One of the participant explained street children have a group were they will talk about reproductive health and abuse issues. She explained most street adolescents share their experience at night with their peers on the street. All of the participant feel the support among street adolescent girls is pivotal because it will make the street life easier.

Protecting oneself from Reproductive Health problems

Avoiding self from commercial sex work, economically capacitating self, using contraceptives, going back to families, avoiding having multiple partner are mentioned as solutions that can be done by street children themselves to protect oneself form RH problems.

Street children Recommendations for Government and Non-Governmental Organizations

Street adolescents has provided list of recommendations that should be done by the GO and NGOs to protect street children from reproductive health problems. All the participants stated, economic capacity building as a means to solve reproductive health problem. Moreover, providing reproductive health training, facilitating conditions for reunification and providing shelter for street children are list of recommendation provided by street children that should be facilitated by GO and NGOs.

Participant 10 who is HIV positive provided the following recommendation for the government

> What is the relevance of having ART free and taking ART when somebody doesn't have anything to eat? The government should provide food for street HIV positive people nobody is taking to the medicine because of the food issue. I wish the government or any other party can provide us with food.

Discussion

This part of the study is a discussion of the finding in line with the literature review or existing knowledge base and the research questions. The discussion is organized according to six main thematic areas. The thematic areas of the discussion are factors that lead to street life, means of income on the street, sexual experience of street children, and reproductive health of street children, sexual and reproductive health services and social support among street children.

Factors that lead to Street Life

The FSCE study in 2003 shows family disintegration, abuse and neglect, lack of education opportunity, environmental influence as the underlying factors for children to join the street. Many children leave home to escape the hostile home environment. Family breakdown plays an important role in their decision to leave home. Alcoholism, abuse or neglect of children, divorce and death of parents are other major factors (p. II & 4). The study finding is consistent with the study conducted by the FSCE. Street adolescent girls started to live on the street mainly because of conflict with family members, poverty and to escape arranged marriage.

The finding also shows that street adolescent girls left school and joined street life because of their association with friends who used to smoke cigarettes, chew chat and had other unethical behaviours like quitting classes. Study conducted by BoSCA, BoFED and UNICEF, (2007) also shows the same cause for starting the street life. Moreover, the finding also indicated reproductive health problems are one of the main factors for starting street life. Unintended pregnancy and HIV/AIDS which are caused by rape are the main reasons that forced street adolescent girls to leave home and to start on the street.

Means of income on the Street

The finding of the study showed majority of the participants means of income on the street is beginning. Some of the participants are also involved in commercial sex work activity as a means of income to cover basic needs on the street. This finding of the study is consistent with the base line conducted by BoSCA, BoFED and UNICEF in 2007. According to their study from the total respondents the huge majority of the respondents have marginalized jobs that require technical knowledge. These mainly include: carrying things/goods selling small items running errands, cleaning and day laboring, involvement in commercial sexual exploitation, domestic work, etc. Begging is also one of the means of income of street children which is found out under the study of conducted by the above organizations.

Sexual Experience of street Adolescent Girls

The discussion part of the sexual experience of street children includes different section/parts .Accordingly, the discussion of sexual experience of street adolescent girls is presented under the following sub topics.

First sexual experience

This study indicates most of street children sexual experiences start on the street. Fourteen participants do not have any kind of sexual experience when they were home. Street adolescent girl's sexual experience is on the street because of sexual exploitation and also due to the involvement of street adolescent girls in sexual relationship to protect themselves from abuse. Moreover, the study also indicates street children are also involved in sexual act to generate income. Nonetheless, the study conducted in Ghana, Accra shows as high as 83% of first sex took place before they started to sell along the streets (Kwankye, Nyarko & Tagoe, p.11). The

finding of the study conducted on 17 participants shows the opposite with the study conducted in Ghana.

Sexual Violence and Street Children

Both street girls and boys are at risk. The perpetrators may be strangers or people known to them. Sexual abuse may also occur within the family e.g. forced sex with a stepfather (WHO, 2000, p.8). The finding of the study also shows street adolescent girls are highly vulnerable to sexual abuse. All of the study participants have experiences of sexual violence. Many of them are victims of rape and rape is the most common form of sexual violence on street. The environment they are living exposes them to different forms of sexual abuse. The Perpetrators of sexual abuse are street boys, people who are not living on the street and police men.

It was also noted that young female children and new comers are more exposed to sexual abuse as compared to older girls and those who stayed long on the street. The study also showed young female children and new comers are more exposed to sexual abuse as compared to older girls and those who stayed long on the street. This part of the finding is consistent with the finding of the baseline survey of BoSCA, BoFED and UNICEF which was conducted in 2007.

Friends of girls living on the street also play a great role by arranging and facilitating conditions for the abusing boys without the knowledge of the female child. Thus, the unfortunate child becomes a victim of rape as a result of which she faces a series of problems (BoSCA, BoFED & UNICEF, 2007, p.114). The finding of this study also shows some street adolescent girls are the one who are facilitating different condition for abusers.

According to the BoSCA, BOFED &UNICEF(2007) baseline survey on the street children shows, reporting sexual abuse to the police is not common because of fear of being labeled which is again related with the social taboo (p. 102) . The finding of the study also confirmed street adolescent girls are not reporting any form of abuse to the police or to the other body.

Street adolescent girls simply share the abuse experience with close friends that are living on the street. They are not reporting to the police because they are afraid of the police, fearing the consequence of reporting and fear of being labeled by their peers on the street.

Current sexual involvement

The finding of this study shows most of the research participants are sexually active and most of them had a sexual act in the last one month. This finding of the study is consistent with the study conducted by BoSCA, BoFED and UNICEF, (2007), which shows most female street children are sexually active.

Most of the street adolescent girls started their first sexual intercourse at the age of 15 which is pretty close with the DHS finding. According to DHS, 2011, the median age for the first sexual intercourse for women is 16.6 years.

It can clearly be observed from the finding that children who have no other support from family members belong to street group to support each other at times of problem. In other words the group is more or less substituting the role of the family. Protection and security from any form of harassment or abuse from outside is also the other role of the group. One can neither adjust to nor tolerate the harsh environment of street life without membership in one of the groups formed on the street (BoSCA, BoFED and UNICEF, 2007, p.134). The finding of this particular study is consistent with the above baseline result i.e most of adolescent street children are involved in a sexual relationship to protect oneself from abuse and they tend to find close friend to protect oneself from abuse and to share important information with their friends.

Moreover, the finding shows street children are also involved in sexual act as a means of income to cover basic necessities on the street. The study conducted on street children by BoSCA, BoFED and UNICEF, (2007) also showed most of them have also admitted being involved in sexual act of commercial nature as a means of survival option (p. 108& 159).

Street children sometimes have sex with other street children of the same sex(WHO,2007).This study also indicates street adolescent girls report the existence of sex between the same sex and which becomes a common phenomenon on the street.

Reproductive Health of Street Adolescent Girls

This section of the discussion is divided in different parts. These parts will allow the readers to understand the cause and consequences of reproductive health problems as well as the services of reproductive health in its indistinct sub part.

Causes of Reproductive Health Problems

Substance use may influence sexual behavior in ways that increase the risk of acquisition of HIV and other STDs. The street child's decision on sexual behaviors such as whether to use a condom during sexual activity, whether to negotiate for sex or to use force (rape) depend on the level of intoxication (WHO, 2000,p.7). The finding of this study indicates street adolescents are exposed to different reproductive health problem due to substance use. Most of the participant reported substance use directly contributes to the negative reproductive health outcomes for street adolescent girls.

According to the WHO, 2007, sometimes street children engage in this type of sexual activity due to the immediate need to secure food and shelter. Some of the participants of the study are involved in commercial sex work which is one of the risk factor for reproductive health problems. The finding also depicts having multiple sexual partners is one of the risk behavior for reproductive health problems.

A risky sexual behavior is one that increases the likelihood of adverse sexual and reproductive health consequences. Examples of such behaviors are: sexual activity under the influence of substances, sexual intercourse with drug users, unprotected sexual intercourse,

commercial sex/survival sex/prostitution, and unprotected sex with a same sex (particularly between males) partner (WHO, 2000, p.7).

Consequences of Reproductive Health Problems

The study depicts unintended pregnancy is the most common problem on the street. Nearly all the participants faced unintended pregnancy in their stay on the street. The unintended pregnancy was from the sexual perpetuator and as well as from the sexual partner on the street. Following to unintended pregnancy street adolescents use abortion as the first option. Most of the participants abort the unintended pregnancy while very few of street adolescent girls gave birth the unintended pregnancy. To abort the child many of street adolescents use different material. Moreover, street adolescents go to hospital, clinic and traditional clinic or unskilled professional to abort the child. The risky sexual behaviors also expose street children to HIV and STI

The above part of the finding goes hand in hand with the literatures that are presented in the following sentences. Moreover, a key risk factor for poor reproductive health is unsafe sex, a major subject of attention in reproductive health today.(White *et.al*, 2006, p.17). These health consequences may include unwanted pregnancy, unsafe abortion, HIV/AIDS and STDs(WHO, 2000, P.7). White *et.al* (2006) study shows the unsafe sex negative reproductive health outcomes includes unsafe abortion, and sexual violence (p.17).

Reproductive Health Services

Only few street adolescent girls are going to health centres for medical check-up and also for other health related issues. The finding revelled, the health care seeking behaviour of street children is low. Most of them tend to focus on securing basic need and shelter other than their health. Most street adolescent girls who are seeking health service are going to government

health care providers. These girls choose to go there because the service is cheap and because some services are free.

The finding from the research participants revelled that, the reproductive health services are unfriendly for street adolescent girls. Insignificant number of participant explained the service is user friendly.

The health seeking behavior of these people particularly in relation to their sexual and reproductive health in Ethiopia is very low. In addition to these, the existing reproductive health (RH) services are adult-centered; thus making less accessible to these population (Dessalegn, Mesganaw &Fikre ,n.d, p.2).

Social Support among street children

Street kids in Addis Ababa was stated by Aptekar & Heinonen 2003 (as it is cited in Thomas de Benitez , 2011) as having loose knit and neither socially nor emotionally supportive, perhaps as children resisted giving personal autonomy (p.24). In contrast to this study, the study conducted in Piazza area of Addis Ababa depicted street adolescent social support is existent among street children. Nonetheless, the social support is only limited among close friends which is limited to two or three street children. Social support among street adolescent girls within the large group is not that much common among street children. As many participant explained, unless one street child has a close friend on the street, getting social support is unthinkable.

The social support among street children related to RH includes, following medical check-up, information sharing and supporting pregnant women and adolescent mothers. Moreover, street children have a time in which they discuss about the reproductive health issues.

Implications and Conclusions

Conclusions

The study was conducted on street adolescent girls to assess their sexual experience in terms of their reproductive health. Street adolescent girls leave their home and started to live on the street due to various reasons. Some of the reasons are economic problem/poverty, conflict with family members and abuse at home and escaping arranged marriage. In the study it was found out some of the street children also started to live on the street due to pulling factor of the street life i.e wanting to be free and liking the way of life on the street. The study also revealed that reproductive health problems are also one of the causes that forced street children to lead street life.

The study finding clearly shows the sexual experience of street adolescent girls. Street adolescent girls are highly exposed to sexual abuse and exploitation. The perpetuators of the abuse are street adolescent boys, ordinary person that are not living on the street and police men. Moreover, due to the nature of the environment where they are living, street adolescent girls have risky sexual behaviors that expose them to different reproductive health problems. They are involved in sexual relationship to protect oneself from abuse and also as a means of income to cover some expenses on the street.

Street adolescent girls are having different form of reproductive health problem that limits their development and progress. Street adolescent girls are exposed to different reproductive health problems because of environmental, personal, economic and health service factors. The environmental factors include the environment they are living. The personnel factors include low attention to their reproductive health and the information gap while the economic

factor is the economic problem they have on the street. Service related factors include service unfriendliness of the health care services for street children.

The finding depicted street children are highly exposed to unintended pregnancy. Under the study nearly all participants face unintended pregnancy at list once in their stay on the street. Most of them did abortion as a means to avoid the unintended pregnancy. They use different medicine to abort the child and also they went to professional health care provider and unprofessional health care provider to abort the unintended pregnancy. Knowledge about contraceptive is very low. Although nearly all of them are sexually active, some of them are not using contraceptive to prevent unintended pregnancy.

Street adolescent girls have moderate knowledge about HIV/AIDS, nonetheless knowledge about other STI is very low and it can be said almost zero. Significant numbers of street children don't have knowledge about STI other than HIV/AIDS. Still some street adolescent girls have miss conception about HIV/AIDS transition.

Service unfriendliness was one of the factor that hinder street children in accessing health services. Most of the participant on the research confirmed the health care providers are not that much friendly to street children. Street adolescent girls repeatedly mentioned they are mistreating them which discourage street adolescents from going health centers. Moreover, under this study the finding reveled, street adolescent girls also have a little health care seeking behavior. This is mainly because their focus is in satisfying basic need rather than their health.

In general, this study has identified some reproductive health risks to which street are regularly exposed. Public health intervention programs should focus their attention on the reproductive health needs of this group of people to reduce unwanted pregnancies and other reproductive health risks.

Implications

The study has presented different information that will be pivotal for intervention and for other necessary things. In other word, this study is very important both for further research and for policy interventions. Hence, the following implications of the study for social work practice, further research, and policy are proposed and presented as follows

Practice Implications

The study shows street children have little information about reproductive health. Many study participants don't know contraceptive methods .Moreover, study participants have limited knowledge about sexually transmitted diseases, and most of the study participants have a moderate knowledge about HIV/AIDS. Although there is moderate knowledge about HIV/AIDS some of the study participate still don't know about HIV clearly. Specifically, there is a miss-conception about how it is transmitted. Awareness rising for this high risk segment of the population is pivotal.

The study revealed the relationship between economic problem and reproductive health problem. Hence, governmental, non-governmental and private sectors should create job opportunities for street adolescent girls.

The problem of street adolescent girls regarding to reproductive health is an area which needs multi-level intervention. The intervention to address the problem should be interrelated.

Service to help people is one of the main values of social work. Street children who are facing different kind of reproductive health problem should get appropriate service that will help them to overcome these problems. Hence social workers should be involved in the service provision for street adolescent girls, specifically, on areas for access for education and health.

Social workers should involve in designing appropriate service mechanism for street adolescent girls. The finding from the street adolescent girls revealed that the health services for street children are not friendly. Nearly all participants explained the service provide are not friendly and accessioning health service for street children is difficult. In this regard, the services that are available for street children or the newly emerging services should be friendly and easy accessible to street children. The services should be affordable to street children, affordability is not only in terms of money but also in terms of accessibility and its friendliness for street children.

Many street adolescent girls raised economic empowerment as one of the solution to address the reproductive health challenge of street children. Some of the street children are involved in commercial sex activity to cover necessity expenses on the street. Moreover, all of the street children underlined economic empowerment is the base to solve their reproductive health problem as well as other challenges on the street. As a social worker, I believe problems are interrelated and intertwined. Hence, economic empowerment programs should be provided for street children that will directly help them to protect themselves from the risky sexual behaviors, make them a developmental asset and to be enable them to be productive in their life.

Some of street children have knowledge and skill to address their reproductive health problem. Hence, governmental and nongovernmental organizations that are working on street children should use street children knowledge and skill to address their reproductive health problem rather than focusing on developing new models of interventions to address their reproductive health problem. For instance, organizations that are working on reproductive health of street children can use peer education on the street as a means to raise the reproductive health awareness of street adolescent girls.

On the study it was found out most of street adolescent girls got reproductive health information from friends. This is can serve as an opportunity for the organization that tries to solve the reproductive health problem of street children. This opportunity can be implemented by providing reproductive health training to street adolescent girls and disseminating the reproductive health information using the trained peer educators. Hence, social workers should promote the asset based approach to promote the reproductive health of street children, i.e using the resource and the knowledge of street children.

The research finding shows some of street adolescent girls have a time for group discussion where they discuss about different issues. Organizations that are working on street children reproductive health can use such kind of spaces to raise the awareness of street children on reproductive health.

On this specific study, many of the participants were students but quit school when they started to live on the street. Education and reproductive health has direct correlation. The more people educated the more they will have a better knowledge about reproductive health. As it is clearly shown, many street children are not accessing education services. MDG Goal states commitment of state actors to meet universal education on 2015. Moreover, it states educational access for all children. Hence, social workers should work in developing intervention that will assist street children to access education. Towards this end, the Federal Ministry of Health and Federal Ministry of Education should work in collaboration to address universal primary education which should be inclusive to street children.

Implication for further Research

During the literature review I found out street children reproductive health is an area where scientific research is lacking. The study shows sexual experience of street children, the

reproductive health problems of street children and social support among street adolescent girls to solve reproductive health problem.

The findings of this study may serve as a base for further research on the problems and challenges of street children. Further research on the topic can be done on the sexual experience of street adolescent boys, adult street children and also for other street children.

Policy implication

Some street adolescent girls explained they are expected to cover the cost of some reproductive health services. FMOH should allocate portion of its health fund for street children. This will allow street children to access the health services freely. Moreover, this will allow organizing different awareness raising events on reproductive health for street children. Hence, the social workers should advocate about the issue.

The social workers also should advocate in influencing the Federal Ministry of Health (FMOH) to develop workable policies that will address street children's problems, which will specifically focus on addressing street children reproductive health. Reproductive health programs are necessary that will address the need of street children reproductive health.

The Urban Extension Health Workers strategy which is currently implemented by the FMOH should be inclusive for street children. Moreover, appropriate method should be designed to address street children reproductive health through the urban health workers strategy.

Economic policies that are developed to solve the economic problem of the community should also target street children. As problems are intertwined solving economic problem of street children can be one means to minimize reproductive health problem of street children.

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Appendix A

Informed Consent

My name is Marta Tsehay, I am a student in Addis Ababa University in which I am doing my Masters in social Work(MSW).

I am doing a qualitative study /research titled *“The Sexual Experience of Street Adolescent Girls from the Reductive Health Perspective”* for the partial fulfillment of Master’s Degree in Social Work. The study intends to assess the sexual experience of street children from the reproductive health.

The study will generate qualitative information about street children and their reproductive health. This information will be valuable in planning, implementation of reproductive health program for street children. Moreover, the knowledge, skills of street children to deal with their reproductive health problem will be valuable input for interventions that will be designed to address the productive health problem of street children. This is mainly by using what street children already have to solve their reproductive health problem rather than developing new models of interventions.

You will particularly participate in one of the data collection technique i.ein in-depth interview or Focus Group Discussion or Key informant intervie wthat will take one up to one and half hour. The researcher will record the whole interview process. The researcher will maintain the confidentially of the study and the data collected from you will not be used to other unintended purpose that will potentially harm you. Your name will not be disclosed during and also after the research finding and dissemination of the research. You have a full right to skip any question that is not interesting to you also have a right to withdraw or quit from the research process if you want to quit the interview.

The researcher will not raise any sensitive questions that will potentially harm the participants. Counseling session will be arranged for participants if it if found appropriate and necessary. I will also try my best to create a means in which research participants will get necessary services, when it is found necessary.

If you have any question or concerns, you may contact the researcher, Marta Tsehay by the following telephone number 0913 24 21 56 or my Advisor Dr. Wassie Kebede by the phone number 0911 44 27 01.

By signing below you agree that you have read and understood the aboveinformation, and would be interested in participating in this study.

Thank You

Name ____________________________

Signature __________________________

Date _____________________________

Appendix A1

የስምምነት ፎርም እና የጥናቱ መግለጫ

ማርታ ፀሐይ እባላለሁ በአዲስ አበባ ዩኒቨረሲቲ የሶሻል ወርክ ተማሪ ነኝ፡፡ የጎዳና ሴት ታዳጊ ህጻናትን በተመለከተ የመመረቂያ ጹፌን በመስረታ ላይ እገኛለሁ፡፡

ይህ ጥናት የጎዳና ልጆች የ ስነ ተዋልዶ ጤና በተመለከተ መረጃ የሚያቀርብ ይሆናል፡፡ከጥናቱ የሚገኘዉ መረጃም የጎዳና ልጆችን በተመለከተ የሚከናወኑ ፕሮግራሞችን ለማቀድ እና የተለያዩ ፕሮግራሞች ለማከናወን ይረዳል፡፡ከዚህ በተጨማሪም የጎዳና ልጆችን የስነተዋልዶ ችግሮች ለመፍታት የሚጠቀሙትን እዉቀት እና ክህሎት የጎዳነ ልጆችን የስነተዋልዶ ጤና ችግር ለመቅረፍ በሚደረጉ ተግባሮች ላይ እንደ ግብአት ያገለግላል፡፡
በጥናቱ ላይ ከሶስቱ በአንዱ የመረጃ ማሰባሰብ የሚሳተፉ ሲሆን ቃለ መጠይቁም ከአንድ ሰአት እስከ አንድ ሰአት ተኩል የሚወስድ ይሆናል፡፡ መረጃዉ ከታሰበለት አላማ ዉጭ ለምንም የማይዉል ሲሆን በጥናቱ ሂደትም ሆነ በጥናቱ መጨረሻ ላይ ያለ እርስዎ ፍቃድ ስምዎ እንደማይጠቀስ ለመግለጥ እወዳለሁ፡፡

የማይስማማዎ ወይም መመለስ የማይፈልጉት ጥያቄ ካለ አለመመለስ ከዚህ በተጨማሪም ቃለ መጤቁን ማቆመ በፈለጉበት ሰአት የማቅም መብተዎ የተጠበቀ ነዉ፡፡ በጥናቱ ሂደት ዉስጥ የጥናቱን ተሳታፊዎች ሚጎዳ ጥያቄ በጥናቱ ባለሙያ አይቀርብም፡፡የጥናቱ ተሳታፊዎች እንደአስፈላጊነቱ የምክክር አገልግት አዲያገኙ ሁኔታዎችን ያመቻቻል፡፡ከዚህ በተጨማሪም የጥናቱ ተሳታፊዎች ተጨማሪ አገልግሎት የሚያስፈልጋቸዉ ሆኖ ሲገኝ ለተጨማሪ አግልግሎት ወደሚመለፈተዉ አካል ይልካል፡፡

ጥናቱን በተመለከተ ጥያቄ ወይም ተጨማሪ ማብራሪያ ከፈለጉ ማርታ ፀሐይ ብለዉ 0913 24 21 56 ወይም ዶ/ር ዋሴ ከበደ ብለዉ 0911 44 27 01 መደወል እንደሚችሉ ለመግወለጽ እወዳለሁ፡፡
ከዚህ በታች ባለዉ ቦታ ላይ በመፈረም ከላይ ያለዉን በማንበብ መፈረሜን ለመግለጽ እወዳለሁ፡፤
አመሰግናለሁ

የጥናቱ ተሳታፊ ስም -------------------------

ፊርማ -------------------------

ቀን -------------------------

የጥናቱ ባለሙያ ስም -------------------------

ፊርማ -------------------------

ቀን -------------------------

Appendix B

In –Depth interview Guide

1. **Socio-Demographics**
   a. Age
   b. Birth Place
   c. Parental status (are they alive or died)
   d. Parents means of income
   e. Educational level
2. **Street life Assessment**
   1. When did you start to live on the street?
   2. Why you did start to live on the street?
   3. What is your means of income on street life?
3. **Street Children sexual experience**
   a. Will you explain to me what kind of life street children have?
   b. Where do you think most adolescent street girls experience their sexual experience?
   c. If street children face rape as a sexual abuse? What form of sexual abuse they face commonly is it group rape or individual rape?
   d. Who are perpetrators of sexual abuse?
   e. Do you have a sexual relationship with anybody right now?

      Pro How and why you are involved in the current relation ship

      Pro What kind of Sexual intercourse did you exercise?
   f. If your response to the above question is yes, when did you experience your first sex and at what age did you experience it?
   g. Was your first sexual experience planned or forceful?

h. Have you ever experienced any kind of sexual abuse when you are on the street?

i. If your response is yes to the above question, with whom do you share or report the problem?

j. Can say do you know that there is sexual experience with same gender among street adolescents?

k. What kind of sexually related risky behavior do you see on street children?

ProDo you think substance abuse expose girls to have unhealthy sexual experience? If yes, how?

4. Street children and reproductive health

a. Do you know about reproductive health?

ProIf the question is yes will you explain it and will you explain how do you know about it?

Pro If your question is no do you want to know about it?

b. Do you think living on the street exposes to reproductive health problem/challenges?

Pro Why it exposes to reproductive health problem/What do you think is/are the cause of the problem?

Pro What do you think is/are the consequences of the problem?

c. Do you face any reproductive health problem when you live on street?

d. Will you explain what kind of reproductive health problem do you face?

e. How do you understand reproductive health problems?

5. Street children unwanted pregnancy and contraceptive use?

a. Do you e know anything about contraceptives such as their names and their functions/uses?

b. Did you use any contraceptive at your first sex?

c. Do you continue using contraceptives?

Pro If you continue using contraceptive what kind of contraceptive do you use?

Pro where do you go to get the contraceptives?

d. Have you heard of Emergency Contraceptive (EC)? Do you know that street children use the EC?

e. To Your knowledge do other street children use contraceptive to avoid unintended pregnancy?

Pro What kind of contraceptive do they use?

f. What do street adolescent girls do when they face unintended pregnancy?

Pro Do street adolescent girls go for abortion when they face unintended pregnancy?

ProWhere do street adolescent girls go to seek abortion service?

g. Do you face any kind of unintended pregnancy?

Pro what did you do when you face such kind of experience?

h. Do street children follow up antenatal and postnatal care?

Pro where do they go to seek for the antenatal and postnatal care?

6. Street children and STI and HIV/AIDS

a. What is the experience of street children related to STI/HIV/AIDS?

b. What are the risky factors that expose street adolescents for STI including HIV/AIDS?

c. Are there any street adolescent girls under ART treatment?

Pro If you know a street adolescent attending ART, where do they attend (government clinic or private or both

7. Street children social support for reproductive health

7.1 Street Social support and network to solve reproductive health problem?

a. Do street children support each other to solve different problems on the street?

Yes we support each other

Pro What kind of social support exists among street children when they face reproductive health problems?

Do you think the social supports are important to solve the reproductive health problems of street children?

8. **Reproductive Health services for street children.**
    a. Do you and other street adolescent girls seek reproductive health service?
    b. If your answer for question ‘a’ above is yes, what are the factors that encourage seeking health service?
    c. If your answer for question ‘a’ above is no, what are the factors that hinder street children not to seek reproductive health services?

    Pro how do you and other street adolescent girls get reproductive health information and services?
    d. Do you think the services that are available for street children are accessible and friendly?

    Pro can you give me explanation for your answer?
9. **Recommendation for the services on reproductive health**
    a. What do you think street adolescent girls should do to protect and solve the reproductive health problem by themselves?
    b. What do you think the government; non-governmental and private sectors do to solve the reproductive health problem of street adolescent girls?

Appendix B1

በጎዳና ተዳዳሪዎች የስነተዋልዶ ጤና ጋር ተያይዞ ለሚደረገዉ ጥናት ለማሰባሰብ የተዘጋጀ መረጃ ማሰባሰቢያ መጠይቅ

1. አጠቃላይ የግል እና የማህበራዊ ጥያቄዎች
   ሀ.ጾታ
   ለ.እድሜ
   ሐ.የትዉልድ ቦታ
   መ.የቤተሰብ ሁኔታ /በሕይወት አሉ ወይስ የሉም
   ሠ. የቤተሰብ የገቢ ምንጭ
   ረ.የትምህርት ሁኔታ
2. የጎዳና ህይወት ዳሰሳ

   ሀ. ጎዳና ህይወት መቼ ጀመርሽ?
   ለ.ጎዳና ላይ የወጣሽበት ምክንያት ምንድን ነዉ?
   ሐ. ጎዳና ላይ ስትኖሪ የገቢ መንጭሽ ምንድነዉ?
3. የጎዳና ልጆች የወሲብ ህይወት
   ሀ. ጎዳና ላይ የሚኖሩሴት ታዳጊ ህጻናት የወሲብ ህይወት የሚጀምሩት የት ይመስልሻል?
   ለ. በአሁን ጊዜ ወሲብ ትፈጽሚያለሽ?
   ሐ. የግብረስጋ ግንኙነት የምትፈጽሚ ከሆነ ምን አይነት የግብረስጋ ግንኙነት ትፈጽሚያሽ?
   መ. የመጀመሪያ የግብረ ስጋ ግንኙነትሽን መቼ ነበር የፈጽምሽዉ
   ሠ. የመጀመሪያ የግብረስጋ ግንኙነትሽ ፈልገሽ ያደረግሽዉ ነዉ ወይስ በጉልበት ተፈጸመ ነበር?
   ረ. በአሁኑ ወቅት የግብረስጋ ግንኙነት ትፈጽሚያሽ?
   ሰ. በጎዳና ላይ ስትኖሪ የወሲብ ጥቃት ደርሶብሽ ያዉቃል?
   ሸ. ከላይ ለተጠቀሰዉ አዎ ከሆነ መልስሽ ችግሩን ከማንጋር ታወሪያለሽ ወይም ስለጉዳዩ ለማን አመልክተሽ ታዉቂያሽ?
   ቀ. ጎዳና ላይ የሚኖሩ ሴት ታዳጊ ህጻናት የወሲብ ጥቃት የሚደርስባቸዉ ከሆነ ምን አይነት ጥቃት የሚደረስባቸዉ ይምስልሻል?
   በ. በጎዳና ላይ በተመሳሳይ ጾታዎች መካከል እንዲሁም በሁሉቱም ጾታዎች መካከል የሚደረግ የወሲብ ግንኙነት አለ?
   ተ. በጎዳና ላይ የሚኖሩ ልጆች ከወሲብ ጋር በተያያዘ ለአደጋ ተጋላጭ የሚያደርጓቸዉንምን አይነት ባህርያት ምንድን ናቸዉ?
   ቸ. አደንዛዥ እጾችን መጠቀም ሴቶች በወሲብ ህይወታቸዉ ላይ ጤናማ ህይወት እንዳይኖራቸዉ ያደርጋቸዋል ብለሽታስቢያለሽ?

4. ጎዳና ልጆችእና የስነ ተዋልዶ ጤና

ሀ. ስነ ተዋልዶ ጤና ታዉቂያለሽ?

አዎ ከሆነ ምላሽሽ ልታብራሪልኝ ትችያለሽ?

እንዴት ስለ ስነ ተዋዶ ጤና እንዳወቅሽ ልትነግሪኝ ትችያለሽ?

የማታዉቂ ከሆነ ማወቅ ትፍልጊያለሽ?

ለ. በጎዳና ላይ መኖር ለስነተዋልዶ ጤና ችግር ያጋላጣል ብለሽ ታስቢያለሽ?

በጎዳና ላይ የሚያጋጥሙ የስነ ተዋልዶ ችግሮች መንስኤ ምድነዉ ብላችሁ ታስቢያለሽ?

የችግሮቹ ዉጤቶች ምድናቸዉ ብላችሽ ታስቢያለሽ?

ሐ. በጎዳና ላይ ስትኖሪ የስነ ተዋልዶ ጤና ችግሮች አጋጥመዉሽ ያዉቃል?

ምን አይነት ችግር እንዳጋጠመሽ ልትገልጽልን ትችያለሽ?

መ. የስነ ተዋልዶ ችግሮችን እንዴት ታያቸዋለሽ

5. የጎዳና ልጆች ያልታቀደ እርግዝና እና የወሊድ መቆጣጠሪያ

ሀ. ስለ ወሊድ መከላከያዎች ታዊቂያለሽ፣ ስማቸዉን እንዱሁም ጥቅማቸዉን ግለጺልኝ?

ለ. በመጀመሪያ ግብረስጋ ግንኙነትሽ ወቅት የወሊድ መቆጣጠሪያ ተጠቅመሻል ?

ሐ. የወሊድ መቆጣጠሪያ አሁን ትተቀሚያሽ

መ. የወሊድ መቖጣጠሪያ እስካሁን የምትጠቀሚከሆነ ምን አይነት የወሊድ መቆጣጠሪያ እየተጠቀምሽ ትገልዝልኛለሽ?

ሠ. ስለ የድግገተኛ እርግዝና መከላከያ ሰምተሽ ታዉቂያለሽ?

ረ. ወሊድ መቆጣጠሪያ ለማግኘት የት ነዉ ምትሄጂዉ ?

ሰ. ሌሎች የጎዳና ልጆች ያልታቀደ እርግዝናን ለመከላከል የወሊድ መቆጣጠሪያን ይጠቀማሉ?

ሸ. ምን አይነት የወሊድ መቆጣጠሪያ የሚጠቀሙ ይመስልሻል?

ቀ. ያማይጠቀሙ ከሆነ ለምን የማይጠቀሙ ይመስልሻል?

በ. የጎዳና ልጆቸ ያልታቀደ እርግዝና በሚያጋጥማቸዉ ወቅት ምን ያደርጋሉ?

ተ. በጎዳና ላይ የሚኖሩ ታዳጊ ሴት ህጻናት ያልታቀደ እግዝና ሲያጋጥማቸዉ ጽንሱን ለማቋረጥ ጥረት ያደርጋሉ?

ቸ. ጽንሱን ለማቋረጥ የት ይሄዳሉ?

ነ. የጎዳና ታዳጊ ሕጻናት ከወሊድ በፊት እና በኋላ የወሊድ ክትትል ያደርጋሉ?

6. ጎዳና ልጆችና የአባላዘር በሽታዎችና ኤች.አይ.ቪ ኤድስ

ሀ. የጎዳና ታዳጊዎች ከአባላዘር በሽታዎች ጋር በተያያዘ የላቸዉ ህይወት ምን ይመሰስላል?

ለ. በጎዳና ላይ የሚኖሩ ህጻናትን ለአባላዘር በሽታዎች እንዲሁም ለኤች.አይ.ቪ ተጋላጭ የሚያረጓቸዉ ባህርያት ምንድን ናቸዉ?

ሐ.የድ□ሜ ማራዘሚያ የሚጠቀሙ የጎዳና ተዳዳሪዎች አሉ?

መ. የድእሜ ማራዘሚያ የሚጠቀሙ የጎዳና ህጻት ካሉ አገልግሎቱን ለመጠቀም የት ይሄዳሉ?

7. የጎዳና ታዳጊ ህጻናት ስነ ተዋልዶ ችገሮችን ለመፍታት ያላቸዉ እዉቀት እና ማህበራዊ ድጋፍ

7.1 በጎዳና ላይ የሚኖሩ ልጆች የስነ ተዋልዶ ጤና ችግሮችን ለመፍታት ያላቸዉ ግንኙነት

ሀ. የጎዳና ልጆች የስነ ተዋልዶጤና ችግር ሲያጋጥማቸዉ ችግሩን ለመፍታት የሚያስችላቸዉ ምን አይነት የማህበራዊ ድጋፎች አሉ

ለ. ማህራዊ ድጋፎች ሴት ታዳጊ የጎዳና ልጆች የስነ ተዋልዶ ጤና ችግሮች ለመፍታት ተቃሚ ናቸዉ ብለሽ ታሲቢያለሽ እንዴት ?

8. ያሉ አገልግሎቶች ዳሰሳ/ ያለትን የስነተዋልዶ ጤና አግልግሎቶ ዳሰሳ

ሀ. አንቺ እና ሌሎቸ የ ጎዳና ልጆች የስነ ተዋልዶ ጤና አገልግሎት ለማግኘት ወደ ጤና ተቋም ትሄዳላችሁ?

ለ. አንቺ እና ሌሎች ጎዳና ላይ የሚኖሩ ልጆች ስነ ተዋልዶ ጤና መረጃዎችን እንዴት ታገኛላችሁ

ሐ. አገለግሎቱን ለማግኘት የት ትጃለሽ/የግል፣መንግሰት ወይስ የመንግስታዊ ያልሆኑ ድርጅቶ/

መ. ለ ሀ መልስሽ አዎ ከሆነ እንድትሄጂ የሚያነሳሱሽ ነገሮች ምንድን ናቸዉ

ሠ. ወደ ጤና ተቋማት ማትሄጂ ከሆነ እንዳትሄጂ የሚያደርጉሽ ምንድን ናቸዉ

9. መንግስታዊ እና ምንግስታዊ ያልሆኑ ድርጅቶች ለጎዳና ልጆች ስነተዋዶ ጤናን በተመለከተ ሊደረጉ የሚገባ ነገሮች

ሀ. የጎዳና ልጆች እራሳቸዉን ከስነ ተዋልዶ ጤና ችግሮች ለመፍታት ምን ማድግ አለባቸዉ?

ለ. የስነ ተዋዶ ችግሮችን ለመፍታ መንግስት፣ ግል እዲሁም መንግስታዊ ያሆኑ ድርጅቶቸ ምን ማድግ አለባቸዉ ብለሽታስቢያለሽ?

Appendices C

Focus Group Discussion Guide

1. Soio-demographic information (age, education, year on street, etc)
    a. Age
    b. Birth Place
    c. Parental status (are they alive or died)
    d. Parents means of income
    e. Educational level
    f. Year of stay on the street
2. **Street life Assessment**
    a. When did you start to live on the street?
    b. Why you did start to live on the street?
    c. What is your means of income on street life?
3. What are the risky sexual behaviors of street children?
    a. What are the causes for these behaviors?
    b. Are there any street children who practice sex with same gender?
4. What are the reproductive health challenges of street children
    a. How much are the services of reproductive health are accessible to street children?
    b. Are there any unwanted pregnancy among street children?
    c. Do you think street adolescent children are vulnerable to HIV/AIDS and Sexually transmitted diseases (STI) and why?
5. What kind of social support do street adolescent have when they face reproductive health challenges?

6. What do street children use/apply to protect and to solve their reproductive health problems by themselves?
7. What do you think the government; non-governmental and private sectors should do to solve the reproductive health problem of street children?

Appendix C1

በጎዳና ተዳዳሪዎች የስነተዋልዶ ጤና ጋር ተያይዞ ለሚደረገዉ ጥናት ለማሰባሰብ ለቡድን ዉይይት መረጃ ማሰባሰቢያ መጠይቅ

1. አጠቃላይ የግል እና የማህበራዊ ጥያቄዎች
   ሀ.እድሜ
   ለ. የትዉልድ ቦታ
   ሐ.የቤተሰብ ሁኔታ /በሕይወት አሉ ወይስ የሉም
   መ.የቤተሰብ የገቢ ምንጭ
   ሠ.የትምህርት ሁኔታ
   ረ. ጎዳና ላይ የቆበት ጊዜ
2. የጎዳና ሴት ታዳጊ ህጻናትን ለአደጋ ተጋላጭ የሚያደርጋቸዉ ባህርያት ምንድን ናቸዉ
   ሀ. የዚህ ባህርያት መነሻ ምንድናቸዉ?
   ለ. በተመሳሳይ ጾታ መካከል የሚደረግ ግንኙነት አለ ?
3. የጎዳና ሴት ታዳጊ ህጻናት ከስነተዋዶ ጤና ጋር በተያያዘ የሚያጋጥሟቸዉ ችግሮች ምድን ናቸዉ?
   ሀ. በስነ ተዋልዶ ጤና ዙሪያ የሚሠጡ የጤና አገልግቶች ም ያህል ለጎዳና ልጆች ተደራሽ ናቸዉ?
   ለ. ያልታቀደ እርግዝና የጎዳና ልጆች ያጋጥማቸዋል?
   ሐ. የጎዳና ልጆች ለኤች. አይ.ቪ እንዲሁም ለአባላዘር በሽታዎች ተጋላጭ ናቸዉ ብላችሁ ታስባላችሁ? ለምን ?
4. የጎዳና ሴት ታዳዲ ህጻናት ከስነ ተዋልዶጤና ጋር በተያያዘ ችግሮቻቸዉን ለመፍታት ምን አይነት ማህበራዊ መደጋገፍ አለ?
5. የጎዳና ልጆች እራሳቸዉን ከስነተዋልዶ ጤና ችግሮች ለመጠበቅ እና ችግቻቸዉን ለመፍታት ምን ያደርጋሉ?
6. መንግስት እና መንግስታዊ ያልሆኑድርጅቶች የጎዳና ልጆች ችግር ለመፍታት ምን ማድረግ አለባቸዉ?

Appendices D

Interview Guide for Key Informant interview

1. Socio -Demographics

   a. Sex

   b. Educational level

   c. Work place and position?

2. What are the risky sexual behaviors of street children?
3. What are the reproductive health challenges of street adolescent girls?
4. What the Governmental and nongovernmental organization are doing to provide reproductive health services for street adolescent girls?
   a. How much the services of the center are accessible to street children?
   b. Are the interventions/services you mentioned above enough for street children? Please give explanation for your answer.
5. Street adolescent girls Knowledge and network in solving reproductive health problem
   a. Do you think street children have knowledge and skill to address their reproductive health problems?
   b. Do you use their knowledge and skill to address their reproductive health problems?
   c. Do you plan to use knowledge and asset of street children to address the reproductive health problem of street children?
6. What do you think street adolescent girls have to do to protect and to solve their reproductive health problem by themselves?
7. What have to be done by government; non-governmental and private sectors to protect and to solve the reproductive health problem of street children?

Appendix D1

1. አጠቃላይ የግል እና የማህበራዊ ጥያቄዎች

   ሀ..ጾታ
   ለ. የትምህርት ደረጃ
   ሐ. የስራ ቦታ እና የስራ ድርሻ
2. የጎዳና ልጆችን ለአደጋ ተጋላጭ የሚያደርጓቸዉ ባህርያት ምንድናቸዉ?
3. የጎዳና ታዳጊ ህጻናት የሚያጋጥሙዋቸዉ ችግሮች ምንድናቸዉ?
4. መንግስታዊ የሆኑ እና ያሆኑ ድርጅቶች የስነተዋልዶ ጤና አገልግሎት ለመስጠት ምን

   እያደረጉ ይገኛሉ

   ሀ. አገልግሎቶቹ ምንያህል ተደራሽ ናቸዉ?

   ለ. ለጎዳና ታዳጊ ህጻናት ከስነተዋልዶ ጤና ጋር በተያዘዘ የሚሰጡ አገልግሎቶች በቂ

   ናቸዉ ብለዉ ያስባሉ?

5. የጎዳና ሴት ታዳጊ ህጻናት የስነተዋዶ ጤና ችግሮቻዉን ለመፍታት ያላቸዉ እዉቀት፣

   ክህሎት እና ማህራዊ ግንኙነት

   ሀ. የጎዳና ሴት ታዳጊ ህጻናት የስነተዋዶ ጤና ችግቻቸዉን ለመፍታት እዉቀት እና

   ክህሎት አላቸዉ ብላችሁ ታስባላችሁ እስኪ ለምላሽዎ ማብራሪያ ይስጡኝ?

   ለ. ያላቸዉን እዉቀት እና ክህሎት የስነተዋዶ ጤና ችግቻቸዉን ለመቅረፍ

   ትጠቀሙባቸዋላችሁ?

   ሐ. ያላቸዉን እዉቀት እና ክህሎት የጎዳና ሴት ታዳጊ ሕጻናትን የስነተዋልዶ ችግር

   ለመቅረፍ ለመጠቀም አቅዳችኂል?

6. የጎዳና ልጆች የስነተዋልዶ ጤና ችግሮቻቸዉን ለምፍታት እናዲሁም እራሳቸዉን ከስነ

   ተዋልዶ ጤና ችግር ለመከላከል ምን ማደረግ አለባቸዉ?

7. መንግስታዊ የሆኑ እና መንግስታዊ ያልሆኑ ድርጅቶች የጎዳና ሴት ታዳጊ ህጻናትን የስነ

   ተዋዶ ጤና ችግር ለመፍታ ምን ማድረግ አለባቸዉ ብላችሁ ታስባላችሁ?

Appendix E

Permission and cooperation letter

በአዲስ አበባ ከተማ አስተዳደር
የሴቶች፣ህፃናትና ወጣቶች ጉዳይ ቢሮ

City Government of Addis Ababa
Women's Children & Youth Affairs Bureau

ቀን 14/8/05

Date

ቁጥር [illegible]

Ref. No

ለ ---

በአዲስ አበባ ከተማ አስተዳደር የሴቶች፣ ህፃናትና ወጣቶች ጉዳይ ቢሮ እንደሚታወቀው የሴቶችን ፣ የህፃናትና የወጣቶችን በማህበራዊና ኢኮኖሚያዊ እንዲሁም ሁለንተናዊ ተጠቃሚነት ለማጐልበት እየሠራ ይገኛል፡፡ከዚህ በተጨማሪም የህጻናት ጉዳይ በተመለከተ በዋነኝነት ሃላፊነቱን ወስዶ እየሰራ ይገኛል፡፡

ስለሆነም ተማሪ ማርታ ፀሐይ በአዲስ አበባ ዩኒቨርስቲ በሶሻል ወርክ ትምህርት ቤት በማስተርስ ዲግሪ ተማሪ የሆነች ሲሆን እድሜያቸዉ ከ18 አመት በታች በሆኑ የጎዳና ህጻናት ዙርያ የመመረቂያ ጹሁፋዋን እንደምትሰራ በመግልጽ ቢሯችን ተማሪዋ ጥናቱን ማከናወን እንድትችል አስፈላጊዉን ፍቃድ አንዲያረግላት የአዲስ አበባ ዩኒቨርስቲ በሶሻል ወርክ ትምህርት ቤት በደብዳቤ ቁጥር Ref. SSW/1420/05/13 በቀን 09/08/05 ዓ.ም. በጠየቀዉ መሰረት እድሚያችዉ ከ15-18 አመት የሆኑ ልጆች ላይ መረጃዉን እንድታሰባበስብ አስፈላጊዉን ትብብር እንድታደርጉላት እንጠይቃለን፡፡

ከሠላምታ ጋር

የሴቶች ፣ ህፃናትና ወጣቶች ጉዳይ
ምክትል ቢሮ ኃላፊ እና የህፃናትን
መብት የማስከበር ድጋፍና ክብካቤ
አገልግሎት ዋና የሥራ ሂደት መሪ

ግልባጭ፡-

❖ ለአዲስ አበባ ዩኒቨርስቲ የሶሻል ወርክ ት/ቤት

አዲስ አበባ

መለስ ዜናዊ፣ ለህዝብ የተፈጠረ፣ ለህዝብ የኖረ፣ ለህዝብ የተሰዋ ታላቅ መሪ!!!
ለጋሲህ ይቀጥላል ራዕይህም በትውልዶች ቅብብሎሽ ይሳካል!!
" ለአዲስ ለውጥ፣ በአዲስ መንፈስ "

☎ ስልክ ቁጥር 0118101563 0118101574 E-mail womensaf@telecom.net.et ✉የመልስ ሳጥን ቁጥር

Declaration

I, the undersigned, here by acknowledge that the study titled *"Sexual Experience of Street Adolescent Girls from the Reproductive Health Perspective"* is my original work, has not been prepared for any degree, or Master program in the School.

Name MartaTsehay

Signature ___________________

Place Addis Ababa, Ethiopia

Date of Submission _____________

This thesis has been submitted with my approval as University advisor.

Name Dr. WassieKebede

Signature _______________