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AN ASSESSMENT OF THE MAJOR PSYCHOLOGICAL AND SOCIAL PROBLEMS OF FEMALE CHILD COMMERCIAL SEX WORKERS IN SOME SELECTED TOURIST SITES: THE CASE OF ADDIS ABABA, BAHIR DAR AND GONDAR

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Abstract

The study focused on the assessment of the major psychological and social problems of child commercial sex workers in some selected tourist sites in Ethiopia. It was conducted on 103 purposively selected child commercial sex workers and 1 broker in Addis Ababa, Bahir Dar and Gondar. Information was gathered through questionnaire, the Center for Epidemiological Studies Depression Scale for Children (CES-DC), the Children Hope Scale (CHC), and interview. The collected data were analyzed through percentage, t-test and one way ANOVA.

Although the clients of the majority of the participants were predominantly the local people (69%), 31% of the respondents reported that they had contact with foreigner clients. In the interview, in addition to public places, it was explored that there were hidden places organized to connect foreigners with children for commercial sexual exploitation. On the Center for Epidemiological Studies Depression Scale for Children (CES-DC), most of the participants 63% of them reported total scores above the cut off point 15, which is suggestive of existence of significant depression symptom. On the children hope scale, the majority (61%) scored below the cut point 21 which is an indication of low level of hope. The participants score on CES-DC and CHS were compared across different background variables and significant differences were observed. In addition to these psychological variables, the social problems of the child commercial sex workers were explored. Most of the participants reported that they spent the day time by chewing chat (62.9%) and sleeping (47.1%). One of the justifications for spending their time these ways was a feeling of a sense of embarrassment to go out side in the day time and these helped them to hide themselves from the society. Frequent quarrel (51%) with other persons was the other major inter personal problem investigated in this study. Finally, all stake holders are recommended to organize activities that help child commercial sex workers to cope with the psychological and social problems identified in one way or another.

Acronyms

AACA-HB	Addis Ababa City Administration- Health Bureau
AACA-SNGOA	Addis Ababa City Administration -Social and Non-Governmental Organizations Affairs
ANPPCAN-EC	African Network for the Prevention of and Protection Against Child Abuse and Neglect-Ethiopia Chapter
CES-DC	The Center for Epidemiological Studies Depression Scale for Children
CHS	Children Hope Scale
CRC	Convention on the Rights of the Child
CSA	Child sexual abuse
CSEC	Commercial sexual exploitation of children
CST	Child sex tourism
CSW	Commercial Sex Worker
CCSW	Child Commercial Sex Worker
DSM	Diagnostic Statistical Manual of Mental Disorders
ECPAT	End Child Prostitution, Child Pornography and Trafficking in Children for Sexual Purposes
FDRE	Federal Democratic Republic of Ethiopia
FHI	Family Health International
NGO	Non-governmental organization
SCD	Save the Children Denmark
SPSS	Statistical Package for Social Science

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I INTRODUCTION

1.1. Background

The twenty-first century brings with some of the dark realities of the last century with respect to the commercial sexual exploitation of children. World wide, untold numbers of children are being systematically deprived of their human rights, dignity and childhood through child prostitution, child pornography and other sexual exploitation. Many of these children are routinely subjected to rape, beating, displacement, drug addiction, psychological abuse and other trauma, including exposure to the AIDS virus and life with no future (Flowers, 2001).

Child prostitution is a significant global problem that has yet to receive appropriate medical and public health attention. Worldwide, an estimated 1 million children are forced into prostitution every year and the total number of prostituted children could be as high as 10 million. Inadequate data exist on the health problems faced by prostituted children, who are at high risk of infectious disease, pregnancy, mental illness, substance abuse, and violence. Child prostitution, like other forms of child sexual abuse, is not only a cause of death and high morbidity in millions of children, but also a gross violation of their rights and dignity (Willis& Levy, 2002).

Child prostitution has been a big business involving a whole series of actors from abductors at bus stations, to blue taxis and bar/hotel owners who tend to see children as the spices of their trade. The business actors, oblivious to pervasive taboos, have long abandoned recruiting adult prostitutes. The emergence of AIDS has not impeded the traffic largely due to lack of awareness about it among the children being recruited. (AACA-SNGOA &SCD&ANPPCAN-EC, 2003).

Global studies indicated that commercial sexual exploitation of children can happen not only by the local people. Children in different parts of the world are exploited by child sex tourism which is done by foreigners that come to the host country for different purposes such as tourist, investment and other purposes. These implied that the tourism industry is highly associated with commercial sexual exploitation of children. According to ECPAT (2007), Child-sex tourism is the commercial sexual exploitation of children by a person or persons who travel from one place to another, usually from a richer country to one that is less developed, and there engage in sexual acts with children .

Commercial sexual abuse can cause a lot of harm to children and young people. The exact type of harm depends on the individual, but it is not uncommon for children to have health problems such as infections (including HIV/AIDS) or disabilities or growth problems because they have not had enough food or have been beaten. Pregnancy is also a risk for girl children. In addition to physical problems, children and young people can also suffer emotionally and mentally. They may feel embarrassed or ashamed about what they are made to do, and feel bad about themselves. Sometimes, children and young people may try to harm, or even kill, themselves. They may also take drugs or drink alcohol to try and make they feel better. Being able to trust people again may be very difficult. Another common problem that children face is being isolated and rejected. They may not be accepted if they go back to their families (ECPAT, 2008).

In developing countries like Ethiopia where the worst forms of child labor such as child prostitution are widely observed this concern is more relevant. However, there is limited information on the situation of children involved in child labor and child prostitution (AACA-SNGOA &SCD&ANPPCAN-EC, 2003). Although global studies indicated that child sex

tourism is highly prevalent in different parts of the world, there is no systematically conducted research material that shows the incidence of this problem in Ethiopia. Therefore, this study focused on the assessment of the major psychological and social problems of child commercial sex workers in tourist sites of Ethiopia, Addis Ababa, Bahir Dar and Gondar.

1.2. Statement of the Problem

Child commercial sex work is perhaps the worst form of child labor and has terrible consequences resulting from physical, emotional and sexual abuse (ILO, 2002). Both girls and boys, some as young as 10 years, are prostituted. Most of these children are exploited by local men, although some are also prostituted by pedophiles and foreign tourists (Willis & Levy, 2002).

Child commercial sex work often results in serious long-term psychological harm, including anxiety, depression, and behavioral disorders. For example, in a study in 12 sex workers in Cambodia, all the women and girls had been victimized and felt helpless, damaged, degraded, betrayed, and shamed. Many of the young women reported depression, hopelessness, inability to sleep, nightmares, poor appetite, and a sense of resignation (Farley & Kiremire & Sezgin, 1998)

Literature indicated that the international tourism industry is facilitating commercial sexual exploitation of children through child sex tourism. According to ECPAT (2008), regardless of the background of child victims of sex tourism, they all experience severe emotional, psychological and physical consequences as a result of their exploitation. The physical violence involved in the sexual exploitation of a child results in injury, pain and fear, while the acute

psychological distress of sexual exploitation results in guilt, low self-esteem, depression and, in some instances, suicide.

There were two major gaps to conduct this study. First, although there were studies that tried to explore different aspects of commercial sex workers in general and child commercial sex workers in particular, most of them didn't employ standardized inventories in the assessment of psychological and social problems of child commercial sex workers. Second, most of the study material didn't focus on child sex tourism which is done by foreigners that come to the host country for different purposes. It is quit known that, in Ethiopia, there are many natural and historical heritages that attracted tourists from different parts of the world. In addition, Ethiopia is a center of the diplomatic community. For instance, the seat of African Union is in Addis Ababa. Therefore, the study focused to assess the major psychological and social problems of child commercial sex workers in tourist sites of Ethiopia, namely, Addis Ababa, Bahir Dar, and Gondar. Specifically, child commercial sex workers level of depression symptom, hope, and their major social problems are investigated.

1.3. Objective of the study

The study is conducted in reference to the following specific objectives:

1. To investigate whether or not child sex tourism existed in Addis Ababa, Bahir Dar, and Gondar.
2. To study whether or not child commercial sex workers in Addis Ababa, Bahir Dar, and Gondar have significant depression symptom.

3. To identify the hope level of child commercial sex workers in Addis Ababa, Bahir Dar, and Gondar.
4. To assess the major social problems of child commercial sex workers in Addis Ababa, Bahir Dar, and Gondar.
5. To study if there is or not significant difference in depression symptom and hope level among child commercial sex workers who have Ethiopian and Non-Ethiopian customers.
6. To analyze if there are significant differences in depression symptom and hope among child commercial sex workers who have different substance abuse experiences.

1.4. Significance of the Study

Studying the psychological and social problems of child commercial sex workers in tourist sites of Ethiopia has wider practical and academic implications. The finding of the study will help to identify the major psychological and social problems of child commercial sex workers in the tourist sites. And this will initiate all stake holders to organize activities that help them to minimize the problems identified in this study. It will give tangible evidence whether or not child sex tourism is existed in Ethiopia and this will initiate concerned governmental and non-governmental organizations to give attention on the seriousness of the problem and take an action to curve this problem. In addition to these few major significances of the study, it is expected that the study will initiate other researchers to conduct related further investigations.

1.5. Scope of the Study

The study focused to investigate the major psychological and social problems of child commercial sex workers in tourist sites of Ethiopia, specifically, in Addis Ababa, Bahirdar, and Gondar. The major core focus areas of the study were an assessment of the depression symptom, hope level, and social problems of child commercial sex workers in these tourist sites. Moreover, the difference in these psychological variables across different background variables were the other related scope of the study.

1.6 Operational Definitions

Child: In this paper the term 'child' or 'children' is used to mean anyone under the age of 18, entitled to the rights proclaimed in the UN Convention on the Rights of the Child, including the right to be protected from sexual exploitation(UNICEF,2005)

Child Commercial Sex Work: is the act of engaging or offering the services of a child with age of below 18 to perform sexual acts for money or other consideration with that person or any other person.

Child sex tourism: is the commercial sexual exploitation of children by a person or persons who travel from one place to another, usually from a richer country to one that is less developed, and there engage in sexual acts with children (ECPAT, 2007).

Commercial Sex Work: is the act of engaging or offering the services of sexual acts for money or other consideration with that person or any other person.

Depression: Persistent sad, anxious or "empty" feelings as it is measured by the Center for Epidemiological Studies Depression Scale for Children.

II Literature Review

2.1. Introduction

Commercial sex work (prostitution) is usually defined as the "act or practice of indulging in promiscuous sexual relation, especially for money, and /or material advantages. It has been around with humankind for thousands of years, and over a century in Ethiopia (Pankhrst, 1974).

A child is any person under the age of 18, as defined by the United Nations Convention on the Rights of the Child (CRC). Commercial sexual exploitation of children constitutes a form of violence against children and is a criminal practice that violates children's rights. The issue of consent is irrelevant because the victim is a child and he/she cannot consent to abuse. .

Child commercial sex work is perhaps the worst form of child labor and has terrible consequences resulting from physical, emotional and sexual abuse. Prostitution may also result in sexually transmitted diseases including HIV infection, unwanted pregnancy and abortion. Such abuses lead to loss of self-esteem, physical and emotional illness, infertility, behavioral problems, substance abuse and even death (ILO, 2002)

It is reported by many literatures that very large number of children are used for commercial sexual purposes every year, often ending up with their health destroyed, victims of HIV/AIDS and other sexually transmitted diseases. Prostituted children can be raped, beaten, sodomized, emotionally abused, tortured, and even killed by pimps, brothel owners, and customers. Moreover, commercial sex workers are frequently treated as criminals by law enforcement and judicial authorities, rather than as children who are victims of sexual exploitation.

According to Lakech(1997), the history of commercial sex work(CSW) in Ethiopia can be divided in to three periods. The first comprises the founding of Addis Ababa and its initial development, roughly the period between 1897 and 1935. The second is that of the Italian conquest, 1935-1941. The last is the post occupation period up to the present.

Prostitution in Addis Ababa appears to have increased substantially in the decade or so prior to the Italian invasion of 1935. The Italian invasion of 1935-36 gave a great push to prostitution in the Italian occupied Ethiopia. The number of prostitutes in the city soon reached considerable proportion. The coming of the Italians who included hundreds of thousands of soldiers and workers thus initiated an extensive and highly developed prostitution, which continues in Ethiopia today (Pankhrust, 1974).

According to Habtamu(2008), several studies indicate that there are around thousands of female CSW in Ethiopia, mainly in the urban centers. Decades of wars, droughts, ethnic conflicts, migration from rural to urban areas, loosing of family ties, search for a better life, and poverty in general are the contributing factors for the large number of CSW in Ethiopia(Addis Ababa, Adama, Bahirdar, Dessie, Dire Dawa and Hawasa taking the lion's share). A source estimated that there were over 90,000 female CSW in Ethiopia in 1998(Sun; cited in Habtamu, 2008)

2.2. Prevalence of Commercial Sexual Exploitation of Children

2.2.1. Global view of Child Commercial Sex Work

Child commercial sex work and the sexual exploitation of children is not new. Literatures indicate that prostitution and exploitation of children has a long history. In Thailand young girls have been sold or forced into prostitution from early times because of family poverty (Rutnin,

1992). However child prostitution has increased dramatically in recent years and is a phenomenon spreading rapidly throughout many developing countries in the Asian region. Increasing numbers of adolescent and preadolescent girls are being brought to Thailand from the Northern Hilltribe areas and across international borders from Burma, Southern China and Laos. They are tricked, kidnapped and sold into small town and city brothels. On the wider scene large numbers of Nepalese girls are sold into brothels in Indian cities, Children from China, Vietnam and Laos are being procured by agents to provide sexual services for tourists and military personnel in Cambodia (Green, 1994)

At the moment child commercial sex work exists in Asia, North and South America, Africa, Europe and other parts of the work. Various reports indicated that India, Brazil, Princles, Bangladesh, Taiwan, Thailand, Nepal and other countries have large numbers of child prostitutes. An appealing and distorting fact is that each year over a million children(below 18 years old) world wide are reportedly forced in to commercial sex work, trafficked and sold for sexual purposes and used in child pornography(Saphira, 2001).

End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes, or ECPAT, one of the first groups organized to seek the end of the sex trade in children, monitors the child-sex trade around the world. The examples noted below from ECPAT's *Country Reports* and similar sources provide an overview of the scope of the problem:

- **Cambodia.** In February 1994, a survey by the Cambodian Women's Development Association found nearly 35 percent of sex workers in Phnom Penh were younger than 18 years of age.

- **India.** Mostly local clients or West Asian businessmen patronize the majority of India's prostituted children. According to the Human Rights Watch Report 1995, 20 percent of Bombay's brothel population is composed of girls who are younger than 18, at least half of whom are HIV positive.
- **The Philippines.** Advocacy organizations estimate between 60,000 to 100,000 children are involved in the sex industry in the Philippines.
- **South Africa.** In at least one central Johannesburg district, black underage street boys occasionally make their living through prostitution. There is visible prostitution of both black and white underage girls and boys. Young girls from Russia, Taiwan, and Thailand also reportedly work in brothels in the suburbs of Johannesburg.
- **Thailand.** Although statistics vary greatly, the number of children involved in the Thai commercial-sex industry range from the government's estimate of 10,000 to an NGO's estimate of 800,000.
- **Vietnam.** Child advocates estimate that up to 20 percent of Vietnam's growing commercial sex industry is composed of children who are younger than 18 years of age.

In Africa many countries are faced with a rising child prostitution problem, partly due to poverty, migration from rural to urban areas, and...The advent of tourism....In Zimbabwe, the problem is related to the sex trade near the border. The Sudan, Kenya, and Libya are all on the list of countries facing the challenge. Algeria has been reported as a place of transit for traffickers. In Mauritania there are reports of foreign pedophiles at work and an increase in boy prostitutes. In Ghana, young girls are tricked into prostitution in the belief they will be housemaids. Visible increases in sexual exploitation are noted in Cote d'Ivoire and Burkina Faso (Klain, 1999).

2.2.2. Global Prevalence of Child Sex Tourism

Child-sex tourism is a particular kind of sexual abuse. It normally happens when someone travels to a place and while there sexually abuses a child or young person who lives locally. For example, a person might go on holiday and then abuse a child who lives in a village or a community nearby. We call the person who sexually abuses the child or young person an 'abuser', an 'offender' or a 'child-sex tourist'. (ECPAT International, 2008).The global child-sex trade, including the growth of child-sex tourism and the trafficking of children, has over the past decade gained attention and deserved outrage. The expansion of child-sex tourism can be attributed in part to sex tourists seeking out alternative, less restrictive destinations as the countries first plagued by the child-sex trade take measures to eradicate it. Its worldwide growth demonstrates the need for national and international initiatives that form a comprehensive response to the prostitution of children (Klain, 1999)

International child sex tourism has a long history. However, the practice has developed substantially during the last few decades as it feeds, in the context of globalization, on poverty, the growth of consumerism, an increase in travel opportunities and internet access, weak law enforcement as well as racist fantasies on the hypersexual nature of the inhabitants of developing countries(Vanchen&Chetty, 2009).

Child sex tourism is particularly prominent in Thailand, Philippines, and other countries in South East Asia (Flowers, 2001). In the Philippines, sex tourism and the trafficking of Filipino girls and women continues to be used spur economic development, in spite of efforts to curb the practice (Smolenski, 1995; sited in Flowers,2001).

Aside from such notoriously recognized child sex tourism market places as Thailand and Philippines, other countries have also entered the sex tourism industry in recent years as a means to generate revenue, stimulate the country and exploit women and children by flesh peddling pockets. These includes china, Veitnam, Cambodia, Indonesia, Brazil, the Dominican Republic and countries in Africa, such as Zimbabwe, Nigeria, Kenya, and Ghana (Flower,1998),

2.2.3. Child Commercial Sex Work in Ethiopia

In under developed country like Ethiopia, due to interrelated and complex socio-economic factors, there are many poor, unaccompanied and abandoned children. A considerable proportion of these children works and lives as a sex worker with out adult care and protection. These children have been forced to be sex workers in their struggle for survival (Arega, 2007).

Studies indicated that there are different factors accounting for child prostitution in particular and prostitution in general. Mekdes(1993) suggested that according to Ethiopian condition, a woman becomes a prostitute first because of her own susceptibility due to her earlier life experience or frustration on sexual experiences or because of being emotionally deprived. In addition to this element, the other factor is lack of employment opportunity and failure to compete in the hard physical labor which can be available in the rural areas as well as the urban areas.

The other factors, according to Mekdes, are the rapid growth of the urban population and the slow basic facilities like health, education, sanitation, etc. are almost absent causing people to

migrate to the urban areas but with no means of life except prostitution. In addition to these major causes of prostitution.

The motives and preferences of the clients of under-age prostitutes defy generalisation. Some have very set preferences for children of a particular age and gender; others seek situations of power and control; and still others are opportunistic and, while seeking commercial sex, coincidentally obtain the services of a child (Grant et al. 1999) As the women began to age, the demand for them declined forcing them to recruit younger women. This became normal practice in the trade as thousands of young women from the countryside fleeing hunger and other difficult circumstances got trapped in the business to survive. Then, in time the enrollment of younger sex workers crossed the boundary from young women to children amidst the interface of HIV/AIDS, which has been known to press patrons to look for younger children in hopes of facing less risk of contracting the deadly disease (AACA-SNGOA &SCD&ANPPCAN-EC, 2003).

In addition, with the emergence of HIV and AIDS as a threat to world health, some offenders turn to young children because they believe children pose less risk of infection. Many sex tours advertise the youngest children as the safest, yet young children are actually at the greatest risk of infection due to their underdeveloped physiques and susceptibility to injury(ECPAT, 2007).

The girls and children have been moving in the direction of a whole series of unacceptable life choices since recently with as young as eleven years olds being observed in prostitution according to studies in Addis Ababa. These choices have on the whole been involuntary often imposed by adults and the hardships of survival at home. Unheard of occurrences such as child

rape and pornography are emerging. Child trafficking to certain countries under the guise of employment has been a lucrative business. (AACA-SNGOA &SCD&ANPPCAN-EC, 2003).

Child prostitution has been a big business involving a whole series of actors from abductors at bus stations, to blue taxis and bar/hotel owners who tend to see children as the spices of their trade. The business actors, oblivious to pervasive taboos, have long abandoned recruiting adult prostitutes. The emergence of AIDS has not impeded the traffic largely due to lack of awareness about it among the children being recruited. While the crisis is ugly and lethal, just as sad is that it continues to mushroom unabated (Ibid).

A study undertaken by Family Health International (FHI) – Ethiopia in collaboration with the Addis Ababa City Administration Health Bureau (AACAHB)(2002), nearly 60% of the sex workers identified were between 15 and 24 years old. Most sex worker respondents stated that they started commercial sex for economic reasons. Poverty and sex work were linked. Ethiopian law regarding child prostitution is clear and on the whole ahead of its time. But, with the law not being enforced, child prostitution has been an open secret shunned by the law, culture and religion but not exposed and stopped by the same.

2.2.4. Child Sex Tourism in Ethiopia

International tourism has helped propel prostitution into a large international industry which may at times be seen as threatening to human life and dignity. The growth of Third World tourism is increasingly linked to highly organized sex tourism which may be linked with powerful international crime syndicates. Seventy percent of tourists visiting Thailand are males. Sources

indicated up to sixty percent of these males come specifically for sex (Kaime-Atterhog & Ard-an, 1993). To meet the demand of sex tourists, particularly Middle Eastern and Asian men, younger and younger children are forced into sex slavery. Children of 3 or 4 years of age are purchased and used for pornographic purposes and abused by both men and women.

In the case of Ethiopia, there is limited information regarding the prevalence of child sex tourism. According to Lalor(2000), Ethiopia differs from other developing countries known to have large numbers of juvenile prostitutes, such as Thailand or the Philippines, because prostitution would not appear to be intrinsically linked to tourism reported that clients of Ethiopian prostitutes are predominantly Ethiopian. Mehret et al.(1990) in a survey of 2,663 prostitutes in Addis Ababa found that only 2.3% reported sexual contact with foreigners.

2.3. Impacts of Child Commercial Sex Work

According to Habtamu(2008), "Commercial sex work is a business where nobody is really happy and satisified, but continues for various reasons, poverty being the main culprit. The work involves a lot of human right abuse, ill treatment and psychological damage". Being abused through child-sex tourism can cause a lot of harm to children and young people. The exact type of harm depends on the individual, but it is not uncommon for children to have health problems such as infections (including HIV/AIDS) or disabilities or growth problems because they have not had enough food or have been beaten. Pregnancy is also a risk for girl children. In addition to physical problems, children and young people can also suffer emotionally and mentally. They may feel embarrassed or ashamed about what they are made to do, and feel bad about themselves. Sometimes, children and young people may try to harm, or even kill, themselves.

They may also take drugs or drink alcohol to try and make they feel better. Being able to trust people again may be very difficult (ECPAT, 2008).

2.3.1. Physical Effects

Many victims suffer severe physical damage as well as Sexually Transmitted Diseases, including AIDS. Of the sample interviewed sixty three percent had gonorrhea or syphilis, most had been tested for HIV but had said they had not been told whether or not they had AIDS or not. In some areas up to eighty seven percent of low class prostitutes, mostly children and adolescents are HIV infected. The younger the girl, the more susceptible she is to damage and infection. Some girls complained of being forced to continue serving customers in spite of severe internal damage consistent bleeding and pain. Living conditions in the brothels were frequently unsanitary and cramped, sometimes with inadequate food and medical care. Girls spoke of being beaten or jumped on when pregnant to force miscarriage (Green, 1994). A study conducted by Johnes(2006), in the extent of child sex tourism in coastal areas of Kenya, found that while informants used condoms during 64.5% of all sex acts, 35.5% of all sex acts took place without condoms.

Repeated forced or self induced abortion with no medical after care contributed to internal physical damage and sometimes death. Severe physical damage contributes to health problems, trauma and poor mental health. A depressed self image correlated with the nature, frequency and severity of sexual abuse (Green, 1994)

Many studies have indicated that severe childhood adversities, such as physical or sexual abuse, may predict adult histories of depression among women (Kessler & Magee ; McCauley et al., cited in Stricker &Widi ger & Wiener, 2003). Empirical support for this new diagnosis has come from a number of studies. Zlotnick and colleagues (1996) found that women with a history of childhood sexual abuse showed increased severity of symptoms of somatization, dissociation, hostility, anxiety, alexithymia, social dysfunction, maladaptive schemas, self-destruction, and adult victimization when compared to women without such histories.

Most of the prostitute children expressed attitudes of self rejection and hatred of self for what they had become. They felt rejected by other people. Ninety percent of the girls exhibited very low self esteem, feelings of inadequacy and confusion. They felt humiliated and expressed feelings of deep quilt and shame, with comments (Green, 1994).

According to ECPAT (2008), another common problem that children face is being isolated and rejected. They may not be accepted if they go back to their families. When they are adults, children and young people who have been commercially sexually exploited can find it hard to get a job as they often have missed a lot of school or have had few training opportunities.

Prostitution is one of the worst forms of sexual exploitation of children and is highly linked to and fuelled by the use of drugs. Street and slum children use inhalants such as sniff fuel, glue, paint thinner and others use cannabis and heroin to be able to take on several customers and absorb the pain that go with it. Others use alcohol, cannabis, smoke "bhangi" or chew "khat" to gain courage and confidence (Kasirye, 2005). Arega(2007) also concluded that that child

prostitutes abuse alcohol(100%), chat(80%), cigarette(82.5%) and Cocaine(32.5) in Chenya area in Addis Ababa, Ethiopia. Similar to abuse in general, sexual abuse also begets a fear and confusion about human relationships, and it leads to subsequent behavior problems and depression (Wyatt & Powell, cited in Snyder, 2002)

Generally, according to UNICEF (2001) sexual abuse and exploitation subjects children to mental and psychological trauma as well as exposing them to social ostracism and a future of violence and poverty. The notion of 'personhood' of children and women is severely underminded through sexual abuse and exploitation. The psychological and emotional impacts include depression, fear, mental disturbances, sleeping problem and low self-esteem. The trauma the children experience renders them further susceptible to drug abuse, with adult traffickers and other child sex exploiters encouraging drug use and addiction in order to gain more control over the children. Child victims may become both physically and emotionally dependent on their abusers

2.4. Conceptual Framework

Literatures indicated that different types of psychological and social problems are prevalent on child commercial sex workers. How ever, it is difficult to study all types of psychological problems of child prostitutes in more systematic way. As a result, in this study, the assessments of depression symptom and hope level of child commercial sex workers are focused. Therefore an overview of conceptual frame work on depression and hope is described below.

2.4.1. Depression

According to DSM-IV depression is one of types of mood disorder. Depression is an emotional state marked about great sadness and apprehension, feelings of worthlessness and guilt, withdrawal from others, loose of sleep, appetites and sexual desire, or loose of interest and pleasure in usual activities. Often depression is associated with other psychological problems. Such as panic attacks, substance abuse, sexual dysfunction, and personality disorder (Davison & Neale, 1998).There are several forms of depressive disorders that occur in both women and men. The most common are major depressive disorder and dysthymic disorder. Many studies have indicated that severe childhood adversities, such as physical or sexual abuse, may predict adult histories of depression among women (McCauley et al., 1997).

Davison and Neale (1998) listed the following symptoms of depression according to DSM-VI classification:

- Sad, depressed mood, most of the day, nearly every day.
- Loss of interest and pleasure in usual activities.
- Difficulties in sleeping(insomnia); not falling asleep initially, not returning ot sleep after awakening in the middle of the night, and early morning awakenings; or, in some patients, a desire to sleep a great deal of the time.
- Shift in activity level, becoming either lethargic(psychomotor retardation) or agitated.
- Poor appetite and weight loss, or increased appetite and weight again.
- Loss of energy, great fatigue
- Negative self-concept, self-reproach and self blame; feeling of worthlessness and guilty.

- Complaints or evidence of difficulty in concentrating, such as slowed thinking and indecisiveness.
- Recurrent thoughts of death or suicide.

2.4.2. Hope

Hope is a positive motivational state that is based on an inter-actively derived sense of successful agency (goal-directed energy), and pathways (planning to meet goals). Goal is the cognitive component that provides the targets of mental action sequences. For some people, these mental tar-gets are visual images, although they need not be "pic-tures" in our minds. Although goals may have visual properties, they also may have verbal descriptions (Pylyshyn, 1973, sited in Snyder, 2002)). There are two general types of desired goals in hope theory; a first type reflects positive or "approach" goals. Such a positive goal may (a) be envisioned for a first time (b) pertain to the sustaining of a present goal or (c) represent the desire to further a positive goal wherein one already has made progress.

For a high-hope person pursuing a specific goal, this pathways thinking entails the production of one plausible route, with a concomitant sense of confidence in this route. As such, high- as compared to low-hope persons should be more decisive (and certain) about the pathways for their goals; this premise has been supported in regard to career goals (Woodbury, sited in Snyder, 2002). For a low-hope person, on the other hand, the pathways thinking is far more tenuous, and the resulting route is not well articulated.

India, Brazil, Princles, Bangiladesh, Taiwan, Thailand, Nepal and other countries have large numbers of child prostitutes. Child sex tourism is particularly prominent in Thailand, Philippines, and other countries in South East Asia. Aside from such notoriously recognized child sex tourism market other countries have also entered the sex tourism industry in recent years as a means to generate revenue, stimulate the country and exploit women and children by flesh peddling pockets These includes china, Veitnam, Cambodia, Indonesia, Brazil, the Dominican Republic and countries in Africa, such as Zimbabwe, Nigeria, Kenya, and Ghana.

The history of commercial sex work in Ethiopia can be divided in to three periods. The first comprises the founding of Addis Ababa and its initial development, roughly the period between 1897 and 1935. The second is that of the Italian conquest, 1935-1941. At the moment studies shown that children in Ethiopia are engaged in prostitution because of different reasons. As the women began to age, the demand for them declined forcing them to recruit younger women. This became normal practice in the trade as thousands of young women from the countryside fleeing hunger and other difficult circumstances got trapped in the business to survive. Although global studies shown prevalent nature of child sex tourism, there is no much research done on the prevalence of child sex tourism in Ethiopia.

Child prostitution (including child sex tourism) is one type of child sex abuse related with different types of biological, psychological, and social problems. Because of physically immature nature and lack of assertion, many children engaged in prostitution are exposed with different types of biological problems. In addition to biological problems, studies indicated that child prostitution results in different types of psychological and social problems. The major types of psychosocial problems associated with child prostitution are; depression, hopelessness,

posttraumatic-stress-disorder, difficulty in social relationship, isolation, substance abuse, inability to sleep, nightmares, poor appetite, and a sense of resignation, anxiety, low self-esteem, relationship conflicts, hostility, social dysfunction and feeling of shame.

Finally, as the two major areas of psychological variables to be investigated in this study are depression symptom and hope level of child prostitutes, conceptual frame work for the two variables were reviewed. According to DSM-IV, depression is one of types of mood disorder. It is an emotional state marked about great sadness and apprehension, feelings of worthlessness and guilt, withdrawal from others, loose of sleep, appetites and sexual desire, or loose of interest and pleasure in usual activities. Often depression is associated with other psychological problems. Such as panic attacks, substance abuse, sexual dysfunction, and personality disorder. Hope is a positive motivational state that is based on an inter-actively derived sense of successful agency (goal-directed energy), and pathways (planning to meet goals). For a high-hope person pursuing a specific goal, this pathways thinking entails the production of one plausible route, with a concomitant sense of confidence in this route. As such, high- as compared to low-hope persons should be more decisive (and certain) about the pathways for their goals; this premise has been supported in regard to career goals.

III. METHODS

3.1 Study Design

The study applied mixed research design, quantitative and qualitative methods. The rationale for combining quantitative and qualitative methods was for better addressing research questions by triangulating and substantiating the results both from quantitative research and the detail of qualitative research; to explore participants' views and to obtain statistical, quantitative results from a sample and allow a few individuals to probe or explore those results in more depth (Creswell, 2003).

3.2. Study Area

The study was conducted in tourist sites of Ethiopia namely; Addis Ababa, Bahir Dar and Gondar. The last two tourist sites were selected because the prevalence of tourists that come to visit the natural and historical heritage in this places was high. Addis Ababa was taken as part of the study as it is the centers of all tourists came to Ethiopia to visit different tourist sites of the country. And, it is the center of diplomatic community because it is a capital city of Ethiopia and seat of African Union. In addis Ababa, Chechenya (Bole kifle ketema), Hayahulet area(Yeka sub-city) and Filamingo area (Kirkos kifle ketema) were selected. The justification behind the selection of the first two sites in Addis Ababa was prostitution is highly prevalent in these areas. On the other hand, Filamingo area was selected, in the situational analysis, it was explored that sex tourism was spread in this area. In Bahirdar City Administration, "Begtera" and "koshekosh" villages (that are under kebele 6) are known with wider commercial sex work practice.

Therefore, these were the other focused area of the study in Bahir Dar. Moreover, "Arada" (in kirkos sub-city) and "Piasa" (in Medhanialem sub-city) were purposively selected in Gondar city Administration.

3.3. Population

The target populations of the study were Child commercial sex workers below age of 18 working in public places (night clubs, bars, hotels and liquor houses) and hidden places such as "zigchilot"(which is anonymous to "closed bench") which is the living quarters of sex workers who retain some anonymity within the community. Since these are hidden houses, they are usually identified through pimps or friends (FHI & AACAHB, 2002).

3.4. Participants

The study was conducted on 103 child commercial sex workers in the three tourist sites (Addis Ababa, Bahirdar, and Gondar) and one broker that connect child prostitutes with foreigners. Participants were selected using purposive sampling method. Purposive sampling technique was applied because of two major reasons. Firstly, there was no documented material that could serve as sampling frame to randomly select child commercial sex workers for the study. Secondly, some of the participants were found to work the commercial sex in hidden places ("Zigchilot") that were difficult to access. Therefore, participants, particularly, who were working in this type of setting were selected using snow ball purposive sampling technique.

3.5 Instruments

The main focus of the study was the assessment of the major psychological and social problems of child commercial sex workers. In order to address the psychological and social aspects of the child commercial sex workers, both quantitative and qualitative data collecting tools were applied. So as to gather background and some social characters tics of the participants, questionnaire was developed. The Centre for Epidemiological Studies Depression Scale for Children (CES-DC) and The Children Hope Scale, were administered for the assessment of the participants depression symptom and hope level, respectively. In addition to these quantitative methods, unstructured interview guideline was developed for the in-depth interview.

3.5.1. Questionnaire

The questionnaire was developed to gather information about demographic variables, causal factors, the social problems and some related background variables of the participants. It had 5 open ended demographic items and, 18 questions (3 open and 15 close ended) focused on different social aspects and related background information of participants.

3.5.2.The Centre for Epidemiological Studies Depression Scale for Children (CES-DC)

The Centre for Epidemiological Studies Depression Scale for Children (CES-DC), is a questionnaire that has been developed especially for the screening of depressive symptoms in children and adolescents (Weissman et al.1980). It is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. The items consist of short and simple statements in the first person about the emotional, cognitive and behavior-related components of depressiveness.

All items are evaluated on a four-point Likert scale in relation to their incidence during the last week (0 = "not at all," 1 = "a little," 2 = "some," 3 = "a lot").

Weissman et al. (1980) didn't developed directly The Centre for Epidemiological Studies Depression Scale for Children (CES-DC) for children and adolescents, but derived from the CES-D for adults developed by Radloff(1977) . Weissman et al.(1980) modified the CES-D items to make them more child-friendly, for example, CES-D item 7: "I felt like everything I did was an effort." CES-DC modification: "I felt like I was too tired to do things".

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Weissman et al. (1980), the developers of the CES-DC, have used the cutoff score of 15 as being suggestive of depressive symptoms in children and adolescents. That is, scores over 15 can be indicative of significant levels of depressive symptoms. According to the authors, the CES-DC is applicable to children and adolescents between 6 and 17 years of age. The instrument can be administered on an individual or group level and takes an average of five minutes to complete. Internal consistencies of the total score of CES-DC vary between Cronbach's $\alpha = 0.77$ and $\alpha = 0.91$, depending on the study (Faulstich et al,1986, Fendrich et al ,1990, Olsson et al ,1997, Schoenbach et al ,1983, sited in Barkmann, 2008).

3.5.3. The Children Hope Scale (CHS)

The children hope scale is 6-item self-report questionnaire assessing children's dispositional hope. The measure is "based on the premise that children are goal directed and that their goal-related thoughts can be understood according to two components: agency and pathways" (Snyder et al., 1997). Each child is supposed to answered the six questions on a 6-point scale ranging from *none of the time* to *all of the time*. Total scores can range from 6 to 36 and an average score

on the scale is 25, suggesting that the average child has hope *a lot of the time*. A score of 29 or higher indicates high hope (top 15%) and a score of 21 or lower indicates low hope (lower 15%), based on the standardization sample.

Snyder et al. (1997), the test developer, indicated that the scale had good psychometric property. They reported that one week test-retest reliability for the total score, assessed with 89 children, was $r=.73$, $p<.001$ and test-retest stability over a one month-interval assessed with 359 children was $r=.71$, $p<.001$. For internal consistency, Snyder et al. (1997) reported data only for the total score across 6 samples. The median alpha was .77, range .72-.86. For children aged 15-19 Valle et al. (2004) report an alpha for the total CHS as .84, with item-total correlations ranging from .51 to .69. The applicable age is given as 8-19 because even though the measure was originally developed and tested with children aged 8-16, Valle, Huebner, & Suldo (2004) provide data showing that the measure can be used with children aged 15-19.

3.5.4. Interview guide

In order to gather in-depth information that can not be assessed through the questionnaire and inventories, unstructured interview guide was applied. . Two interview guides were developed for in-depth interview of child prostitutes and a broker that connect child prostitutes with foreigners. The unstructured interview was preferred because it is helpful to ask explore more detail information.

3.6. Procedures

3.6.1. Construction

As it is stated before, two major types of data collecting instruments were applied in this study, quantitative and qualitative tools. The quantitative data were gathered using questionnaire, the Centre for Epidemiological Studies Depression Scale for Children (CES-DC), and the Children Hope Scale. The questionnaire was administered to collect information about demographic characteristics, social aspects and back ground information of participants. CES-DC administered to gather information about the depression symptom of participants. The children hope scale was administered to assess the participants' level of hope. Qualitative information was gathered using unstructured interview guide from four cases.

The questionnaire and the interview guide were developed by the researcher. However, CES-DC and CHC were adopted. The questionnaire and the interview guide were first developed in Amharic and translated to English for the analysis purpose. On the other hand, CES-DC and CHC administered to participants, were Amharic versions translated form their original English version. Generally the final Amharic versions of the questionnaire, CES-DC, CHC and interview guides were administered to participants after thorough analysis of different characteristics of the tools. The following activities were done in order to assess the face validity of the Amharic versions of these data collecting instruments:

1. Two senior language lecturers of Jimma University (currently, Phd candidate at Addis Ababa University) evaluated the Amharic translated version of Centre for

Epidemiological Studies Depression Scale for Children (CES-DC) and the Children Hope Scale (CHS). And their suggestions were incorporated for further analysis of the instruments.

2. The Amharic version of CES-DC and CHS was translated back to English again and some arrangement was done with items major discrepancy was observed with the original English version in meaning and ready for face validity by professional psychologists.
3. Two senior psychology lecturers have evaluated the Amharic versions of the questionnaire, CES-DC, CHS interview guide in order to see the face validity that they goes in line with the major objectives of the study.

3.6.2. Pilot Study

After the aforementioned activities were done with the language clarity and face validity, the questionnaire, CES-DC and CHS, were administered to 25 Child commercial sex workers selected around Chechenya area of Bole Kifle Ketema, Addis Ababa. Among these, only 20 participants give response for all items. Therefore, 5 responses were discarded.

Based on the pilot study, some of the questions were modified. For instance, participants were asked whether or not they abuse drugs; cocaine, cannabis and marijuana. In the pilot study, it was understood that most of the child prostitutes didn't identify these drugs rather they call these hard drugs "hashish" in general. Therefore, this item was modified by merging these drugs in to a general term, "hashish". In addition, in the questionnaire, the number of items administered for the pilot study were 28 and items (7, 11, 17, 21) that show less reliability were discarded. Generally, the reliability of the questionnaire was Cronbach's $\alpha = .71$ which is an acceptable

level of reliability. Based on responses in the pilot study, the reliabilities of the Amharic version of Centre for Epidemiological Studies Depression Scale for Children and children Hope Scale, were a Cronbach's alpha of .76 and .78, respectively.

3.6.3 Administration

Data was collected by the researcher and two 3rd year undergraduate psychology students at Addis Ababa University. Initially, assistant data collectors were given description about the purpose of the research, how to administer, and how to handle possible questions related with administration. Before the data were collected, as much as possible, good rapport was tried to be established with participants. The participants were informed about the purpose of the study and the confidential nature of gathered information. The questionnaire, CES-DC and CHS were filled and collected in two ways. Those participants who reported read and write (educated) and who informed prefer to fill by themselves, took the questionnaire and the researcher and the assistant follow up to collect data since the day she appointed to return it. On the other side, for those participants who reported that they were not able to read and write, the researcher and the assistant read the items for the participants and scored their response.

The interviews were conducted by the researcher. After strong rapport was established, the researcher appointed the cases in their convenient place and recorded relevant information for the study. The process of interview with one participant was different from the two. While the first interview was conducted, one participant was pregnant. Therefore, the interview with this case was conducted in two rounds, before and after she bear.

3.6.4. Data Analysis

Different types of data analyses were employed depending on the type of data collected from participants. Using SPSS version 17, percentage, descriptive statistics (Mean and standard deviation), t-test and one way ANOVA techniques were applied fot the quantitative information gathered through, questionnaire, CED-DC and CHS. The data were also presented through tables, bar graph and pi chart. More over, the result of the quantitative result was further elaborated by making logical analysis with the result of interview.

IV. RESULT

The major purpose of the study was an assessment of the major psychological and social problems of Child commercial sex workers in some selected tourist sites in Ethiopia. In this part of the study, results of Questionnaire, Center for Epidemiological Study Depression Scale for Children (CES-DC) and the Children Hope Scale (CHS) administered to 100 purposively selected Child commercial sex workers participants are presented. In addition, the interview result of the child participants and the broker are described along with the quantitative result.

4.1. Demographic Characteristics of Participants.

The table 1(P.37) presented below yielded that among the total 100 participants the questionnaire was administered, the majority 40% of them were from Addis Ababa. And equal proportion (30%) was selected from Bahirdar and Gondar. The mean age of participants was 16.1 (with-standard deviation of 0.93. The average reported starting age of commercial sex work was 14.98(with standard deviation of 0.94). And, the mean value of participant's monthly income was 2058 ETB.

Regarding their religion, as it is presented on the table 1 below, the religion of the majority 59% of participants was orthodox. Muslim participants account the next higher proportion (28%). The religions of the rest of participants were protestant (11%) and catholic (2%). Most of participants (49%), as it is illustrated on the table 1 (p.37), attended primary secondary cycle (5-8) and 26% respondents reported their educational level was primary first cycle (1-4). The other 16% of

participants said that they didn't have formal educational background. The rest 9% of them respondents reported high school educational background.

Table 1 Demographic Characteristics of Participants

Variables				*f*	%
Tourist sites	Addis Ababa			40	40
	Bahirdar			30	30
	Gondar			30	30
	Total			100	100
Age	Mean	SD	14	8	8
	16.1	0.93	15	14	14
			16	38	38
			17	40	40
			Total	100	100
Starting age of prostitution	15	0.94	13	6	6
			14	23	23
			15	42	42
			16	25	25
			17	4	4
			Total	100	100
Monthly income	Mean	SD	<1000	8	8
	2058	961.40	1000-1499	15	15
			1500-1999	26	26
			2000-2499	20	20
			2500-2999	12	12
			3000-3500	13	13
			>3500	6	6
			Total	100	100
Religion	Orthodox			59	59
	Muslim			28	28
	Protestant			11	11
	catholic			2	2
	Total			100	100
Education	No education			16	13
	Primary first cycle(1-4)			26	14
	Primary second cycle(5-8)			49	21
	High school(9-10)			9	42
	Total			100	100

4.2. Responses on Contact with Non-Ethiopian Clients.

Global literatures indicated that child sexual abuse has many forms. Child sex tourism is one form of sexual abuse done by persons other than the local people who come to the host country. So as to now the existence of child sex tourism, respondent were asked whether or not they had contact with Non-Ethiopian clients. As the table 2 below illustrate, 69% of participants reported that their clients were only the local people. On the other side, 26% of them reported that they had clients both Ethiopian and Non-Ethiopian citizens. The rest 5% of participants said their clients were only foreigner. Out of the total 26 participant who responded their clients were both Ethiopians and Non-Ethiopians, the highest proportion 30.76% of them said that they had contact with foreigner clients more than five times. The proportion of participants who replied contact with Non-Ethiopians, five and four times was 19.23% for each. And, 11.5% of respondents said they had contact with foreigner clients two and three times. Only the rest 2 participants replied they had contact with Non-Ethiopian clients one times.

Table 2. Responses on contact with Non-Ethiopian clients

Variables			f	%
Contact with Non-Ethiopian clients.	Yes	Non-Ethiopian only	5	5
		Both	26	26
		Total	31	31
	No	69	69	69
	Total	100	10	100
Frequency of contact with Non-Ethiopian clients	One times		2	7.7
	Two times		3	11.5
	Three times		3	11.5
	Four times		5	19.23
	Five times		5	19.23
	More than Five times		8	30.76
	Total		26	100

One of the child commercial sex worker participated in the interview also informed that her clients were only Non-Ethiopian. In relationship to this, the broker explained that child sex tourism is prevalent in tourist sites, Addis Ababa, and out scurf areas of Addis Ababa. He described that most of the foreigner clients of the Child commercial sex works were tourists and foreigner who are working in construction sectors. The broker also added that these foreign clients find Child commercial sex works in public as well as in hidden places called "Zigchilot"(anonymous to "closed bench" or "Firdbet"(anonymous to "court"). According to the broker, the first name was given because it is not public place. The broker was also asked about the major reason why the foreigners were interested to date Ethiopian girls. Regarding this, he informed that most of the foreigners (tourists) repeatedly talk about how Ethiopian girls are Beautiful. He believed that this was the major reason behind their interest. In line with this, the broker responded children in the age between 15 and 21 were highly preferred by them.

4.3. Substance Abuse

Participants were asked bout whether or they abuse substances in the questionnaire and their response is presented on the table 3 below.

Table 3. Frequency Distribution of Participants on Substance Abuse across Citizenship

Variables		Client's Citizenship			***Total***	
		Ethio	Non-Ethio	Both	f	%
Substance abuse	Yes	49	5	22	76	76
	No	20	-	4	24	24
	Total	69	5	26	100	100
Types of substances.	Alcohol	68	5	26	72	94.7
	Cigarette	13	5	23	42	55.2
	Chat	30	4	22	52	68.4
	Shisha	13	5	23	41	53.9
	Hashish(cannabis, marijuana, cocaine)	11	4	15	30	39.5
	Total				76	100

As it can be referred on the table 3 above, the highest proportion 76% of participants reported that they had habit of substance abuse. Among these the total number of participant who had reported they abused substances, 94.7 percent of them said that they drink alcohol. In addition, 68.4 % of them reported that they chew chat. The rest 55.2%, 53.9% and 39.5% of them responded cigarette, shisha and hashish (such as cocaine, cannabis and marijuana) abuse, respectively. As it can clearly stated on the table 3, most the abusers of hard drugs (cocaine, marijuana, cannabis) had non-Ethiopian clients. The percentages of responses on the type substance indicated that most of the participants reported multiple substance abuses. The result of the interview also conforms to what is found in the quantitative result regarding substance abuse.

4.4. Psychological Variables

4.4.1. Depression Symptom Results

The Center for Epidemiological Studies Depression Scale for Children (CES-DC) was administered to assess the participants' depression symptom. As it is clearly presented on table 4, the mean score of participants on CED-DS was 21.44(with standard deviation of 9.2). The minimum and the maximum score of participants on this depression scale were, 8 and 47, respectively. When we look at the percentage of participants on CED-DS score, the majority 63% of participants scored above 15. The rest 27% of the commercial sex workers participated in this study reported total scores below the cut point, 15, which is given by the test developers.

In addition, the CES-DC mean score was compared among participants who reported different kinds of substance abuse experience. Most of participants have given multiple responses with substance abuse. As a result participants were categorized in to three groups regarding this. The first groups were participants who reported no substance abuse. The second group was participants who reported abuse of substance alcohol, cigarette, chat, and shisha. The third group was containing of participants who reported abuse of hard drugs(cocaine, cannabis, and marijuana). The result of the summary of one way ANOVA is presented on the table 6 below. As it can observed on the table, statistically significant difference was observed on the mean score of CES-DC among these groups with F value of 43.29 at P<. 01.

Table 6 Summary of One way ANOVA of CES-DC Across Substance Abuse Experiences

		Sum of Squares	df	Mean Square	F	Sig.
Depression	Between	3972.23	2	1986.11	43.29	.000
	Within Groups	4450.41	97	45.88		
	Total	8422.64	99			

** $P<.01$

Scheffes Inter mean Comparison was used to identify the difference observed in mean score of CES-DC in the above groups. As the result on table 7 below show, the difference was observed among the three groups. Participants who reported substance abuse of hashish(coacaine, cannabis, marijuana) scored higher mean value than participants who responded no substance abuse(mean difference of 16.5) and participants who reported substance abuse of alcohol, cigarette, chat and shisha(with mean difference of 9.86). Moreover, participants who reported abuse of substances; alcohol, cigarette, chat, and shisha seems to have higher mean score in

CES-DC score than participants who reported no substance abuse with a mean difference of 6.65.

Table 7 Scheffes Inter mean Comparison of CES-DC score across Substance Abuse.

I	J	Mean Difference (I-J)	Sig.
No substance abuse	Alcohol, cigarette, chat, shisha	-6.65**	.001
	Hashish(cocaine, marijuana, cannabis)	-16**	.000
Alcohol, cigarette, chat, shisha	No substance abuse	6.65**	.001
	Hashish(cocaine, marijuana, cannabis)	-9.85**	.000
Hashish(cocaine, marijuana, cannabis)	No substance abuse	16.5**	.000
	Alcohol, cigarette, chat, shisha	9.86**	.000

**P<.01

4.4.2. The Children Hope Scale Results

In the study the children hope scale (CHS) was administered so as to assess the participants' level of hope. As it can be referred on table 8(p.44), the mean score of participants on this scale was 17.8. And the minimum and the maximum scores reported were 8 and 32, respectively. The participants score on the children hope scale was categorized based on the cutting points given by the test developer and the majority 61% of them reported hope score of below 21. The next proportion, 34% of them reported scores between 21 and 29. The rest 5% of them scored scores greater than 29.

Table 8 Frequency Distribution, Percentage and Descriptive statistics of CHS.

Variables	Scores	f	%	Mean	Std. Deviation	Minimum	Maximum
Hope	29-35	5	5	17.8	6.4	8	32
	22-28	34	34				
	<21	61	61				
	Total	100	100				

In the interview, participants were asked a general question about their future hope. One of the participant interview said she didn't feel a sense of hope regarding her future life because of two major reasons. The first reason she reported was she didn't have any education or vocational training to look for better job other than prostitution. Secondly she said "…. in the beginning I have started prostitution, I used to make sexual intercourse with out condom. Because of this, I suspect my self that this phenomenon may make me infected with HIV/AIDS..." Regarding this, another participant reported that many of her clients have promised her that her foreigner clients promised her that they would took her out side Ethiopia. However, she noted that no one kept his word. Therefore, if one of clients took her abroad she thought she would live better life, in turn, better hope. In short she had mixed filling about he future life.

Table 9. Summary of Descriptive Statistics and t-test of CHS across contact with non-Ethiopian Clients.

Groups	N	Mean	S.Deviation	*df*	t	Sig.(2-tailed)
No contact with Non-Ethiopians	69	18.43	6.05	98	1.09	.280
Contact with Non-Ethiopians	31	16.90	7.51			

Table 11 Scheffes Inter mean Comparison of the Children Hope Scale across Substance Abuse.

I	J	Mean Difference (I-J)	Sig.
No substance abuse	Alcohol, cigarette, chat, shisha	7.56**	.000
	Hashish(cocaine, marijuana, cannabis)	11.86**	.000
Alcohol, cigarette, chat, shisha	No substance abuse	-7.56**	.000
	Hashish(cocaine, marijuana, cannabis)	4.3**	.001
Hashish(cocaine, marijuana, cannabis)	No substance abuse	-11.86**	.000
	Alcohol, cigarette, chat, shisha	-4.3**	.001

**P< .01

It is clearly illustrated on the table 11 that the result of sheffes's post hoc analysis indicated that participants who reported substance had less score in the children hope score than participants who reported no substance abuse(with mean difference of -11.86) and participants who reported abuse of substances alcohol, cigarette, chat, and shisha.(with mean difference of -4.3). in addition, participants who reported abuse of substances; alcohol, cigarette, chat and shisha seems to have less mean score in CHS than participants responded no substance abuse with a mean difference of -7.76.

4.5. Social Problems of Respondents

In addition to the psychological variables (depression and Hope scales), participants where asked concerning their major social aspects and the result of their response is presented on the table 12(p.49) below. It is shown on the table that the majority 70% of respondents reported that they worked the prostitution at the night time. Where as, the rest 30% participants said they worked both at the day and night time. Among the total participants who respond day time, most of them (62.9) reported that they spent the day time by chewing chat. The next 47.1 % of them said that they spend the day time by sleeping. The proportion of respondents who reported that they spent the day time with friends chatting and making some funs, and doing some house hold activities was 11.4% for each. Only 3 participants reported they usually spent their time by visiting their family or relative.

Among the total participants who reported that they spend most of their time by sleeping, feeling embarrassed to get outside (60.9%) and feeling of tiresome (54.5%) were the major reasons forwarded by participants for sleeping the day time. In addition, Among the total participants(44) who reported that they spend their day in most of the time by chewing chat, the major justification given for doing so were, to feel good and get energy(56.8%), to hid from the society(45.5%) and to avoid discomfort for not chewing chat (40.9%). And the rest 11.4% of them replied they chewed chat because they didn't have any other way to spend at the day time.

Information was also gathered regarding the living condition of the participants. The majority 63% of the participants responded they lived in rented resident rooms. Where as, 18(18%) participants gave a response that they lived in the establishment owner's house. The rest 12%

of the participants said they didn't have constant residence rather they live in other temporary places such as hotel/pension bedrooms.

Participants were asked whether or not they have contact with their family. It is clearly presented on table 12(p.49) that the majority 86% of the participants stated that they didn't have any contact with their family or relative. Two of the participants interviewed also replied that they didn't have any contact with their family/relatives.

There were some questions on the questionnaire that tried to assess the societal related problems of respondents. Participants were asked regarding what they think about the community's attitude towards them and majority 88% of them reported that they think the society have negative attitudes them. The other 10% of them said they think the communities had neither positive nor negative attitude. They were also asked to report their attitude towards males in general and the highest proportion 86% of them reported that their attitude towards males was bad. The rest 14 % of them said they have neither good nor bad attitude towards males, in general.

The table 12 (p.49) below is also containing of responses of participants whether or not they encounter frequent quarrel with persons around them. Most of the participants (51%) reported that they experience frequent quarrel with people around them such as with their clients (82.4%), owner of establishment (60.8%), with prostitutes working together (52.9%), and owner of rented resident room (42.2%).

Table 12. Responses on Social aspects of Participants

Variables		*f*	%
Working time	At the night time	70	70
	Day and night	30	30
	Total	100	100
How do spend most of your day time?	Sleeping	33	47.1
	chat chewing	44	62.9
	With friends chatting and making funs	8	11.4
	Home alone making some house hold activities	8	11.4
	Visiting family/relative	3	4.3
	Other	4	5.7
	total	70	100
Reason for sleeping	Because I get tired, to take rest	18	54.5
	I feel embarrassed to get outside	20	60.6
	Because I dot have any other way to spent time	2	6
	Total	33	100
Reason for chat chewing	To feel good and get energy	20	56.8
	To hid from the society	15	45.5
	To avoid discomfort for not chewing chat	18	40.9
	No other way to spend the day	5	11.4
	Total	44	100
Residency	Rented house	63	63
	Establishment Owner's house	18	18
	Hotel/pension bedroom	12	12
	Other	7	7
	Total	100	100
Contact with family or relative	Yes	14	14
	No	86	86
	Total	100	100
Belief about the community's attitude	Positive	2	2
	Negative	88	88
	Neither positive nor negative	10	10
	Total	100	100
Attitude towards males in general	Negative	86	90
	Neither good nor bad	14	10
	Total	100	100
Frequent quarrel with surrounding persons	Yes	51	51
	No	49	49
	Total	100	100
Persons the child prostitute encounter frequent conflict	With prostitutes working together	27	52.9
	Owners of establishment	31	60.8
	Clients	42	82.4
	Owners of rented house residence	21	41.2
	Others	4	7.8
	Total	51	100

V. DISCUSSION

One of the specific objectives of this study was the existence of child sex tourism in Ethiopia. According to ECPAT (2008), child-sex tourism is a particular kind of sexual abuse. It normally happens when someone (especially foreigner) travels to a place and while there sexually abuses a child or young person who lives locally. The result of the present study revealed the existence of child sex tourism in Ethiopia. Information gathered through questionnaire indicated that out of the 100 child prostitutes participants selected in the three tourist sites (Addis Ababa, Bahirdar, and Gondar), 25% of participants said that their clients were both Ethiopians and non-Ethiopians, and 5% of them reported that their clients were only foreigners. Out of the total 26 participant who responded their clients were both Ethiopians and Non-Ethiopians, the highest proportion 30.76% of them said that they had contact with foreigner clients more than five times. The proportion of participants who replied that they have contact with Non-Ethiopians, five and four times was 19.23% for each. In-depth case study also indicated that there were unpublicized and hidden places that connect tourists/foreigners with child prostitutes.

Lalor(2000) said that Ethiopia differs from other developing countries known to have large numbers of juvenile prostitutes, such as Thailand or the Philippines, because prostitution would not appear to be intrinsically linked to tourism reported that clients of Ethiopian prostitutes are predominantly Ethiopian. Similarly, Mehret et al's (1990) in a survey of 2,663 prostitutes in Addis Ababa found that only 2.3% reported sexual contact with foreigners. In contrast, in the study, 30% of participants reported they had contact with foreigner clients.

In the study experience of participants in substance abuse were assessed and the highest proportion 76% of participants reported that they had habit of substance abuse. Among these the total number of participant who had reported substance abuse, 98.6 percent of them said that they drink alcohol. In addition, 71.2 % of them reported that they chew chat. The rest of them responded cigarette (55.2%), shisha (53.9%) and hashish (such as cocaine, cannabis and marijuana) (39.5%) abuse. There are also other findings which support the present study regarding substance abuse. This finding of the study seems to have some relationship with According to Arega's(2007) child prostitutes abuse alcohol(100%), chat(80%), cigarette(82.5%) and Cocaine(32.5) in Chechenya area of Addis Ababa. In line with this, Kasirye(2005) said that child prostitutes in Kampala, abuse drugs from alcohol to hard drugs such as cannabis in order to gain courage and confidence.

The Center for Epidemiological Studies Depression Scale for Children (CES-DC) and the children hope scale (CHS) were used to assess the depression symptom and hope level of participants. According to Snyder et al.(1997), the children hope scale has been found to significantly associated with depression. The Center for Epidemiological Studies Depression Scale for Children (CES-DC) is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. Weissman et al. (1980), the developers of the CES-DC, have given the cutoff score of above 15 as suggestive of depressive symptoms in children and adolescents. In the study it was found that the majority 63% of them reported scores of above 15 which is suggestive of existence of significant depression symptom. This implies that the majority of the participants seem to have significant depression symptoms.

According to Snyder et al. (1997), in the Children Hope Scale, each child is supposed to answer the six questions on a 6-point scale ranging from *none of the time* to *all of the time*. Total scores can range from 6 to 36 and an average score on the scale is 25, suggesting that the average child has hope *a lot of the time*. A score of 29 or higher indicates high hope (top 15%) and a score of 21 or lower indicates low hope (lower 15%), based on the standardization sample. In the study majority 61% of the respondents reported a hope score of less than 21 which suggested low hope. The next 34% of samples scored values categorized under average hope, i.e. between 21 and 28. Out of the total 100 respondents who took the children's hope scale, only 5% of them reported scores of 29 and above which is suggestive of high level of hope. The average mean score of the participants on CHS was 17.8

According to Habtamu(2008), "Commercial sex work is a business where nobody is really happy and satisified, but continues for various reasons, poverty being the main culprit. The work involves a lot of human right abuse, ill treatment and psychological damage". In a study in 12 child sex workers in Cambodia, all the women and girls had been victimized and felt helpless, damaged, degraded, betrayed, and shamed. Many of the young women reported depression, hopelessness, inability to sleep, nightmares, poor appetite, and a sense of resignation (Baral & Kiremire & Sezgin, 1998). The finding of the study seems to be consistent with this literature. As it was explained above, the majority of participants scored above 15 on CES-DC which is a suggestive of significant depression symptom. This phenomenon of the study can be elaborated by the result of the interview. Two of the child prostitute participated in the interview reported symptoms such as headache, and feeling of worthlessness. These are two of the symptoms suggested among the major symptoms of depression given by DSM-IV (Davison & Neale,

1998). In addition, in the children hope scale, the majority of participants scored less than 21 on the children hope scale which is an indication of low level of hope.

In the study, there may be different reasons why the participants scored low level of hope (<21). One reason can be their educational background. The result of the study indicated, most of participants (49%), as it is illustrated on the table 1 (p.39), attended primary secondary cycle (5-8) and 26% respondents reported their educational level was primary first cycle (1-4). The other 16% of participants said that they didn't have formal educational background. Therefore, this could lead them to develop low hope level that they didn't have the potential to look for alternative source of income other than commercial sex work. According to Snyder (2002), Hope is a positive motivational state that is based on an inter-actively derived sense of successful agency (goal-directed energy), and pathways (planning to meet goals). He explained that goal is the cognitive component that provides the targets of mental action sequences. For a high-hope person pursuing a specific goal, this pathways thinking entails the production of one plausible route, with a concomitant sense of confidence in this routes. For a low-hope person, on the other hand, the pathways thinking is far more tenuous, and the resulting route is not well articulated. The high-hope person also should be very good at producing plausible alternate routes. The low-hope person, on the other hand, should be unlikely to produce alternate routes. High-hope people describe themselves as being flexible thinkers who are facile at finding alternate routes, whereas low-hope persons report that they are less flexible and do not produce these additional routes; moreover, high-hope people actually are very effective at producing alternative routes-especially during circumstances when they are impeded.

The participants mean scores of CES-DC and CHS who have different substance abuse backgrounds were compared. Regarding substance abuse, participants were categorized in to three groups. The first group was participants who reported no substance abuse. The second group was participants who reported abuse of substances; alcohol, cigarette, chat and shisha. Participants on these substance abuse were categorized because most of them had given multiple response with this substances. The third group were participants reported abuse of substances; cocaine, marijuana, and cannabis. These groups were categorized in one because in the pilot study it was understood that participants didn't identify these drugs. Rather they call these hard drugs "Hashish" as a whole.

Participants who reported abuse of hashish scored higher in CES-DC than participants abuse substances, alcohol, cigarette, chat and shisha. And participant reported no substance abuse scored less than other two groups in the depression inventory. The possible explanation for this difference can be, participants who abused hashish may be abusing these hard drugs because they feel depressed and abuse this drug to feel them selves feel better. Other explanation could be abuse of these hard drugs may result in development of depression symptoms. The reason participants who responded no substance abuse scored less on CES-DC, it may be, because they were less depressed, they didn't need to abuse substances to feel better like other groups. According to ECPAT(2008), child prostitutes may also take drugs or drink alcohol to try and make they feel better. Or, it can be, because they abuse substances, the drugs/substances can have depressive impact on the participants.

Regarding the children hope scale the opposite was true in the difference among the above groups. The possible explanation can be, as it is quoted above, Snyder et al. (1997) concluded

that the children hope scale show significant relationship with depression. Psychological theories such as cognitive theories stressed that there is strong relationship between cognitive presses and feelings. Optimistic feeling about once future life is expected to trigger positive emotions. On the other side, pessimistic feelings could result in negative emotion such as depression. Hopelessness theory (Abrham, Metalsky, & Alloy, 1989, sited in Davison & Neale, 1998) tried to relate depression and sense of hopelessness. According to this theory, some of forms of depression (hopelessness depression) are regarded as caused by a state of hopelessness, an expectation that desirable out comes will not occur or that undesirable ones will occur and that the person has no responses available to change this situation.

In the study it was assessed that participants had different types of social problems. among the total 70 participants reported they worked prostitution in night time, 62.9% and 47.1 % of participants reported they spent the day time by chewing chat and sleeping, respectively. One of the major reasons for spending the day time by chewing chat and sleeping was feeling of embarrassment to get out side. In line with this, according to ECPAT(2007) , child prostitutes may feel embarrassed or ashamed about what they are made to do, and feel bad about themselves. In relationship to this, participants were asked regarding their belief about the community's attitude towards them and majority 88% of them reported that they think the society have negative attitude. And this could contribute to develop a negative attitude towards themselves. For instances, a study conducted by Green(1994) on Cambodian child prostitutes yielded that most of them expressed attitudes of self rejection and hatred of self for what they had become. They felt rejected by other people.

VI. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 SUMMARY

The overall objective of the study was an assessment of the major psychological and social problems of child commercial sex workers in some selected tourist sites of Ethiopia, namely, Addis Ababa, Gondar. Accordingly, the study was conducted in reference to the following specific objectives:

1. To investigate whether or not child sex tourism existed in Addis Ababa, Bahir Dar, and Gondar.
2. To study whether or not child commercial sex workers in Addis Ababa, Bahir Dar, and Gondar have significant depression symptom.
3. To identify the hope level of child commercial sex workers in Addis Ababa, Bahir Dar, and Gondar.
4. To assess the major social problems of child commercial sex workers in Addis Ababa, Bahir Dar, and Gondar.
5. To study if there is or not significant difference in depression symptom and hope level among child commercial sex workers who have Ethiopian and Non-Ethiopian customers.
6. To analyze if there are significant differences in depression symptom and hope among child commercial sex workers who have different substance abuse experiences.

In order to attain these specific objectives formulated, Questionnaire, Depression inventory, and hope scale were administered to 100 purposively selected child prostitutes. Unstructured interview guides were used to get detail information from additional 3 child prostitute and 1 broker to qualitatively elaborate what have been found in the above quantitative measures. After the data are analyzed through different statistical and logical methods, the major results of the study are summarized as follows.

Studies indicated that child sex tourism is widely practiced type of commercial sexual exploitation of children in developing countries in Asia and Africa. In this study participants were asked whether or not they have Non-Ethiopian clients and 25% of them said that their clients are both the local people and foreigners. The other participants (5%) responded that their clients were only foreigners. Out of the total 26 participant who responded their clients were both Ethiopians and Non-Ethiopians, the highest proportion 30.76% of them said that they had contact with foreigner clients more than five times. In the interview, one participant reported that her clients were only Non-Ethiopians. The broker interviewed also explained the child prostitutes he was connecting with foreigners worked in hidden place customarily called "Zigchilot" or "Firdbet". Accoding to him, the forienger that sexual abuse children were not only tourist but also foreigners that came to Ethiopia for other purpose. For instance, foreigners who were working, especially, in road construction highly participate this activity.

Participants were asked about practice of substance abuse and the highest proportion 76% of participants reported that they abused substances. Among these the total number of participant who had reported substance abuse, 94.7 percent of them said that they drink alcohol. In addition, 68.4 % of them reported that they chew chat. The rest 55.2%, 53.9% and 39.5%of them

Table 4 Frequency Distribution, Percentage and Descriptive statistics of CES-DC.

Variables	Scores	F	%	Mean	Std. Deviation	Minimum	Maximum
Depression	>15	63	63	21.44	9.2	8	47
	≤15	37	37				
	Total	100	100				

During interview, leading questions were forwarded for the Child commercial sex worker participants related with depression symptoms. Regarding this, two participants reported symptoms related with depression such as loose of interest in activities, headache, and feeling of worthlessness. They elaborated that the depressed feeling got higher especially the moment after they made sex with their clients.

Table 5, Summary of Descriptive statistics and t-test of CES-DC across contact with non-Ethiopian Clients

Groups	N	Mean	S.Deviation	*df*	t	Sig.(2-tailed)
No contact with Non-Ethiopians	69	18.97	9.02	98	-1.89	.062
Contact with Non-Ethiopians	31	22.58	8.39			

*P<.05

The participants mean score on CES-DC who reported that they had contact with non-Ethiopian clients and who didn't have were compared and, as it is indicated on table 5 above, there was statistical difference in the depression symptom between these groups with t= -1.89, *P*< .05.

responded cigarette, shisha and hashish (such as cocaine, cannabis and marijuana) abuse, respectively

The depression and hope level of participants were measured using Center for Epidemiological Studies Depression Scale for Children (CES-DC) and The Children hope scale. On the CES-DC, most of participant (63%) scored above 15 which suggested significant level of depression symptom. The rest 37(37%) respondents reported a score of 15 and below. In addition to this, the majority 61% of participants scored below the cutting point (21) on the children hope scale. According to the test developer, Snyder (1997 et al.), scores below this cut off point are indication of low level of hope. The mean scores of the CES-DC and CHS were, 21.44 and 17.8, respectively.

Participants' scores on CED-DC and CHS were compared across different background variables. Significant difference was observed in depression and hope scale among participant who had different substance abuse experience. Respondents who reported that they didn't abuse substance seems to have lower score than participant who reported substance abuse in CED-DC and higher on CHS. Moreover, participants who reported substance abuse of hard drugs (such as cocaine, cannabis, marijuana) seems to score higher than participants who reported substance abuse of alcohol, cigarette, chat and shisha in the depression inventory and lower in the hope scale.

Among the total participants who respond they work prostitution in the day time, most of them (62.9%) reported that they spent the day time by chewing chat. The next 47.1 % of them said that they spent the day time through sleeping. Among the total participants who reported that they spend most of their time by sleeping, the majority 60.9% respondents reported that they felt

embarrassed when they go out side that was why they preferred to spent the day by sleeping. In addition, out of the total participants (44) who reported that they spent their day in most of the time by chewing chat, 45.5% of them said that they chew chat because it helped them to hide themselves from the society.

In addition, the study explored different types of social problems of respondents. Participants were asked regarding their belief about the community's attitude towards them and the majority 88% of them reported that they think the society have negative attitude to wards themselves. They were also asked to report their attitude towards males in general and the highest proportion 86% of them reported that their attitude towards males was negative. In relation to participants' inter-personal relationship, participants were assessed about whether or not they encounter frequent quarrel and most of the participants (51%) reported that they experience frequent quarrel with their clients (82.4%), owner of establishment (60.8%), with prostitutes working together (52.9%), and owner of rented resident room (42.2%).

5.2 CONCLUSIONS

The general objective the study was an assessment of the major psychological and social problems of child commercial sex workers in tourist sites of Ethiopia, Addis Ababa Bahir Dar and Gondar. Based on the result obtained using questionnaire, depression and hope inventories, and in-depth interview, the following major conclusions are inferred. Because of the very nature of the population of the study (child commercial sex workers), participants were selected using purposive sampling method. As a result, the samples involved in this study may not be the representative of all child commercial sex workers in tourist sites of Ethiopia. Therefore, it should be taken in to consideration that the conclusions stated below may be applicable to child commercial sex workers investigated in this study.

- The practice of child sex tourism existed on child commercial sex workers investigated in the study. The child sex tourism occurred on public places (such as night clubs, bars, restaurants and hotels) and hidden places.
- Most of child commercial sex workers participated in this study had significant level of depression symptom. Those child commercial sex workers who abused substances appeared to be more depressed than who do not. Especially, child commercial sex workers who abuse hard drugs (cocaine, marijuana and cannabis) seem to be most depressed than others. However, there was no statistically significant difference in the depression symptom between the commercial sex workers who reported that they had contact with non-Ethiopian clients and who didn't have.
- The majority of the child commercial sex workers investigated in the study had low level of hope. Those child commercial sex workers who abused substances had less level of hope than who do not. Especially, those child commercial sex workers who abuse hard drugs

(cocaine, marijuana and cannabis) have least level of hope. Nevertheless, there was no statistically significant difference in hope level between child sex workers who had contact with Non-Ethiopian clients and who didn't have.

- Most of child commercial sex workers investigated in this study show different kinds of social problems. Most of them spent their day time at home by sleeping and chat chewing because they feel embarrassed to get out side in the day time. They did this to hide themselves from the society. The majority of the child commercial sex workers participated in this study believed that the society have negative attitude towards them. Frequent quarrel was another interpersonal problem identified in child commercial sex workers studied in this paper.

5.3 RECOMMENDATIONS

At the end, based on the above conclusion inferred, the following recommendations are suggested:

- As the conclusions of the study indicated, the majority of the participants investigated in this study show significant level of depression symptoms. Therefore, all stake holders should strive to deliver service that help them reduce depressive symptoms identified and to solve social problems through counseling service.
- In the conclusion, it was shown that most of the child commercial sex workers studied show low level of hope. This implies that it is essential to implement activities that might help them to increase the hope level of child commercial sex workers in tourist sites of Ethiopia. Therefore, it is essential to recommend that all stake holders should focus to initiate activities that might contribute to boost their level of hope. This might include creating opportunities so that the child commercial sex workers will find vocational training, education and alternative source of income.
- The government should strictly implement the laws against child commercial sex work in general, and child sex tourism in particular. Immense work is needed to raise awareness about the cause, impact of commercial sexual exploitation of children and how to combat it for the community at large. Sex education should be included in the curriculum of primary and secondary education. The media should give appropriate attention and contribute in the struggle to combat child commercial sex work (including child sex tourism) in Ethiopia.
- Finally, it is highly recommended to conduct further investigation related with different aspects of child sex tourism. The result of the study revealed that child sex tourism occurred not only in public places (bars, night clubs and Hotels) but also in Hidden places. Therefore, further research should be done with this Hidden places. In addition, more

investigations are recommended on part-time commercial sex workers in different tourist sites of Ethiopia.

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Appendix I

Details of the Interview Result of Child Prostitutes

Background information of child prostitute participated in the interview

Participants were asked about the reason they engage in prostitution and the general process how join this. The three of the cases had different causal factor for joining prostitution as is described below. Case 1 was 17 years old prostitute in Addis Ababa who came from Awasa at age of 14. She reported her mother was dead while she was kid and was brought up with her step mother. She explained how much her step mother abused her too much. According to her explanation, because of the burden and the frequent conflict with her step mother, she failed at the grade of 7. At this instance, the conflict with her step mother get its climax and she started to look for other options to get away from her step mother. While she was selling chewing gum and soft paper on the street, she got a tourist guide and he convinced her that she will live a better life if she went with him to Addis Ababa. And he arranged her to work with commercial sex work.

Case 2 was 16 years old prostitution working in Bahirdar. Case2 said that the reason that made her engage in prostitution is complex in its nature. She was brought up in a country side around Debremarkos. When she reached at the age of around 12, her parents employed her as a child care giver in Debremarkos town. She irritably expressed, when she reach at 15 years of old, a son of her employer raped her. She said that the son has sexually abused her repeatedly. According to her, when his parent hear about this, they expel her saying you push our son to develop bad behavior. When this happen, she narrated "…..I didn't want to get back to my parent who sold me for their benefit, so my ultimate option was to search for other job." She explained while she was searching for other jobs, she find driver and promised her to find her a better job at Bahirdar Town. She said.. "…though he promise her to find her better job, he leaved her in his cousins hotel to work prostitution.

Case 3 was 17 years old girl who worked in one of a night clubs in Addis Ababa. Her parents were dead because of HIV/AIDs while she was at age of 14, leaving her and her younger sister

alone. And then, they started to live living with their grandmother with the little income she brought selling a local beer, "shiameta". When the time goes, her grand mother got seek and the lively hood of the family got difficulty. At this time, when she shared the problem with one of their local beer client, he recommended her to work prostitution and contact her with an owner of a night club. And she begin prostitution at the age 16.

The general characteristics of participants working setting

Participants were asked to describe about their working environment characteristics. Regarding this, Case1 informed that she was not working in legal and official establishment. The establishment she is working didn't have official name. But the customarily name of her working setting was "fird bet", "Zigchilot" which means court in Amharic. It has services like traditional meal. According to her, in this place, there were around 24 girls with age rang of around15 up to 21. She explained that her clients were only foreigners. According to her explanation, her working place had strong link with guiders. The guiders inform the tourists about this and a tourist who had dating interest would be offered to visit the them and he would pick the child he is interested with. . According to Case 1, as her clients are foreigners, she said, she serves her clients in different way. According to her, in this house, there are traditional and modern dancing ceremonies the child prostitutes are supposed to display in order to seduce the tourist. She said, some times she accompanies with the tourists traveling in different parts of Ethiopia and serves them. The other characteristic of this establishment was they work in the day time. Case 2 and 3 work in Hotel and night club. While case 2 her clients were only the local people, case 3's client were both local people and foreigners.

Income of Participants

Key informants were also asked about the estimated amount the money their clients pay them and the amount they take out of it. Case 1 reported that foreigner clients pay on average of 100 US dollar per a date. Out of this money the owner of the establishment took15% and the broker took 10%.Regarding this, Case2 reported, for short time her clients paid 40 up to 60 ETB and for overnight 80 to 120 ETB. Out of this, she was expected to give 15% for the hotel. Case3 said that, on average her local clients pay 150 to 200 ETB for short time and 300 to 350 for overnight.

Out of this she give 10% of it for the night club. She added that foreigner clients pay 2 -3 times the local people pay.

General Characteristic of Participants living condition

The other focus of the study was the assessment of informants living conditioning. Concerning this, case 1 described that she live in rented resident room alone. While the first part of interview was conducted she was pregnant. Even if she is pregnant, she abused the drugs. Even, while the interview was conducted she was smoking cigarette in chain. She informed that, until 5th month of the fetus, she was working the commercial sex work. When Case1 was asked how full fill subsistence needs after she quit the work, she replied "....though I conceived it from a guider pimp, I attributed to a Chinese client. So he helped me for house rent and some other expenses needed." About the baby, she said the owner of the house she is living helped her to adopt the child.

Regarding the living condition Case 2, replied she was living in group with other prostitutes in one of the rooms of the hotel. About the food, she said they cover the cost turn by turn with other prostitute working in the hotel (i.e. the one who got a client cover the cost). On contrary, Case 3 explained that she lived with her grand mother and younger sister. She covers house hold, educational material for her sister and other expenses with the money she earned through prostitution.

Substance Abuse of participants

One of the major impacts of child sexual abuse is exposure to substance abuse. Regarding this, Case 1 informed that she abused substances alcohol, cigarette, and chat, hashish (cocaine or cannabis). She said, in most of the cases, she abused cocaine and marijuana, with her clients. The response of Case 2 is similar with the former case; the difference is Case1 didn't abuse cocaine and cannabis. Case 3 also said she abuses chat and alcohol, but she smoked cigarette some times when she was drunk.

They were also asked to describe about the major reasons they abuse drugs. Most of them replied they abuse drugs to feel good and to forget about them selves. Especially, Case 1 expressed that she didn't felt good when she get out side and mix with the society, therefore, she preferred to chew chat that it helped her to hide her self from the society.

Social Aspects of Participants

One of the objectives the study is to assess about the social dimension of child prostitutes. Except Case3. they reported that didn't have any communication with their family. Case 1 was asked about her relationship with people around her. She described, in most of the time, she didn't have good relationship with persons around her. She narrated:

> "I don't know the reason but I get frequent conflict with prostitutes working together, owners of rented resident room… you know every one entertains only his feeling… I became intimate friend a prostitute friend working together , after a week, we get damped… this is how the prostitute life looks like… even the society didn't have respect for us they think we are useless…. so how come you think I have good social relationship?...."

Related with, Case 2 said that she new few people. According to her, she is isolated from the society. She believes that her social relationship is restricted with prostitutes working together and her clients. When she explains about her relationship with prostitutes in the hotel she irritably narrated, "… most of the prostitutes in the hotel are older than me. Therefore most of the clients preferred me to other prostitutes. Because of this, some of them have hate on me. As a result they insulted and discriminated me… "

Regarding social relationship with people around her Case 3 reported that she had good relationship with other prostitutes in the night club. However, she stressed, her relationship with her friends and other person in her village was not like before. She said "…I feel as if everybody pointes on me and say; she is useless, she is going to die like her parents with HIV/AIDS." She added, her former friends and other persons who new her discriminated her in different social activities. Parents didn't want their daughter to meet

her. Generally, she said that she had intense fear to communicate with persons other than prostitutes.

Responses related with depression symptoms

During interview, leading questions were forwarded for the key informants related with depression symptoms. Regarding this, Case 1 reported, in most of the time she felt sad. She stressed that the times she felt happy was rare. She said, this depressed feeling got higher, especially, the moment after she served her client, if she didn't take drug and at the end she chewed chat. She also irritably said "…. I have never been depressed like I felt when the doctor told me I am pregnant… even beginning that time, I have bad headache…"

Regarding this, the response of Case 2 was not much different from what Case 1 said. She reported that although it is was not always, the times she felt depressed is significant. When we look at the response of Case 3, she said that she was so depressed, especially, at the time she begun the prostitution. However, according to her, currently the level of feeling of sadness was not like before.

The major symptoms reported the key informants when felt depressed were loose of interest in different things (such as listening music, talking with other persons), headache, and feeling of worthlessness, and increase in substance abuse. Regarding this, when Case 2 explained she said "… when I felt depressed, even, I hate to talk with my beloved sister…"

Responses related with future hope

In the interview informants were asked to express their feeling about their future hope. Case 1 said that there were many clients who promised her to take her out from Ethiopia. But no one had done what promised. She reported that if they took her out from Ethiopia,

she thought she would have good hope. If not she believed she didn't have any other life dimension except prostitution.

Regarding this, Case 2 irritably expressed that she didn't have any tangible hope about her future life. She narrated "... I don't have education; there were times I was doing unsafe sex... I have no one who thinks about me.... So I don't have any hope except waiting for what God will do for me...."

On the contrary Case 3 reported, in most of the cases, she felt bright future. She said "...my future hope is my sister. There is nothing I can't do until she joins university. And then, I will begin my education back. So I have a strong belief one day my life will be turned right".

Appendix II

Details of the Interview Result of the Broker

General information

The broker interviewed in this study was 29 years old man that worked as a broker by connecting non- Ethiopian clients with prostitutes working in Addis Ababa. He reported that he is single and completed high school in education. Before he started working as a broker, he was an assistant guider in one of a tour agent. For the purpose of privacy and his consent, it is reserved from mentioning his name and the specific area he was working.

1. What are your major roles while you connect prostitutes with foreigner clients? What benefit do you get out of it?

He reported that before he started working as a broker; he was an assistant guider in a tour agent. As a result he had strong link with tourist guides. According to him, the tourist guiders inform the tourists about the child prostitutes and they give his address for him if a tourist has an interest to date the children. And then, he would invite the tourist in the place the child prostitutes were working. He added that the major benefit he got was, the tourist will him variable amount of money for the connection and the prostitutes will give him 10 % of the money they received form the tourist/foreigner.

2. In what kind of place do the prostitutes work? How can you describe me the prevalence of this kind of activity in Ethiopia?

He said, "...although foreigner also date prostitutes in public places (night clubs, bars, restaurants) like the local people, there are hidden place that are organized to connect children with foreigners…". He reported that customarily names of these hidden places were "Zigchilot"

and "Firdbet" in Amharic. He was asked about the major reason these names were given for their working places. According to him, the Amharic name "Zigchilot" (which is anonymous to the English word "closed bench") was given for their work setting because it was not public place and most people didn't knew about what was going on inside the place except the child prostitutes, brokers and foreigners. The second Amharic name "Firdbet"(which is anonymous to the English word "court"), was given because, as far as the foreigner date the children it is must to pay what he is requested to pay with out any deal. According to him this kind of activities are prevalent in tourist sites, in Addis Ababa and its out scurf areas. He also disclosed that there are part-time prostitutes (prostitutes who have an other job) who didn't work in constant places.

3. For what purpose do you think the foreigners that date child prostitutes come to Ethiopia?

He responded that most of the foreigners come to Ethiopia as a tourist. However, he narrated "... now a days the Chinese citizens who come to this country for construction purpose highly participates with this kind of activities"

4. What do you think are the major reasons the foreigner want to date Ethiopian child prostitutes? Prostitutes with what years of age are preferred by the foreigner clients?

Regarding this the broker replied that most of the foreigners that children frequently told him that Ethiopian girls are beautiful. According to him this is the major reason that made them interested in Ethiopia girls. He also replied that children between age of 15 and 21 are highly preferred by the foreigners.

Appendix III

Addis Ababa University

Institute of Psychology

Purpose: This questionnaire is prepared to investigate the major psychological and social problems of child commercial sex workers in some selected tourist sites in Ethiopia. Information gathered using this questionnaire will not be used for other purpose and it is confidential. Because the information is essential for the success of the study, you are kindly requested to give your honest response.

Thank you in advance for your cooperation!

General Instruction: Below are stated different types of questions concerning you. If you can read and write, please give your response by giving short answers or mark(X) or Circle the option that represent your response. If you can't read and write, please tell your response for the reader based on the specific instructions given for each type of items.

Part one

1. City/ Town _____
2. Age_____
3. Religion _____
4. Beginning age of prostitution _____
5. Educational Background_____

Part Two. In this part of the questionnaire different questions that have different options are stated. Please circle your response or tell for the reader among different options given for each questions.

1. Where is your resident?
   A. Rented resident room
   B. In the establishment owners
   C. With family/relative
   D. In hotel/pension rooms
   If your answer is other, please specify _____
   _____

2. For the above question(1), if your response is other than "with family/relative", do you currently have communication with your family or relatives?

   A. Yes, I have B. No, I don't have

3. If your answer for question(1) is "in rented resident room", you live:

   A. lone B. With other persons

4. Whose citizens are your clients?
   A. Ethiopian
   B. Non-Ethiopian
   C. Both
5. If your response for the question 4 above is "Both", how many times do you date with foreigners?

   A. One times, C. Three times E. Five times
   B. two times D. four times F. More than five times

6. In average, how money ETB do you earn through this work per a month? _____

7. Out of the total money your clients pay, how much of it do you take?
   A. All C. around half E. Nothing
   B. Most of it D. less than half

8. If your response for the above question (7) is other than "All", among the alternatives given below, who share your income?

Note: You can give more than one response!

   A. owners of the establishment
   B. Brokers
   If your answer is other, please specify _____
   _____

9. Do you have habit of abusing addictive substances?

A. yes B. No

10. It your response for the above question (9) is yes, which of the following do you abuse?
Note: You can give more than one response!

A. Alcohol
B. Cigarette
D. Shisha
E. Hashish(cocaine, marijuana, cannabis)

11. What do you think about the community's attitude to wards you?

A. Positive attitude
C. Neither positive nor negative attitude
B. Negative attitude

12. Do you frequently quarrel with persons around you?
A. yes B. No

13. If your answer for the question (12) above is "yes", with whom do you frequently face quarrel?
A. With prostitutes working together
B. With owners of establishment
C. With clients
D. With owners of your resident room
If your answer is other, please specify _____
_____

14. What is your attitude about males in general?

A. Positive B. Negative C. Neither positive nor negative.

15. At what time do you work ?

A. In the day time B. In the night time C. Both

16. If your answer for the question (15) above is "in the night time", how do you spend your day in most of the time?
A. Sleeping
B. Chat chewing
C. Making funs with friends other than chat chewing
D. Performing household activities
E. Visiting family/relatives
If your answer is other, please specify _____
_____

17. If your response for question number 16 is "sleeping," what is/are the major reasons for spending your day by sleeping? _____

_____

_____

18. If your response for the question 16 is " chat chewing," what is/are the major reason/s for doing this so? _____

_____

_____

_____

Appendix IV

Center for Epidemiological Studies
Depression Scale for Children (CES-DC)

No	Items	Not at all	A little	some	A lot
1	I was bothered by things that usually don't bother me				
2	I did not feel like eating, I wasn't very hungry				
3	I wasn't able to feel happy, even when my family or friends tried to help me feel better.				
4	I felt like I was just as good as other kids				
5	I felt like I couldn't pay attention to what I was doing				
6	I felt down and unhappy.				
7	I felt like I was too tired to do things				
8	I felt like something good was going to happen				
9	I felt like things I did before didn't work out right				
10	I felt scared				
11	I didn't sleep as well as I usually sleep				
12	I was happy				
13	I was more quiet than usual.				
14	I felt lonely, like I didn't have any friends				
15	I felt like kids I know were not friendly or that they didn't want to be with me.				
16	I had a good time.				
17	I felt like crying.				
18	I felt sad				
19	I felt people didn't like me.				
20	It was hard to get started doing things				

Appendix V

The Children Hope Scale (CHS)

No	*Items*	*Scales*					
		None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
1	I think I am doing pretty well.						
2	I can think of many ways to get the things in life that are most important to me.						
3	I am doing just as well as other kids in my age.						
4	When I have a problem, I can come up with lots of ways to solve it.						
5	I think the things I have done in the past will help me in the future.						
6	Even when others want to quit, I know that I can find ways to solve the problem.						

Appendix VI

Interview Guides (Child Commercial Sex Workers).

The aim of this interview is to gather information about the psychosocial aspects of child prostitutes. Information you gave me will not be used for other purpose except the research purpose and it is confidential. The information obtained, therefore, from you is very essential for the successful completion of the study.

Thank you for your cooperation!

1. Would you explaining me the major reason why you engaged in prostitution? How do you describe the general process when you join the commercial sex work?
2. Can you tell me the general characteristics of your working environment? Do you have non-Ethiopian clients?
3. Where do you live? Can you tell me your living condition?
4. Do you abuse addictive substances? If yes, what kind of substance do you abuse?
5. Can you tell me your current relationship status with your family or relatives?
6. How do you explain me your social relation ship with persons around you?
7. Do you have persistent depressed feeling? If yes, when does this feeling get higher? When the depressed feeling strengthened, what kind of feeling or behavioral change do you observe on yourself?
8. How do you describe me your hope about your future life? Do you feel bright things about your future? If yes, what are the major reasons that make be optimistic about your future? If no, what are the major factors that make you have pessimistic view about your future life?

Appendix VII

Interview Guide for the Broker

1. Age _____
2. Sex _____
3. Marital status _____
4. Education _____
5. What are your major roles while you connect prostitutes with foreigner clients? What benefit do you get out of it?
6. In what kind of place do the prostitutes work? What are the major areas child sex tourism is prevalent?
7. For what purpose do you think the foreigners that date child prostitutes come to Ethiopia?
8. What do you think the major reasons the foreigner want to date Ethiopian child prostitutes? Prostitutes with what years of age are preferred by the foreigner clients?

Appendix VII

Interview Guide for the Broker

1. Age _____
2. Sex _____
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6. In what kind of place do the prostitutes work? What are the major areas child sex tourism is prevalent?
7. For what purpose do you think the foreigners that date child prostitutes come to Ethiopia?
8. What do you think the major reasons the foreigner want to date Ethiopian child prostitutes? Prostitutes with what years of age are preferred by the foreigner clients?

Appendix VIII

Amharic Version of the Questionnaire

አዲስ አበባ ዩኒቨርሲቲ

የሳይኮሎጂ ተቋም

አላማ፡- ይህ መጠይቅ የተዘጋጀው የሴተኛ አዳሪ ህፃናትን የስነ-ልቦናዊ እና ማህበራዊ ጉዳዮችን ለማጥናት መረጃ ለማሰባሰብ ነው፡፡ መረጃ የማሰባሰቡ ሂደት በፈቃደኛነት ላይ የተመሰረተ ሲሆን፣ በዚህ መጠይቅ የተሰበሰቡ መረጃዎች ከተፈቀደላቸው አላማ ውጭ አይውሉም እንዲሁም ሚስጥራዊ ናቸው፡፡ ለጥናቱ መሳካት የምትሰጪው መረጃ ጠቃሚ ስለሆነ እባክሽን ትክክለኛ የሆነውን መልስ ስጪ፡፡

ለትብብርሽ በቅድሚያ አመሰግናለሁ፡፡

ክፍል አንድ

1. አድራሻ ከተማ _____
2. ዕድሜ _____
3. ሐይማኖት _____
4. የሴተኛ አዳሪነት ስራ የጀመርሽበት ዕድሜ _____
5. የትምህርት ደረጃ _____

ክፍል ሁለት

በዚህ የመጠይቅ ክፍል ከአንች ህይወት ጋር የተያያዙ የተለያዩ ጉዳዮችን የሚዳስሱ ጥያቄዎች ተዘርዝረዋል፡፡ ማንበብና መፃፍ የምትችይ ከሆነ ከተሰጡት አማራጮች ውስጥ የአንችን መልስ በማክበብ ወይም አጭር መልስ በመስጠት መልሽ፡፡ ማንበብ እና መፃፍ የማትችይ ከሆነ ደግሞ የአንችን መልስ ለአንባቢው በመንገር መልሽ፡፡

1. የት ነው የምትኖሪው?
   - ሀ. በኪራይ ቤት
   - ለ. አሰሪዎች ቤት
   - ሐ. ቤተሰብ ጋር
   - መ. በሆቴል/ፔንሲዮን አልቤርጎ
   - ሠ. ሌላ ከሆነ ይገለፅ _____

3. ከላይ ለተጠቀሰው ጥያቄ ቁጥር 1 መልስሽ ‹‹ከቤተሰብ›› (ሐ) ውጭ ከሆነ ከቤተሰቦችሽ ወይም ከዘመዶችሽ ጋር ትገናኛለሽ?

ሀ. አዎ ለ. አልገናኝም

4. ከላይ ለተገለጸው ጥያቄ ቁጥር 1 ምላሽሽ ‹‹በመኖሪያ ኪራይ ቤት›› (ሀ) ከሆነ፤ የምትኖሪው?

ሀ. ለብቻ ለ. ከሰው ጋር

5. የደንበኞችሽ ዜግነት ምንድን ነው?

ሀ. ኢትዮጵያዊያን ለ. የውጭ ዜጎች ሐ. ሁለቱም

6. በአማካኝ በዚህ ስራ በወር ምን ያህል ገቢ ታገኛለሽ?_____

7. በዚህ ስራ አማካኝነት ከደንበኞችሽ ከምታገኚው ገቢ በአብዛኛው ምን ያህል ይደርስሻል?

ሀ. ሙሉ በሙሉ ሐ. ግማሽ ሠ. ምንም

ለ. በአብዛኛው መ. ከግማሽ በታች

8. ከላይ ለተጠቀሰው ጥያቄ ቁጥር 7 ያንች መልስ ‹‹ሙሉ በሙሉ›› /ሀ/ ውጭ ከሆነ፤ ከታች ከተዘረዘሩት ማን /እነማን/ ናቸው ባለድርሻዎቹ?

ማሳሰቢያ፡ ከአንድ በላይ መልስ መስጠት ይቻላል።

ሀ. ቀጣሪዎች

ለ. አገናኞች

ሐ. ሌላ ከሆነ ይግለጹ _____

_____

9. ደባል ሱስ የሚያስዙ ነገሮችን ትጠቀሚያለሽ?

ሀ. አዎ ለ. አልጠቀምም

10. ከላይ ለተጠቀሰው ጥያቄ ቁጥር 9 ያንች መልስ ‹‹ሀ›› (አዎ) ከሆነ፤ ከታች ከተዘረዘሩት የትኛው/የትኞቹን ትጠቀሚያለሽ?

ሀ. አልኮል መ. ሺሻ

ለ. ሲጋራ ሠ. ሀሽሽ (ኮኬይን፣ ካናቢስ፣ ማሪዋና)

ሐ. ጫት ረ. ሌላ ከሆነ ይገለጽ _____

_____

11. ማህበረሰቡ ለአንች ምን አይነት አመለካከት አለው ብለሽ ታስቢያለሽ?

ሀ. መልካም አመከላከት ለ. መጥፎ አመለካከት

ሐ. መልካምም መጥፎም አይደለም

12. በአካባቢሽ ካሉ ግለሰቦች ጋር ተደጋጋሚ ግጭት ያጋጥምሻል?

ሀ. ያጋጥመኛል ለ. አያጋጥመኝም

13. ለጥያቄ ቁጥር 12 የአንች ምላሽ ያጋጥመኛል (ሀ) ከሆነ፤ ከማን/ ከእነማን ጋር ነው ተደጋጋሚ ግጭት የሚያጋጥምሽ?

ሀ. አብረው ከሚሰሩ ሴተኛ አዳሪዎች ጋር

ለ. ከቀጣሪዎች ጋር

ሐ. ከደንበኞችሽ ጋር

መ. ከመኖሪያ ቤት አከራዮች ጋር

ሠ. ሌላ ከሆነ ይግለፁ _____

14. በአጠቃላይ ለወንዶች ያለሽ አመለካከት ምን ይመስላል?

ሀ. መልካም አመከላከት ለ. መጥፎ አመለካከት

ሐ. መልካምም መጥፎም አይደለም

15. ደንበኞሽን የምታስተናግጅው በምን ጊዜ ነው?

ሀ. ቀን ለ. ማታ ሐ. በሁለቱም ጊዜ

16. ለጥያቄ ቁጥር 15 መልስሽ ‹‹ማታ›› (ለ) ከሆነ በአብዛኛው ጊዜ ቀኑን እንዴት ነው የምታሳልፊው?

ሀ. በእንቅልፍ

ለ. ከጓደኞሽ ጋር በማዝናናት (ጫት ከመቃም ውጭ)

ሐ. ጫት በመቃም

መ. ቤት ውስጥ አንድ አንድ ስራዎችን በመስራት

ሠ. ቤተሰብ ወይም ዘመድ በመጠየቅ

ረ. ሌላ ከሆነ ይግለፁ _____

17. ከላይ ለተጠቀሰው ጥያቄ ቁጥር 16 ያንቺ መልስ ‹‹በእንቅልፍ›› ከሆነ፤ በእንቅልፍ ለማሳለፍ መምረጥሽ ዋናው ምክንያት/ቶች ምንድነው/ናቸው? _____

_____

18. ከላይ ለተገለጸው ጥየቄ ቁጥር 16 መልስሽ ‹‹ጫት በመቃም›› ከሆነ፤ ዋናው/ዋናዎቹ ምክንያት/ቶች ምንድነው/ናቸው? _____

_____

Appendix IX

Amharic Version of CES-DC

ከዚህ በታች ያለፈው ሳምንት ስሜትሽን ወይም ድርጊትሽን ሊወክሉ የሚችሉ ዓረፍተ ነገሮች በሰንጠረዥ ተዘርዝረዋል። ማንበብ የምትችይ ከሆነ አረፍተ ነገሮችን በማንበብ ባለፈው ሳምንት ምን ያህል እንደተሰማሽ በዓረፍተ ነገሮቹ ትይዩ ከተሰጡት አማራጮች በፍጹም፣ በጥቂቱ፣ አንዳንዴ እና በጣም ላይ ምልክት (✓) በማድረግ፤ ማንበብ የማትችይ ከሆነ ደግሞ ለአንባቢው በመንገር መልስ ስጭ።

ተ.ቁ		በፍጹም	በጥቂቱ	አንዳንዴ	በጣም
1	የማያስጨንቁ ነገሮች ያስጨንቁኝ ነበር				
2	የምግብ ፍላጎት (ስሜት) አልነበረኝም፤ በጣምም አይርበኝም ነበር።				
3	ቤተሰቦቼ ወይም ጓደኞቼ ጥሩ እንዲሰማኝ ሊረዱኝ ቢሞክሩም መደሰት አልቻልኩም				
4	እንደሌሎች ልጆች ጥሩ እንደሆንኩ ይሰማኝ ነበር።				
5	በምሰራበት ወቅት ትኩረት ያልነበረኝ ያህል ይሰማኝ ነበር።				
6	የድብርት ስሜት ይሰማኝ ነበር እንዲሁም ደስተኛ አልነበርኩም።				
7	ነገሮችን (ስራ) ለመስራት በድካም ስሜት ውስጥ እንዳለሁ ሆኖ ይሰማኝ ነበር				
8	ጥሩ ነገር ሊፈጠር እንደሚችል ይሰማኝ ነበር				
9	ከዚህ በፊት ያከናወንኳቸው ጉዳዮች ትክክል እንዳልሆኑ ተሰምቶኛል።				
10	የፍርሃት ስሜት ተሰምቶኝ ነበር				
11	እንደከዚህ በፊቱ (ቀደሙ) ጥሩ እንቅልፍ አልነበረኝም።				
12	ደስተኛ ነበርኩ				
13	ከተለመደው በላይ ዝምተኛ ነበርኩ				
14	ጓደኛ እንደሌለኝ ብቸኝነት ይሰማኝ ነበር				
15	የማውቃቸው ልጆች ከእኔ ጋር ግብቡ እንዳልሆኑ ወይም ከኔጋ መሆን እንደማይፈልጉ ይሰማኝ ነበር።				
16	ጥሩ ጊዜ አሳልፌ ነበር።				
17	የማልቀስ አይነት ስሜት ይሰማኝ ነበር				
18	ከፍቶኝ ነበር።				
19	ሰዎች እንደማይወዱኝ አድርጌ ይሰማኝ ነበር።				
20	ነገሮችን ለማከናወን መጀመር ከብዶ ይታየኝ ነበር።				

Appendix XI

Amharic Version of Interview Guide for Child Commercial Sex Workers

ዓላማ፡ ይህ ቃለ መጠይቅ የተዘጋጀው የህፃናት ሴተኛ አዳሪዎችን ስነ-ልቦናዊ እና ማህበራዊ ጉዳዮችን ለማጥናት ነው፡፡ በዚህ ቃለ-መጠይቅ የተሰበሰቡ መረጃዎች ከተጠቀሰው ውጭ ለሌላ አላማ አይውሉም፡፡ እንዲሁም ሚጥራዊ ናቸው፡፡

በቅድሚያ ለትብብርሽ አመሰግናለሁ!

1. ዕድሜ _____ ኃይማኖት _____
3. የትምህርት ደረጃ _____

1. ወደ ሴተኛ አዳሪነት ህይወት እንድትቀላቀይ ያደረገሽ ዋናው ምክንያት ምንድነው? ይህን ስራ ስትጀምሪ የነበረውን ሂደት በአጭሩ አብራሪልኝ፡፡
2. ስለምትሰሪበት ቦታ እስኪ በአጭሩ አብራሪልኝ፡፡ የውጭ ዜጋ ደንበኞች አሉሽ?
3. የት ነው የምትኖሪው? በአጠቃላይ የኑሮ ሁኔታሽ ምን ይመስላል?
4. ሱስ አስያዥ የሆኑ ነገሮችን ትጠቀሚያለሽ? የምትጠቀሚ ከሆነ የትኞቹን ነው የምትጠቀሚው? እንድትጠቀሚ የሚያደርጉሽ ዋና ዋና ምክንያቶችስ ምንድን ናቸው?
5. በአሁኑ ወቅት ከቤተሰቦችሽ ወይም ከዘመዶችሽ ጋር ያለሽ ግንኙነት ምን ይመስላል?
6. በአካባቢሽ ካሉ ግለሰቦች ጋር ያለሽ ማህበራዊ ግንኙነት ምን ይመስላል? ተደጋጋሚ ግጭትስ ያጋጥምሻል?
7. የጠና የድብርት ስሜት ይሰማሻል? የሚሰማሽ ከሆነ፣ በምን ሁኔታ ላይ ነው የድብረቱ ስሜት የሚባባስብሽ? የድብርት ስሜት በሚጫንሽ ወቅት የሚታዩብሽ ባህሪያቶች ምን ምን ናቸው?
8. በመጨረሻ፣ ስለ አጠቃላይ የወደፊት ህይወትሽ ያለሽን ተስፋ እንዴት ነው የምትገልጭልኝ?

Appendix XII

Amharic Version of Interview Guide for Broker

ዓላማ፡ ይህ ቃለ መጠይቅ የተዘጋጀው የህፃናት ሴተኛ አዳሪዎችን ስነ-ልቦናዊ እና ማህበራዊ ጉዳዮችን ለማጥናት ነው። በዚህ ቃለ-መጠይቅ የተሰበሰቡ መረጃዎች ከተጠቀሰው ውጭ ለሌላ አላማ አይውሉም። እንዲሁም ሚጥራዊ ናቸው።

በቅድሚያ ለትብብርህ አመሰግናለሁ!

1. ዕድሜ _____
2. ኃይማኖት _____
3. የትምህርት ደረጃ _____
4. የትዳር ሁኔታ
5. ሴተኛ አዳሪዎችን በምታገኝበት ወቅት የአንተ ድርሻ ምንድንነው?
6. አንተ የምታገኛቸው ሴተኛ አዳሪዎች ምን አይነት ቦታ ነው የሚሰሩት? አንተ ባለህ መረጃ መሰረት እንዲህ አይነቱ ሁኔታ የት የት አካባቢ የተስፋፋ ነው?
7. አብዛኞቹ የህጻናት ሴተኛ አዳሪ ደንበኞች ለምን ጉዳይ ወደኢትዮጵያ የመጡ ውጭ ዜጎች ናቸው?
8. እነዚህ የውጭ ዜጎች ከኢትዮጵያውያን ሴተኛ አዳሪዎች ጋር እንዲወጡ የሚያነሳሳቸው ምክንያት ምንድነው ብለህ ታስባለህ? በየትኛው እድሜ ክልል ያሉ ሴተኛ አዳሪዎችስ የበለጠ ተፈላጊነት አላቸው?

Declaration

This thesis is my original work and has not been presented for a degree in any other University, and that all sources of material used for the thesis has been duly acknowledged.

Name Ashenafi Kassahun

Signature

Date July 9/2010

This thesis has been submitted for examination with my approval Addis Ababa University advisor.

Name Sentayehu Tadesse

Signature

Date July 09/2010