ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

INSTITUTE FOR PEACE AND SECURITY STUDIES

HEALTH SECURITY OF STREET CHILDREN IN ETHIOPIA: THE CASE STUDY OF KIRKOS SUB CITY OF ADDIS ABABA

BY:

KAHSAY GEBRU SAHLE

JUNE, 2019

ADDIS ABABA, ETHIOPIA

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

INSTITUTE FOR PEACE AND SECURITY STUDIES

HEALTH SECURITY OF STREET CHILDREN IN ETHIOPIA: THE CASE STUDY OF KIRKOS SUB CITY OF ADDIS ABABA

BY:

KAHSAY GEBRU SAHLE

ADVISOR: AHMED HASSEN (PhD, Associate Professor)

A Thesis Submitted to the School of Graduate Studies of Addis Ababa University in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Peace and Security Studies

June, 2019

Addis Ababa, Ethiopia

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

INSTITUTE FOR PEACE AND SECURITY STUDIES

HEALTH SECURITY OF STREET CHILDREN IN ETHIOPIA: THE CASE STUDY OF KIRKOS SUB CITY OF ADDIS ABABA

BY:

KAHSAY GEBRU SAHLE

Approval of Board Examiners

_____	_____	_____
Advisor	Signature	Date
_____	_____	_____
External examiner	Signature	Date
_____	_____	_____
Internal Examiner	Signature	Date
_____	_____	_____
Director of IPSS	Signature	Date

Acknowledgement

First and foremost, I would like to praise the Almighty God for blessing me with the strength to go on.

Then my heartfelt gratitude goes to Ahmed Hassen (Ph.D, Associate Professor) my advisor, for his constructive comments and encouragements starting from my research area selection until the end.

I would like to thank IPSS staff members as whole for their great assistance in my stay but Special thanks goes to IPSS Director Kidane Kiros (PhD) and Fana G.Senbet (PhD) their guidance, advice, information and feedback.

I also thanks to BoLSA, ERDA, Ethiopian Catholic Church missionaries of charity St. Mother Teresa home for the sick and dying destitute and Kirkos Sub city health administration office staff members and for all other organizations working for the welfare of street children nationally and internationally.

I am equally thankful to all the interviewees for their valuable information and time. Without their information this thesis would be incomplete. It is significant towards the completion of this work.

With much appreciation I would like to thank Uncle Abreham Girmay, My brother Muuz Gebru and Commander Sisay Hailu. Their constant support and encouragement helped me completing my graduate studies at Addis Ababa University. Thank you to all the people those were willing to proofread my work. I am thankful also to all my friends who always stood by my side correcting and helping me polishing.

.

Table of Contents

List of Tables

List of Figures

List of Appendices

List of Acronym and Abbreviations

ACPF	African Child Policy forum
AIDS	Acquired Immune deficiency Syndrome
BoLSA	Bureau of Labor and Social Affairs of Addis Ababa
ERDA	Elshadai Relief and Development Association
FGD	Focus Group Discussion
FHAPCO	Federal HIV/AIDS Prevention and Control Office
FMoH	Federal Ministry of Health
FSCE	Forum on Sustainable Child Empowerment
HIV	Human Immunodeficiency Virus
KIP	Key Informant Participants
NCPE	National Children's Policy of Ethiopia
NGO	Non-Governmental Organization
SC UK	Save the Children United Kingdom
STIs	Sexual Transmitted Infections
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Abstract

Globally the problem of street children has been dramatically increasing. There are as many reasons for being on the street as there are street children. There are a large number of children living or spending most of their day and/or night on the street. The situation for those children is harsh. Several organizations' work to help these children that includes interventions towards street children in their programs, but the amount still increases every year.

This thesis was conducted in Ethiopia's Kirkos sub city of Addis Ababa. One of the concerns in the study was to provide a relatively completed and reliable picture of the situation of street children in Kirkos sub city, focusing on the health needs and health status of street children while they are on/off the street. The main objective of the thesis is to explore the health security of street children in Ethiopia, Kirkos Sub city of Addis Ababa. The study utilized qualitative technique to gather relevant information. Data are collected using a semi-structured interview, Focus Group Discussion, Key Informant Interview and secondary sources for different categories of respondents. The sample size for this study especially for the in depth interviews was 17street children, 2 FGDs including 11 street children and 6 Key informants. Purposive sampling design is chosen based on the judgment of the researcher as to who will provide the best information to succeed for the objectives study. The research also employs primary and secondary sources of data. In the thesis it was found that the majority (64.7%) were males while the remaining (35.3%) were females. Most of the respondents agree that the health need and health status of Kirkos Sub City street children is not secured.

Street children also face several challenges when they are living and/or working on the street among them meeting their basic needs like food, and finding decent and secure sleeping places, lack of access to services such as health are some of them. Moreover, the result showed that the life of the street children is not secured and their health need and health status is not fulfilled by themselves, the community and different organizations. Rather they use other coping mechanisms while they are on/off the streets that completely hearts/insecure their health status.

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

Key Words: Ethiopia, Addis Ababa, Kirkos street children, Vulnerable, abuse

CHAPTER ONE

1. Introduction

1.1. Background of the Study

Health and security are historically not associated from a policy, legal and practical point of view but formed part of different policy realms. This perception changed gradually and international community's start to pay attention for health as a security evidence or issue. This is because zoonotic diseases have political instance and affect world security. Generally, sporadic epidemic disease like HIV, currently control the international media and international communities as a serious global health security threat. For this reason, international communities have started to pay attention for health as global security issues equivalent with nuclear weapons, terrorism, and civil war. This is because HIV can affect the socioeconomic and political life of everyone regardless of border, wealth, status, color, age, gender etc. (cited in Tafese, 2017).

"Security studies represent the core of International Relations, predominantly dealing with issues of war and peace". Following WWII, security studies have become a synonym for strategic studies with distinct focus on the military sector. However, gradually different new security challenges emerged like growing complexity of international relations, rise of economic and environmental challenges, new international relations' actors, and nonmilitary security issues. Thus, security studies were begun at the end of Cold War. Accordingly, in the late 1980s, it has rapidly developed from war and peace threats into international security (ibid).

In such understanding, Buzan, Waever, and de Wilde (1998) argued that security can be broadened to include other threats beyond the traditional military and political domain. In the traditional domain, security studies didn't pay attention for nonmilitary threats. However, according to Walt (1991), "issues such as pollution, disease, child abuse, or economic depressions could all be viewed as threats to security." Hence, security threats do go beyond military threats and include poverty, economic inequality, disease, human rights abuses, and natural disasters. The United Nations has acknowledged the widening of the concept of security by identifying new security threats, such as poverty, infectious disease and environmental degradation, and war and violence within states (UN Department of Public Information, 2004).

Recently, international communities have also started to pay attention for health issues as a security threat.

Millions of children and adolescents live and/or work on the streets of large cities worldwide. Many of these children are denied access to their basic human rights, including education, health care, and protection from abuse and exploitation. Along the streets, they frequently survive by scavenging, stealing or working in informal sectors. Some exchange sex for money, thus increasing their risk of contracting HIV and other sexually transmitted infectious diseases (as cited in Amury & Komba, 2010).

Living on street named as 'streetism' on global context has become a major painful threat. In this regard, the situation of 'streetism' in Ethiopia has been a long standing growing problem in several Ethiopian cities such as Addis Ababa, Adama, Mekele, and Hawassa (Kiros, 2016). Street children live under difficult and complex situations that are not conducive for healthy development. They are exposed to the street subculture such as smoking, drug, alcohol and substance abuse, gambling, engaging in sexual activities or selling sex for survival (FSCE, 2009). The circumstances in which they live and work increases also their vulnerability to sexual exploitation and abuse and puts them at a higher risk of unintended pregnancies (Demelash, 2011).

Of the many vulnerable members of Ethiopian society, street children in Ethiopia, Kirkos Sub city of Addis Ababa are among the most at risks groups. Street life exposes them to a variety of economic, social and cultural problems, including ill health and injury. Health policies, programs and services are therefore required to meet the health security of street children. Therefore it is important to give attention and care of their Health Security.

1.2. Statement of the Problem

The issue of street children has become a major concern throughout the world. Being a street child means going hungry, sleeping in insalubrious places, facing up to violence and sometimes becoming an expiatory victim. It means growing up without companionship, love and protection, having no access to education or medical services, losing all dignity and becoming an adult before even having been a child. Street children are therefore prone to physical, social and emotional hazards (as cited in Mandalazi, Banda & Umar, 2013).

Street children do not face single problem separately rather they face two or more problem simultaneously. Security, basic needs, legal matters and social etc. are the main problems street children face on daily bases. For children to better grow, develop and be the hope of the future their basic needs, education and their health need to be given much attention (Gurung, 2004).

Street children are the most marginalized, ignored part of the population, facing many human rights violations because of their existence on the street, even today in the era of the United Nation Convention on the Rights of Child (UNCRC). There is a huge gap in the enforcement of the existing legal provisions in the country. Too many children suffer from violence, social, physical, sexual and psychological abuses by their own families, by outsiders or by both. Many others have become victims of child trafficking for the purpose of labor and sexual exploitation (UNICEF, 2007). Globally, a combination of various factors underlay the vulnerability of children, including absence of parental care, natural disasters, poverty, internal migration, as well as HIV and AIDS (Williamson & Greenberg, 2010). Sexual abuse is one of the problems experienced by street children throughout Sub-Saharan African countries. However, due to the culture of silence, it is a difficult and sensitive issue to address (Ungar, Brown, Liebenberg &Othman, 2007).

Street children in Addis Ababa are among the most invisible and marginalized part of the society. The vulnerability of the street children in Ethiopia and particularly in Addis Ababa is not only caused by the absence of family protection, but also because of the community and the government do not offer them alternatives (UNICEF, 2007). Because of the many problems street children encountered at early ages, they are bound to remain disadvantaged throughout their life time due to lack of life experience in an organized family. Girls in particular are exposed to sexual exploitation, rape, and prostitution (Beyene & Berhane, 2015).

A number of behavioral and social characteristics of street children substantially increase their risk of contracting HIV. Studies have found that this population becomes sexually active earlier than most other groups of children, and they are known to engage in sexual activity with peers and adults from within and outside their social circle. They are likely to be raped or forced into sexual relationships on the streets and that they use condoms infrequently and inconsistently. In addition, children living on the streets are more likely to exchange sex for money (Amury & Komba, 2010).

Children on the streets and children of the streets are addicted to glue inhalation, which results in damage to their respiratory systems. Prolonged use of these drugs and substances has physical and psychological effects such as tiredness, weight loss, distorted vision, lack of concentration, brain damage, a complete degeneration of bone, heart seizure, and lowered level of responsibility Street children become addicted to drugs and substances in order to escape from the cold, loneliness and the hunger they are experiencing on the streets. These children appear to be relaxed on the streets, but they experience high levels of stress due to the challenging daily lives they find themselves in. This situation results in anger, irritability, aggressiveness, mood swings, restlessness, poor sleeping patterns, lower immunity, poor memory, depression and hyperactivity (as cited in Anah, 2014).

Among the numerous problems they face daily, there are also obstacles related to disease and access to health care. Ensuring street children access to health services is crucial to improve their health and well-being. For this aim to be realized it is important to explore the health security of street children. Literatures in Ethiopia focus their study;on the reason why children leave their homes (Mugove & Lincoln, 2015), why are they in the streets (Bhukuth &Ballete, 2015), life situation of street children (Shiferaw, 2012),the views of street children on how streetism can be prevented (Anah, 2014), the experience of street children in the rehabilitation program (Abebe, 2014), the situation of street children in urban centers and the role of NGOs in addressing their socio economic problems (Kassa, 2015). However, as I am concerned, in this particular area studies that dealt with street children's health need and health status while they are on/off the streets is not studied. Therefore, this thesis contributes as the initial reference point to initiate researcher and academicians to think about the potential of the area to be researched in Kirkos Sub City of Addis Ababa and explore the health security of this population.

1.3. Research Questions

The study is expected to answer the following research questions:-

1. Is there any policy, strategy and/or program that support the health needs of street children?
2. Why diseases and/or illnesses are affecting Street Children? How do they cope with the disease and/or illnesses?
3. To what extent, street children are vulnerable groups and which groups of street children are exposed to different types of diseases and illness?
4. What is the implication of health insecurity of street children to human security?

1.4. General and Specific Objective of the Research

1.4.1. General objective

The general objective of this research is to study the health security of street children in Kirkos Sub City of Addis Ababa.

1.4.2. Specific objectives

This research is intended to achieve the following specific objectives:

1. To explore the contents of the policies, strategies and/or programs that meet the health needs of street children.
2. To identify the major diseases or illnesses that affects Street Children and methods of coping when they fall diseased and/or ill.
3. To examine and analyze street children's vulnerability and their insecure risk situations.
4. To explain and understand the implications of health insecurity and its effects to human security.

1.5. Significance of the Study

In doing so this thesis will contribute towards identifying the vulnerability of street children to diseases and illnesses and to identify their health needs and health status of the street children and the coping mechanisms they follows. Therefore, I believe that it will contribute to the very few studies to assess their health needs and sustain their health security. It also contributes as the

initial reference point to initiate researchers and academicians to think about the potential of the area to be researched in Ethiopia so that health is a vital and security issue.

The thesis will also contribute to various agencies, both governmental, non-governmental organizations and others working with street children; in establishing and implementing policies, programs and strategies to think of adjusting their objectives and strategies to the daily life realities of street children and brighten their future rather than mere attempts of achieving agency objectives.

1.6. Limitations of the Study

There are some limitations in the study are

Firstly, street children need time to trust people to talk about their experience. The interference of strangers into their life was seen as a violation of their privacy, besides they thought that researchers are manipulating them to get funds with no benefit and change in their lives. Some of the street children who were approached for an interview appeared reluctant to be interviewed.

Secondly, unraveling female street children from other street workers and asking them to took a seat and answer questions were not found to be an easy task. Disruption by fellow friends and person walking by caused numerous interruptions at the time of interviews.

Thirdly, because of the limitation of resource the response from interviewers is interpreted by the researcher.

Lastly, the delay in permission and unfriendly acceptance of few coordinators from BoLSA rehabilitation coordinators make the interview process to conduct late.

1.7. Scope of the Study

Due to financial and time constraints, the researcher tries to explore the health security of street children in Kirkos Sub-City streets of Addis Ababa. The researcher undertook the assessment among street children who are living and/or working in Stadium, Meskel Suare, National Theater, Commerce University, St. Urael, St. Estifnos and Mexico, etc.

It also included the beneficiaries that are institutionalized under two selected NGOs and two Government Bureaus. These are ERDA and the Ethiopian Catholic Church missionaries of

charity St. Mother Teresa home for the sick and dying destitute from NGO and Addis Ababa Bureau of Labor and Social Affairs and Kirkos Sub City Health office are from Government bureaus.

1.8. Organization of the Study

The research report is organized in five chapters. The first chapter presents the introduction part which deals with background of the study, statement of the problem, research Objectives and Research Questions, Significance, Limitation, Scope and organization of the study, Ethical Consideration and operational definitions. Chapter two presents Literature Review. The third chapter deals with the Research Design Methods and Methodology; which deals with the Research Design and Methods, Study Population, Sample Size, Sampling Methods, Data Collection Tools and Analysis. Research Data Presentation and Analysis is presented in chapter four. The last chapter presents Summary of Results, Conclusion and Recommendation part of the study.

1.9. Ethical Considerations

Throughout the research, all steps were taken to make sure that the research was conducted in an ethical manner. Research on the issue of children is very sensitive one especially children of the most vulnerable are those who are on the street (Sebrato, 2016). Therefore, making ethical consideration is essential and it is the basic part of methodology of the research. Hence, written and verbal consent will be obtained from the participants who fulfill the inclusion criteria and let them know they are part of the research. Then the informed consent will be incorporated for those who are only voluntary and who want to be part of the research and their willingness to be interviewed or take part in focus group discussions. Over and above that, the researcher will acknowledge every source of information for purposes of honesty and transparency. Participation is voluntary.

The ethics Committee of IPSS has ascertained that the research does not affect the participant's human dignity, rights or health. The Addis Ababa health and research institute ethical committee bureau also certifies to the researcher that the research study will not affect the participants' wellbeing and human right.

1.10. Operational Definitions

1.10.1. Child/Children

Everyone under the age of 18 entitled to the rights proclaimed in the United Nation Convention on the Rights of Child (CRC).The CRC is the first legally binding international instrument to incorporate the full range of human rights civil, cultural, economic, political and social rights. In 1989, world leaders decided that children needed a special convention just for them because people under 18 years old often need special care and protection that adults do not (CRC, 1989).

1.10.2. Street Children

Street children are not a homogeneous group. The most widely accepted approach to understanding types of street children are the UNICEF categories of street children viz. children at risk, children on the street (children who are primarily engaged in economic activities in the street), children of the street (children who are both economically and socially engaged in street life) and abandoned children. These categories are used in this study for the purpose of classification (Lalor, 1992).

1.11. Conclusion

This chapter gives clue on the introductory parts of the title. It also lists out the gap that is going to fill by the researcher. The researcher identifies the existing problem of street children and is going to explore the health security of street children in Ethiopia, Kirkos sub city of Addis Ababa. He lists out the current studies about the research problem, Organization of the research, Operational definitions its significance and scope of the study. He also lists out limitation in performing interview for the participants and Focus Group Discussions(FGD). The researcher also collects permissions before starting his interview and FGD from Addis Ababa University Institute for Peace and Security Studies (IPSS) ethical committee and Addis Ababa health and research institute ethical committee bureau and has ascertained that the research does not affect the participant's human dignity, rights or health. This part is basic and foundation of the thesis as well.

CHAPTER TWO

2. Literature Review

2.1. Introduction

The purpose of this thesis is to study the health security of street children. By reviewing the available literature, this chapter presents information on such specific issues of street children at the global and the regional levels and in Ethiopia particularly. This chapter also reviews available literature on the state of health security of street children and policies strategies and/or programs that help to meet the health needs of street children and to explain and understand the implication of health insecurity and its effects to human security.

2.2. Conceptual Framework

A 'deprivation–vulnerability' approach proposes a related approach to human security. This is based on the analysis of threats and vulnerabilities conditioned by deprivations and exclusions, and takes initial steps at developing a human security risk management model that initially prioritizes populations more vulnerable to harm.

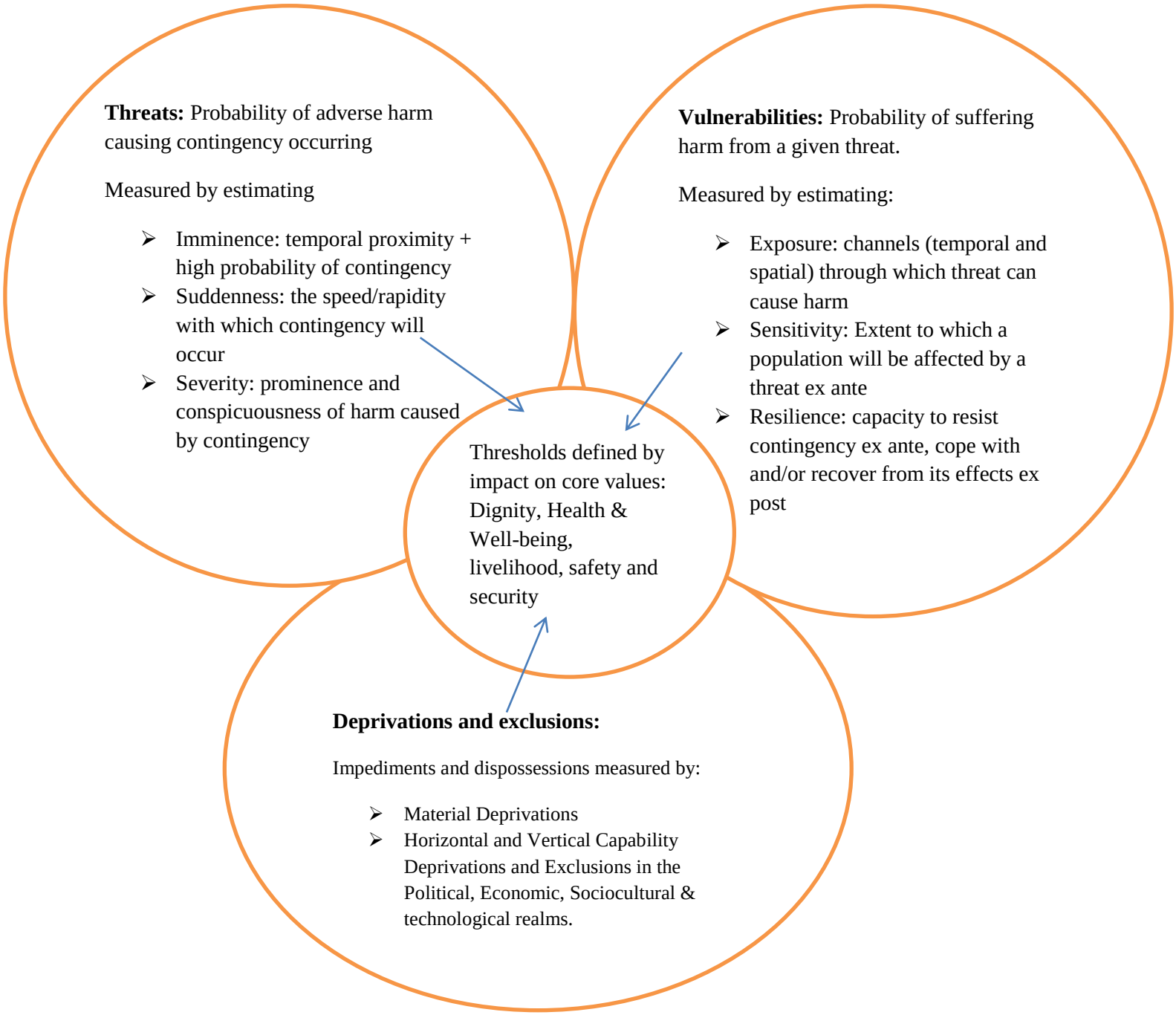
Human security so conceived has the potential to address some of the world's pressing security and development challenges in a single unifying concept and framework. This deprivation–vulnerability approach is derived from the observation that communities around the world differ not only in their level of exposure to threats, but also in their vulnerability to the physical and psychosocial harms caused. Even when exposed to similar threats the impact is likely to be greater for those who because of various deprivations/exclusions are more vulnerable to harm. Contextualizing deprivation-induced vulnerabilities in addition to threats embeds human security firmly in human development concerns, helping to ensure that when implementing human security at various levels (global, national, and sub-national) priority goes initially to the most vulnerable populations (Busumtwi-sam, 2008).

Human security has two main aspects. These are safety from chronic threats as hunger, diseases and repression and protection from sudden and the hurtful disruptions in the patterns of daily life. The list of threats to human security is long, but most can be considered under several main

categories: economic security, food security, health security, environmental security, personal security, community security, and political security (UNDP, 1994).

Human security and human development are distinct but complementary. Human development is a process. It takes a broad long-term perspective and seeks positive outcomes in human-centered values (health & well-being, livelihoods, dignity, survival, safety, knowledge, and so on). This is in an attempt to improve the overall quality of life of individuals and groups. Human security, by contrast, is a condition with interdependent physical/material (objective) and psychosocial (subjective/ inter subjective) components. An individual/group is objectively secured when free from actual harm. An individual/group is subjectively/ inter subjectively secure when free from the fear of such harm.

It can be argued that that human security's core values are embedded firmly in the human-centered values of human development. Hence, human in/security describes the relative presence/absence (or increase/decrease) of contingencies that threaten physical and psychosocial harms affecting human dignity, livelihoods, safety, survival, and health & wellbeing in the contexts (political, economic, socio-cultural, and ecological) within which processes of human development take place. Enhancing human security complements longer-term human development processes by controlling, eliminating or mitigating, these contingencies in the short-term. In philosophical terms, then, whereas human development grants freedom to pursue values, human security is freedom from impediments to the realization of those values. From this perspective, there is no necessary trade-off between 'freedom from fear' values protecting survival/safety in the context of violence; and 'freedom from want' values protecting dignity, health & well-being, and livelihoods from a wider range of harm contingencies. Human security gives them equal weight. The challenge is to identify how/where the two sets of values intersect or overlap and devise an operational framework that establishes clear research and policy priorities (Busumtwi-sam, 2008).



Source:J.Busumtwi-Sam/Policy and Society 27(2008) 15-28

Figure 2.1Deprivation- Vulnerability Approach to Human security

Achieving human security is protecting individuals and groups from threats of and reducing their vulnerabilities to physical and psychosocial harms, the thresholds of which are defined in relation to a core set of values. Threat and vulnerability estimates could occur with reference to deprivations and exclusions that magnify susceptibility to physical and psychosocial harms. Deprivations mediate between threats and vulnerabilities; the relationship among them is contextual not causal. The premise is that under certain conditions threats to well-being and livelihood are threats to survival and safety. There is little qualitative difference between contingencies threatening survival/safety and well-being/livelihood for many of the most deprived and vulnerable populations around the world. Efforts to achieve human security, therefore, should give priority initially to protecting vulnerable populations under all circumstances. The following discussion elaborates on the components depicted in Fig. 1 and shows how they are interconnected.

Analyzing vulnerability (and deprivation) links threat contingencies (what to offer protection from) to susceptibilities and weaknesses of specific target population(whom to protect). Like security, risk and threat, vulnerability has many meanings applied in different contexts, but in general refers to the future likelihood of suffering adversity (UNDP, 2004). There are three indicators for measuring vulnerability exposure, sensitivity, and resilience. The exposure measures the channels; spatial and temporal through which threats can cause harm. Exposure links directly with threat imminence and suddenness, and most often is a function of geographic location and timing. Sensitivity and resilience are closely related and link directly with threat severity, conditioned by imminence and suddenness. The sensitivity measures ex ante the responsiveness of and the extent to which a contingency will affect a population. Resilience measures the capacity to resist the contingency ex ante, cope with, and/or recover from its effects ex post. Sensitivity and resilience are functionaries of the entitlements, capabilities, assets and resources that individuals and communities can mobilize in the face of hardship (Busumtwi-Sam, 2008).

2.3. Defining Street Children

In Ethiopia, streetism, as it is understood currently by researchers and scientists worldwide, is a relatively young and mainly an urban phenomenon. The recognition of streetism as a problem in Ethiopia began in 1965 from Addis Ababa and gradually it has become a visible and known problem in the other towns of Ethiopia as well (FSCE, 2003). Limited sources provide conflicting figures on the number of street children in Ethiopia. The Ethiopian Ministry of Labour and Social Affairs (2007) estimates the total number of street children at 150,000 of which 60,000 living in Addis Ababa and UNICEF (2011), on the other hand, estimates their numbers between 150,000 and 200,000 children to have been living and working on the streets of urban centers in Ethiopia (cited in Balew, 2014).

Estimating the number of children of the street is very difficult for several reasons. Firstly, very broad estimations are used by international agencies (UNICEF mainly) to draw the attention of the general public and political decision-makers to their work. The calculations provided to demonstrate phenomenon are symbolic rather than the product of exact estimation. Secondly, children along street are also potentially "children at risk", and they can fall into the category of children of the street at any time. Children at risk who are on the street still have some irregular contact with their parents. They can anytime return home when they want to. Thus, the way children can move "in" and "out" of the street makes it difficult to assess this category of children. Thirdly, it is not easy to assess the phenomenon accurately insofar as children of the street are mobile, and move from one area to another in search of better survival opportunities, or because of public assaults from police, city people etc. (as cited in Bhukuth & Ballet, 2015). That is why estimates in most researches fluctuated widely and is difficult to get reliable statistics globally and particularly in Ethiopia.

Most definitions have for long been focused on two peculiar facts concerning street children. These two are, among others, the place they occupy (the streets) and the absence of proper contacts or links with adults in the family home and in society. This type of classification is concerned with establishing the hallmarks of a street lifestyle and the characteristics of street children in terms of their use of public spaces and their links with family and public institutions. These ways of approaching street children have proven problematic since it obscures the

heterogeneity of street categories, as experiences vary in different circumstances and lifestyles (Panter-Brick, 2002).

However, the above categorization had the problem of associating the definition of street children with their existence on the street and their relationship with their families rather than focusing on their actual life. There are also many children, who sleep both at home and on the streets, and they also spend significant periods of time in residential institutions like orphanages, refugees, or correctional establishments. There are also street children categorized as 'children of the rent house' in terms of their street activities and peer subculture, they were almost similar to the street children UNICEF categories as, 'children of the street'. Nevertheless, the places where they use to sleep make these children different. These children do not sleep on the street like children of the street rather dwell in rent houses together with their peers, girls or boys, paying about 15 ETB per night. Apart from sleeping together, they also involve in the street subcultures in terms of drug consumption, sex, street language, friendship, music, creating their own social world (Fikre, 2016).

2.3. 1Categories of Street Children

The categorization of street children varies from author to author. Some of them will be discussed as follows.

2.3.1.1. Children on the Street

Children on the street earn their living or beg for money on the street and return home at night. They maintain contact with their families (FSCE, 2003). The families are usually very poor and highly deprived, living in home environments lacking basic necessities.

2. 3.1.2. Children of the Street

These children are homeless children who live and sleep on the streets in urban areas (Tower, 2004). They are totally, on their own, living with other street children or homeless adult street people. Densley and Joss (2000) also stated that children of the streets regard the street as their home: it is the place where they live, where they work and develop bonds with other children of the streets. They negatively viewed their family ties. Some researches named this children street based.

2. 3.1.3. Children on-of the Street

Children `On-of `street are those children who sleeps both at home and on the streets and if the situation at home deteriorates they will join the 'of street' children (as cited in shiferaw, 2012).

2. 3.1. 4. Abandoned Children

Children in this category are also children of the street but are differentiated from children of the street, the fact that they have cut off all ties with their biological families and are completely on their own. They have no home to go either because of the death of, or rejection by their parents and the unavailability or rejection of their extended family (G/medhin, 2014).

2.3.2. Reasons for children to be in the Street

It is a harsh choice with constant threats of hunger, exploitation, violence, abuse and even death. Some of the main causes that push children to the streets and their difficulties of health will be discussed as follows.

2.3.2.1. Violence within the Family /Intra Family Disintegration

The following operational definitions, based on the general Comment, have been adopted in African Child Policy forum (ACPF) 2014 report is classified in to three:

The first is Physical violence against children and is refers to all forms of harm involving physical force which, deliberately or incidentally, cause pain or damage to the child, including all forms of corporal punishment, negligence and maltreatment, and harmful traditional practices such as female genital cutting.

The second type of violence is sexual violence against children. It refers to violence of a sexual nature, including harassment, abuse, being forcibly exposed to pornographic material, trafficked into commercial sex work, or made subject to coercive sex and rape. If a girl or boy is under the age of consent, then sexual acts with that very child are seen as statutory rape. And the third type of violence is that mental violence also called psychological or emotional violence. It also refers to verbal cruelty and abuse, threatening behavior, and the unscrupulous use of adult power to terrorize, exploit, or dominate a child in such a way as to jeopardize his or her growth.

2.3.2.2. Poverty

Poverty can be a singular factor that pressure children to flee to the streets, but focusing on poverty alone may not be a solution to the problem. Therefore, trying to look at various issues

will be advisable to solve the problem. However, the reality of the cities is quite the opposite for most people in the developing world. Many families, including children, flee to the cities for better opportunities. Poverty is ‘‘not merely in the impoverished state in which the person actually lives, but also in the lack of real opportunity due to social constraints as well as personal circumstances to lead valuable and valued lives’’ (UNDP,1997:.16.).

2.3.2.3. Rural-Urban Migration

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

2.3.2.4. Neglect and Trajectories

After the remarriage of a parent, children are frequently abused and forced to leave the house by the stepfather or mother. Abuse here denotes underfeeding, overwork, nagging and physical beating. Some cultural practices also increase the risk of abuse and neglect. For instance, in sub Saharan societies, the adults, especially the fathers, exercise all the power of political, domestic and financial. The eldest son has to wait until his father's death to enjoy any advantages. In these societies, the relationship between children (juveniles) and adults is a factor that drives children to run away from home. The eldest child is educated with a view to becoming a future responsible family head and this education is very severe. Furthermore, child fosterage is frequent as, in some cases; fathers do not tolerate the presence of an older boy in the household, viewing him as a potential threat to their parental authority. Some children will not put up with this situation, and decide to quite home in order to live their own life (Bhukuth & Ballet, 2015).

2.3.3. Vulnerability of Street Children to Diseases and Illness

Different behavioral and social characteristics of street children substantially increase their risk of contracting HIV. Studies have found that this population becomes sexually active earlier than most other groups of children, and they are known to engage in sexual activity with peers and adults from within and outside their social circle. They are likely to be relegated to rape or forced into sexual relationships on the streets and that they use condoms infrequently and inconsistently. In addition, children living on the streets are more likely to exchange sex for money (as cited in Amury & Komba, 2010). They also know very little about other STIs (Anarfi, 1997).

2.3.3.1. Drugs and alcohol abuse

Several studies showed that street children began to use alcohol and drugs at a very early age. Street children engaged in sex under the influence of drugs. It is also reported that street children practiced high-risk sexual behaviors under the influence of drugs or alcohol, and that the majority of street children were more likely to have sex and less likely to use a condom when they were high (Kruger & Richter, 2003).

Anarfi (1997) noted, sexual behavior would be reckless and sexual intercourse could take place at any time and in any place if the partners were under the influence of drugs. Similarly, Chan (2009) reported that children drinking alcohol or using drugs were more likely to have multiple sexual partners and refrain from safer sex practices because they were less likely to use condoms. Street children who reported having had sex while under the influence of drugs or alcohol were four times more likely to be engaged in high-risk sexual behaviors than those who had not had sex under the influence of drugs or alcohol. Therefore, alcohol and drug use plays a double role in the risk of HIV/AIDS/STIs.

2.3.4. Street Children and the Public Image

The public view of street children is vital. However in many countries the public's perception and attitude towards street children are overwhelmingly negative. Street children are subjected to mental and physical abuse by police, their peers and follow citizens. The governments treat them as a plague that is to be eradicated, rather than as children that need to be nurtured and protected. There is an alarming tendency by some low enforcement personnel and civilians, business proprietors and their private security firms, to view street children as almost sub human. They are frequently detained arbitrarily by police simply because they are homeless, or criminally

charged with vague offences such as loitering, vagrancy, or petty theft. These children are often tortured or beaten by police or held for long periods in poor condition form of trail without any form of trail or legal process. Girls are sometimes sexually abused, coerced into sexual acts or raped Street children are considered as criminals and unreliable. Due to this they are not given chances to work at any setting forcing children to believe that they have no any societal responsibility. Beside lead them to distrust of educational system, Law enforcing officials and the government to give solution to their problems. Regardless of all this, they show purposefulness, creativity and self-reliance (Gurung, 2004).

In Latin America, the issue is compounded by class and race. An elite class with European origins produces no children of the street. Children of the street come either from the indigenous peoples or have African origins (Aptekar, 1994). Claims that the problem stems from poor or inadequate parenting may be made simply to justify police attacks on the basis of an attempt to instill respect for authority. In fact, it is more likely to polarize both the problems and the societies in which they are found. Like in any other country, the public view of street living children in Ethiopia is overwhelmingly negative. Street children are viewed with suspicion and fear. Many people simply like to see street living children disappear. This is mainly due to the low level of awareness of the public. The level of understanding of the police about the situation has shown great improvement in recent years. This could perhaps be due to awareness raising programs through the media and other concerned organizations. Yet, it needs to be pointed out that most children living on the street are still complaining that they are mishandled by the police.

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

2.3.5. Health Problems of Street Children

Street children are mostly vulnerable to a wide variety of problems, as they are living on the streets without supervision, protection and guidance. There are millions of street children in developing and developed countries who are maltreated, malnourished, assaulted,

unscrupulously abused, socially deprived and abandoned and denied affection, education and assistance. These children are physically maltreated by those who are supposed to protect them, such as police, security guards and the community in general. In some cases, these children (especially girls on the streets) are sometimes engaged in prostitution and are being sexually abused. Children on the streets and children of the streets are addicted to glue inhalation, which results in damage to their respiratory systems. Prolonged use of these drugs and substances has physical and psychological effects such as tiredness, weight loss, distorted vision, lack of concentration, brain damage, a complete degeneration of bone, heart seizure, and lowered level of responsibility (as cited in Anah, 2014).

Street children become addicted to drugs and substances in order to escape from the cold, loneliness and the hunger they are experiencing on the streets. These children appear to be relaxed on the streets, but they experience high levels of stress due to the challenging daily lives they find themselves in this situation results in anger, irritability, aggressiveness, mood swings, restlessness, poor sleeping patterns, lower immunity, poor memory, depression and hyperactivity. Furthermore, street children are experiencing, such as violence, community disapproval, police arrest, and theft of savings. All the children on the streets are mostly experiencing violence from their peers or older street children, when they are under the influence of the substances they use, from the surrounding community, sometimes through people on the streets who tend to exploit them, and while working, either through their employers or other peers working on the same place such as when selling items in the area where other street children or people exercise control (ibid).

Violence against children is a significant problem throughout Africa as it is around the world. It occurs in the home, in the school, in the street, the workplace, in residential care homes and in penal institutions. Girls and boys of all ages are affected. The ACPF proposed that some children are at particularly high risk of experiencing violence due to special circumstances of personal disadvantage or stigma. These children are highly discriminated against and vulnerable, and sanctions against perpetrators are weak. Street and working children Studies show that children who live and work on the street commonly endure violence. Perpetrators include members of the public, employers, ‘customers’, pimps, police and adolescent peers. A high proportion suffer physical violence, sometimes severely enough to seek medical treatment; a similar proportion experience mental or psychological abuse and sexual violence (ACPF, 2014).

Addis Ababa is facing increasing challenges to address the human rights of street children. Street children live and work in conditions that are not conducive for healthy development. The circumstances in which they live and work increase their vulnerability also to sexual exploitation and abuse and put them at a higher risk of unintended pregnancies, sexually transmitted infections and HIV/AIDS (Demelash,2011).Female children living on the street are more vulnerable to street life than their male counterparts due to gender based violence and exploitation. Most of these children are highly exposed to rape. They are also forced to divert to commercial sex work when other survival options are limited. As a result of both sexual abuse and exploitation, street girls are exposed to various problems like HIV/AIDS, STDs and unwanted pregnancy (UNICEF, 2007).

2.4. Understanding the Concept of Human Security

Fifty years ago, Albert Einstein summed up the discovery of atomic energy with characteristic simplicity: "Everything changed." He went on to predict: "We shall require a substantially new manner of thinking if mankind is to survive." Although nuclear explosions devastated Nagasaki and Hiroshima, humankind has survived its first critical test of preventing worldwide nuclear devastation. But five decades later, we need another profound transition in thinking from nuclear security to human security. The concept of security has for too long been interpreted narrowly: as security of territory from external aggression, or as protection of national interests in foreign policy or as global security from the threat of a nuclear holocaust. It has been related more to nation-states than to people. The superpowers were locked in an ideological struggle fighting a cold war all over the world. The developing nations, having won their independence only recently, were sensitive to any real or perceived threats to their fragile national identities. Forgotten were the legitimate concerns of ordinary people who sought security in their daily lives. For many of them, security symbolized protection from the threat of disease, hunger, unemployment, crime, social conflict, political repression and environmental hazards. With the dark shadows of the cold war receding, one can now see that many conflicts are within nations rather than between nations. For most people, a feeling of insecurity arises more from worries about daily life than from the dread of a severely destructive/cataclysmic world event (UNDP, 1994).

Thus, human security is a child who did not die, a disease that did not spread, a job that was not cut, an ethnic tension that did not explode in violence, a dissident who was not silenced. Human security is not a concern with weapons it is a concern with human life and dignity. The idea of human security, though simple, is likely to revolutionize society in the 21st century. A consideration of the basic concept of human security must focus on four of its essential characteristics. Firstly, Human security is a universal concern. It is relevant to people everywhere, in rich nations and poor. There are many threats that are common to all people such as unemployment, drugs, crime, pollution and human rights violations. Their intensity may differ from one part of the world to another, but all these threats to human security are real and growing. Secondly, the components of human security are interdependent. When the security of people is endangered anywhere in the world, all nations are likely to get involved. Famine, disease, pollution, drug trafficking, terrorism, ethnic disputes and social disintegration are no longer isolated events, confined within national borders; their consequences travel the globe. Thirdly, Human security is easier to ensure through early prevention than later intervention. It is less costly to meet these threats upstream than downstream. And fourthly, Human security is people-centered. It is concerned with how people live and breathe in a society, how freely they exercise their many choices, how much access they have to market and social opportunities and whether they live in conflict or in peace (ibid).

2.4.1. Components of human security

The concept of human security stresses that people should be able to take care of themselves: all people should have the opportunity to meet their most essential needs and to earn their own living. This will set them free and help ensure that they can make a full contribution to development their own development and that of their communities, their countries and the world, Human security is a critical ingredient of participatory development (UNDP, 1994).The list of threats to human security is long, but most can be considered in to seven main categories. These are economic security, food security, health security environmental security, personal security, community security, and political security.

2.4.1.1. Economic Security

Economic security requires an assured basic income-usually from productive and remunerative work or in the last resort from some publicly financed safety net. But only about a quarter of the

world's people may at present be economically secure in this sense. Many people in the rich nations today feel insecure because jobs are increasingly difficult to find and keep. In the past two decades, the number of jobs in industrial countries has increased at only half the rate of GDP growth and failed to keep pace with the growth in the labor force. The problems are even greater in developing countries, where open registered unemployment is commonly above 10%, and total unemployment probably way beyond that (UNDP, 1994).

2.4.1.2. Food Security

Food security is a broad term, which is defined in different ways by a number of organizations around the world. The basic definition of food security is that it refers to the ability of individuals to obtain sufficient food on a day to day basis. Internationally food security is defined as the ability of people to secure adequate food. More especially it has been defined by researchers as the access by all people at all times to enough food for an active healthy life. Food security at national level refers to the condition whereby the nation is able to manufacture, import, retain and sustain food needed to support its population with minimum per capita nutritional standards. At community level food security is defined as the condition whereby the residents in a community can obtain safe, culturally accepted, nutritionally adequate diets through a sustainable system that maximizes community self-reliance. At household level food security refers to the availability of food in one's home which one has access to. In this case, a household is regarded as food secure when the members of the family do not live in hunger or fear of starvation (Anderson 1990, as cited in du Toit, **2011**).

2.4.1.3. Health Security

The concept of health security was first described by the United Nations Development Program Report in 1994 (UNDP, 1994).Thereafter, many references have used "health security" to depict health issues that have a significant influence on human security. In developing countries, the major causes of death are infectious and parasitic diseases, which kill 17 million people annually, including 6.5 million from acute respiratory infections, 4.5 million from diarrheal diseases and 3.5 million from tuberculosis. Most of these deaths are linked with poor nutrition and an unsafe environment particularly polluted water, which contributes to the nearly one billion cases of diarrhea a year. In industrial countries, the major killers are diseases of the circulatory system

(5.5 million deaths a year), often linked with diet and life style. In both developing and industrial countries, the threats to health security are usually greater for the poorest, people in the rural areas and particularly children (UNDP, 1994). It is more complex, and covers many different issues such as access to safe water, living in a safe environment, access to health services, access to safe and affordable family planning and basic support during pregnancy and delivery, prevention of HIV/AIDS and other diseases, and to have basic knowledge to live a healthy life.

2.4.1.4. Environmental Security

When living in the street environment, where one cannot ask and look for the care, provision, and protection from the guardians or families, children face many challenges due to the physical environment. For instance, since the places get quiet and dark at nights, the street itself creates fear among the children at nighttime, especially for new entrants. The coldness and darkness of the night create challenges and sometimes makes children cry. This was more prevalent especially, at first arrival to the street (Fikre, 2016). The 1995 Constitution of the Federal Democratic Republic of Ethiopia Article 44(1) in its entitlement of Environmental Rights says that all persons have the right to a clean and healthy environment.

2.4.1.5. Community Security

The primarily addressing protection against the breakdown of communities; such as clubs, tribes or extended families that provide members with a reassuring sense of identity and a shared value system. The Human Development Report saw the protection of ethnic minorities and indigenous groups as a central focus. The contemporary concept of community security, narrowly defined, includes both group and personal security. The approach focuses on ensuring that communities and their members are 'free from fear'. Yet a broader contemporary definition also includes action on a wider range of social issues to ensure 'freedom from want'. Like community safety and citizen security, it promotes a multi-stakeholder approach that is driven by an analysis of local needs (UNDP, 2009). Community security on the other hand covers conservation of traditional and cultures, languages and commonly held values. It also includes abolishment of ethnic discrimination, prevention of ethnic conflicts, and protection of indigenous people.

2.4.1.6. Personal Security

It included threats from the state (physical torture), Threats from other states (war), Threats from other groups of people (ethnic tension), Threats from individuals or gangs against other individuals or gangs (crime, street violence), Threats directed against women (rape, domestic violence), Threats directed at children based on their vulnerability and dependence (child abuse) and Threats to self-suicide, drug use (UNDP, 1994).

2.4.1.7. Political Security

One of the most important aspects of human security is that people should be able to live in a society that honors their basic human rights (UNDP, 1994). It is concerned with protection of human rights and well-being of all people. It also includes protection against people from state repression such as freedom of press, freedom of speech, and freedom of voting. Abolishment of political detention, imprisonment, systematic ill treatment, and disappearance are also covered under political security.

The social aspect of security that has a powerful impact at all levels of society is called social security. Its importance and establishment in Ethiopia is summarized as follows;

2.4.1.8. Social security

Social Security is a public program designed to protect individuals and their families from income loses due to unemployment, old age, sickness or death; and to improve their welfare through public services like medical care and economic assistance (Seyoum, 2015). Institutional social security, in some measures or other, exists in almost all countries today. However, there is much variation between countries with regard to the levels of protection, scope, coverage and effectiveness of the system in place. As a group, the developed countries have the most advanced social security and pension fund management systems. With very few exceptions, institutionalized social security and pension fund management in the developing world is of relatively recent origin having appeared only after the Second World War, following the emergence of several independent states at the end of the colonial era (Catala, 2004).

The prevailing type of security system in Ethiopia is the government sponsored Social Security system. The history of the formal social security system in Ethiopia dates back to the formulation of the Pension and Social Security Authority (PSSA) in 1963(Pubic Service Pension, Proclamation N. 209/1963). This decree covered only the military and civil service workers. For

these groups, the pension scheme was funded by a mandatory contribution. Since only government employees are covered by the pension scheme, large portion of the eligible age population is used to be excluded. Given this limited coverage, broad based reduction of old age poverty is not possible. Moreover, the implied saving mobilization role of such financial institution cannot be realized. When we examine the structure of the labor force in Ethiopia, the majority of the employed population works for either the informal sector, the private sector or is self-employed. These employees fail to have access to pension services and thus are vulnerable for income instability especially in their old age. Private organizations' and NGO's provide their employees with provident fund which is paid in lamp sum amount at their employment termination. But, as a result of the low interest rates and the rising inflation at the time the lump sum benefits due to retiring beneficiaries were meaningless (Asaminew, 2010).

For this and other reasons, the government of Ethiopia currently included all employees in pension fund net. Conversion of the Provident Fund into a pension payment introduced some element of adequacy into the retirement package for the workers. But, the existence of pension fund by itself is meaningless unless it is properly managed. According to Guidelines for the investment of social security funds, the investment policy of a social security scheme should be based on prudent-person principles and appropriate quantitative restrictions. It should take into account risk management; diversification and dispersion; matching assets and liabilities, including considerations of duration and maturity; currency matching; and performance measurement and monitoring (cited in Seyoum, 2015).

Whatever principles the investing institution may adopt, there have to be competent and honest managers to apply them. It is, therefore, essential to ensure the competence and integrity of managers. The governing body of the social security scheme or of the investing institution should adopt criteria concerning the expertise that is required of investment managers and other advisers on investment policy and strategy and their implementation.

Street children have a greater burden than other poor children who are supervised by adults. Poverty and illiteracy, Discrimination and lack of accessible resources, Violent Environment and Stigmatization are some of the social problems they face every day**.** They lack basic resources to sustain a healthy living. They usually have no financial means to buy decent clothing (which may be necessary in cold places), and no money to buy food, which is crucial for their

development. Because of the costs of services most street children cannot afford to go to school. Even where schools are free, many children cannot afford to buy uniforms, shoes and books. Street children live in places where they are not adequately protected from the environment. They rarely have access to facilities that they need for hygiene and sanitation, such as toilets and clean and safe water supply. They are therefore more vulnerable to health problems resulting from poor sanitation (WHO, n.d).

When the community makes plans, it does not take into consideration the street children's' plight. Street children tend to be excluded from participating in most of the activities and facilities of other children. This is one reason why street children often do not have access to medical, educational, recreational and vocational resources. They face problems such as lack of vaccinations; poor health, illiteracy and they cannot acquire skills needed for finding jobs. The street is an unprotected environment and street children are exploited frequently. In some places, street children may even face the possibility of physical injuries or death from violence. Common sources of violence are: the police, gangs, and drug syndicates, those who operate commercial sex businesses, death squads, other street children, families and sexual partners. Society usually perceives street children as difficult children who are out there to cause trouble. In general, the public thinks that street children are uncontrollable and violent, have substance use problems, have no morals, have lost all the ability to feel emotions such as love and that they turn into terrorists and revolutionaries. They tend to be unsympathetic to the street children's plight. This negative attitude may be a result of the society's inability to care for its people (ibid).

The UNCRC in its article 26 specifies that; States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child. Article 90 of the FDRE Constitution also in its social objectives; it also defines and assures that to the extent the country's resources permit, policies shall aim to provide all Ethiopians access to public health and education, clean water, housing, food and social security. Education shall be

provided in a manner that is free from any religious influence, political partisanship or cultural prejudices.

2.5. The Nexus between Health and Human Security

Health and security are historically not associated from a policy, legal and practical point of view but formed part of different policy realms. This perception changed gradually and international community's start to pay attention for health as a security evidence or issue. This is because zoonotic diseases have political instance and affect world security. Generally, sporadic epidemic disease like HIV, currently control the international media and international communities as a serious global health security threat. For this reason, international communities have started to pay attention for health as global security issues equivalent with nuclear weapons, terrorism, and civil war. This is because HIV can affect the socioeconomic and political life of everyone regardless of border, wealth, status, color, age, gender etc. (cited in Tafese, 2017).

A research studied in Mumbai and Kolkata suggested that most children suffered from ailments like malaria, tuberculosis, cold and cough, water-borne diseases, and skin diseases, a result of their unhygienic living conditions. Although most had access to proper toilets, there were still a few unfortunate ones without. Women still felt unprotected and insecure due to the lack of proper sanitation facilities in many of Mumbai's urban slums. However, most children in the current study received proper medical attention when required, since a majority of them lived under parental guidance. All the children also received regular medical examinations from the social interventionists (Dutta, 2018).

2.5.1. Street Children: Their need to Health Care and Health Seeking Behavior

It is also important to note that for children living on the streets the struggle to get daily food and shelter override concerns about their health. It is found that street children are more oriented to the present and not concerned with their future health. Evidence indicates that children who are living on the streets tend to underutilize the existing health services (Kruger and Richer, 2003).

A number of factors contribute to this problem of importance is that the majority of health services and programs have been developed by adults for adults. They often fail recognize the unique issues of adolescents in general and children living on the street in particular and rarely accommodate their behaviors. For example Tanzania's main health programs such as maternal

and child health, family planning and AIDS control do not have component for street children. The principal focus of these is reproductive role of women. The author found that even if these children appreciate the risk of getting infected with diseases many believe that they are personally invulnerable (cited in Amury & Komba, 2010).

Street children have many health problems the range of which is wide. Even they do not consult for treatment. They generally feel the barriers to accessing health care as some of the issues including confidentiality, lack of trust, lack of respect or negative attitudes of providers due to low status, and furthermore, a shortage or inadequacy of services in a coordinated way. Homeless children are much more prone to experience health problems than housed children. Morbidity in the street children is caused due to some of the common causes like skin ailments/infections, respiratory infections, vision, mental health, dysentery, injuries and dental problems(Nanda, 2008).

Although most children claimed to eat at least twice daily, the safety of the food is believed to be very poor. Some of the children salvage their food from a public garbage basket. The feeding habit of the children, in general, is believed to have exposed them to various kinds of food borne infectious diseases. Personal hygiene was observed to be very poor which could be mainly due to the unavailability or the less access of the facilities for washing, which is yet another reflection of their standard of living. The health problems of street children are Abdominal pain, cough and chest pain, eye and ear problems, headache, and leg ulcer and Children over ten years of age were more likely to be ill than the younger children (as cited in Beyene & Berhane, 2015).

2.6. Policies Health Insecurity and Medication for Street Children

The problem of street children has become one of the urban problems, which call for the attention of the international community. Experts from various angles proposed different socio economic factors, which they had found out in their studies. It is reported that children living and working on the street are present in all parts of the world. Studies have also indicated that they are more prevalent in the urban areas of developing countries. However, their mobility makes it difficult to get reliable statistics. Estimates in most researches fluctuated widely. The number has been varied in recent decades because of wide spread recession, political turmoil, civil unrest,

increasing family disintegration, urban and rural poverty, natural disaster and rapid industrialization (Catherine, 2009).

The problem of street children in Ethiopia is not a recent phenomenon. As some governmental documents unveil, children have been living and working on the street not for less than half a century. Why children get move on to the streets is very much mixed. The Convention on the Rights of the Child adopted by the General assembly of the United Nations guarantees legal provisions for the protection of children against abuse, neglect and exploitation. Despite these provisions, the plights of children are groping from worse to worse (SC UK, 2012).

Ethiopia has ratified the Convention on the Rights of the Child and adopted it as a component of the law of the country. There are legal provisions that protect children from all forms of life hazards. There is, however, a huge gap in the enforcement of the existing legal provisions in the country. Such an inadequate practice of observing the CRC and the existing gap in the implementation of the existing laws, together with the economic degradation of families in the country has left many children to grow under deplorable situation. Too many suffer from violence, physical, sexual and psychological abuses by their own families, by outsiders or by both. Many others have become victims of child trafficking for the purpose of labor and sexual exploitation. All these problems in their most acute form are highly portrayed among street living children in the country. Like all other cities in the developing world, Addis Ababa is facing increasing challenges to address the human rights of street children. For oblivious reasons, children's access to basic human rights including the right to education, adequate nutrition health services, shelter and protection cannot be met by their families (UNICEF, 2007).

The Government of Ethiopia in its 1995 FDRE constitution Article 41(5) of the Economic, Social and Cultural Rights stipulates that the State shall, within available means, allocate resources to provide rehabilitation and assistance to the physically and mentally disabled, the aged , and to children who are left without parents or guardian. Migrant children who come to Addis Ababa both from rural and other urban areas become highly vulnerable to destitution, homelessness, exploitation, etc. as soon as they reach their destination. UNICEF in particular, has been committed for the last two decades to addressing the problem of street children. Non-government organizations are also supporting the efforts made by the government to provide both preventive and rehabilitative services for these groups of children. However, services

targeting this group of children are far behind when compared to the number of children whose problems need immediate attention (SC UK, 2012).

The Government of Ethiopia has found it necessary to formulate a comprehensive National Children's Policy to sustain its commitment to respect, protect and fulfill children's rights and enhance the family and community's role in the healthy growth and personality development of children. This policy will set a direction to integrate the efforts of all stakeholders, namely, family, community, government, NGOs, regional and international organizations. The Policy on Ethiopian Children has three fundamental pillars. First, Children's development and growth, Secondly Prevention and protection of children from social, economic and political hardships and thirdly providing rehabilitation, care and support for children in difficult circumstances National Children's Policy of Ethiopia ([NCPE], 2017).

Some of the major NCPE issues include Protecting children from any form of sexual, physical and psychological abuse, exploitation of labor and trafficking; Taking all the necessary measures to ensure the survival and development of children; Empowering parents or guardians through training and other support schemes on income generation to prevent children from becoming vulnerable to various poverty-driven social and economic problems; Creating an enabling environment for the protection of children from inadvertent exposure to harmful drugs, chat, alcohol, inhaling benzene and all sorts of addictions, as well as providing psycho-social support for those who have become victims. Implementation strategies are Children's issues will be mainstreamed in all laws, policies, programs, projects and the like. Increase the role of media in creating public awareness on children's affairs; establish and strengthen partnerships among governmental, religious institutions, community coalitions and non-governmental organizations; establish and consolidate national, regional, zonal and woreda level child rights and protection networks and forums; encourage the establishment and expansion of children's rights and well-being in community-based structures through community members' own initiative; encourage higher academic institutions and other research centers to conduct research and studies on children's issues and disseminate the findings to all concerned bodies.

2.7. Addressing Problems of Street Children

According to Anon (2003), street children are socially and economically vulnerable to difficult situations in their families. These situations may compel them to migrate to the streets. The most

important strategy that can be applied in order to prevent at risk children from migrating to the streets is to protect them from the aforementioned difficulties. This strategy can only be functional if the family and community resources are strengthened in order to meet the families' difficult conditions. Some of the strategies that can be applied to prevent the problem of the street child phenomenon are discussed below (Ennew, 2003).

2.7.1. Economic Support

Adults and the community should respect the street children's need for income and their economic independence rather than focusing only on rescuing them from street life. Anon (2003:8) summarizes that this can be attended to through; the availability of programs that respond to these children's needs, which include formal and informal education, life skills and vocational training and Micro-finance and other support to the parents, as this will assist in preventing the migration of children to the streets.

2.7.2. Focus on Reintegration

According to Anon (2003), children live on the streets due to the instability of the social environment in their families, schools and communities. Therefore, these children should be reunited with their families, with the assumption that they need to go back to their homes, and these families are willing to accept them back. It is further stated when the strategy of returning these children to their families is not functional, foster families, adoption and community homes can be identified and should be used as alternatives (Schurink, 1993). These children should not be immediately reintegrated into the formal education system because they might need or even prefer informal education with a curriculum, such as vocational training linked with literacy, life skills and numeracy that is relevant to their experiences in life and to their work. Furthermore, Schurink (1993) argues that the programs on the prevention of streetism at community level must focus on the provision of basic services; creation of jobs, education, advocacy, improvement of schools, and strengthening of social capital. Nonetheless, Anon (2003) states that members of the community should be made sensitive about streetism through awareness campaigns as this will help them avoid stigmatizing ex-street children.

2.7.3. Policymaking and Advocacy

There are different ways to look at policy. These are;

2.7.3.1. Substantive and Administrative Policy

Early in these structured policy conversations, it became clear that there are several different kinds of policy. The first is concerned with the legislation, programs and practices that govern the substantive aspects of community work. This dimension of policy includes, for example, income security, employment initiatives, child care services and social exclusion. The second type of policy focuses largely upon administrative procedures. These involve, for instance, the collection of statistical information on neighborhoods and the evaluation of complex community programs **(**Torjman, 2005).

2.7.3.2. Vertical and Horizontal Policy

Substantive and administrative policy can be further classified as vertical or horizontal policy. The former refers to policy that is developed within the organization that has responsibility for its implementation. Vertical policy is what we think of as the normal or traditional way in which policy decisions are made. Vertical policy is developed within a single organizational structure and generally starts with broad overarching policy, sometimes called "corporate" or "framework" policy. Such decisions are made at head office and guide subsequent decisions throughout the organization. Horizontal policy-making, by contrast, is developed by two or more organizations, each of which has the ability or mandate to deal with only one dimension of a given situation. Horizontal or integrated policy is created between parts of an organization or among organizational components that are similar in hierarchical position (Smith, 2003).

Governments increasingly are focusing their efforts upon horizontal policy-making in recognition of the fact that many of the objectives they seek to achieve are complex and relate to the mandates of two or more departments, jurisdictions or non-governmental organizations. Collaborative arrangements are being driven partly by the pressure to enhance performance and achieve measurable improvements in service delivery (Fitzpatrick, 2000).

2.7.3.3. Reactive and Proactive Policy

Policy can also be categorized as reactive or proactive. Reactive policy emerges in response to a concern or crisis that must be addressed such as health emergencies and environmental disasters. Proactive policies, by contrast, are introduced and pursued through deliberate choice. The national skills and learning agenda exemplifies this approach. Knowledge and learning

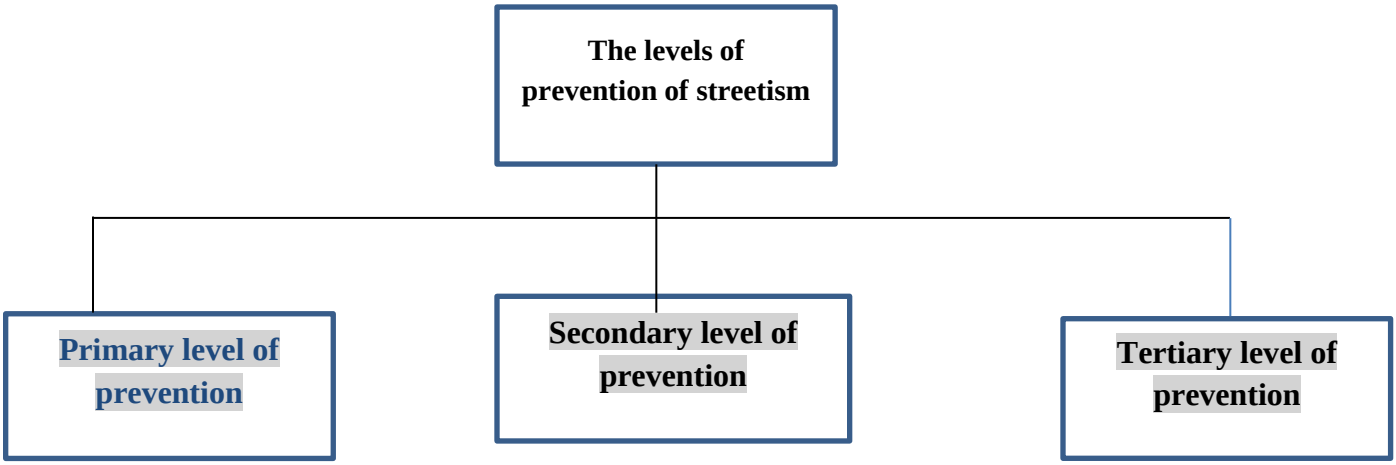
increasingly have been recognized as vital keys that unlock the doors to both economic wealth and social well-being **(**Torjman, 2005).

2.7.3.4. Current and Future Policy

Finally, there is yet another way to categorize various policies: those that are currently on the public agenda and those that are not (Smith 2003). Issues already on the public policy agenda (e.g., health care) often have high profile. A formal process to amend or improve the existing arrangement generally is in place. If an issue is not currently or never has been 'alive' on the public agenda, then there is work to be done in making the case for its importance and raising awareness about the implications of non-response. Making the case usually involves gathering evidence that supports the policy. Regarding the participation in policy formulation Schurink (1993) stated that children should be encouraged to participate in the formulation and decision-making activities, particularly in areas that directly affect their lives. The advocacy based on the perceptions of these children, their families and the community will directly address the causes of the problems that street children experienced. First, there is a further need for integrated policymaking for effective solutions. Secondly, public awareness that focuses on change should be raised through strong NGO networks (West, 2003).

2.7.4. Networking and Institutional Operations

There is a significant role played by NGOs in programs of streetism, which is through the supply of services that cannot be afforded by the local and national governments (Anon, 2003). With that said, the role of NGOs is not adequate to significantly decrease the high number of children who have migrated to the streets. Networking with local government and other service providers will assist NGOs in combating the street child phenomenon. In addition, Mosa (1999) adds that the affected families should be involved in the development of measures on how to prevent the problem of streetism. Dybics (2005) adds that intervention strategies for the prevention of the street child phenomenon can be categorized into three levels, namely primary, secondary and tertiary levels.



Source: Molahlehi, 2014 page 33

Figure 2.2 The Levels of Prevention of the Street Child Phenomenon

The above diagram illustrates the three levels of the prevention of streetism. The Primary prevention strategy focus on children who live in extreme poverty but have not yet migrated to the streets, with the goal of reducing the influence that will make them migrate to the streets. The Secondary prevention strategy further argues that the main focus of the secondary strategy is on children who have migrated to the streets to work and get money but who maintain regular contact with their families. The main goal of this level is to turn street life into one of the phases which the children pass through safely into adulthood. And the Tertiary prevention strategy main aim will be on the small number of children those who have been orphaned, abandoned or ran away from home to come and live on the streets. These children have no family contact (children of the street) (Dybics, 2005). In summary, the above mentioned ways and strategies on the prevention of the street child phenomenon can be implemented effectively and efficiently; then the problem of streetism will be effectively combated and successfully prevented from escalating.

It is often said that one cannot sustain life without having aims and aspirations. The same was true in the case of these street children also. They had set their goals, and the road to achieving them was being smoothed by the meticulous support of the interventionists. A study by dutta stated of their future is that almost a quarter of the children aspired to become doctors, girls hoped to be teachers, police force and become pilots. An exposure to education through proper channels, and active participation in the vocational courses offered by the centers, helped these

children nurture their self-development skills, tap their inner potentials, polish their identities, and strive to achieve their goals in life. Education also provided tools to help the children cope with the societal obstacles and environmental hardships they will inevitably encounter (Dutta, 2018).

Every child is entitled to civil, economic, social, and cultural rights. What children do not possess are institutionalized political rights. Civil rights of children include the right to a name and nationality, and protection from torture and ill-treatment, along with special rules pertaining to their right to not be deprived of liberty or separated from a parent. Economic rights include the right to benefit from social security, the right to an adequate standard of living to ensure proper development, and protection from exploitation at work. Social rights of children include the right to the highest attainable standard of health and access to medical services, i.e the human right to health means that everyone has the right to the highest attainable standard of physical and mental health, which includes access to all medical services, sanitation, adequate food, decent housing, healthy working conditions, and a clean environment, the right to education, the right to special care for disabled children, protection from sexual exploitation and abuse, and the right to adoption. Cultural rights include full participation in creative and cultural activities (Ibid).

2.8. Conclusion

In this chapter, I find out studies that explore the contents of policies, strategies and programs that secure children's health. Former studies that identify the diseases or illnesses that affects their health and the coping mechanisms when they are ill are also stated. The vulnerability and their insecure risk situations are also analyzed. The implications of health insecurity and its effects to human security studies are skimmed in this chapter. Generally as much as possible I use recent references and related sources that identify the problem and the experience of other countries and the solutions they perform are listed. However many researches of street children are studied sociological and health views. There are limitations of studies that relate with human security aspects.

CHAPTER THREE

3. Research Design and Methodology

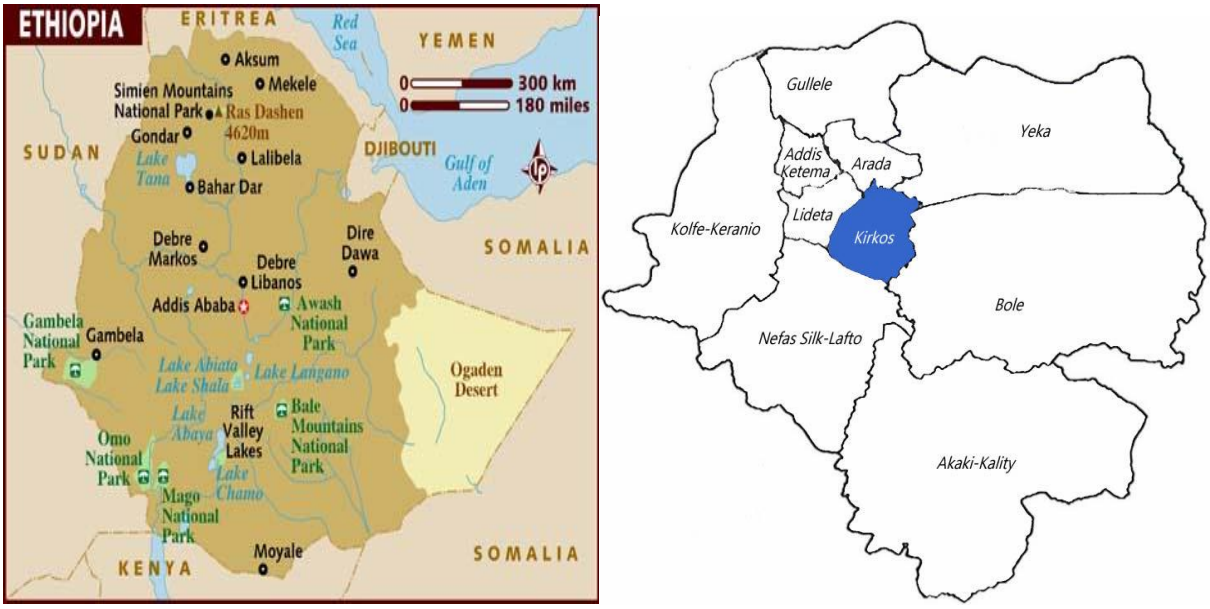
This chapter presents methodology used to obtain data including research design, study site, sample size and sampling technique, research instruments, procedure followed in data collection, coding for data analysis and presentations.

3.1. Study Design

Methodologically, this study is based on the philosophy of qualitative research design. The justification is that the research is largely depends on the experiences of the street children. Qualitative research tends to be interpretive and seeks to understand a phenomenon in its context in greater depth. Moreover, it seeks to elucidate the experience, beliefs and practices along with their vulnerability to diseases and illness from the participants' point of view. The qualitative research approach also has the ability to provide complex contextual descriptions of how people experience a given research issue. It also provides information about the human side of an issue i.e. the often contradictory behaviors, beliefs, opinions, emotions and experiences and practices of individuals ((Denzin, & Lincoln, 2008).

3.2. Study Area and Population under Study

The study is conducted in Addis Ababa the capital of Ethiopia. It is the largest as well as the dominant political, economic, cultural and historical city of the country. It is the capital of the federal government and a chartered city and it is where the African Union and its predecessor, the OAU are based, notably the headquarters of the African Union (AU). It also hosts the headquarters of the United Nations Economic Commission for Africa (UNECA) and numerous other continental and international organizations. Due to this Addis Ababa is diplomatic capital of Africa (Fikre, 2016). When we look at governmental structure of the city; there is City Administration Government at the top, 10 Sub City administration in the Middle, and 116 weredas at the bottom. The study was conducted in Kirkos sub city of Addis Ababa. Kirkos sub city is one of the 10 sub cities found in Addis Ababa. This sub city is selected purposively for the research based on its high concentration of street children and high population of street children who are engaged in the informal sectors. Sampling size of the study population includes 34 participants; 28 street children and 6 key informants.



Source: (lonely plnet.com) **source: (**Addis Ababa City Government office, 2017).

Figure 3.1Map of the Study Area

3.3. Sampling Procedure

Sample design or sampling procedure refers to the technique that the researcher would adopt in selecting items for the sample (Kothari, 2004). Purposive sampling design is chosen based on the judgment of the researcher as to who will provide the best information to succeed for the objectives study (Etikan, & Bala, 2017).Purposive sampling technique, also called judgment sampling, is the deliberate choice of a participant due to the qualities the participant possesses. It is a nonrandom/non probability sampling technique that does not need underlying theories or a set number of participants. Simply put, the researcher decides what needs to be known and sets out to find people who speaks Amharic and are willing to provide the information by virtue of knowledge or experience. Therefore based on this, both the study site and study participants are purposefully selected.

3.4. Data Collection Tools

In order together the relevant data the researcher employed both primary and secondary techniques of data collection. The task of data collection begins after a research problem has

been defined and research design/plan chalked out. Primary data are those which are collected afresh and for the first time, and thus happen to be original in character. The secondary data, on the other hand, are those which have already been collected by someone else and which have already been passed through the statistical process (Nuriye, Bekele & Apollo, 2016).

Primary data is data originated for the first time by the researcher through direct efforts and experience, specifically for the purpose of addressing his research problem. The data collection is under direct control and supervision of the investigator or the researcher. The primary instruments applied to this research are Observation, semi-structured interview, Key Informant Interview and focus group discussion guides to investigate information from the research participants and from secondary data sources. The instruments for interview guides will be first developed in English and then translated into the local language, Amharic. This enables the participants to understand and respond all questions easily. Before the data collection, researcher developed FGD and interview guides. To enable data reliability secondary form of data were reviewed from journals, articles, documents, online publications and other reviews related literatures.

3.4.1. Observation Method

Observation is a widely used technique or tool, regarded by many as fundamental to research as one of the techniques or tools used. There is a clear advantage in this approach as it enables the researcher to triangulate data from two different sources (Williamson, 2018).

Observation becomes a scientific tool and the method of data collection for the researcher, when it serves a formulated research purpose, is systematically planned and recorded and is subjected to checks and controls on validity and reliability. Under the observation method, the information is sought by way of investigator's own direct observation without asking from the respondent (Kothari, 2004). The observation applied to this research is non-participant observation. The observation of this type is often termed as non-participant observation. When the observer is observing in such a manner that his presence may be unknown to the people he is observing, such an observation is described as disguised observation.

3.4.2. Semi-Structured Interview

In order to gain knowledge about the perception and experience of street children; qualitative semi-structured interviews was conducted. The semi-structured interview is more focused on

participants own perceptions and views. An emphasis is focused on the views of the participants, rather than on the researcher's interest. In semi-structured interviews the researcher has a list of specific themes mentioned in the interview, but the interviewees have the ability to design the answers in their own way. Questions do not need to be asked in chronological order. The researcher could therefore, easily ask questions not included in the guide if the interviewee relates to the subject that is mentioned (Bryman, 2014).

The researcher chooses semi-structures interview because it gives more opportunity for the participants to take part in the interview. This helps to gather detailed information on problems they are facing on the street and ways they are handling the problems. So the researcher gives much care of and understands their feeling. The interview place should be selected to fulfill the participants need. The researcher has to communicate with the study participants where they shouldn't disturb their moral values. The researcher will take note on paper and recorded the interviews and then transcription will be done after.

3.4.3. Focus Group Discussions

Focus group discussion implies a group discussion in order to identify perceptions, thoughts and impressions of a selected group of people regarding a specific topic of investigations (Kairuz, Crump & O'Brien, 2007). Therefore the researcher will prepare two FGD, one group will be children on the streets the other group will be children of the street. The discussions will be conducted at different times. The number of participants will be not less than 5 participants in each group. And in both cases note was taken and recorded with tape recorder and finally transcribed by word processor.

3.4.4. Key Informant Interview

A key informant interview as an instrument for data collections has enormous advantages. These include exploring the subject in depth clarifying the findings of quantitative research. For this research the researcher is going to interview six key informants. The key informants will be from health office, social workers, and experts from governmental and non-governmental organizations. The researcher believes that these informants have detailed information due to the attachment they have with the children in their day to day activities. The interview will be held separately. Data was recorded by tape recorder and finally transcribed for data analysis. Informants are chosen purposively. The key informants are selected by considering the positions

they assumed in their organizations and the street children based on their willingness and some exposure to the issue.

3.4.5. Secondary Sources of Data

Secondary data implies second hand information which is already collected and recorded by any person other than the user for a purpose, not relating to the current research problem. It is the readily available form of data collected from various sources like censuses, government publications, and internal records of the organization, reports, books, journal articles, and websites and so on. Secondary data offer several advantages as it is easily available, saves time and cost of the researcher. But there are some disadvantages associated with this, as the data is gathered for the purposes other than the problem in mind, so the usefulness of the data may be limited in a number of ways like relevance and accuracy. Moreover, the objective and the method adopted for acquiring data may not be suitable to the current situation (Nuriye et Al., 2016). Therefore, before using secondary data, these factors should be kept in mind. In this study, I also used secondary data from different sources, such as books, research publications, articles, conventions, and other relevant published and unpublished materials.

3.5. Methods of Data Analysis

After data collected, it has to be processed and analyzed in accordance with the outline laid down for the purpose at the time of developing the research plan. This is essential for a scientific study and for ensuring that we have all relevant data for making contemplated comparisons and analysis. Kruger and Newman (2003) explained that concept formation is an integral part of data analysis and begins during data collection. Thus, conceptualization is one way that a qualitative researcher organizes and makes sense of data and analyzes data by organizing it into categories on the basis of themes, concepts, or similar features. To record the interviews, the researcher used tape recorder during data collection, take a note to record expressions of participants that could not be recorded by tape like facial expressions and gestures then data was transcribed using word processor. The transcribed data was coded thematically.

3.5.1. Coding

Coding is one possible tool in the analytic process of qualitative research. Bryman (2008) recommended certain steps, which are important in the coding process. The first step is to transcribe the recording and get an overview of the collected data by reading the transcription,

the observations notes and other documents. Next, coding the data by reading it again and make notes about the important and most common topics. The final step is to concentrate and combine the codes into another level of codes so that there are a reasonable number. In this study the codes will be related to the aim, research questions, previous research and theoretical framework. However, due to the time limit of this study, a faster version of coding is necessary. He also advises to listen to the recording closely to spot the information that is relevant to the study. When spotted, only the relevant information needs to be transcribed, as a lot of the recorded data will be useless. In this manner the transcription will be less time- consuming. Hence for this study data was recorded with tape recorder and after transcribed by word.

3.6. Conclusion

The study is conducted in Ethiopia, Kirkos sub city of Addis Ababa. This sub city is selected purposively for the thesis based on its high concentration of street children and high population of street children who engage in informal sectors. This study is based on the philosophy of qualitative research design and exploratory research. Sampling size of the study population includes 34 participants; 28 street children and 6 key informants. Purposive sampling design is chosen based on the judgment of the researcher and is selected as to whom will provide the best information to succeed for the objectives study. Both the study site and study participants are purposefully selected. Data collection techniques used in this methodology is non-participant observation, semi-structured interview, Focus group discussion and Key Informants interview. Conceptualization thematic analysis is used to analysis the thesis. It also accommodates coding of participants information. This chapter is very essential and fundamental in designing the methodology of the thesis.

CHAPTER FOUR

4. Data Presentation; Analysis and Discussions

4.1. Introduction

The major objective of this thesis is to study the health security of street children in Ethiopia; Kirkos sub City of Addis Ababa. In this chapter the findings obtained using semi-structured interview, focus group discussion, observation, key informant interviews and document analysis will be presented, analyzed, interpreted and discussed in order to develop explanations on the health needs and health security of street children in Ethiopia.

4.2. Information of the Study Area

Addis Ababa is situated at the geographic center of the nation in the mountainous Shewa Province. The city is the largest as well as the dominant political, economic, cultural and historical city of the country established in 1887 by emperor Menelik II. It has the status of both a city and a state. Unlike many other African capitals, its foundation, growth, and development, are not rooted in colonization. It is also the largest city in the country by population, with a total population of 3,384,569 according to the 2007 census (World Population Review, 2019).

The existing high rate of unemployment (31 percent), the concentration of slum dwellings and the existences of a large number of street children characterize Addis Ababa more than the few features it possesses (The City Government of Addis Ababa, 2017).

4.3. Information of the Respondents

4.3.1. The Interview Process

Interviews with street children individuals are carried out in Addis Ababa Kirkos sub city. Seventeen street children are interviewed in order to get detailed information about their experience, their perception and personal history. The interview is carried out with children on the street who work in the street at day time and return to their family or rent house at night and children of the street who works and/or lives in the street, shelter, plastic accommodation and with key informants. The interview with street homeless individuals took place in different places which is comfortable and is silent places in the sub city such as churches, cafes and working places, etc. The researcher had a very difficult time convincing respondents of the

purpose of his visit to the street children. They suspected me as a government agent to spy on them. It is no wonder that these children are so suspicious of outsiders because as they indicated the government bodies especially police officers victimize them on various occasions. They claim that government bodies had not been visiting them for good, but rather to force them to evacuate their place of living or to imprison them as a suspect.

Once the respondents understood the purpose of the research, they became cooperative. The interview is taken a maximum of one hour. The participants were told that participation in the study is voluntary and they are free to stop and refresh themselves in the interview processes at any time and return back. They are also informed that there will be no consequences for not responding from the Kirkos sub city, or from Addis Ababa University. In this document, for the sake of confidentiality pseudonyms of respondents are used.

Before presenting the data about the research participants it is important to evaluate the interview process. It might be helpful for other researchers to list out the encumbrances confronted. First, the issue of consent of families in interviewing street children is the prime challenge. Streetism by its nature is a very complex. You might find Street children less than 15 years old, who did not have family, guardian, and any other responsible body or they may have a family but finding them is difficult because of their existence. Secondly, the understanding of the street children is also an obstacle to the researcher. Some participants did not want to participate, stop the interview, misunderstands to others whom they did not know.

However most of the street children are friendly and want to narrate their experiences. They are very welcome, especially if you are very familiar with their languages and they believe that you are not neglecting them. Data was gathered from thirty four research participants; 28 street children and 6 key informants. 22 of them are Male and 12 of them are female participants. From the research participants 17 street children are participated in the semi-structured interview, 11 participants participate in FGD and 6participants as key informants' interviewee. A total of 34 participants are participated in the thesis. When we look a sex ratio 22 (64.7%) of the participants are Male while 12 (35.3%) are Female. The total number of participants in the semi-structured interview is 17 out of this 10 (58.8%) are Male and 7(41.2%) are Females and from this 8 (47.1%) are children of the streets and 9 (52.9%) are children on the streets. The total number of participants in the KIs interview is 6 out of this 4 (66.7%) are Male and 2(33.3%) are Females. Hence, the data collected from participants are organized and analyzed as follows.

4.3.2. Profile of the Street Children

Street children were asked about their names, personal and family background, demographic history, age, Sex, duration of stay along street, the illnesses and disease they face, the status of their health, the coping mechanisms to their sickness and illness, their insecure risk situations and other related issues with the study thesis. However few of them are listed according to their importance. The statistics, views and experiences of them are listed in this chapter.

Table 4.1 Participant by sex

The interview and focus group discussion of the study Participants by sex and percentage is listed out as follows;

Sex	**Semi structured interview**	**FGD**	**KI interview**	**Total**	**Percentage**
Male	10	8	4	**22**	64.7
Female	7	3	2	**12**	35.3
Total	**17**	**11**	**6**	**34**	**100%**

Data is gathered from thirty four research participants; 10 male and 7 female street children are participated in semi-structure interview, 8 male and 3 female street children are also participated in the FGD and 4 male and 2 female 6 key informants are also participated in the study. Thus 22(64.7%) of them are Male and 12(35.3%) of them are female participants.

Table 4.2General information of the interview participants

Code and number of participants	Sex	Age	Duration of live/work at street	Respondents from	Date of interview	Remark
P1	F	17	3	children on the street	19/03/2019	
P2	F	18	4	>>>>	>>	
P3	F	17	2	>>>>	>>	
P4	F	16	3	>>>>	20/03/2019	
P5	F	17	2	>>>>	>>	
P6	M	15	1	>>>>	>>	
P7	M	16	2	>>>>	>>	
P8	M	16	3	>>>>	21/03/2019	
P9	M	10	1	>>>>	>>	

P10	M	15	5	Children of the street	22/03/2019	
P11	F	17	3	>>>>	>>	
P12	F	18	4	>>>>	>>	
P13	M	15	2	>>>>	>>	
P14	M	18	6	>>>>	23/03/2019	
P15	M	13	3	>>>>	>>	
P16	M	16	4	>>>>	>>	
P17	M	11	1	>>>>	>>	

This table shows the age, sex, duration of stay at street, classification of street children and date of the interview of the study participants.9 of them are children on the street and 8 of them are children of the streets. The minimum duration along the street is 1 year and maximum is 6 years.

Table 4.3General Information of FGD Participants and their Code

Code and number of participants		Sex	Age	Place of discussion	Date of discussion	Members from	Remark
FGD1	FGDP1	M	15	01	05/04/2019	Children of the street	
	FDDP2	M	12	01	>>	>>	
	FGDP3	M	10	01	>>	>>	
	FGDP4	M	14	01	>>	>>	
	FGDP5	M	17	01	>>	>>	
	FGDP6	M	15	01	>>	>>	
FGD2	FDGP1	F	15	02	29/03/2019	Children on the street	
	FGDP2	F	17	02	>>	>>	
	FGDP3	F	16	02	>>	>>	
	FGDP4	M	16	02	>>	>>	
	FGDP5	M	18	02	>>	>>	

The research study comprises two FGD. The first group discussion that encompass 6 participants is a group of children of the street and the second group 5 participants is group of children on the street.

Table 4.4General Information of Key Informants Interview Participants and their Code

Code and number of participants		Sex	Age	Work experience (year)	Place of discussion	Date of discussion	Remark
KIs	KIP1	M	25	2	BoLSA rehabilitation center	16/04/2019	
	KIP2	M	34	10	BoLSA rehabilitation center	>>	
	KIP3	M	28	6	St. Mother Teresa center	17/04/2019	
	KIP4	F	28	4	ERDA Head Office	24/04/2019	
	KIP5	F	38	16	>>>>	>>	
	KIP6	M	32	8	Kirkos Sub City Head Office	29/04/2019	

The researcher use key informants as one of the methods of data collection. 6 key informants from government, nongovernment and nonprofit organizations that have a direct relationship with street children are included in this research.

4.4. Presentation of Findings and Analysis

4.4.1. Policy, Strategy and Programs

Policy is a broad concept that embodies several different dimensions. The challenge is to articulate in a comprehensible and cogent way the meaning of this term. In a nutshell, public policy seeks to achieve a desired goal that is considered to be in the best interest of all members of society. Examples include clean air, clean water, good health, high employment, an innovative economy, active trade, high educational attainment, decent and affordable housing, minimal levels of poverty, improved literacy, low crime and a socially cohesive society, to name a few. These examples of broad societal goals are not intended to imply that all public policies are directed toward the entire population. Sometimes policies deemed to promote the public interest target only a certain group. Crime prevention policies are in place, for instance, to control the behavior of repeat offenders. Public health policies may require the forced treatment of individuals with active tuberculosis. The intent of these public policies is to protect all members of society by focusing upon a select few (Torjman, 2005).

A strategy or general plan of action might be formulated for broad, long-term, corporate goals and objectives, for more specific business unit goals and objectives, or for a functional unit, even one as small as a cost center. Such goals might or might not address the nature of the organization, its culture, the kind of company its leadership wants it to be, the markets it will or won't enter, the basis on which it will compete, or any other attribute, quality or characteristic of the organization. As my definition implies, it is my view that strategy (and tactics) relate to how a given end is to be attained. Together, strategy and tactics bridge the gap between ends and means. Resources are allocated or deployed and then employed in the course of executing a given strategy so as to realize the end in view. The establishment of the ends to be attained does indeed call for strategic thinking, but it is separate from settling on the strategy that will realize them. Strategy refers to a general plan of action for achieving one's goals and objectives (Nickols, 2016). However, Strategy is a word with many meanings and all of them are relevant

and useful to those who are charged with setting strategy for their corporations, businesses, or organizations.

Health care is one of the crucial components of basic social services that have direct links to national growth and development and to the social welfare. Government of Ethiopia, on the basis of analysis on the determinants of the health of population, has formulated comprehensive health policy in 1993. This policy targets at increasing access to all segments of population with encouraging, preventive, essential curative and rehabilitative health services through decentralized and integrated health care delivery systems. It has a health development goal of creating healthy and productive society that contributes to overall socioeconomic development of the country. To put the policy in to practice, the MoH has developed a 20 year long term health development plan (1996-2015); sub-divided into five year sector development programs. Components of the sector development program are further translated into five year strategies and annual operational plans and has been implementing over the last 20 years.

The Government of Ethiopia has formulated and implemented policies and programs targeted at advancing the well-being of its citizens. National HIV policy, National social protection policy and Health Policy are some of them. One of the issues given attention in the FDRE Health Policy and child rights declarations and sustainable development goals is decreasing child mortality. To this end, in the past decades, the government not only has built many health institutions but has also adopted policies, strategies and packages to improve children's health. Although convincing results have been registered in improving access to health services, much remains to be done in making these basic health services available and accessible for children. In addition, special attention needs to be given to children living in rural, pastoralist and semi-pastoralist areas who are exposed to preventable diseases with serious health problems, including death (NCPE, 2017).

According to Q2 to KIPs, all of informants except KIP1 agreed that different policies, programs and/or programs that help to meet the health need of children are implemented in Ethiopia; though not specifically included street children (KIP2, KIP3, KIP4, KIP5, and KIP6/2019). One of the expressions of the KIP explains his views as follows;

> *I am male and 34 years old. My educational back ground is first degree in Sociology and Social Anthropology. I have 10 years work experience. I am working as a safety net agency expert of social protection fund BoLSA, Many policies are established in Ethiopia even many decades back. The issue was always its practice. Even there are international conventions ratified by the house of peoples representatives and domesticate as a laws of*

the country. Convention on the rights of child and the African child policy forum are few examples. The practice is failed always due to the failure in coordination between government, NGOs, community and other legal bodies and commitment of the Government officials and responsible bodies (KIP2/2019).

Another argument pointed out by KIP is also presented as follows;

I am female and 28 years old. I have Master's degree in Sociology. She has been working for the last 4 years as project coordinate department head in ERDA an NGO working with street children. She claims that streets are not comfortable for children. It didn't deserve to them. Any child in the street is mankind whether he belongs to any group or ethnic type. You will not ask for a child to rehabilitate or reintegrate with his/her family which group he/she is. As an individual I believe that a child in the street needs help from community, government, NGOs, individual, and etc. Social protection initiatives are multidimensional that have been executed by different government, non-government, community and faith based institutions. However, services had gaps in standards, coverage and accessibility, the complementarities of programs, institutional arrangement, data management and exchange of information, vertical and horizontal relationship among different implementing bodies. The other thing is that, government was not helpful and is not committed to help these days for ERDA. They know everything about our organization, the performance we have and what we have a better experience and we have been doing with vulnerable groups such as street beggars, youths, and street children and other community based services that plays a role in solving the socioeconomic problems of destitute. We might have limitations in coverage's, we are planning a long ran for this too but they demolish everything this days what we have done before. We might have problems in performing a lot of things. For example, we have a joint rehabilitation center in Southern Nations Nationalities and Peoples regional state in Hawassa. We have trained more than 15,000 street children's and reintegrate with their families. We are working for the last 29 years to support economically, socially and psychologically disadvantaged population (KIP4/2019).

The other thing she proposed is the issue of child labor law in Ethiopia. The government of Ethiopia, According to the 2009 national employment policy and strategy of Ethiopia, citizens with 15 years old and above considers as a working age. The Labor Proclamation No. 377/2003 sets the labor administration system as a whole, occupational safety, health & work environment, industrial relations, employment conditions through setting and enforcing minimum workplace standards to address workplace vulnerabilities. The Labor Proclamation prohibits employment of children below the age of 14 years of age and the engagement of young workers (i.e. between ages 14 and 18 years) in types of employment which are considered 'hazardous'. 89(1) for the

purpose of this proclamation "young worker" denotes a person who has attained the age of 14 but is not over the age of 18 years.

The argument of KIP regarding children and child labour law she also states her views as follows;

> *My personal view regarding to our legal acceptance to work for children aged 14 to 18 is not accepted and is difficult to control .It is against Protecting Children and Child Labor. These children should be educated, Healthy, economic and social services have to be fulfilled by their family, guardian, etc. they should not be promoted to work by themselves. This will expose to work beyond their capacity and is hazardous to their health. No one is responsible body in pursue whether these children are abused or not and it is not easy for government to control (KIP4/2019).*

There is little likelihood of finding a lasting solution to the problem of street children without involving the street children themselves. Very often the tendency has been to formulate plans and strategies for children without consulting them. We have to seek a meaningful dialogue with them. We must find out more about their problems and prospects and how we can best help them. We have Hear them and facilitates the way to so that they must fight for their rights and the community must help and stand with them (Anthony, 2000).

However the FGD forwards their view and summarized as follows;

Thus, According to FGD1 group of children of the street:

> *The best solution is that everybody has to help his neighbor in covering the gap our neighbor has. We have to help each other. It is better when we help before a child outs to street. It is very difficult to turn once if he lives in streets. There are a lot of things you learn from others because of your tight attachment with your peers. When you compare the livelihood of the poor and the status of the rich you can easily observe the gap. We are living in two extremes. We don't have pure water to drink, food to eat, shelter etc. but the rich lives in a gorgeous home, drives modern car and possess their basic necessities easily. There is no equal distribution of resources. So government should have to work to narrow the gap. All services should be accessible to all especially for those who are poor fairly. Secondly, government should provide free charge of health service centers for street children. Government health centers, hospitals have to be free for those who do not have money to pay so that their health must be secure. The Ethiopian Catholic Church missionaries of charity St. Mother Teresa home for the sick and dying destitute is serving for street children free service. The health examination and delivery of medicine is free. Government has to motivate such organizations and have to acknowledge their charity service. Many researches are done on street children but the real problem is not solved or well addressed. Therefore, government has to give us a chance to participate in establishing the policy, program and strategy that affects their rights (FGD1/2019).*

.

Whereas the other group taken as FGD2, a group of children on the street stipulated on the issue as follows.

> *Government health services and hospitals should be accessible to all. They are very limited and their service is not quick. Because medication is fair and a lot of low income people prefers to medicate there, that is these paces are always full. For those girls and boys who do not have family and sleep on the streets, government should have to prepare shelter and other facilities as well. They are sleeping in the streets and confronted adversities day and nights and rainy season as well. They do not have jobs; they don't have family to buy medicine when they are ill/sick; so these groups should get medical services freely in government health centers and hospitals also. The other thing is that health service in private health centers and private hospitals medication is very expensive. The profit they get from health should be balanced. Many children are dying because of their inability to pay and offer a treatment from any health center with an excellent service fair price. It is good if they give priority in saving life and medicate the poor rather than collecting profit as other goods. Government has to interfere and guide them to serve the poor. The community and family members have to cooperate with government and others to solve the social, psychological and economic problems of the most at risk and vulnerable street children (FGD2/2019).*

The expansion of different economic and social development programs help mainly to reduce the shortage of supply side and increase the benefit to the entire population. On the other hand, several constrains could impede the poor and the rather vulnerable segments of the society to access services expanded. Therefore, to reduce the demand side constraints and to benefit segments of the society that require special attention, it is necessary to take social protection measures. Social Protection is part of social policy framework that focuses at reducing poverty, social and economic risk of citizens, vulnerability and exclusion by taking measures through formal and informal mechanisms to ascertain accessible and equitable growth to all (NSPP, 2015).

In Ethiopia, the expanding social protection landscape is part of the progressive implementation of the main economic and social rights enshrined in different articles of the constitution. Article 41 of the FDRE constitution in its Economic, Social and Cultural Right serves as a base for the establishment of a social protection system in the country and states the obligation of the state. Article 41(4) the State has the obligation to allocate an ever increasing resource to provide to the public health, education and other social services. Article 41(5) the State shall, within available means, allocate resources to provide rehabilitation and assistance to the physically and mentally

disabled, the aged, and to children who are left without parents or guardian. 41(6) the State shall pursue policies which aim to expand job opportunities for the unemployed and the poor and shall accordingly undertake programs and public works projects.

Article 90 in its social objective claims that policies should be established that are accessible and is stated s follows. Article 90(1) to the extent the country's resources permit, policies shall aim to provide all Ethiopians access to public health and education, clean water, housing, food and social security. This is a constitutional foundation to design policies. African Union member states, including Ethiopia, have endorsed the African Union Social Policy Framework (AUSPF); and they have integrated in to their development agendas and strategies are pursuing measures to reduce chronic poverty and vulnerability, which shows the paramount importance of social protection at regional level to bring about equitable and stable growth (ibid).

4.4.2. Diseases Frequently Visit Street Children

Children who are living along the streets are vulnerable to social and economic problems which may not be experienced by other young people. In particular, life on the street exposes children to illness and diseases. Street children are mostly vulnerable to a wide variety of problems, as they are living on the streets without supervision, protection and guidance. Children on the streets and children of the streets are addicted to glue inhalation, which results in damage to their respiratory systems. Continuous or frequent use of these drugs and substances has physical and psychological effects such as tiredness, weight loss, distorted vision, lack of concentration, brain damage, a complete degeneration of bone, heart seizure, and lowered level of responsibility (as cited in Anah, 2014).

From the interview participants regarding the health status they experiences I can say that many of them suffers by disease and illnesses in the street. From the total participants except 3 of them (P6, P7 and P8) all the other participants all other participants are suffering from disease and illnesses in the street. They frequently experience fever, headache, depression, coughing, skin diseases, injuries, stress, headaches, typhoid, typhus, diarrhea and STD.

In Ethiopian the Data needed is hardly available with regard to the size of the population and magnitude of vulnerability to HIV. However, there are specific groups vulnerable to HIV Infections and are most at risk populations. These include Street children (FHAPCO, 2010b).

Five semi-structured interview participants (P1, P2, P11, P12 and P14) are suffering from STDs. Among these participants three of them (P1, P2 and P11) do not have basic knowledge and awareness on the STDs. Their reason is that nobody tells them in detail how to prevent STDs. Even though two participants (P12 and P14) have knowledge on STDs they become infected with it. They hear of from their friends not from other health experts. Some other participants P4, P5, P12, P14, P15, P16 are P17 are diseased by suffered from Typhoid, typhus, TB, lung, Relapsing fever, skin disease and hepatitis B.

The health problems of the populations in different spaces are largely preventable communicable disease and nutritional disorders. Despite progresses made to date, there is still a high rate of morbidity and mortality as a result of these conditions (HSTP, 2015).

Children on the street were at a high risk of being abused sexually, and confirmed that enforced sex was common in the street environment. They were susceptible to have forced sex by friends, strangers, and by others. Street girls had experienced being abused by street boys, drug users and strangers. They had experienced group rape as well:

The sixth key informant from kirkos sub city health bureau explains his experience regarding how the sub city is working to meet the health need and health security of street children and other vulnerable children states his views as follows;

> *I am male and 32 years old. I have Master's degree in Field epidemiology and 8 years work experience. I am working as a public health emergency management in Kirkos sub city health office. As a sub city health office we have identified five service points, which are population at risk groups. These are schools, youth center, residences, work station and street children. For the service points we have selected teams of experts and enter in to work before two years in two government health centers. This year we expand the service to all government health service in the sub city. Expertise in street children for example; have a mission to inform, educate and aware them the prevention and protection methods of STDs and other diseases. These experts are health officers and if they get ill/sick child they have to examine there and if it needs further clinical laboratory they advise him/her to go government nearby health center and examine for free. Most of them might not know well but we have a program to help street children to get medications in Kirkos sub city health centers. By this program we help many street children. But it is not an easy task to work with street children compared to the service points. The experts face many obstacles. The street children did not have good attitudes for our experts. They did not understand as they are going to help them and give a solution in protecting their health from disease. Instead they ask them such as shelter which is beyond the capacity of the health officers.*

They will not give a time to invest in them. This time there is change but it is not as we expected (KIP6/2019).

4.4.3. Knowledge and attitudes of Street children's about STDs and their experience of medications

Kruger & Richter (2003) stated that most of the sexually active children were exposed to unprotected sex; only a small proportion said they used condoms and even these children used condoms inconsistently. The children had different perceptions of the use of a condom. One boy suggested that a condom is not necessary if the sexual partner is already known, if a sexual partner is young or if a sexual partner lives at home. It is necessary only if having sex with unknown girls and street girls. He also reported that street children practiced high-risk sexual behaviors under the influence of drugs or alcohol and that the majority of street children were more likely to have sex and less likely to use a condom.

This statement is substantiated by 18 years old male as follows;

I smoke cigarettes and drink alcohols and take drugs. Most of the time when I get money, I prefer to go and drink alcohol 'areke' at cherkos 'DC sefer'. After I have drunken a lot, I have a confidence to ask sex with prostitutes nearby and pay money for it. I have knowledge STDs but I don't have better understanding. I may use when the partner asks me to do so. I don't think the use condom is necessary every time when I have sex with the girl whom I know. However I believe that use of condom is necessary if having sex with girls from outside, those I don't know (P14/2019)

Another interview participant also explained her view as;

"I am female and 17 years old. I have a father and mother and 3 brothers and a sister as well. I have a lot of bitter experience of harassment from young boys, 'figur';'deyas' mean police, etc. I work as a beggar and sometimes sale my body for survival. I have boyfriends in the streets. I sniff glu'amag' or mastish metoz', smoke cigarette, chew chat and drink alcohol. In the meantime i was disturbed by my friends and change my location. At that time I chew chat and drink alcohol. Then when I walk lonely at night, a group of 8 sent me to unknown place and abuse me 'yedama deferugn'. I don't go to hospital because disease from other people transmits to me and my diseases transmit to other people. And, a cost of money to treat disease in hospital is high so I don't go there. Once I had fever; I went to traditional healer and I paid only little money, but hospital would charge more money. HIV treatment is necessary; I don't have money so I don't go for treatment (P11/2019).

Q3 of the FGDs assess the preventive methods to unsafe sex. Accordingly almost all participants agreed that addiction of drugs and alcohols exposed to sexual abuses. Several studies showed that street children began to use alcohol and drugs at a very early age. Street children engaged in

sex under the influence of drugs. It is also reported that street children practiced high-risk sexual behaviors under the influence of drugs or alcohol, and that the majority of street children were more likely to have sex and less likely to use a condom when they were high (Kruger & Richter, 2003).

This is also substantiated by FGD participant and explained her views as follows:

> *I am female and 15 years old. I believe that chewing chat and drinking more alcohol is dangerous for abuse. Because you will be abnormal and you will never know your activity. One time I was drunk and did not know myself. At that time those whom I know 2 young boys rape me. They did not use condom. I did not screen myself because I was scared (FGD2/FGDP1/2019).*

Anarfi (1997) noted, sexual behavior would be reckless and sexual intercourse could take place at any time and in any place if the partners were under the influence of drugs. Access to quality and timely health care is critical for everyone. For vulnerable children who are living and working on the street have complex health conditions it is even more important. Access includes physical access to buildings and medical appointments, attitudes of providers, and accessible transportation, health promotion programs and health information. To achieve national health goals set for the general population, health care access issues need to address the needs of the street children.

4.4.4. Street Children and their Vulnerability Cases

Analyzing vulnerability (and deprivation) links threat contingencies (what to offer protection from) to susceptibilities and inevitable weaknesses of specific target populations (whom to protect). Like security, risk and threat, vulnerability has many meanings applied in different contexts, but in general refers to the future likelihood of suffering adversity (UNDP, 2004).

Vulnerability has an external component the shocks and stresses to which an individual is subject; and an internal component defenselessness/powerlessness in the face of those shocks and the lack of the means to cope without suffering damaging loss. Building on these insights, propose three indicators for measuring vulnerability exposure, sensitivity, and resilience (Busumtwi-Sam, 2008).

In regarding the vulnerability cases, all of the KIPs agreed on the provision of special aid to street children from government, NGOs, community, and other stake holders is very essential

and choice less. However, they differ in which type of street children and chronological step to help first. The KIP views are explained as follows;

Children of the street are the affected to everything and are vulnerable ones. So primary emphasis should be given to this population (KIP1/2019);

Children of the street girls are very exposed population to physical, social and psychological abuses. These populations need a special care and attention (KIP2/2019);

Girls who are addicted and boys less than 15 years old children of the streets are vulnerable groups and more focus should be given to them (KIP3/2019);

Both boys and girls children of the street face similar adversities and difficulties in the street. However their resistance differs. I prefer to see children in the street. They should have to grow in the guidance and supervision of their family. However in both cases first arrivals to the street are highly affected ones to different types of abuses even from the street children (KIP4/2019);

Both boys and Girls who are in the street need help. However the new arrival boys and girls children of the street are more vulnerable groups and needs immediate help (KIP5/2019). And lastly

A need based help is preferable for the vulnerable population. For me I cannot specify this age group and type of population is vulnerable population. Those who need help are vulnerable and this needs further research (KIP6/2019).

A search for lasting solution the problem of street children is meaningless without involving the street children themselves. Very often the tendency has been to formulate plans and strategies for children without consulting them. Families, the government and the community at large must seek out the street children and have a meaningful dialogue with them. We must speak and listen to the street children if we are to help them. We must find out more about their problems and prospects and how we can best help them. Living on the streets is difficult and hazardous and therefore anyone able to survive must be listened to and helped. It is without doubt that street children are resourceful and determined people who must be given a chance. The initial step must be hearing their voices and cries for help. On the other hand, the street children themselves must raise their voices to ensure that their plight is known. They must fight for their rights and the community must help and stand with them (Anthony, 2000).

The above argument is substantiated by the KIP and explained her statement as follows;

All street children who are working and living on/along the street need a special care and help. These populations are not different from other children who are with their family. Those who have families may go to school, get health service, eat nutritious meal, drink pure water, wear neat cloth and wash their body. However children of the street do not get all these services. This responsibility should be realized by government. Because government is a huge body and have a structure from the top up to the down Wereda and Kebele levels. The issue of street children is going hot and be the agenda then after while everybody forgets. Even the responsible bodies in the government organs are not committed to work with and support too. Their lips and action is quite different. Involving street children for their long lasting solution is not anomalous in Ethiopia. However, Street Children should be given the opportunity to participate in matters that affects their own rights. She recommends that, let's not ignore them. We have to work all together with them in order produce a meaningful contribution for the long lasting solution to save them from abuses. Hence NGOs, communities, neighbors, religious institutions and other stake holders have to truly work to curb the problems of street children. Government has to evaluate the performance of NGOs and guide their implementations (KIP5/2019).

4.4.5. Street children and their Means of Income

Literatures indicated that unemployment is one of the major causes of homelessness. Even if most of the homeless are considered as unemployed, they have to have certain means of getting at list their daily meal. It is believed that street children are engaged in activities, which are neither encouraged nor considered as respected jobs. This fact is elaborated by the 17 years old; children on the street explain her means of income as;

Both my father and mother are alive. I have 2 brothers and 3 sisters also. I went out to the street by the peer friend influence. My prime purpose is to work hard and support my family. I am living in rent house with my three female friends around Abinet. I start work shoe shining girl for the last three years in Autobustera and then come here commerce university area. Many customers advise me as their sister and motivate me as well to love my carrier. They are good looking people and give me an extra bonus. This time I am very happy and love shoe shining. Nowadays I commence saving account and help my families too (P1/2019).

From the interview research participants, FGD and from my observation I can suggest that, as much as possible they have tried a job that helps them to fulfill their basic needs. Children on the street have a better access of job and living conditions. However children of the streets have less chance to work in good paying jobs. They spend most of their time walking from place to place to search food, some of them collect waste materials, and

begging in the sidewalks and traffic spot points. Even if they take part in labor works they are not equally paid with others who work with them equally. This is because of their existence in the street and unavailability of guidance and support from anybody. Along the streets, they frequently survive by scavenging, stealing or working in informal sectors. Some exchange sex for money, thus increasing their risk of contracting HIV and other sexually transmitted infectious diseases. These days sniffing glue is most common drug in the streets of Addis Ababa and Kirkos sub city streets as well. Most of them say that they sniff glue to stifle hunger, numb the cold at night and help them to cope with pain and from other difficulties that that exist in the streets. Many of them are addicted of sniffing glue, cigarette, drinking alcohol or habesha areke that automatically hurts their dignity, livelihoods, safety, survival, and health & wellbeing of this population and unsecure the community.

4.4.5. The Implication of Health Security to Human Security

Human security is broad and contested concept. 'Human security can be said to have two main aspects. It means, first, safety from such chronic threats as hunger, disease and repression. And second, it means protection from sudden and hurtful disruptions in the patterns of daily life whether in homes, in jobs or in communities. Such threats can exist at all levels of national income and development (UNDP 1994).

An interview participant explained his view and experience as follows;

> *I am male and 16 years old. I have 3 brothers and 2 sisters. I have been living in the street for the last 4 years. My parents separated when I was a child. I love my mother. She lonely aggrandizes me. My father is alive but it is a very long time since I see him. I dropped out school and I resorted to the street because of peer friends. When I come to Addis Ababa, things are not easy for me. There is no person whom I know in the city. For few days we sleep around bus station locally names as "Autobustera" and pay 20 birr for a night. The sleeping places were not safe. Young drunkards boys come and sleep, some others smoke in the room, and some also come with girls and disturb you. I prefer to sleep in the streets. I came to Stadium area with my friend last year. Things are not fine to in general to fulfill my needs. I am young and I can engage in employment which are considered is not hazardous to me; no one will believe you and allow you to do so. Even i am not seen as a resident of that sub city, wereda or the place where I am living as other young boys. So I have to prefer to work even dangerous things to fulfill my necessities. I work with other youths in riding goods from containers. They deal with the others and give me 50 birr; 200 and 300 birr for them. Even though I am equally engaged in the task with them they reduce my allotment. We*

will not be paid equally. If they see you thin or unhealthy, they sometime refuse you to work and earn money with them (P16/2019).

The other interview participant also explained his experience as follows;

I am male and 18 years old. I have 3 brothers and 4 sisters. I have been living in the street for the last 6 years. My parents separated when I was a child. My father married another woman and had three children with her. My father was a farmer. My step mother was not good to me. She is very aggressive and sometimes abuses me psychologically. Due to this I become angry and I went out to my friends who are already on the street here in Addis Ababa. Then I came to search job. My friends told me Addis is good for leaving and some of my friends were in a better condition and they were changed. But it is not the same for me. I couldn't find job easily and it was very difficult for me. And taste everything. I develop addictions chewing chat, smoke cigarettes, and smoke paf "ganja", and drink alcohols. Completely I become addicted and not even want to search job. I eat food buying from leftover restaurants or 'bule'. What I found in Addis on the street is just suffering of deep addictions (P14/2019).

The factors contributing to the problem are different. Many children leave home to escape the hostile home environment. Family breakdown plays an important role in their decision to leave home. Alcoholism, abuse or neglect of children, divorcé or death of parents is other major factors (FSCE, 2003). In this case, respondents from children of the street (P10, P11, P12, P13, P14, P15, P16, and P17) share similar cases.

There are millions of street children in developing and developed countries under maltreated situations, malnourished, assaulted, unscrupulously abused, socially deprived and abandoned and denied affection, education and assistance. In some cases, these children especially girls on the streets are sometimes engaged in prostitution and are being sexually abused (as cited in Anah, 2014).

This argument is substantiated by interview participant and narrates her view and experience as follows;

I join to the street because of poor living conditions in home. I came to Addis Ababa with my friend to work and help my family. I know that in my living place a lot of young boys have gone to Addis in search for good jobs. Due to this reason, I came to Addis and roamed around Piasa area first. I planned to work as a maid, save money and help my family. I engage in serving family for six months only. Immediately, I met a man and ask him if he knows anyone who wants maid servant. Then he told me that he will ask someone else and tell me. For the time being he allowed me to be with him if I don't have a family. Then I thanked him and prefer to stay because I did not have any choice. He has many friends, chew chat in his home and drunken beers as well. Once upon a time he asks me to have sex

with him. I feared but say no, then another day when he drunk he forceful abuses me. He repeats sexes many times without my consent. I disappoint on him and my hope. Psychologically I don't have good feeling and decide to go out. Then I disappear and left his home and went out to the street. The street is not safe and too cold. Then time by time, I start to chew chat, sniff glue to endure the weather as my friends. During the rainy season sleeping in the street is impossible. So I tried to get money and sleep in a daily rent houses. I stand in a street as prostitute to gain money and sleep in a safe place and collect money (P11/2019).

4.4.6. The nexus of human security and national security

The CHS, in its final report Human Security Now, defines human security as:

"…to protect the vital core of all human lives in ways that enhance human freedoms and human fulfillment. Human security means protecting fundamental freedoms – freedoms that are the essence of life. It means protecting people from critical (severe) and pervasive (widespread) threats and situations. It means using processes that build on people's strengths and aspirations. It means creating political, social, environmental, economic, military and cultural systems that together give people the building blocks of survival, livelihood and dignity." (CHS: 2003: 4)

The provision of service is necessary in improving the lives of citizens, including children. In particular, the provision of services such as basic education, health care, job opportunities and recreation, in urban communities contributes to the children's early growth, development, functioning and progress in society. However, most local authorities have not been able to provide these services to all residents in the face of increasing urban populations and dwindling resources available to them. In the absence of a coherent social policy framework to address the urban poor, who include street children, the poverty situation continues to worsen. Moreover, slum and squatter settlements, where the majority of street children originate from, are completely ignored in service provision since they are considered illegal. Instead, local authorities resort to actions such as evictions Urban Management Programme ([UMP], 2000).

This view and experience of an 18 years old girl is presented as follows;

My father and mother are dead when I was a kid. I have a brother and 2 sisters. I went out to streets because of poverty. My brother and my sisters are living with our uncles and aunts. However, I decided to came Addis Ababa and help my brother and sisters. I have been living in the street for the last 4 years. Living in a street is harsh and insecure. You confront with a lot of adversities. It is a place where there is no access to safe water, access to health service and a place of familiarize to addictions. It is also a place where sexual abuse is very vibrant. There is no family that advises you and helps you to participate in good paying jobs. Unfortunately you are going to participate in unsafe sexual activities that might endanger your life. When I need money; I prefer to stand at sidewalks waiting for men. This is the easy means to get money. This is not my life story only there are also other girls that stand in street to feed their family and secure their economy (P12/2019).

The illegality of these neighborhoods stems from urban planning policies which forbid the development of slum and squatter settlements. Consequently, such evictions result in destruction of property and homelessness for many children and their families. The evictions also destroy the community support systems, which further complicates the poverty situation and the break-up of families becomes a direct cause for children to go to the streets. Hence, local authorities become part of the street children problem in creating conditions which foster rather than address poverty. The lack of these services and insecurity of tenure result in adverse consequences to the well-being and development of children (ibid).

Regarding who can play a role in alleviating the problems of children of the street explanation by the participant is presented as follows;

I am Female and 17 years old. Both my father and mother are alive. I have 4 brothers and 3 sisters. My mother is house wife and my father is a farmer and is too old. Though he strives to provide our basic necessities, he cannot. Since I am young girl I decide to came Addis Ababa and help my family. Then I start sale coffee renting veranda in stadium. Now I am very happy and accomplish my basic necessities and help my family as well. I have a saving account and save a little amount of money. I live with my sister around Sarbet. She is very wise and advises me to work hard. Her advice helps me to broaden my sight. I would like to recommend to others to guide and help for others. There are many boys and girls who don't have work and sleep in the street. They are in the street because no one gives them opportunity. So families have a great role in the fate of the future of their daughters and sons rather than sending them to the streets. Neighbors, community, private companies have to play in brightening the future vision of these children (P5/2019).

Urban violence has implications for national security which in turn can affect national economies through negative impacts on tourism, foreign investment and lower productivity of the work-force (Kanji, 1996). Extreme deprivation of basic life necessities which street children find themselves, can force them to seek survival means which may involve criminal activities such as pick-pocketing and stealing. As children, they may be relatively harmless. However, as they grow into adulthood, they are likely to constitute a major source of crime and insecurity.

4.4.7. Street Children and National Security

While Street Children are viewed as constituting serious nuisance to the society, it is generally viewed as a social pathology that requires social solution through such welfare programs as rehabilitation and re-integration of Street Children into their families and needy homes for such kids. Among the core issues of national security are law and order. National security has also been defined as the "aggregate of the security interest of all individuals, communities, ethnic groups.

The argument and experience of KIP is explained as follows;

> *The Human security of street children cannot be promoted by establishing policies, strategies and programs solely; the commitments of officials and the day to day follow up of the implementation matters most. I believe also that in establishing policies, strategies and programs, it is good if their views and experiences are also included.it will be helpful and a solution for the government officials to understand the deep experience and views of this population. These days the government is committed in alleviating the problems of children of the streets. Kirkos sub city health office is participated in screening the health defects of street children in coordination with other stake holders. We are working to sustain the goal equal access for all (KIP6/2019).*

The fact, therefore, still remains that Street Children are potent threat to National Security as a nation infested with Street Children cannot be free from security threats. In the same vein, some of the negative effects of globalization such as magnified poverty no food, no clean water, no education, and no health care and children lead short, brutal suffering lives; tend to aggravate the level of frustration in Street Children in ways that transform them into violent creatures. The weakening sovereignty of the states in political, economic and other areas, the weakening of institutions, increased economic inequality and the breaking up of both social and political

spheres have a devastating effect in many societies, especially the third world countries (Mesa, 2005; Tokathan, 2000, cited in). The rise of internal violence with the appearance of street gangs from Street Children and other manifestations of juvenile violence is one of the most visible effects.

The German psychiatrist Albrecht Mahr also suggested that large group issues are deeply interconnected with individual real people (Cohen, 2009).The argument is substantiated by KIP and narrates his views and experiences as follows;

Regarding whose security is going to be secured an explanation by KIP is stated as follows;

> *This days Security is vital for existence and wellbeing of individuals internationally and even nationally. Security is considered a basic need for survival. So primarily, security should concern basically; on security of people and main concern should be on vulnerable groups. I also believe that, those who are more vulnerable are exposed to different types of threats; if these threats are not eradicate at earlier time then these population are going to be insecure. Street children are equal with children we have in our home; so each family has to play his role in coordination with government to solve the problems of the vulnerable population in facilitating their future. The problems of street children affects directly or indirectly to the total population. So we have to help in sustaining dignity, livelihoods, safety, survival, and health & wellbeing of individuals and secure the community (KIP5/2019).*

4.5. Conclusion

By applying the methods of data collection the analysis and data presentation is organized carefully. The response of the semi-structure interview participants, Focus Group Discussants and Key Informant interview Participants is presented based on the objective of the thesis. Even though, there is no specific policy, strategy and/or program that directly specifies street children; there are policies in place that aids vulnerable groups. The KIPs affirm that there are policies, strategies and programs that aid vulnerable groups. Street children are a population that needs help from government and NGOs, community, family and other stakeholders; however the commitment of the officials and the follow-up of the implementation process is limited. That is why these children are suffering of adversities in the streets.

Even though KIP from Kirkos Sub city stated that they are working with street children to solve their solutions and aware them in preventing STDs; the respondents from children of the street stated that there is the reverse. Rather when we go to government health services the nurses despise us. This kind of services makes you not to go to health centers; it is better to sleep of or sniff more glue to cope with the pain &illness/sickness. However many of them goes to the Ethiopian Catholic Church missionaries of charity St. Mother Teresa home for the sick and dying destitute, and medicate freely. Their service is very attractive. The respondents agreed that the number of street children is increasing and they face physical, social and psychological abuses. They are also vulnerable to disease and illnesses. Especially those who work and sleep in the street and street girls are vulnerable population. Many of them stop classes. They don't have jobs or participate in low paying jobs. As one of the KIP stated that sniffing glue is very dangerous and might kill them in a very short time. So Government and other stake holders have to control and establish mechanisms in controlling the selling of the glue that endangers their health and limit their future. Generally the health security street children are not secured. There are no safe places to sleep, eat food from scavenge vats, drink any water, they do not wash their body and their hand before meal, they don't brush their teeth. They don't have money when they feel ill/or sick. The limitations make their health for the future is not secure. Still remains that Street Children are potent threat to National Security as a nation infested with Street Children cannot be free from security threats. Because national security is defined as; the aggregate of the security interest of all individuals, communities, ethnic groups.

CHAPTER FIVE

5. Summary of Results, Conclusion and Recommendation

5.1. Summary of Results

The major findings from this thesis are:

- Street children are the most marginalized, ignored part of the population, facing many human rights violations because of their existence on the street.
- Protecting their personal hygiene is impossible because of the unavailability of accesses. They are living on the streets without supervision, protection and guidance.
- Street children frequently experience illness, particularly fever, coughing, skin diseases, injuries, stress, headaches, typhoid, typhus and STDs.
- The cost of healthcare services and their awareness levels are some of the principal, barrier deterring street children from accessing appropriate healthcare.
- Many of them sniff glue to stifle hunger, numb the cold at night and help them to cope with pain which endangers their health.
- Sniffing glue and sleeping off illnesses are some of the major coping methods used by street children when they are ill/sick
- Allowing street children to express their views and their experiences will produce a meaningful contribution for the long lasting solution but there is no practice yet.
- Children who are living on the streets under-utilize available health services.

5.2. Conclusions

The present study indicated that, although the health care facilities are readily available in Kirkos sub city, the street children access to them is limited by their status and economic problems. Moreover, as indicated by Richard, Lilian, Mary, & Jana (1994), homeless people sometimes fear visiting health care facilities because of previous bad experiences with health care system Therefore, a comprehensive health intervention program need to be designed and implemented so that they can get access to existing health care facilities, particularly the government health care facilities.

Street children who work and live on the streets of Kirkos sub city are found to be vulnerable to wide and extreme violations of their rights. They face various difficulties, including physical, psychological and sexual abuses. Sniffing glue and sleeping off are some of the coping mechanisms street children use when they are sick.

Even though children on the street are at risk groups children of the street are vulnerable groups to diseases and illnesses. New arrivals and Girls are vulnerable to physical and sexual abuses. They are also vulnerable to addictions and continue to engage in irregular and unsecured sex, they are at high risk of contracting HIV/AIDS.

Injections of money or by merely passing laws will not achieve the problems of street children. Mere material improvement trickling down to the community level will not help either. All these efforts may even aggravate matters unless they are accompanied by programs which will allow children to develop their potential.

The study shows that the participants typically did not have the individual resources to pay to health facilities. However providing free or reduced cost service per se may not be sufficient enough to achieve effective access.

Lastly, it is clear that the problem of street children cannot be solved by the efforts of one part only. It needs the cooperation and commitments of all stake holders; the government, NGOs, Community Based Organizations, religious institutions, private organizations, the community etc.

5.2. Recommendations

Greater knowledge and understanding of the circumstances of children living on the streets is necessary to inform appropriate policies, programs and strategies that secures their health.

Street Children should be given the opportunity to participate in all matters affecting them, especially when it comes to fighting for their own rights. Allowing children to express their views and their experiences will produce a meaningful contribution for the long lasting solution.

The cost of health services for street children will need to be reduced or free in government health services if their access to healthcare is to be improved. However providing free or reduced cost service per se may not be sufficient enough to achieve effective access. Health care staff must treat them and provide friendly services.

Education is often seen as a means of helping children in the streets. Most of the Street Children are illiterate with no basic skills to protect themselves from social, physical and psychological problems. Preventive measures are therefore vital to protect children from the risk of full exposure to life on the street

Family have full power play role in reducing the incidence of Streetism. So that they have to play a countless role in manicure their children rather than pulling their children from school and expect them to supplement family income.

Government have to build drop-in centers where focus on socialization, where street children can visit at any time during the day and find shelter, food, security, washing facilities, medical and psychological services, legal services, an awareness program and literacy skills also.

Finally, Non-Governmental Organizations, Civil Society Groups and Community Based Organizations, the community should strive to complements government's efforts aimed at fulfilling their health security. These must be done with the integration of the Street Children themselves. Their voices must be heard for the lasting solution and sustain Ethiopia's national security.

References

Abebe, M. (2014). The experience of street children in the rehabilitation program of kirkos sub city: The case of drop in rehabilation center project (dirc) child space program (Master's thesis, Addis Ababa University).

Addis Ababa City Government (2017).Kirkos Sub-city Administration. Retrived March 2019, from, http://www.addisababa.gov.et/de/web/guest/kirkos-sub-city,

African Child Policy Forum.(2014). The African report on violence against children.African Child Policy Forum (ACPF).

Amury,Z. & Komba, A. (2010). 'Coping Strategies used by Street Children in the event of illness'. Research Report10/, D res Salam, REPOA

Anah, L. M. (2014). The Views of Street Children on How Streetism can be prevented. Degree North-West University

Anarfi J.K. (1997). Vulnerability to sexually transmitted diseases: street children in accra. *Health transition review*, 7 (supplement)

Anon (2003). Working with street children: exploring ways for ADB assistance. Asian development.

Aptekar, L. (1994). Street children in the developing world: A review of their condition. *Cross-Cultural Research*, *28*(3), 195-224.

Asaminew, E. (2010) Adopting Private Pension System in Ethiopia 10: 1.

Balew B. W. (2014). Assessment on Male Street Children and Youth Vulnerability to HIV/AIDS in Addis Ababa, Ethiopia (Doctoral Dissertation, Indira Gandhi National Open University).

Beyene, Y. & Berhane, Y. (2015). Health and social problems of street children

Bhukuth, A., & Ballet, J. (2015). Children of the Street: Why are they in the Street? How do they Live?.*Economics & Sociology*, *8*(4), 134.

Bryman, Alan (2008). Social research methods. New York: Oxford University Press Inc.

Busumtwi-Sam,J. (2008). Contextualizing human security: A 'deprivation vulnerability'approach.*Policy and Society, 27*(1).

Buzan, B., Wæver, O., & De Wilde, J. (1998). *Security: a new framework for analysis*. Lynne Rienner Publishers.

Catala, N.M. (2004) Pension Funds and Corporate Govern, Developing Countries: What do we need to know?

Catherine, G.W (2009).Factors influencing care-giving approaches in rehabilitation Centers for Street Children during informal learning Activities in Nairobi, Kenya.

Cohen, D. B. (2009). Guilt, responsibility, and forgiveness: Lessons from lifers in prison. In *Forgiveness and reconciliation* (pp. 137-151).Springer, New York, NY.

Commission on Human Security (2003).*Human Security Now: Final Report*, New York: CHS.

Demelash, H. (2011). *Organizational Responses and Sexual and Reproductive Health Needs of Street Children in Addis Ababa* (Doctoral dissertation, Addis Ababa University).

Densley, M. & Joss, D. (2000), Street Children: Causes and Consequences, and Innovative Treatment Approaches, Work 15

Denzin, N. K., & Lincoln, Y. S. (2008). Collecting and interpreting qualitative materials. Los Angeles: Sage Publications.

Du Toit, D. C. (2011). Food Security, Department of agriculture, forestry and fisheries republic of South Africa

Dutta N. (2018). Street Children in India: A Study on Their Access to Health and Education. *International Journal of Child, Youth and Family Studies 9*(1)

Dybics, P. 2005. Intervention for street children: An analysis of current best practices. *International Social Work, 48*(6)

Ennew, J. (2003). Difficult circumstances: Some reflections on 'street children'in Africa. *Children, youth and Environments*, *13*(1), 128-146.

Etikan, I., & Bala, K. (2017). Sampling and Sampling Methods. *Biometrics & biostatistics international journal, 5*(6).

FHAPCO (2010b). Report on progress towards implementation of the UN Declaration of Commitment on HIV/AIDS 2010, Addis Ababa, Ethiopia

Fikre, K. (2016).The Social World of Street Children: Street Children's Peer Friendship, Group Life, and Subculture in Addis Ababa, Ethiopia. (M.A. Thesis).UCOL Norwegian University of Science and Technology, Trondheim (Norway).

Fitzpatrick, T. (2000). *Horizontal Management, Trends in Governance and Accountability*. CCMD's Action-Research Roundtable on the Management of Horizontal Issues.

Forum on Sustainable Child Empowerment (2003): "The Situation of Street Children in Eight Major Towns in Ethiopia" Addis Ababa. FSCE

Forum on Sustainable Child Empowerment (2009).Striving for Sustainable Protection, Growth and Development of Vulnerable Children. FSCE Annual Report

G/medhin, E. A. (2014). Social Capital as Survival Mechanism: The Case of Selected Female Street Children and Youth in Bole and Kirkos Sub-Cities, Addis Ababa (Masters in Social Work, Addis Ababa University).

Gurung, H. (2004). Study of policies and programs addressing the right of street children to education research report. Child welfare Scheme UK.

Jolly, R., & Basu Ray, D. (2006). The human security framework and national human development reports. *NHDR Occasional Paper*, *5*.

Kairuz, T., Crump, K., & O'Brien, A. (2007).Tools for data collection and analysis. *Pharmaceutical Journal (Vol 278)*.

Kanji, N. (1996), Review of Urbanization Issues Affecting Children and Women in the Eastern & Southern African Region, UNICEF Eastern & Southern African Region, Nairobi.

Kassa, S .K. (2015).The Situation of Street Children in Urban Centers of Ethiopia and the Role of NGO in Addressing their Socio-Economic Problems: The Case of Hawassa City. *International Journal of Academic Research in Education and Review, 3(3),*

Kiros, A. (2016). On set, experiences and termination of streetism: An ethnographic case study on street children in the city of Mekelle, Ethiopia. *Imperial Journal of Interdisciplinary Research*, *2*(2)

Kothari, C. R. (2004). *Research methodology: Methods and techniques*. New Age International.

Kruger and Neumann (2003).The sage encyclopedia of qualitative research methods, Sage publications Inc.

Kruger, J. M. & Richter, M. L. (2003).*South African street children at risk of AIDS? Children, youth and environment, 13*(1*)*

Lalor, K. (1992). Study on Street Children in Four Selected Towns in Ethiopia. UNICEF, Ethiopia, Ministry of Labour and Social Affairsc

Mandalazi, P., Banda, C., & Umar, E. (2013).Street children's vulnerability to HIV and sexually transmitted infections in Malawian cities.*Malawi Medical Journal; 25*(1)

Mosa, L. (1999). Services provided to street children in Cairo and Alexandra.

Mugove, K., & Lincoln, H. (2015). Why Children Leave their Homes for the Streets? The Case of Harare. *International Journal of Scientific and Research Publications*, 5(10)

Nanda, S .(2008). Working street children's perceptions of their health, illness and health seeking behavior.

Nickols, F. (2016).Strategy, strategic management, strategic planning and strategic thinking. *Management Journal*, *1*(1), 4-7.

Nuriye, G., Bekele, D., & Apollo, M. (2016). Module: Research Methods and Techniques

Panter-Brick, O. (2002). Street children, human rights and public health: A critic and future directions. *Annual Review of Anthropology*, 31

Richard, P.U., Lilian G., Mary, S, and Jana L. (1994). Health care for homeless: A family medicine perspective.

SC UK (2012). National Situation Analysis on Street Children in Ethiopia (Save the Children United Kingdom),

Schurink, W. (1993). Street Children: An investigation into the causes and incidence of the problem of street children in the RSA with the aim to develop a model for treatment, rehabilitation and prevention programs. Pretoria: HSRC

Sebrato, H. (2016). *Exploring The Life Experience of Street Children in Addis Ababa, Stadium Area* (Doctoral dissertation, St. Mary's University).

Seyoum, K. A. (2015). Pension Fund Management: The Case of Ethiopian Social Security Agency. *Journal of Business & Financial Affairs, 4*(3). Doi: 10. 4172/2167

Shiferaw, T. B. (2012). A Qualitative Exploration of the Life Situation of Street Children in Ambo Town: Challenges and Prospects (Master of Social Work Degree, Indragandhi National Open University)

Smith, B. L. (2003). Public policy and public participation engaging citizens and community in the development of public policy.

Tafese, T. (2017).Theory of Securitization to Counter Ebola: The Nigerian Approach. *International Journal of Scientific and Research Publications*, 7(11).

The 1993 Federal Democratic Republic of Ethiopia, Ministry of Health Policy, Ethiopia

The 1995 Constitution of the Federal Democratic Republic Of Ethiopia

The 2017National Children's Policy of Ethiopia [NCPE].

Torjman, S. (2005). *Policy dialogue*. Ottawa: Caledon Institute of Social Policy.

Tower (2002).Understanding child abuse and Neglect (5^{th}.ed.). A Pearson Education Company, USA.

UN Department of Public Information. (2004). *A more secure world: Our shared responsibility report of the high-level panel on threats, challenges and change.* at: *http://www.un.org/secureworld/report.pdf.* Accessed in January 2015.

UNDP (1994).Human development report. New York: Oxford University Press.

UNDP (1997).Human development report. New York: Oxford University Press.

UNDP (2009).Community Security and Social Cohesion.Towards a UNDP Approach. UNDP

UNDP Bureau for Crisis Prevention, & Recovery. (2004). *Reducing Disaster Risk: A Challenge for Development-a Global Report*. United Nations.

Ungar, M., Brown, M., Liebenberg, L., & Othman, R. (2007). Unique pathways to resilience across cultures. *Adolescence*, *42*(166), 287.

UNICEF.(2007). A Base Line Survey of Children Living on the Street of Addis Ababa.

United Nations Development Programme.Bureau for Crisis Prevention, & Recovery. (2004). *Reducing Disaster Risk: A Challenge for Development-a Global Report*. United Nations.

United Nations.(1989). *Convention on the Rights of the Child*. New York

Urban Management Programme (2000). Street children and Gangs in African Cities: Guidelines for Local Authorities. UMP Working Paper Series 18

Walt, S.M. (1991). *"The renaissance of security studies".*International Studies Quarterly.

West, A. (2003). At the Margins: Street Children in Asia and the Pacific (Poverty and Social Development Papers.) Asian Development Bank.

WHO (n.d). Module 1-A Profile of Street Children:A Training Package on Substance Use, Sexual and Reproductive Health including HIV/AIDS and STDs,Mental Health Determinants and Populations Department of Mental Health and Substance Dependence Geneva, Switzerland

Williamson, J., & Greenberg, A. (2010).Families, not orphanages. Better Care Network. *New York.*

Williamson, K. (2018). Questionnaires, individual interviews and focus group interviews (Chapter 16) Research Methods: Information, Systems, and Contexts. Elsevier Ltd.

World Population Review (2019).Addis Ababa population 2019. Retrived 8 June 2019 from http://worldpopulationreview.com/world-cities/addis-ababa-population/

Appendix I: Verbal Consent Form for Participants of the Study

Dear Research Participants,

My name is Kahsay Gebru. I am a graduate student from the Institute of Peace and Security Studies (IPSS) at Addis Ababa University (AAU). Currently I am collecting data regarding the "**HEALTH SECURITY OF STREET CHILDREN IN ETHIOPIA: THE CASE STUDY OF KIRKOS SUB CITY OF ADDIS ABABA**" to explore the policies, strategies and/or programs that helps to meet the health needs of street children; identify the most frequent diseases and illnesses that affect them; examine and analyze vulnerability of street children and their insecure risk situations and to explain and understand the implication of health insecurity and its effects to human security. The study takes place in Ethiopia, Kirkos Sub city of Addis Ababa. As part of my assessment, I will interview street children living and/or working in the area, FGD will also be conducted in the place where the participants are comfortable with. In addition to my observational survey and the research also includes key informant participants. I use the obtained data/information for the Master's thesis as partial fulfillment of the requirements for the degree of Master of Arts in peace and security.

Confidentiality for and Consent from participants guide

I may ask some personal information that some people find difficult to answer. I am not going to talk to anyone about what you told me. Your answers are completely confidential. Your name and household members will not be written on this form. You do not have to answer any question that you don't want to answer, and you may end this interview or FGD at any time you want. However, your honest answer to my questions will help me to better understand to health security of street children in Ethiopia, Kirkos Sub City of Addis Ababa. The interview will take about an hour and therefore I ask your patience for the time I will take to finish my questions. Thank you

Would you be willing to participate?

Signature of interviewer ……

(Respondents gave their informed consent verbally)

Thank you!!!

Appendix II: Interview Questions for Kirkos Sub City Street Children

1. Personal information

   Sex…….

   Age…….

   Grade…….

   Duty/task …….

2. Family background
   a) Do you have your mother and/or father?
   b) How about your brothers and sisters?
3. Can you tell me your street life situations and your family relation situation please?
   a) Why do you out to the street?
   b) How long have you been on the street?
   c) Where do you sleep?
4. Would you explain your health needs and your treatment when you are ill? What are the main health diseases or illnesses in Kirkos Sub City of Addis Ababa Street? Do you think there are factors that expos you to the risk of Disease and Illness? Can you explain your view?
   a) Who is the person near to you when you are ill?
   b) Where do you go when you are ill?
   c) If you are going to health centers how do you get the service? If not what other coping measure are you used? Why? Can you explain it please?
5. Do you think that sexual abuse of street children is widespread? Would you explain your observation please?
   a) Have you ever encountered any kind of sexual abuse? Who are the abusers? Where and when? Did you report it? If not, why?
   b) Are you aware of STIs that are transmitted by unsafe sexual intercourse such as HIV? From whom do you hear of that? Can you explain your view please?

6. Would you explain your health treatment habits and situations please?
    a) Can you explain your experience of hand wash before and after meal?
    b) Can you elucidate personal hygiene experience (wash your body, wash your cloth, brush your teeth)
    c) What type of addictions do you have? Did you want to quit it? Can you tell me your experience being encounter by your addiction?
7. What do you think should be done in Ethiopia, Kirkos Sub City of Addis Ababa to meet the health needs and health security of street children? What measure is expected from Government, Non-Government Organization, Affluent, community and individuals as well? Can you explain please?
8. How do you see the attitude of the public towards street children? Can you explain your experience or your observation?

Thank you!!!

Appendix III: Focus Group Discussion Guideline for Kirkos Sub City street children participants

1. What preventive actions do you suggest for street children to prevent disease and illness that exist in the streets? What about proactive measures? Can you explain please
2. What is expected from street children to be a self-hygiene, free from any form of addictions and be an ethical citizen that quits the exclusions and deprivations?
3. Discuss the measures that should be taken by street children to protect their live from HIV and other sexually transmitted disease that transmit by unsafe sexual intercourse and from sexual abuses?
4. Discuss the role that is expected from government and other stakeholders that sustains the health needs and health security of street children? And lastly
5. What is the view of street children towards the community? Can you explain with your experience or your observation?

Thank you!!!

Appendix IV: Key Informant Interview Guide

1. Personal information

Sex…….

Age…….

Educational Status…….

Work experience…….

Work Position…….

2. Is there any policy, strategy and/or program that help to meet the health needs and health security of street children in Ethiopia, Addis Ababa and in Kirkos Sub City particularly? What is its implication to security? Would you explain your view?
3. What are the health diseases or illnesses common to street children? Do you know where did they go when they feel ill? Do you believe that they will meet their health needs? What is its implication to security?
4. Do you believe street children are vulnerable groups, and are considered as high risk groups to Diseases and Illness? Which group of street children do you think are highly vulnerable? Why? Would you explain your observation in Kirkos Sub City?
5. Does your bureau, organization, association is working to fulfill the health needs and health security of street children? Explain the measures you are taking? What role are you taking in sustaining the life of street children? Would you forward the consistent solution will be?
6. What is your perception for street children and streetism in general?
7. You can point any other issues you want to share in relation to the health security of street children please?

Thank you!!!

Appendix V: Observation Schedule

Overall grand tour observations will be conducted at day and/or at nights for the general understanding in Kirkos Sub City of Addis Ababa with special emphasis on the places where street children are highly populated mainly Ambassador, National Theater, Commerce University, Mexico, la gare, Stadium, Meskel square, St. Urael, St.Estifanos and other places.

Amharic translated version

<u>በጥናቱ ለሚሳተፉ ተሳታፊዎች የፈቃደኝነት ማረጋገጫ ፎርም</u>

ካህሳይ ገብሩ እባላለሁ በአዲስ አበባ ዩኒቨርሲቲ የሰላምና ደህንነት ጥናት ተቋም የድህረ ምረቃ ተማሪ ነኝ። "HEALTH SECURITY OF STREET CHILDREN IN ETHIOPIA: THE CASE STUDY OF KIRKOS SUB CITY OF ADDIS ABABA" በሚል ርእስ ዳታ እየሰበሰብኩኝ ስሆን በአጠቃላይ በጥናቱ የሚዳሰሱ ነጥቦች የጎዳና ተዳዳሪ ልጆች የጤና ደህንነት የሚያስጠብቁ ፖሊሲዎች እስትራቴጂዎች እንዲሁም ፕሮግራሞችን በተመለከተ ለመፈተሽ፣ የጎዳና ልጆች የህይወትና በጎዳና በሚኖሩበት ጊዜ በዋነኝነት የሚያጠቁዋቸው በሽታዎችና ህመሞች ለመለየት፣ ለበሽታ ተጋላጭነታቸውና የተጠቂነት ሁኔታ እንዲሁም የጎዳና ተዳዳሪ ልጆች የጤና ደህንነት ስጋት ለደህንነት ያለው አንድምታ ለማጥናት ነው። ጥናቱ የሚከናወነው በአዲስ አበባ ከተማ አስተዳደር ከሚገኙ ክፍለ ከተሞች በአንዱ ሲሆን ይህውም ቂርቆስ ክፍለ ከተማ ነው። መጠይቁ ያዘጋጀሁት በቃለ መጠይቅ ወቅት በጥናት ቦታው ለሚሰሩ እና/ወይም ለሚኖሩ የጎዳና ልጆች ነው። መጠይቁ ወይም የቡድን ውይይት ተሳታፊዎች በመረጡት ቦታ ይከናወናል። እኔ ከማደርገው ምልከታ በተጨማሪ ጥናቱ ቁልፍ መረጃ አቀባይ ጋር የሚደረግ ቃለ መጠይቅም ያካትታል። ከተሳታፊዎቼ የማገኛቸው ማንኛውም መረጃዎች ለሰላምና ደህንነት ማስተርስ መመረቂያዬ አላማ ብቻ የሚውሉ ናቸው።

<u>የተሳታፊዎቼ ሚስጥር መጠበቅና በፍላጎት መሳተፍን በተመለከተ</u>

ሌሎች ሰዎች እንዲያውቋቸው የማይገቡና ለመመለስ የሚከብዱ የግል ጥያቄዎች ላነሳ እችላለሁ። ይሁን እንጂ የምትሰጡኝ መረጃ ለሌላ ወገን ተላልፈው አይሰጡም። የናንተው መልስ ፍጹም ሚስጥራዊነቱ የተጠበቀ ነው። ትክክለኛ ስማችሁና የቤተሰባችሁ ማንነት በዚህ ፎርም ላይ አይፃፉም። መልስ መስጠት የማትፈልጉት ጥያቄ ካለ አለመመለስ ወይም የቡድን ውይይቱን ማቋረጥ ከፈለጉ በማንኛውም ጊዜ ማቋረጥ ይችላሉ። ይሁን እንጂ ለጥያቄዎቼ የእርስዎ እውነተኛ መልስ እንደ አጠቃላይ በኢትዮጵያ በተለይም በአዲስ አበባ ከተማ አስተዳደር ቂርቆስ ክፍለ ከተማ በጎዳና ልጆች የጤና ደህንነት ሁኔታ መገንዘብ ያስችላል። ቆይታችን እስከ አንድ ሰአት ሊፈጅ ስለሚችል ጥያቄዎቼን እስክጨርስ ድረስ በትእግስት እንድትጠባበቁኝ እጠይቃለሁ። ለመሳተፍ ዝግጁ ነህ/ሽ?

የተሳታፊ ፊርማ.....

(ተሳታፊዎች ለመሳተፍ ፈቃደኛ መሆናቸው በቃል የሚሰጡበት)

አመሰግናለሁ!!!

<u>በቂርቆስ ክፍለ ከተማ ለሚገኙ የጎዳና ልጆች የተዘጋጀ ቃለ መጠይቅ</u>

1. የግል መረጃ
   ዕድሜ፣ እድሜ፣ ትምህርት ደረጃ፣ ስራ
2. የቤተሰብ ሁኔታ
   ሀ) ወላጆችስ አለ ማለትም አባት፣እናት?
   ለ) ወንድምና እህት አለህ/ሽ?
3. የጎዳና ህይወት ምንነትና ከቤተሰብ ጋር ያለህ/ሽ ግንኙነት ምን ይመስላል

ሀ) ወደ ጎዳና የወጣህበት ምክንያት ምንድን ነው?
ለ) ጎዳና ላይ ለምን ያህል ጊዜ ሰራክ/ኖርክ/ሽ?
ሐ) ማደርያህ/ሽ የት ነው?

4. እባክህ በምትታመምበት ጊዜ የጤና ፍላጎትህንና የጤና አጠባበቅ ህክምና ሁኔታ ምን ይመስላል? የጎዳና ልጆች ዋንኛ የጤና በሽታዎች ወይም ህመሞች ምንድን ናቸው? ለበሽታና ለህመም ሊያጋልጡ የሚችሉ ምክንያቶች ምንድን ናቸው ብለህ/ሽ ታስባለህ/ሽ? ያንተ/ቺ እይታ ምን ይመስላል?
ሀ) በምትታመምበት ጊዜ ከጎንህ በመሆን የሚያስታምምህ/ሽ ማን ነው?
ለ) ስትታመም ለህክምና የት ትሂዳለህ/ሽ?
ሐ) ወደ ህክምና ማዕከል የምትሂድ/ጂ ከሆነ አገልግሎቱ እንዴት አገኘሀው/ሸው? የማትሂድ/ጂ ከሆነስ በሽታህንና/ሽ ህመምህን/ሽ በምን ታስታግሰዋለህ/ሽ ለምን? እበክህ/ሽ ዘርዘር አድርገህ/ሽ ብታስረዳኝ/ጂኝ?
5. የጎዳና ልጆች የያታዊ ጥቃት/ትንኮሳ በብዛት ያጋጥማል ብለህ/ሽ ታስባለህ/ሽ? የታዘብከው/ሸው ነገር ካለ ዘርዘር አድርገህ/ሽ አብራራ/ሪ?
ሀ) አንተስ/ቺ የያታ ጥቃት/ትንኮሳ አጋጥሞህ/ሽ ያውቃል? ጥቃት ፈፃሚዎቹ እነማን ናቸው? የትና መቼ? አመልክተህል/ሻል? ካላመለከትክ/ሽ ለምን?
ለ) ጥንቃቄ የጎደለው ያታዊ ግንኙነት ለተለያዩ በሽታዎች ለምሳሌ ኤችአይቪ እንደሚያጋልጥ ታውቃለህ/ሽ? ከማን ነው የሰማሀው/ሸው? እባክህ ዘርዘር አድርገህ ብታብራራልኝ
6. የጎዳና ልጆች የጤና አጠባበቅ ሁኔታ ምን ይመስላል
ሀ) ከምግብ በፊትና በኃላ እጅ የመታጠብ ልማድህ/ሽ ምን ይመስላል?
ለ) የራስህ ንፅህና (ገላ፣ልብስ፣ጥርስ ፅዳት በተመለከተ) እንዴት ትጠብቃለህ/ሽ?
ሐ) ምን አይነት ሱስ አለህ/ሽ? ሱሱን ለማቋረጥ ትፈልገለህ/ሽ? ከሱስ ጋር ተያይዞ የሚያጋጥሙህ/ሽ ሁኔታዎች ምን ይመስላሉ?
7. የጎዳና ልጆች የጤና ደህንነትና ፍላጎት ለሚሟላት በኢትዮጵያ አዲስ አበባ በተለይም በቂርቆስ ክፍለ ከተማ ምን መደረግ አለበት ትላለህ/ሽ? ከመንግስት፣ መንግስታዊ ከልሆኑ መስሪያቤቶች፣ ከባለሀብቶች፣ ከማህበረሰብ እንዲሁም ከግለሰቦች ምን ይጠበቃል ትላለህ/ሽ? ዘርዘር አድርገህ/ሽ ብትገልፅልኝ እባክህ/ሽ
8. ማህበረሰቡ በጎዳና ልጆች ላይ ያለው አመለካከት ምን ይመስላል? የታዘብከው/ሸው ነገር ካለ ዘርዘር አድርገህ/ሽ ብትገልፀው/ጪው?
አመሰግናለሁ!!!

ቂርቆስ ክፍለ ከተማ ለተገኙ የጎዳና ልጆች የተደረገ ጥልቅ የቡድን ውይይት ቃለ መጠይቅ

1. የጎዳና ልጅ በጎዳና ለሚፈጠሩ በሽታዎች ወይም ህመሞች ቀድሞ መከላከል እንዲችል ምን ማድረግ አለበት ትላለህ/ለሽ? በሽታ ወይም ህመም ካጋጠመስ ምን ማድረግ አለበት? ዘርዘር አድርገህ/ሽ ግለፅ/ፂ?
2. የጎዳና ልጅ የራሱን ንፅህና ጠብቆ ከተለያዩ ሱስ ርቆ ጥሩ ስነ ምግባር ኖሮት እንዲያድግና ከሌሎች መገለል/ክልከላ እንዳይደርስበት ከራሱ ምን ይጠበቃል ትላላችሁ?

3. የጎደና ልጅ ጥንቃቄ በጎደለው ግብረስጋ ግንኙነት የሚከሰት ኤችአይቪ በሽታና ሌሎች የጤና ህመሞችና እንዳይጋለጥ እንዲሁም ያታዊ ጥቃት እንዳይደርስበት ቀድሞ ምን ማድረግ ይኖርበታል ትላላችሁ? ይብራራ
4. የጎዳና ልጆች የጤና ፍላጎትንና የጤና ደህንነት ለሚሟላትን በዘላቂነት ለመፍታት ከመንግስት፣ መንግስታዊ ካልሆኑ ድርጅቶች፣ ከባለሀብት፣ከሀይማኖት ተቋማት፣ ከመህበረሰብ እንዲሁም ከሌሎች ባለድርሻ አካላትስ ምን ይጠበቃል ትላላችሁ?ይብራራ
5. የጎዳና ልጅ ለማህበረሰብ ያለው እይታ ምን ይመስላል? የታዘብከው/ሽው ያጋጠመህ/ሽ ነገር ካለ ቢብራራ

አመሰግናለሁ!!!

ከቁልፍ መረጃ አቀባይ የሚደረግ ቃለ መጠይቅ

1. የግል ሁኔታ
   ያታ፣ዕድሜ፣የትምህርት ደረጃ፣የስራ ልምድ፣የስራ ሀላፊነት

2. የጎዳና ልጆች የጤና ፍላጎትንና የጤና ደህንነት የሚያሟሉ ፖሊሲዎች እስትራቴጂና ፕሮግራሞች በኢትየጵያ፣ በአዲስ አበባ፣ በቂርቆስ ክፍለ ከተማ አሉን? ለደህንነት ምን አንድምታስ አለው? የእርስዎ ምልከታ ቢገልፁልኝ?
3. የጎዳና ልጆች በዋነኝነት የሚያጠቁዋቸው በሽታዎች ወይም ህመሞች ምንድን ናቸው ብለው ያስባሉ? ለመታከም የት የሚሄዱ ይመስልዎታል? የጤና ፍላጎታቸውን የሚያሟሉ ይመስልዎታል? ከጤና ደህንነት አኳያ እንድምተው ምን ይመስላል?
4. የጎደና ልጆች ለተለያዩ በሽታና ህመም በቀላሉ የሚጠቁና ተጋላጭ ናቸው ብለው ያምናሉ? የትኞቹ የጎዳና ልጆች ናቸው ይበልጥ ተጠቂ የሚሆኑት? ለምን? የታዘቡትን ነገር ካለ ቢገልፁልን?
5. ቢሮዎ፣ መስርያቤትዎ፣ ማህበርዎ የጎዳና ልጆች የጤና ፍላጎትንና የጤና ደህንነት ለሚሟላት ምን እየሰራ ነው? የተሰሩ ስራዎች ካሉ ቢዘረዝሩ? የጎዳና ልጆች ህይወት ለመቀየር ምን አይነት ሚና እየተጫወታችሁ ነው? ዘላቂ መፍትሄውስ ምንድን ነው ይላሉ?
6. በጎዳና ልጆችና የጎዳና ኑሮ ያለዎት አጠቃላይ ምልከታ ምን ይመስላል?
7. እባክዎ ከጎዳና ልጆች የጤና ፍላጎትና የጤና ደህንነት በተያያዘ ማንሳት የሚፈልጉት ካለ ማንኛውም ሀሳብ ቢያካፍሉን?

አመሰግናለሁ!!!

የምልከታ መርህ ግብር

ምልከታው በአዲስ አበባ ከተማ አስተደደር ቂርቆስ ክፍለ ከተማ በሚገኙ የጎዳና ልጆች በብዛት በሚገኙባቸው አካባቢዎች ማለትም በአምባሰደር፣ በብሄራዊ ትያትር፣ በኮሜርስ ዩኒቨርሲቲ፣ ሜክሲኮ፣ ለገሀር፣ እስታድየም፣ በመስቀል አደባባይ፣ እስጢፋኖስ፣ ኡራኤል፣ እንዲሁም ሌሎች አካባቢዎች በቀንም ሆነ በማታ በመተታዘብ አጠቃላይ ግንዛቤ ይያዝበታል

Appendix VI

Words spoken by children of the street and their local and English translations

Street Word	**Amharic translation**	**English Version**
Amag	Mastish	Glue
Metoz	Mastish Mesab	Sniffing more Glue
Deyas/Figur/sidist	Police	Police
Debuka	tekakfo metegnat	sleeping collectively in one
Meketeb	Susegna mehon	Addicted
Mete	Adis yemikelakel	New Comer/Arrival
Yedama Medefer	Bebizu Wendoch Medefer	Sexual Abuse by groups
Fewa/Buliye	Tirifrafi Migib	Leftover Foods from Restaurant
Bushti	Gibresedom	Homosexual
Diza lekema	widaki mesebseb	collecting waste/recycle materials

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 have been duly acknowledged.

_____	_____	_____
Name	Signature	Date