



**ADDIS ABABA UNIVERSITY COLLEGE OF
HEALTH SCIENCE SCHOOL OF PUBLIC HEALTH**

**ORGANIZATIONAL RESPONSES AND SEXUAL AND REPRODUCTIVE
HEALTH NEEDS OF STREET CHILDREN IN ADDIS ABABA**

BY:

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Advisor: Adamu Addissie (MD, MPH, MA, Assistant Professor)

A Research thesis submitted to School of Graduate Studies of Addis Ababa University, College of Health Science, School of Public Health in partial fulfillment of the requirements for the degree of master in public health (MPH)

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Addis Ababa, Ethiopia

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Acronymes and Abbreviations

AIDS	Acquired Immuno deficiency Syndrome
CFSC	Consortium for Street Children
CRC	Convention for the Right of Children
EPIINFO	Epidemiological Information
FGD	Focus Group Discussion
FSCE	Forum on Street Children in Ethiopia
HIV	Human Immuno deficiency Virus
NGOs	Non-Governmental Organizations
SPSS	Statistical Package for Social Science
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases
STIS	Sexually Transmitted infections
UN	United Nation
UNICEF	United Nation International Children EmergencyFund
USAID	United States Agency for International Development
WHO	World Health Organization

Abstract

Background - The lives of millions of street children worldwide are at risk because they do not have the information, skills, health services and support they need to go through sexual development during adolescence. It was time to put in place viable programmes or strategies that will ensure the sexual health problems street children are urgently addressed. But rigorous assessment has not been undertaken so far to identify whether special and street children-friendly sexual and reproductive health and HIV/ AIDS prevention and treatment services were existing in Addis Ababa. This study is therefore undertaken to systematically investigate the fit between street children's sexual and reproductive health needs and the existing programmatic responses.

Objective - This paper tried to explore to what extent the present health interventions address sexual and reproductive health needs of street children in Addis Ababa.

Method-Across-sectional study was conducted among 422 street children and four service providers using a structured questionnaire, focus group discussions and through individual interview. Study participants were selected using time location sampling (TLS) technique which includes different areas at different time in five sub cities of Addis Ababa.

Results -At the time of the survey, most participants (72.5%) were ever had sexual intercourse (66.2% of boys, and 90.4% of girls) and the mean age at their first sexual intercourse were 15.4 years for males and 14.3 years for females. Comparing males and females, 84.3% of males and 85.7% of females tended to have multiple sexual partners. Concerned to Substance use, more than two third (67.3%) of the participants were used at least one type of substance. A history of drug use (OR = 2.5; 95% CI = 1.42–4.56), and being on the street for the first 1-3 years (OR = 5.9; 95% CI=1.41- 25.22) increased the likelihood of displaying sexual activity. A large proportion (64.9%) of the street children did not attend any kind of sexual and reproductive health education programs. Regarding Perceived and actual barriers, limited access to local sexual and reproductive health services, 26.5% of participants stated lack of information on available services as the biggest barrier. From the individual interview with coordinator of special clinics for street children, it was indicated that financial and networking problems were affecting the service delivery for children by different actors.

Conclusion- Street children who are special high risk group, have not been targeted and hence continue to remain vulnerable and lacking in sexual and reproductive health services that cater to their needs and sexual health services are poorly advertised and delivered to them.

1. INTRODUCTION

The problem of street children is becoming a worldwide phenomenon since these children exist in every part of the world.. The vast majorities of these children work and live in large urban areas of developing countries (1). Like many under developed nations; challenges facing the Ethiopian children are diverse and immense. Thousands of children live under difficult circumstances and are exposed to various forms of abuse and exploitation (2). Street children in this study include those children aged between 10 to 18 years. The family may have neglected him or her or may have no family members left alive. Such a child has to struggle for survival and might move from friend to friend, or live in shelters such as abandoned buildings, plastic shelters and public phone rooms (3).

Though street children are hard to count, estimates of the number of street children range from about 20 million to over 100 million worldwide. What certainly known is that their number are increasing for various reasons including the global population growth, poverty, rapid urbanization and AIDS pandemic (4).

In Ethiopia, due to Push factors (poverty, family dysfunction abuse and school problems) and pull factors (independence, Freedom, Drug/alcohol abuse) children are drifted to street life to support themselves or their families in major cities (5). Over 4 million children are estimated to live under especially difficult circumstances. It is estimated that 600,000 children are taking part in street life and as many as 500,000 children find themselves at an extremely high risk of becoming involved in street life in Ethiopia (6).

The streets of Addis Ababa, the capital city of Ethiopia, are said to be home to a population of between 60,000 to 100,000 street children with the lower estimates originating from the Ministry of labor and social Affairs and the higher from aid agencies (7). Street children live and work in conditions 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 (1). 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. The

problem is further compounded by the lack of access to sexual and reproductive health information and services (8). A few studies that exist on the sexual behavior of street children in Addis Ababa showed that these children are more familiar to high-risk behavior and are sexually active at an early age (6). Despite these alarming realities, street children rarely have a voice in the sexual and reproductive health discourse. Governmental and nongovernmental organizations intervention program do not tackle down to the realities of street children. This is because these organizations work through the existing societal structures such as hospitals, schools, local communities and facilities from which street children are disconnected (4).

Though Study reports and other literatures on street children sexual health problems are very limited and even when available not comprehensive, some studies tried to reveal the magnitude of sexual and reproductive health problems of street children and tried to recommend to Governmental and Nongovernmental organizations for intervention (6). To date, little is known about whether street children have access to sexual and reproductive health services and information and, if so, to what extent. Hence undertaking a study in this area is believed to provide information on the types of sexual and reproductive health services offered to street children and relevant information was generated that could help organizations to design appropriate sexual and reproductive health programs and improving future services for this disadvantaged, segment, of, the, population.

2. Literature Review

2.1. Background

A personal sense of sexual well being as well as the absence of disease, infections or illness associated with sexual behavior is termed as sexual health. People with adequate sexual and reproductive health have a satisfying and safe sexual life, can have children, and can make a choice as to whether they would like to have children and if so, when and how to have them (9). Unfortunately youth in general are at greater risk for abnormal sexual and reproductive health compared to other age groups due to risky sexual behaviors. Homeless children and youth are likely to be at even higher risk for several different reasons (10). A risky sexual behavior is one that increases the likelihood of adverse sexual and reproductive health consequences. These health consequences may include unwanted pregnancy, unsafe abortion, HIV/AIDS and STIs (9).

2.2. Risky Sexual Activities

Sexual activity under the influence of substance /alcohol

Substance use may influence sexual behavior in ways that increase the risk of acquisition of HIV and other STDs. The street child's decisions on sexual behaviors such as whether to use a condom during sexual activity, to negotiate for sex or to use force (rape) depend on the level of intoxication. In general alcohol and other substance use often accompany the early sexual experiences, especially among boys (9,11).

Commercial sex/survival sex/prostitution

It has been estimated that 25% of Ethiopia's street children are girls and there is indisputable evidence that street girls in Ethiopia are often obliged to take on commercial sex work for survival. Unfortunately recent information on the number of street girls engaged in it is lacking (1). In one of the studies done in Addis Ababa showed that significant number 69.6% of the study subjects (who were commercial sex worker) were between the ages of 13-15 years (12).

Unprotected sexual intercourse

Unprotected sex is common among street children. This could result in a variety of sexual and reproductive health problems. Street children spend a lot of time in settings where casual sexual encounters occur (bar or 'crack houses') (11). Their risk of acquiring blood borne diseases and STDs such as HIV, syphilis and hepatitis is increased by the fact that they often have sex with persons at high risk for these diseases like people with multiple sexual partners or that sharing injection equipment for substances. Research results highlight the critical need for sexual and reproductive health programs for street children. For example, a study in Awassa showed that Among the 280 respondents who practiced sex, 216 (77.1%) did not use any of the modern methods of contraception (13).

Same sex sexual activity

Street children sometimes have sex with other street children of the same sex. This is much more common among boys. In addition, street boys are often sexually exploited by older men. Engaging in unprotected sexual intercourse can lead to acquisition of STDs including HIV (9). Based on the study done by Getnet Tadele on Sexual abuse against male street children in Merkato area, Addis Ababa, peers/friends were found on the top list of abusers as reported by 47% of the children, followed by unknown persons/strangers 17%, relatives 11% and 10% students and rich businessmen. Foreigners/Ethiopian Diaspora, bar owners and police were reported by 6%, 5% and 4% of the respondents respectively. This finding shows that street children themselves are involved in the practice (14).

2.3. Consequence of risky sexual behaviour and unprotected sex Pregnancy and its consequences

Street girls may become pregnant because of unprotected sex and the baby born to such mothers may have a low birth weight and may be prone to infections and illness. Coping with the needs of the child may be difficult for a street girl (15). Although having a child before age 15 is reported to be common in many families; unwanted pregnancy in early age is a complicated process and it accounts for the majority of maternal mortality and morbidity (12). One study conducted in Dessie town showed that out of sexually active female street youth, 25.0% had a history of unintended pregnancy at least once prior to the study, out of which 55.5% of them reported history of induced abortion at least (16). Another study in Addis Ababa revealed that nearly a quarter (23%) of the girls had encountered unwanted pregnancy means that in one way or another, they were exposed to unprotected sex (either consensual or forced). It, therefore, suggests that unprotected sex among commercial sexual workers is not rare phenomenon. Girls who faced unwanted pregnancy in the same study were also asked about the measures they took to deal with the problem and over half (57.2% reported that they terminated it using unsafe/traditional means of abortion, 17.8% terminated it in a clinic/or other medical institutions while a quarter of them (25%) opted to deliver the baby /instead of abortion (17)

Sexually transmitted infections and HIV

Sexually transmitted infections including HIV are consequences of unprotected sexual intercourse with an infected individual. The risk of STIs increases if a person has more than one sexual partner (9). A study conducted by Taffa showed an overall HIV-1 prevalence of 5.3% among the 358 out of school youth in Addis Ababa. There was a 60 % excess prevalence rate among out of school females compared to the males. The study indicated significant prevalence of HIV infection, particularly among female and out of school youth (17). Available data showed that HIV sero-prevalence rates for street children are 10-25 times higher than other groups of adolescents (18).

2.4 Street children's sexual and reproductive health needs

Accurate information

Information lays the basis for interventions that follow, such as the building of skills and counseling. Street children should be provided with information on growth and development, sexual and reproductive health, substance use, prevention of disease, promotion of good health and other issues such as rights and laws (15). When working with street children it may not be possible to find an appropriate place or time to provide information to them. It is important to take advantage of as many situations as possible whenever in contact with street children.

Life skill training

Life skills are positive behaviors that enable individuals to adapt to and deal effectively with the demands and challenges of life (15). It can also help street children in taking the opportunity to get off the street. Helping street children think about strategies for getting off the streets will need to include creative ways of getting them to think beyond their current situation (19).

Safe and supportive environment

The term environment is used to refer to what a child encounters outside of himself or herself in daily life. It refers to the political, legislative, legal, economic, social and cultural context of the child's life, including opportunities to get an education and gain livelihood skills as well as the opportunity to experience positive relationships with other people. This broader environment influences behavioral choices. The aim of creating a safe and supportive environment is to promote positive behavior among street children (15).

Unless immediate preventive and protective measures are taken to check the spread of the problem, it will greatly endanger the rights of survival and development of children protected in the convention of the right of children (CRC) (20). It is only by recognizing the barriers and limitations imposed upon them by mainstream society as a whole, and health services in particular, that their needs can be met (21). But homeless people feel excluded from mainstream sexual health services. Numerous real and perceived barriers exist, which make it difficult for them to engage fully with these services. Many street children may also not consider sexual health to be a priority. This in itself can make providing a sexual and reproductive health service for this group a difficult task (1). In order to tackle these problems, government and NGOs should provide both internal and external resources. Internal resources like intelligence, capacity to work and external resources in the environment like schools, health services, community organizations and people who care can induce positive impact on street children's life. Even though street children usually have many internal resources, they usually lack external ones (15). Life skills (the ability to be assertive about choices of sexual activities and to negotiate the use of contraceptive method) can help street children resist sex or have safer sex. Similarly, life skills such as problem solving and critical thinking help in healthy decision making.

Practical skills like knowing how to use a condom are essential for the practice of safer sex. Livelihood skills would decrease dependence on survival sex (22). Street children are also traditionally reluctant to access health services due to transportation problems along with a perceived lack of respect from providers and fear of being judged by health care workers, create physical and psychological barriers to accessing health care. Surveys of homeless youth have found that health advice is most often required from other homeless persons, followed by self treatment, and finally accessing clinics when self-treatment no longer work(23).

It is also possible that support-giving organizations are not publicizing their services sufficiently. This is due to the fact that the capacity of these organizations is extremely low in comparison to the number of street children in need of sexual and reproductive health support (24).

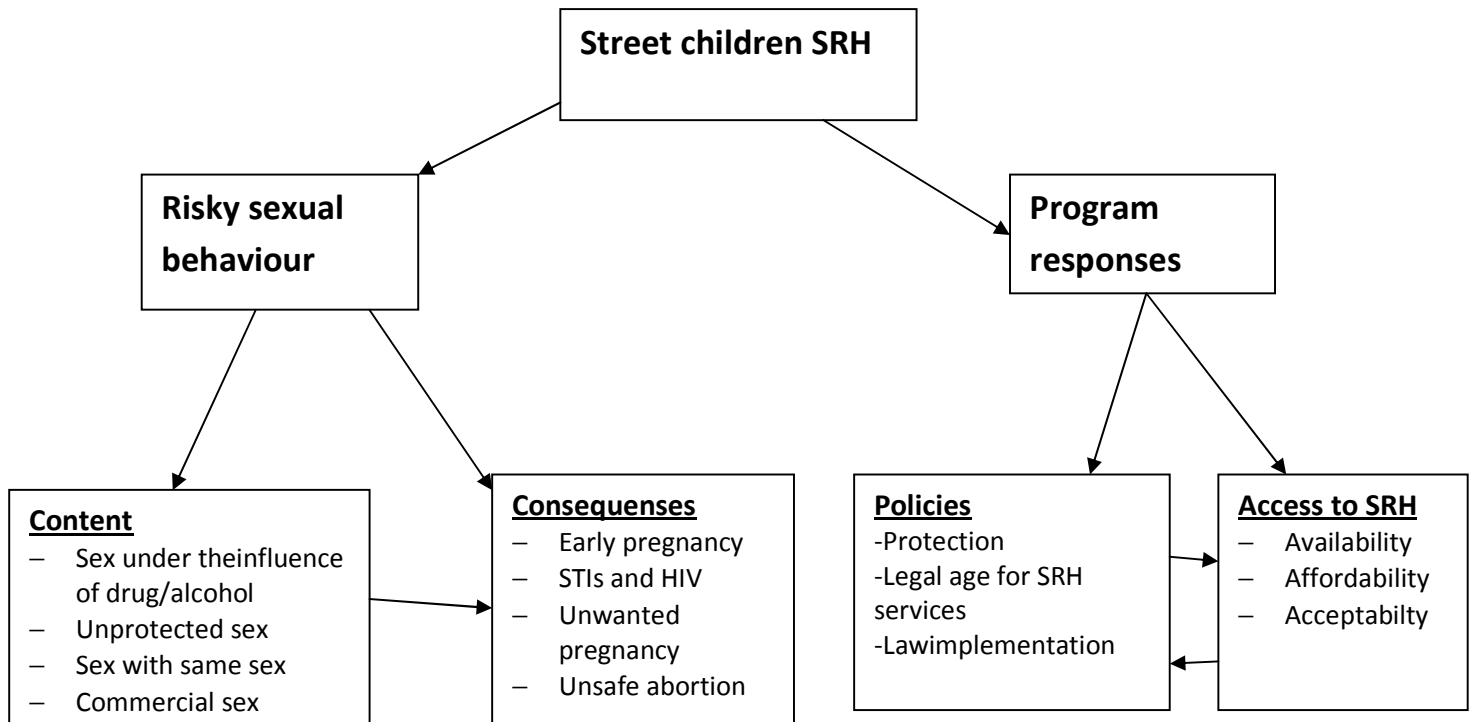
In the assessment survey done for supports provided to street children, respondents were requested to indicate whether or not they have knowledge of support giving organizations and only 36.7% said that they did with the proportions being 58.5% for female and 34.1% for male within gender group respectively. This shows that street children, especially male street children even in Addis Ababa have low access to the public media including the radio, TV and newspapers. If these children had some access they would have known at least one or two organizations working in support of street children (6). Respondents who reported that they were getting services from support providing organizations were further asked to specify the type of support they were receiving and the highest proportion (44.8%) reported that they were getting support for food. This shows that sexual and reproductive health issues for street children is neglected (6).

Given the numerous reasons associated with poor sexual and reproductive health among street children like histories of abuse and sexual risk-taking behavior a holistic approach to intervention is necessary to improve their well being.

But still the problem of street children remains an ignored tragedy. Street children are not targeted in fighting against HIV/AIDS (5). For example in one study When the key informants were asked about the attention given to the problem by governmental and nongovernmental organizations, they all unanimously replied that enough has not been done(14).

This study is therefore tried to systematically investigate street children's Sexual and reproductive health prevention and treatment services, their utilization patterns and street children-friendliness from the point of view of street children and service providers. The study also endeavor to pinpoint the existing problems and gaps in providing Sexual and Reproductive Health prevention and treatment services for street children . Such findings can hopefully impact the manner by which service provider can address sexual and reproductive health needs effectively.

Conceptual framework for sexual and reproductive health needs of street children and multisectorial responses.



3. Objectives

3.1. General Objective:

To assess existing needs and organizational responses for emerging sexual and reproductive health problems of street children in Addis Ababa.

3.2. Specific Objectives:

- To assess sexual and reproductive health needs of street children in Addis Ababa
- To assess and explore the nature and scope of sexual and reproductive health services for street children established by the different actors in Addis Ababa.
- To determine the proportion of street children who are aware and have used specific Sexual and reproductive health services.
- To examine factors associated with sexual activity.

4. Methods

4.1 Study area:

The study was conducted in Addis Ababa the capital of Ethiopia which has an area of 530.14 square Kilometer divided into 10 sub cities (Kefle Ketemas) with a total of 100 kebeles. The study was carried out from December 29, 2010 to January 9, 2011. Based on 2007 Ethiopian census, Addis Ababa has a total population of 2,738,248, consisting of 1,304,518 men and 1,433,730 women (25). Addis Ababa is the largest urban area in Ethiopia and attracts many children and youth who are searching for employment. The city has a high population of street children who are engaged in the informal sectors. The research was conducted in the five sub cities of Addis Ababa: Arada, Addis ketema, Kirkos, Lideta and Bole. These sub cities were selected purposively for the research based on high concentration of street children.

4.2. Study design:

Since triangulation of research methods can overcome personal biases and limitations that stem from the use of a single method, cross-sectional quantitative and qualitative mixing methods were used in the current study. Individual interviews using a structured questionnaire were conducted to gather relevant information on socio-demographic characteristics, substance abuse, sexual behavior, sources of information on HIV/AIDS and unwanted pregnancy etc. Qualitative methods were then conducted to verify data collected in quantitative method and to gain an in-depth understanding of the sexual behaviour and the service provided to them.

4.3. Study population:

The source populations for this study were street children in Addis Ababa and Street children, who were living or working independently on the street, aged 10-18 years, resided in Addis Ababa for at least 6 months and can speak & heard Amharic language were the study population of this study

4.4 Sample size:

Considering the absence of previous data in Ethiopia in this specific study group which comprises both sexes up to the knowledge of the investigator and to obtain a large sample size the following assumptions are undertaken. The proportion of street children having atleast one type of sexual and reproductive health service to be 50%, with a precision level 5% and 95% confidence interval. 10% was added to compensate for non response. Based on this assumption, the actual sample size for the study was computed using the formula for single population proportion as indicated below.

$$n = \frac{(Z \alpha/2)^2 p (1-p)}{d^2} + 10\% \text{ non response}$$

Where,

n = sample size

p = expected proportion (0.5)

d = margin of error/level of precision (0.05)

$$n = \frac{(1.96)^2 0.5(1-0.5)}{(0.05)^2} = \frac{(3.8416 \times 0.25)}{0.0025}$$

$$n = \mathbf{384}$$

Thus the study included 384 study subjects plus 10% non response. Then the data was collected from 422 street children.

4.5 Sampling procedures:

In Addis Ababa, street children are known to congregate in various city locations throughout the day. These locations, along with time at which high number of children congregated were became our sampling frame. But first we calculated sample size and determined the number of location needed. In this case the sample size was determined to be 422 and during the formative assessment the minimum number of children found in each location was 10 therefore we need 42 locations. In order to create the frame we observed the sites and count how many street children were there for a specific time of day (1 to 2 hours). An earlier work done by Forum on Street Children-Ethiopia (FSCE) was used as base for sampling plan (6). This earlier work was adapted to suit this work on demanded information. Finally we selected 42 of the venues randomly from the universe of venues.

4.6. Sample selection

The required sample size was calculated and formative assessment was conducted. based on the formative assessment, numbers of locations were identified & determined. A sampling frame of locations which were defined by both location and time was constructed. Locations and individuals in that location were selected using equal probability sampling (lottery method). The interviewers were instructed to try a take-all approach. They were only going to each site once and got every one they could in the time period 2 hours-no more or less. In this case any one that was present had an equal chance of being interviewed.

4.7. Data collection procedures:

The data for the quantitative section of the study were collected by 10 trained data collectors (8 male and 2 female) for 10 days who were MPH-I, II and micro biology students at Addis Ababa University with some experience in data collection in previous studies. To maximize openness of the children male interviewers were assigned for male respondents and female interviewers were assigned for female respondents. A structured questionnaire extracted from standardized questions such as BSS which addressed all the

variables, was prepared and pre-tested. The pre-test was conducted among 25 street children and these were excluded from the study. The data collection was conducted within two weeks from December 29, 2010 up to January 13, 2011.

The second set of instruments constitutes unstructured questions designed to serve as a guide for focus group discussion participants and to dig out information from service providers. A total of four (two among males of 10-14 years of age and 15-18 years of age and another two among females of the same age group) focus group discussion was conducted in the two sub cities (Arada and Addis ketema). FGDs were conducted separately for Boys and Girls. Each FGD was consisted of 8 participants. Participants were selected in such a way that children do not know each other to encourage them expressing the realities.

4.8. Data Analysis procedures

The quantitative data was entered in to EPI info version 3.5.1 then exported to SPSS version 16 statistical program. Descriptive statistics of percentages mean and frequency distribution using tables and figures was carried. In addition chi-square test and binary logistic regression and odds ratio with 95% confidence intervals were used to examine factors associated with sexual activities. FGD notes were typed and the audio tapes were transcribed. Responses were analyzed by arranging them in the general categories identified in the discussion guide. The various opinions were assessed and summarized so that the degree of consensus or differences expressed by the groups and synthesized the themes or patterns that emerged. All the recorded interviews with service providers were transcribe and analyzed manually.

4.9. Data quality management

The quality of data was maintained through careful design, translation and retranslation and pretest of the questionnaire, proper training of the interviewers and close supervision of the data collecting procedures, proper categorization and coding of the data.

4.10 Study variables

Dependent variable: Sexual practice

Independent variable: Sociodemographic & economic variable (sex, age, previous residency), connectedness to NGOs and life skill training and personal factors like smoking status, khat and alcohol use.

4.10. Operational definition

Street children-They are children less than 18 years old, comprising *on* and *of* street children.

They are children in difficult circumstances, who struggle to survive in the city.

Children on the street: Those children who primarily engaged in economic activities of street. They are children of either sex falling with the age group of less than 18 years working or begging on the street, but living with their parents or visiting their parents regularly.

Children of the street: Children of either sex who are within the age group of less than 18 years and, who are both economically and socially engaged in street life. These children live and work on street without any kind of control or assistance from parents or relatives.

Risky sexual practice: Children who had sex earlier than 18 years of age, or have sex with non-regular sexual partner, or exchange sex for money or have more than one sexual partner or use condoms inconsistently.

Rape: is defined as any non-consensual of penile penetration of the vagina or anal by physical violence or by threat of harm, or when the victim is incapable of giving consent due to drug or intoxication of alcohol.

Drug/substance: Any substance that when taken into the living organism may modify one or more of its function. In this study the concept of drug covers substances of alcoholic drinks, tobacco, khat, hashish and benzene.

Sexual and reproductive health needs: Include access to health care services, sexuality education, access to birth control method, and etc

Organizational Response: Any organized primary prevention, care or support activity designed by many actors to make sexual and reproductive health information and services available to street children.

4.11. Ethical consideration:

In this study, parents / guardians were not available. Therefore children were asked personally for their consent to participate. All participants were given full information regarding the purpose of the research, what is expected from them and how long the interview expected to last .In addition the research did not expose children to any physical and emotional stress. Furthermore the study protocol was approved by the Addis Ababa University, College of health science, school of public health Research and Ethics Committee (REC). The objective of the study was also discussed with organizations that are working with children and Addis Ababa police crime protection sector (child protection unit-CPU).

5. Results

In total, 422 street children- 314 (74.4%) - males and 108 (25.6%) females were interviewed resulting in an overall male to female ratio of 3:1. As indicated in Table-1, from the total interviewed street children, 73.2% were “of the street” type while the rest were “on the street” type. The age range of those children included in this study was between 10 to 18 years. Nearly two-third (65.2%) of the sample street children respondents were between 16 and 18 years of age and 31.0% are between 13 and 15 years of age while only 3.8% of the children are between 10 and 12 years of age. The mean age was 15.9years (SD± 1.7) years. The mean age for males and females was 15.9 years and 16 years respectively. Street children were also asked how long they had been on the streets and roughly half (51.2%) indicated that it had been 1-3 years while quarter (24.9%) of them said less than one year and 15.9% for 3-5 years. Fewer than ten percent (8.1%) had been on the streets for more than five years. Furthermore, majority street boys (81.5%) than street girls (24.1%) were sleeping on the street .Up to 77.9% of participants had dropped out of school at the primary level. More than two - fifth (44.3%) were dropped out from 5 to 8 grade and 33.6% from 1 to 4 grades while only 1.9% from 9 to 12 grades and 20.1% were either never attended or read and write only.

Table -1: Sociodemographic characteristics of street children in Addis Ababa, January, 2011 (N=422)

Variables	Male		Female		Total	
	<i>No</i>	%	<i>No</i>	%	<i>No</i>	%
Type of street life						
<i>On the street</i>	48	15.3	65	60.2	113	26.8
<i>Of the street</i>	266	84.7	43	39.8	309	73.2
SEX	314	74.4	108	25.6	422	100
Age group (in years)						
<i>10-12</i>	15	4.8	4	3.7	19	4.5
<i>13-15</i>	100	31.8	28	25.9	128	30.3
<i>16-18</i>	199	63.4	76	70.4	275	65.2
Religion						
<i>Orthodox Christian</i>	176	56.1	46	42.6	222	52.6
<i>Muslim</i>	52	16.6	20	18.5	72	17.1
<i>Protestant</i>	57	18.2	39	36.1	96	22.7
<i>Catholic</i>	11	3.5	0	0	11	2.6
<i>Has no religion</i>	18	5.7	3	2.8	21	5.0
Ethnic group						
<i>Amhara</i>	102	32.5	27	25	129	30.6
<i>Oromo</i>	97	30.9	40	37	137	32.5
<i>Tigry</i>	52	16.6	23	21.3	75	17.9
<i>Others</i>	63	20.1	18	16.7	81	19.2
Marital status						
<i>Single</i>	285	90.8	63	58.3	348	82.5
<i>Married</i>	13	4.1	25	23.1	38	9.0
<i>Divorced</i>	16	5.1	20	18.5	36	8.5
Educational level						
<i>Never attend</i>	33	10.5	6	5.6	39	9.2
<i>Read and write only</i>	31	9.9	15	13.9	46	10.9
<i>1-4 grade</i>	98	31.2	44	40.7	142	33.6
<i>5-8 grade</i>	147	46.8	40	37.0	187	44.3
<i>9-12 grade</i>	5	1.6	3	2.8	8	1.9
Duration on the street						
<i><1 year</i>	90	28.7	15	13.9	105	24.9
<i>1-3 years</i>	145	46.2	71	65.7	216	51.2
<i>3-5 years</i>	46	14.6	21	19.4	67	15.9
<i>>5 years</i>	33	10.5	1	0.9	34	8.1
Currently living with						
<i>Peers</i>	218	69.4	53	49.1	271	64.2
<i>Alone</i>	49	15.6	10	9.3	59	14.0
<i>Boy/girl friend</i>	22	7.0	23	21.3	45	10.7
<i>Parents</i>	24	7.6	19	17.6	43	10.2
<i>Others</i>	1	0.3	3	2.8	4	0.9

Regarding income generating activities, nearly all participants (94.1 %) were involved in an income-yielding activity (Table-2). The sources of income for males and females were different. Males were mostly carrying items (54.1%), washing and watching cars (10.8), doing any occasional jobs (10.5%), shoeshine (7.6%) and (7.0%) were involved in other activities like *jeblo* (cloth selling), hair dressing, stealing e.t.c. While females (43.5%) were involved in commercial sex and 16.7% were doing any occasional jobs while 15.7% messenger. Concerned the average income they earned per day, most of the participants (36.8%) earned 11-20 birr and 33.0% interviewee indicated 5-10 birr per day while only 10.8% stated as they earned more than 50 birr per day (majority were female commercial sex worker).

Table -2: Socio economic characteristics of street children in Addis Ababa, January, 2011 (N=422)

variables	Number	Percent (%)
Income generating activities		
carrying items	173	41.
Transferring message	31	7.3
Any occasional job	51	12.1
Commercial sex	49	11.6
Shoeshine	22	5.2
Car washing	34	8.1
Other	37	8.8
Average income per day		
< 5 birr	18	4.5
5-10 birr	131	33.0
11-20 birr	146	36.8
21-50 birr	59	14.9
>50 birr	43	10.8
Ever helped by the organizations		
Yes	84	19.9
Yes but leaved now	141	33.4
No	197	46.7

Reasons for joining the street

According to the responses of the children involved in the study, job searching account for about 28.9% (26.8% males vs 35.2% females) and peer influence is the second most common reason for their initiation of street life which accounts 21.8% (19.4% males vs 28.7% females), family disharmony 19.2% (19.4% males vs 18.5% females) , orphaned 18.5% (20.1% males vs 13.9% females) ,poor family 4.3% (5.4% males vs 0.9% females) and alcoholic parents 3.3% (4.8% males vs 1.9% females) are mentioned by the respondent as reasons for joining the street life. The above reasons push children mainly boys to engage in street activities.

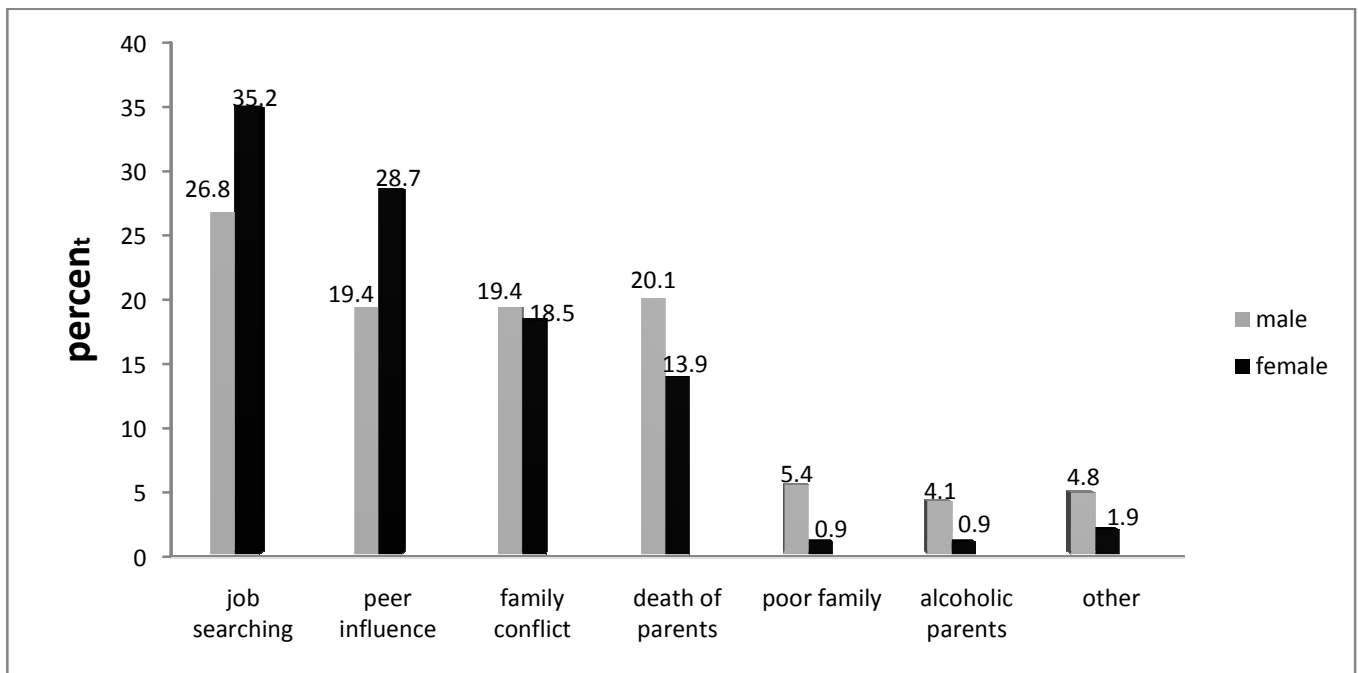


Figure-1. Reasons of street children to join street life in Addis Ababa, January, 2011

In our interviews almost one third of street children (33.4%) claimed to have been supported by one organization at least once but that they had left and come back to the streets (Figure-1).the remaining 46.7% never been helped and 19.9% were using the service (mainly food) during data collection.Children were further asked why they came back to the street. Respondents had diverse reasons for rejoining the street. Among the reasons, the services were not based on our interest and unfriendly staffs were equally mentioned by 27.0% of the respondents each. While 21.3% of them stated limited services as a reason for rejoining the street life and 13.5% mentioned the organization stoped its work now.The remaining 11.3% of street children mentioned other reasons like; finishing their training term, conflict with other children, long distance e.t.c

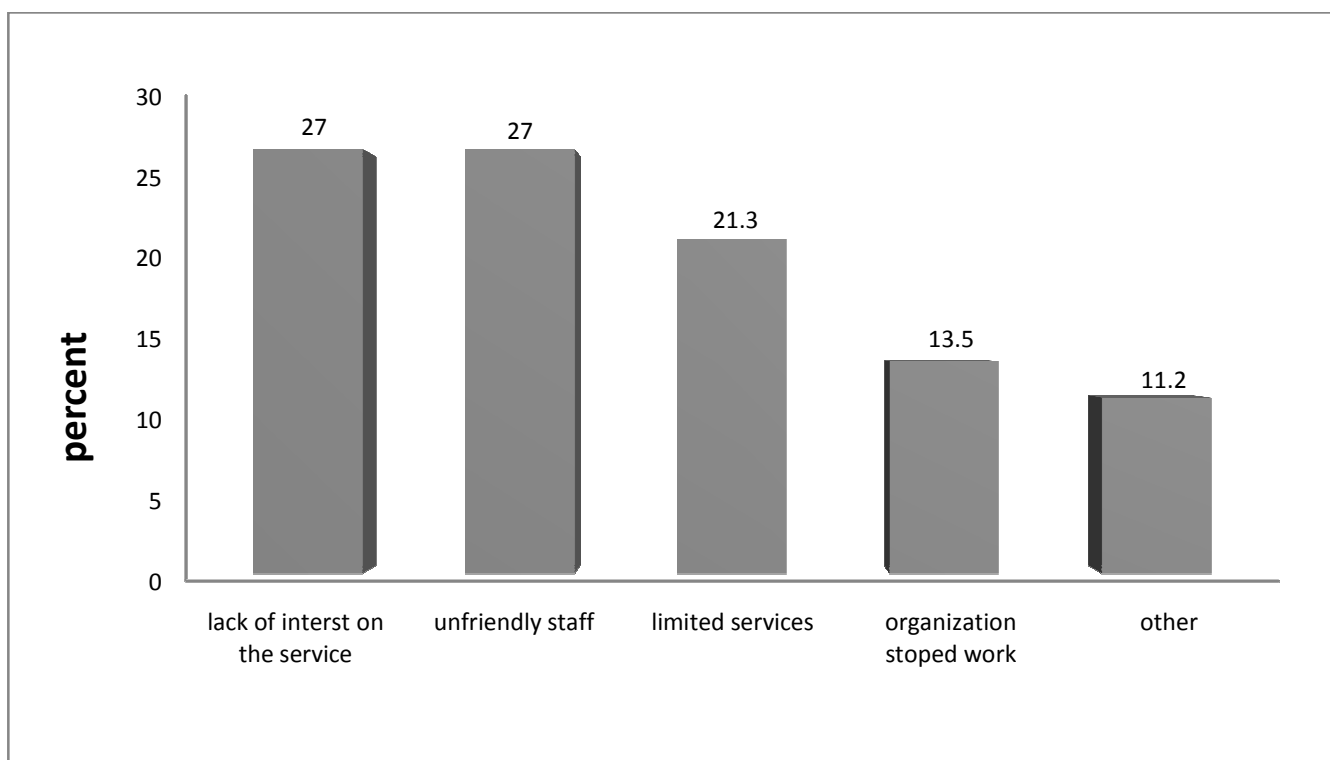


Figure-2: The distribution of street children by their reasons for rejoining the street life in Addis Ababa, January, 2011

The street children in Addis Ababa are just as diverse as any other group in society. Almost three fourth of interviewed children (70.9%) had arrived to Addis Ababa from other towns and regions of the country. 36.1 % of girls and 26.8% of boys were Addis Ababa born and 63.9% of girls and 73.2% of boys came from other regions or towns of the country.

Table- 3: the distribution of street children by sex and their former residence in Addis Ababa, January, 2011 (N=422)

Former residence		Sex		Total
		Male	Female	
<i>In Addis Ababa</i>	<i>Frequency</i>	84	39	123
	<i>% within sex</i>	26.8	36.1	29.1
<i>Outside Addis Ababa</i>	<i>Frequency</i>	230	69	299
	<i>% Within sex</i>	73.2	63.9	70.9
<i>Total</i>	<i>Frequency</i>	314	108	422
	<i>% Within sex</i>	100.0	100.0	100.0

Substance use

Data received through the interviews indicated that 284 (67.3%) of the selected sample of street children consumes various substances or drugs on a habitual basis, whereas 138 (32.7%) did not refer to use at the time when interviews were conducted (Table-4). Gender differences were not found to be highly significant for substance use. Overall, the findings indicated that almost two third of street children in Addis Ababa used one or more substances. Substance abusing was further investigated by requesting respondents to indicate the type of substances they were using. According to the results summarized on Table 3 multiple responses were forwarded. It was found out that among those who were used, nearly all (95.1%) of them chewing chat, while three fourth (75.7%) smok cigarette, one fifth smok shisha and (6.0 %) sniff benzene. Comparison by gender revealed that within gender group more boys (81.3%) than girls (40.0%) smoked cigarettes while more girls (98.7%) than boys (93.8%) were comsuming chat.

Table -4: The types of substances or drugs consumed by the sample of drug consumers street children in Addis Ababa, January, 2011.

Substances	Male		Female		Total	
	YES N _Q (%)	NO N _Q (%)	YES N _Q (%)	NO N _Q (%)	YES N _Q (%)	NO N _Q (%)
Chat	196 (93.8)	13 (6.2)	74 (98.7)	1 (1.3)	270 (95.1)	14 (4.9)
Cigarette	170(81.3)	39(18.7)	45 (60.0)	30 (40)	215 (75.5)	69 (24.3)
Shisha	41(19.6)	166(79.4)	21 (28.0)	53 (70.7)	62 (21.8)	219 (77.1)
Benzene	17 (8.1)	187(89.5)	0(0.0)	73 (97.3)	17 (6.0)	260 (91.5)
Other	18(8.6)	187(89.5)	4 (5.3)	70 (93.3)	22 (7.7)	257 (90.3)
Total	442 (211.4)	592(283.3)	144 (192)	227 (302.6)	586 (206.1)	819 (288.1)

Substance abuse was further examined by requesting respondents to identify the reasons that initiated them to use the various substances. The findings as summarized in the following figure, majority (40.1%) of street children started substance use to avoid depression. While 35.6% of them initiated by peers and 13% stated to avoid frustration during sex or stealing, other 10% of them stated to endure hunger.

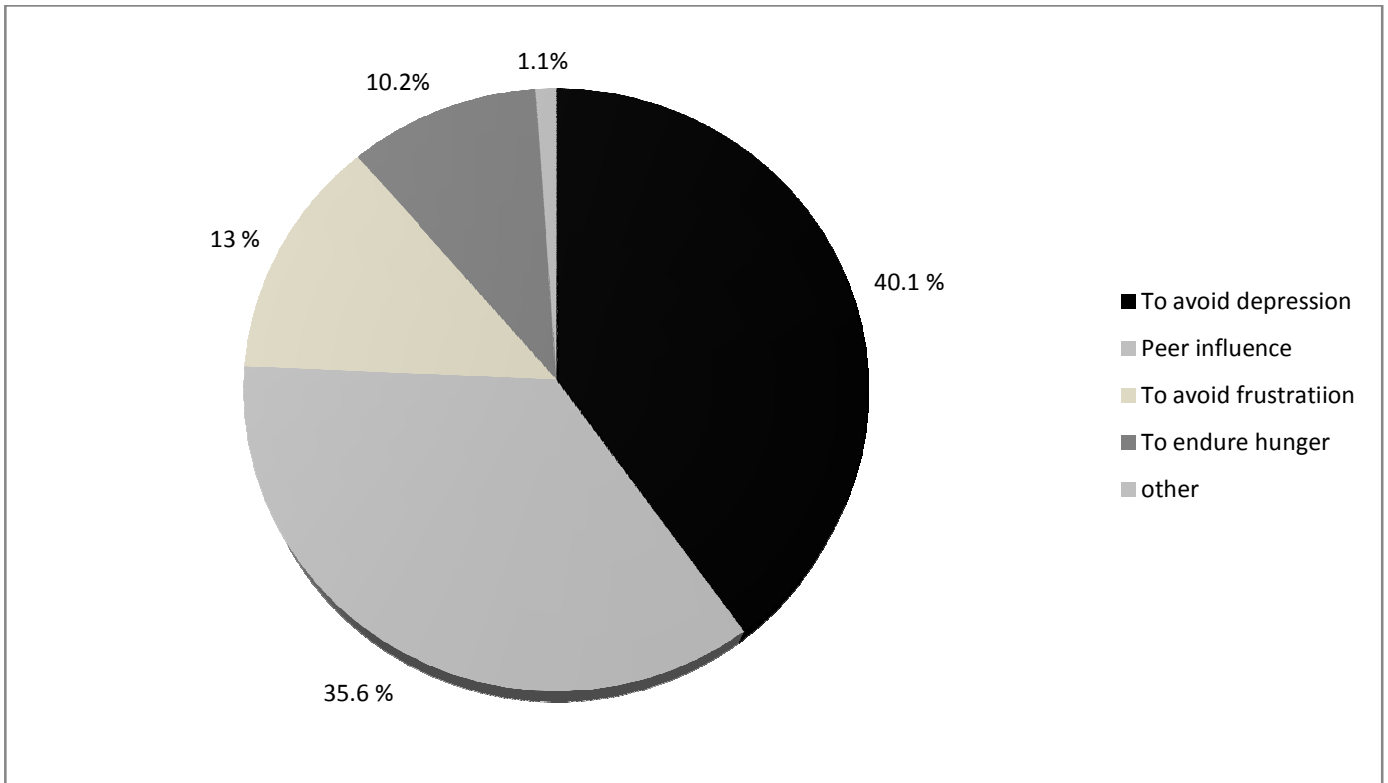


Figure -3: Percentage distribution of reasons for substance use among street children in Addis Ababa, January, 2011

Alcohol intake

Alcohol consumption of street children was investigated by requesting respondents to indicate their exposure to alcohol drinking. Accordingly the multiple responses of the respondents indicate that among interviewed children, almost two third (64%) of the respondents were drink alcohol. The frequency of their consumption were tried to investigated. Of those who drinking alcohol 50.0% drink sometimes (once per week) and 9.3% drink most of the time (three times per week) while 4.7% drink daily. Interviewed children were further asked for their sexuality after alcohol intake. Their responses as given in Table-.4 indicated 177(65.6%) of them have sex after alcohol intake most of the time. Further analysis by gender revealed that females had sex after alcohol more frequently than male street children (83.5% Vs 59.4%). Significant number of children (66.7%) used condom during sex after alcohol intake. But (15.3%) of the street children did not use condom while (18.0%) of them responded as they don't remember due to heavy intoxication.

Table -5: Alcohol consumption status among street children in Addis Ababa, January, 2011 (N=422)

Variables	Male	Female	Total
	<i>N_a</i> (%)	<i>N_a</i> (%)	<i>N_a</i> (%)
Alcohol intake			
Never	112 (35.7)	40 (37.0)	152 (36.0)
Sometimes	161 (51.3)	50 (46.3)	211 (50.0)
Most of the time	28 (8.9)	11 (10.2)	39 (9.3)
Daily	13 (4.1)	7 (6.5)	20 (4.7)
Total	422 (100)	108 (100)	422 (100)
Sex after alcohol intake (n=270)			
Yes	120 (59.4)	57 (83.8)	177 (65.6)
No	82 (40.6)	11(16.2)	93 (34.4)
Total	202 (100)	68 (100)	270 (100)
Condom use after alcohol intake sex (n=177)			
Yes	76 (63.3)	42 (73.7)	118 (66.7)
No	21 (17.5)	6 (10.5)	27 (15.3)
Don't remember	23 (19.2)	9 (15.8)	32 (18.0)
Total	120 (100)	57 (100)	177 (100)

Children were asked how they spend most of their day times. High proportion of them (32.8%) responding working (35.5% males Vs 25.0% females), sleeping 24.9% (17.5% vs 47.9%) and chat chewing 18.6% (19.2% vs 16.7%).The reason for significant differences in this regard between males and females specially for sleeping could be the presence of high number of female street children working during the night as commercial sex worker.

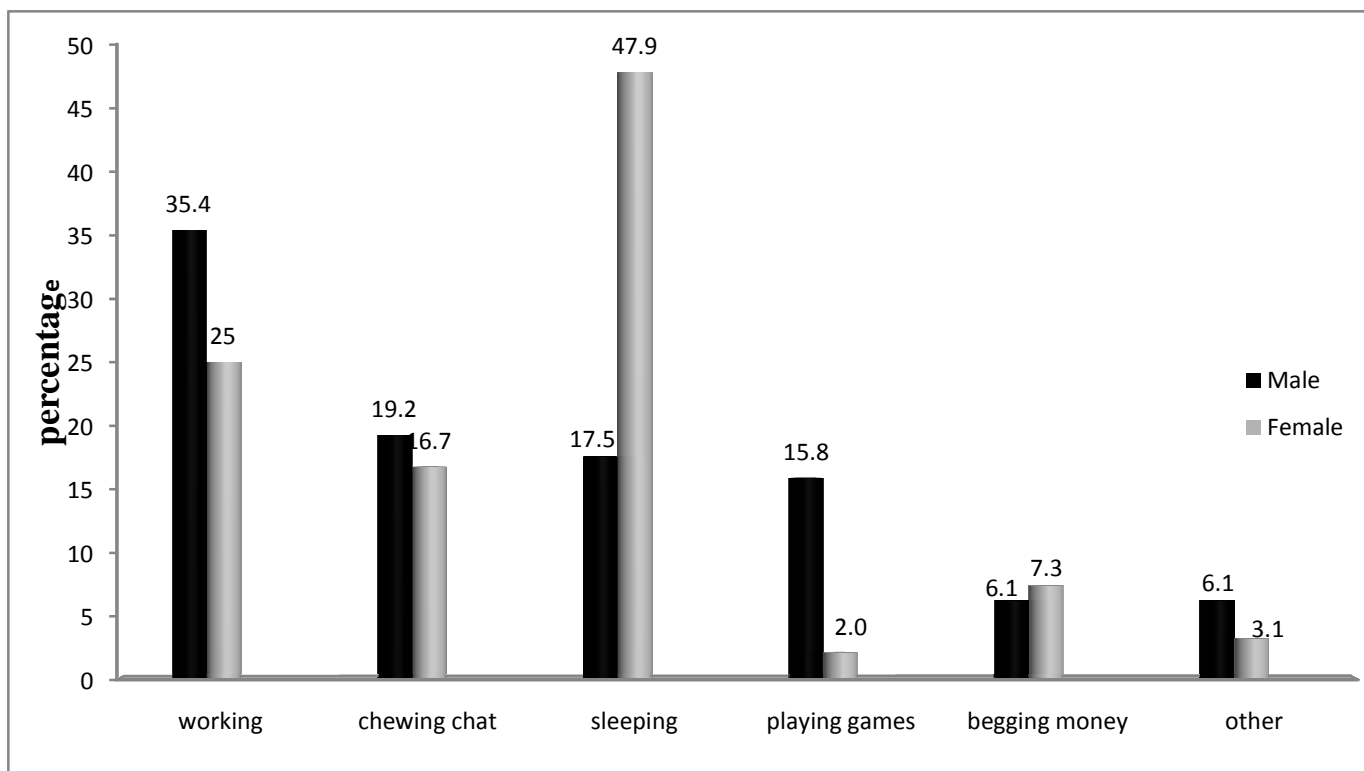


Figure- 4 : Common day time activities by street children in Addis Ababa, January, 2011.

Risky sexual behavior

The majority of street children respondents 302 (71.6%) said that they had ever practiced sexual activity (65.0% of boys, and 90.7% of girls). The overall mean age at first sexual intercourse is 15 years with male mean age at first sexual intercourse 15.4 (SD± 1.2) years and female 14.3 (SD± 0.87) years. Among sexually active street children 42.7% mentioned personal desire as a reason for having sexual intercourse .Other reasons for sexual intercourse are fall in love 34.4%, exchange for money 8.3%, peer pressure 7.0%, marriage 3.3% influence of chat/alcohol 2.3%, and rape 2.0%.

Sexually active Street children were also asked about their sexual experience with in the last three months. A total of 197 (65.2%) respondent answered as they had sexual intercourse at least once. They further asked about whether they faced unwelcome sex with in the last 12 months and about 55 (18.2%) responded as they have faced unwelcome sex. out of these victims 23(41.8%) were males and 32(58.2%) were females.

Children were also asked to mention risky sexual activities which they expect expose them sex related problems. Majority respondent 129 (30.6%) answered as they didn't remember and 101 (23.9%) mentioned

sex without condom. Injury with sharp materials indicated by 67 (15.9%) children .Other activities like more than one sexual partner 58(13.7%), sex with commercial sex worker (male only) 33(7.8%), inconsistent condom use 17(5.0%) mentioned as risky activities that were performed previously.

To identify the current most common sexual and reproductive health problems in the street life, children were asked questions related to sexual and reproductive health problems in the last 12 months before the survey. More than half of street children 233 (55.2%) respondents (199(63.4%) males and 34(31.5%) females) answered as they faced no problem. While 198(44.8%) have encountered sexuality related problems .Among commonly mentioned sexual health problems, unprotected sex under the influence of chat/alcohol 60 (14.2%), unwanted pregnancy 40 (9.5%) ,rape attempt 35(8.3%), STIs 24 (5.7%), rape 23(5.5%) and abortion 7 (1.7%) were indicated as the main sexual related health problems.

Concerned to life time number of sexual partner 67.6% have more than one sexual partner and 17.2% responded as they can't remember the number of individual having sex with them. These are particularly male children who have sexual relation with commercial sex workers and female children mainly involved in commercial sex. While only 15.2% have a single sexual partner

Table- 6: Sexual and reproductive health behaviors and practices of street children, in Addis Ababa, January, 2011 (N=422)

Variables	Male	Female	Total
	<i>N</i> <u>o</u> (%)	<i>N</i> <u>o</u> (%)	<i>N</i> <u>o</u> (%)
Ever had sexual intercourse			
Yes	204 (65.0)	98 (90.7)	302 (71.6)
No	110 (35.0)	10 (9.3)	120 (28.4)
Reasons to have sex (n=302)			
Exchange for money	0(0)	25 (25.5)	25 (8.3)
Fall in love	54(26.5)	50 (51.0)	104 (34.4)
Influence of khat/alcohol	7(3.4)	0 (0)	7 (2.3)
Marriage	4(2.0)	6 (6.1)	10 (3.3)
peer pressure	13(6.4)	8 (8.1)	21 (7.0)
Personal desire	125(61.3)	4 (4.1)	129 (42.7)
Rape	1 (0.5)	5 (5.1)	6 (2.0)
Life time number of sexual partner (n=302)			
One	32(15.7)	14(14.3)	46 (15.2)
Two and above	172(84.3)	84(85.7)	182 (84.8)
Sexual intercourse in the last 3 month (n=302)			
Yes	112(55.1)	85(86.7)	197 (65.2)
No	92(44.9)	13(13.3)	105 (34.8)
Unwelcome sex in 12 month (n=302)			
Yes	23(11.3)	32(32.7)	55 (18.2)
No	181(88.7)	66 (67.3)	247 (81.8)
Risky activities for contracting HIV			
Sex without condom	62 (18.9)	39 (36.8)	101 (23.9)
Not remember	103 (32.9)	28 (26.4)	131 (31.0)
More than one sexual partner	31 (9.9)	27 (25.5)	58 (13.7)
Injury with sharp materials	64 (20.4)	4 (3.8)	68 (16.1)
Sex with commercial sex worker	33 (10.5)	0 (0.0)	33 (7.8)
Inconsistence condom use	12 (3.8)	5 (4.5)	17 (4.0)
Others	8 (2.6)	3 (2.8)	11 (2.6)
The most common SRH problemfor street life			
Rape	68(21.7)	39(36.1)	107 (25.4)
STIs	63(20.1)	17(15.7)	80 (19.0)
Sexual exploitation	58(18.5)	18(16.7)	76 (18.0)
Lack of SRH information	55(17.5)	16(14.8)	71 (16.8)
Unwanted pregnancy	46(14.6)	15(13.9)	61 (14.5)
Lack of legal protection	24(7.7)	3(2.8)	27 (6.4)

Pregnancy among female street children

Among the 108 street girls participated in this study, more than half (70.4%) reported that they had ever been pregnant (31.9% once and 68.1% more than one times) and almost three fifth (59.4%) of these pregnancies resulted in abortion. Nearly all (95.7%) of female respondents said that pregnancies were unwanted. Further the reasons for pregnancies were asked and reluctance to use contraceptive (42.4%),unavailability of contraceptive (16.6%),inappropriate use of contraceptive (15.2%), rape(10.6%) and other like slipage of condom, failure of contraceptives (15.2%) were mentioned as the main reasons for the occurrence of unwanted pregnancies.

Table- 7: Sexual and reproductive health situation of female street children in Addis Ababa, January, 2011 (N=108)

Variables	Number	Percent (%)
Ever been pregnant		
Yes	69	70.4
No	29	29.6
Life time number of pregnancy(n=69)		
One	22	31.9
More than one	47	68.1
Pregnancies were wanted (n=69)		
Yes	3	4.3
No	66	95.7
Reasons for pregnancy (n=69)		
Rape	7	10.6
Failure of contraceptive	10	15.2
Ignorance	28	42.4
Unavailability of contraceptive	11	16.6
Other	10	15.2
Ever had child (n=69)		
Yes	28	40.6
No	41	59.4
Undertake abortion (n=69)		
Yes	59	85.5
No	10	14.5
Consulting with before abortion (n=59)		
Boy friend	11	18.6
Peers	36	61.0
Health worker	12	20.4
Place of abortion (n=59)		
Health center	34	57.6
privet clinic	6	10.2
Traditional abortionist	12	20.3
Self induced	7	11.9

From the analysis it was found that some sociodemographic and other variables were significantly associated with practicing sexual intercourse of participants. A history of drug use (OR = 2.5; 95% CI = 1.42–4.56), and being on the street for the first 1-3 years (OR = 5.9; 95% CI=1.41- 25.22) increased the likelihood of displaying sexual activity. Street boys (as compared to girls) are significantly less likely to report having sex (OR=0.09; 95% CI=0.03-0.23) preceding the survey. Alcohol use is significantly associated with engaging in sexual activities (OR=5.2; 95% CI=3.73-16.32). Sexual behaviour of street children also associated with their former residences. Street children who reported that they were coming from out of Addis Ababa were more likely to experience sexual activities. (OR =1.7; 95% CI =1.10-2.70) and children who had no connections with NGOs (through infrequent or even frequent visits to the NGOs) show most likely to be engaged in sexual behavior (OR=2.1; 95% CI=1.25-3.64). (Table.8)

Table- 8: Relationship between selected socio-demographic variables and sexual behavior of street children in Addis Ababa, January, 2011

variables	Ever had sexual intercourse		OR (95% CI)	
	Yes	No	Crude	Adjusted
sex				
Male	204	110	0.19 [0.10,0.38]**	0.09 [0.03,0.23]**
Female	98	10	1.00	1.00
had connection with NOGs				
Yes	36	48	1.00	1.00
No	254	84	2.6 (1.26,5.18)*	2.135 (1.25,3.64)*
Ever taken life skill training				
Yes	9	57	1.00	1.00
No	245	111	3.18 [1.15,8.81]*	2.87 [1.37,6.00]*
length of street life				
< 1 year	60	45	1.00	1.00
1-3 years	158	58	7.75 [2.23,26.96]	5.96 [1.41,25.22]**
3-5 years	53	14	4.79 [1.12,12.88]	4.29 [1.05,17.59]*
>5 years	31	3	4.56 [1.33,20.02]	4.97 [1.04,23.86]
Former residence				
Inside Addis	78	45	1.00	1.00
Outside Addis	224	75	1.9 [1.09,3.51]*	1.7 [1.10,2.70]*
Alcohol drinking				
Yes	235	85	6.84 [4.19,11.18]**	5.23[3.73,16.32]
No	67	35	1.00	1.00
substance use				
Yes	230	54	3.9[2.49,6.10]**	2.5[1.42,4.56]*
No	72	66	1.00	1.00

NB * P < 0.0
 ** P < 0.001

Regarding the sexual and reproductive health information received (Table-.6) shows that a modest proportion of street children 191(45.3%) of the total interviewed responded as they have an information about the issue (sexuality,STIs and HIV/AIDS). While regarding gender difference, Boys received less information 134 (42.7%) regarding about prevention of pregnancy, STDS, and HIV/AIDS compared to girls 57(52.8%).

Participants were further asked their source of information about pregnancy, STIs and HIV/AID. The majority (28.8%) stated mass media, 19.4% stated friends (other street children), 16.8% stated health workers, 11.0% stated schools, (before drop out of school), 8.4% stated outreach workers (street educators) 6.8% others like training and posters and pamphlets.

The study questionnaire also includes questions to identify the barriers of health information for street children. As a result those children responding has no information about pregnancy, STIs and HIV/AIDS where asked to mention the reasons. The significant numbers of street children were answered inaccessibility 94 (40.7%) as the main reason for lacking information .Other reasons, less priory 79(34.2%) and it doesn't concern me 58(25.1%) were mentioned.

Table- 9: Distribution of street children by their sexual health information status in Addis Ababa, January, 2011

Variables	Male		Female		Total	
	No	%	No	%	No	%
<i>Had information about HIV/AIDS, unwanted pregnancy (n=422)</i>						
Yes	134	42.7	57	52.8	191	45.3
No	180	57.3	51	47.2	231	54.7
<i>Sources of information (n=191)</i>						
Mass media	37	27.6	18	31.6	55	28.8
Friends	28	20.9	9	15.8	37	19.4
School	17	12.7	4	7.0	21	11.0
Health workers	16	11.9	16	28.1	32	16.6
Informal talk	14	10.4	3	5.3	17	8.9
Street educator	14	10.4	2	3.5	16	8.5
Training	6	4.5	2	3.5	8	4.2
Posters	2	1.5	3	5.3	5	2.6
<i>Reasons for lacking information (n=231)</i>						
No means of getting it	74	40.9	20	40.0	94	40.7
Less prioritized	63	34.8	16	32.0	79	34.2
It doesn't concern me	44	24.3	14	28.0	58	25.1

On the other hand, older street children are more likely to receive such information as compared to their younger counter parts. As indicated by the following table, only 10.5% among 10-12 age group and 39.1% within 13-15 age group have informed. While half of the 16-18 age group have reported as they have received such information.

Table -10: Distribution of street children, who have information about HIV/AIDS and sexual related risks by age group in Addis Ababa, January, 2011

Had an information about HIV & pregnancy		Age Group			Total
		10-12	13-15	16-18	
YES	Number	2	50	139	191
	(%) within agegroup	10.5	39.1	50.5	45.3
NO	Number	17	78	136	231
	(%) within agegroup	89.5	60.9	49.5	54.7
Total	Number	19	128	275	422
	(%) within age group	100	100.0	100.0	100.0

The study participants were also asked about the reliable and easily accessible health information sources about unwanted pregnancy, STIs and HIV/AIDS for street children. Majority participants 194 (46.0%) were mentioned their friends as the main reliable and easily accessible information source followed by street educators 98 (23.2%).

In relation to places where they go for help when sexual and substance abuse related health problems faced, (22.3%) of participants stated friends, 15% stated public health centre, 14.9% stated religious organizations, 12.1% stated NGO clinics, and 8.8% responded as they do nothing, 5.9% stated mobile clinics and only 3.8% mentioned private clinics.

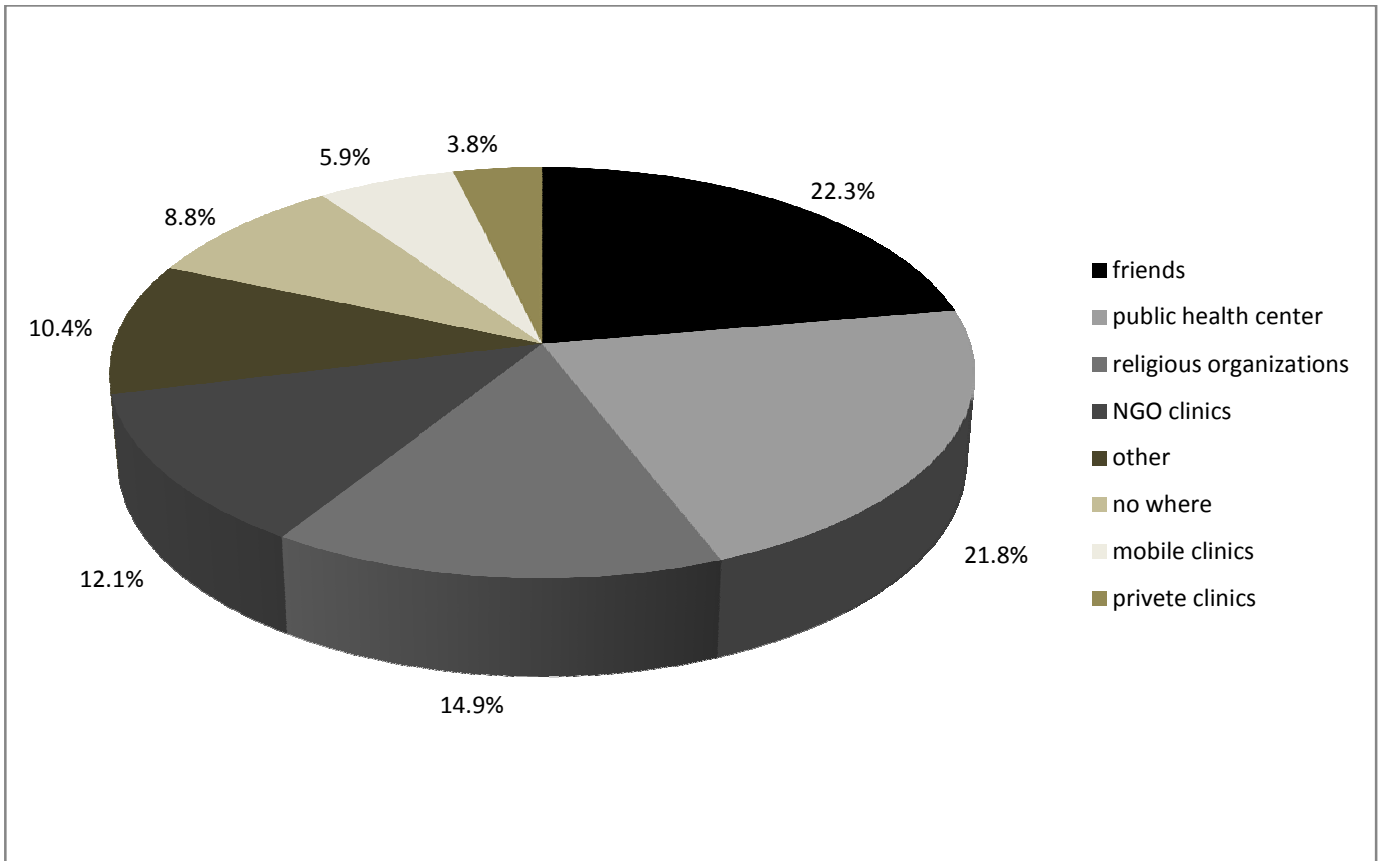


Figure -5: Distribution of street children by preferable place for sexual and reproductive health services and advices in Addis Ababa, January, 2011.

Study participants were further asked for the reasons why they prefer these places. As result they list their reasons by mentioning the majority 31.0% reported they easily understand my problem as the main reason followed by 22.8% stated no other alternatives, 14.7% free service, 12.2% short waiting time, 10.2% good confidentiality, 6.6% affordable cost and 2.5% others like short distance, friendly staff e.t.c.

The interviewers also ask the street children about the current most common sexual and reproductive health problem for street children. Rape was mentioned by the majority street children 105 (24.9%) as the most common sexual health problem for street life.

life skills education programs that include sexual and reproductive health information have proven to be effective in delaying the onset of sexual intercourse and, among sexually experienced children, in increasing the use of condoms and decreasing the number of sexual partners. This reality was observed in this study. Significant difference was observed among participants who took life skill training and who didn't on the knowledge of SRH service providers (43.9% vs 20.5%).

Table-11. Knowledge of sexual and reproductive health service providers among street children who took life skill training in Addis Ababa, January, 2011

	Ever taken life skill training			Knowledge of SRH service provider	
	<i>YES</i>	<i>NO</i>		<i>DON'T KNOW</i>	<i>Total</i>
<i>YES</i>	29 (43.9%)	20 (30.3%)		17 (25.8%)	66 (100%)
<i>NO</i>	73 (20.5%)	183(51.4%)		100 (28.1%)	356 (100%)
<i>TOTAL</i>	102(24.2%)	203(48.1%)		117 (27.7%)	422(100%)

To identify the level of awareness of the street children about the health centers that exclusively give sexual and reproductive health services for street children the questionnaire included the following question: “do you know any health facility that provide sexual and reproductive health services for street children?” Only 24.2% of the participated street children have heard about such health facilities. The remaining 75.8% of interviewed children were responded as they have never heard about them out of which (48.1%) stated as there are no such facilities and (27.7%) were not sure (might or might not) for the presence of such health facilities in Addis Ababa.

The analysis of the responses by sex of the respondents led to even more alarming results. Female children more often than male children have stated that they have heard about the health centers (36.1% among females Vs 20.1% among males).

Table -12: The distribution of street children by their knowledge of health centers that give sexual and reproductive health for them in Addis Ababa, January, 2011

knowledge of health centers that provide SRH services for street children		sex		Total
		Male	Female	
Yes	Number	63	39	102
	% within sex	20.1%	36.1%	24.2%
No	Number	155	48	203
	% within sex	49.4%	44.4%	48.1%
Don't know	Number	96	21	117
	% within sex	30.6%	19.4%	27.7%
Total	Number	314	108	422
	% within sex	100%	100%	100%

Furthermore there was a question for those children who have heard/know health facilities that provide sexual health for them about the type of health facility they know. 38% of them mentioned family guidance and 30.4% stated NGO clinics. Of the remaining mentioned 12.0% stated public hospital, 7.8% public clinics, 5.9% private clinic and 4.9% others like traditional .

The next question was about their experience of using these health facilities and almost half (47.1%) of the street children who have heard about these health facilities have actually visited them for service. During the data analysis a slight correlation between the type of answers and the gender of the respondents was identified 63.2% among females and 37.5% among males have visited the health center.

The remaining 52.9% were asked to identify any barriers they faced when accessing services from the above health facilities. More than half of the respondents (53.7%) mentioned unaffordable cost as the main reason for not visiting the health facilities. while 20.4% stated long waiting time and inaccessible location, unfriendly staff, inappropriate opening time each accounts 7.4% and I have no problem accounts about 3.7%.

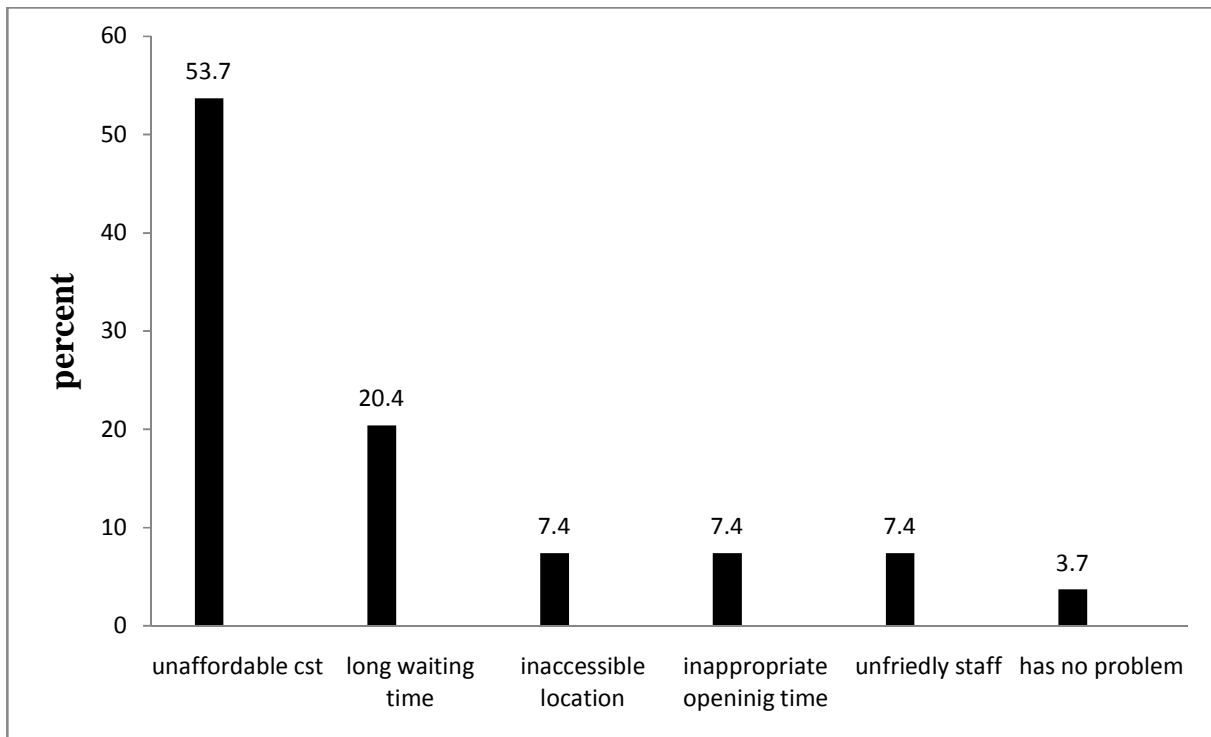


Figure 6: The distribution of street children due to the reason that inhibit visiting the health facilities in Addis Ababa, January, 2011

Street children’s opinion about the sexual and reproductive health services given to them in Addis Ababa was asked and the responses from the participant are given in the following table. Based on the respondents answer, for each sexual and reproductive health service characteristics, majority of them were answer as not fulfil friendly service character.

Table-13: Street children’s opinion about the sexual and reproductive health service characteristics in Addis Ababa, January, 2011

<i>Services character</i>	<i>Yes</i>	<i>No</i>	<i>Don’t know</i>	<i>Total</i>
Friendly	93	244	85	422
Not judgmental	72	264	86	422
Consider street culture	53	285	84	422
Good confidential	130	209	83	422
Found at appropriate location	47	285	85	422
Short waiting time	46	293	83	422

Participants were also asked what barriers they faced when accessing local sexual health services. The majority, 26.5% of participants stated lack of information on available services as the biggest barrier, 19.4% stated ignorance of the consequence of risky sexual activities, 16.6% stated fear of stigma and discrimination, 13.7% stated unaffordable cost and 13.7% stated lack of unfriendly staff. The participants also were able to state `other` barriers which accounts about 1.4% respondents.

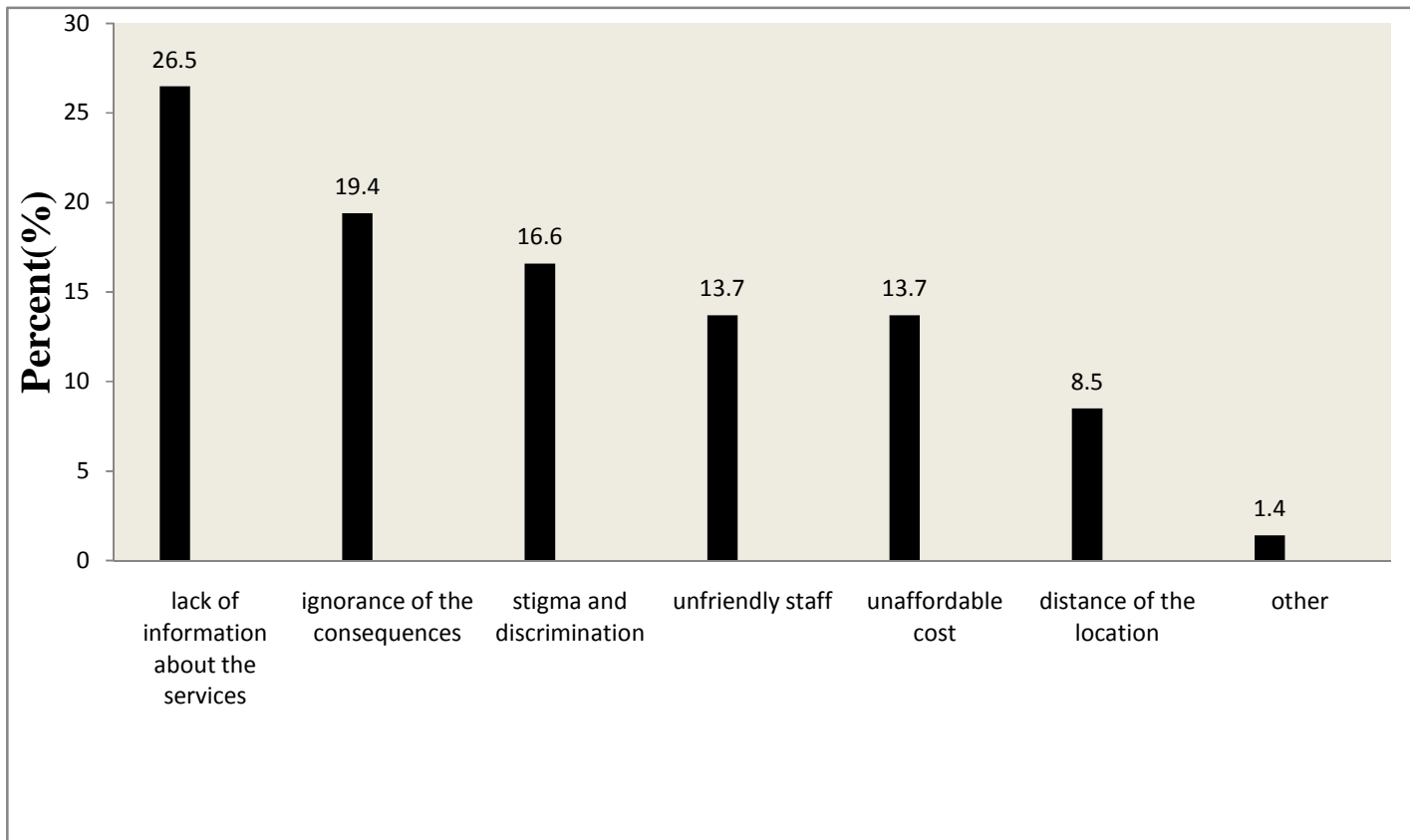


Figure 7. Barriers for street children utilization of local sexual and reproductive health services in Addis Ababa, January, 2011

When participants were asked if they were satisfied with the way sexual health services are advertised and delivered to street children, only 2.4% of respondents stated that they are satisfied with it and 21.8% of respondents reported as slightly satisfied and 75.8% of respondents were not satisfied with it.

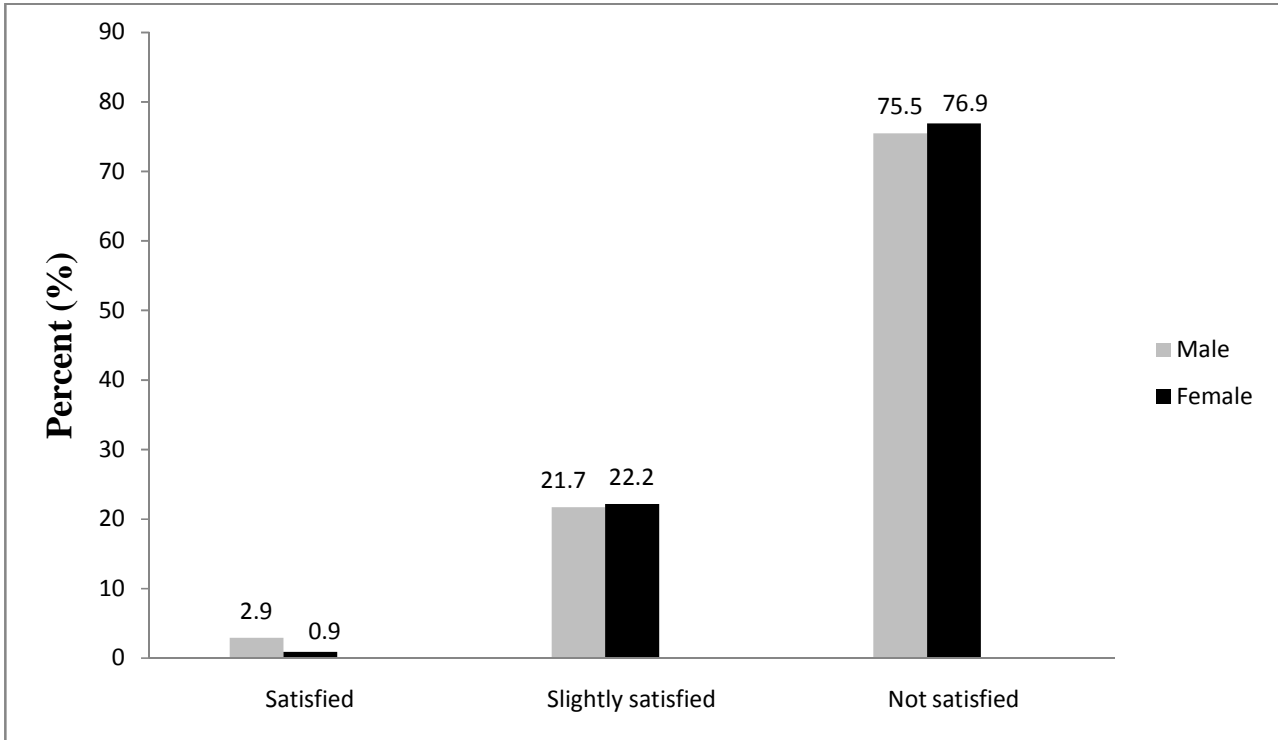


Figure 8: The distribution of street children by their satisfaction status with SRH services in Addis Ababa, January, 2011.

The participants who were not satisfied tried to mentioned some of the reasons for service unsatisfaction. lack children participation in programm implementation and evaluation was the major reason 95(29.7%) followed by poor advertisement of the servic 94(29.4%). while 71(22.2%) mentioned lack of peer service and 27(8.4) lack of confideciality and poor distribution of condom and other contraceptive methods 33(10.3%).

Results of focus group discussion

The discussion was mainly focused on the risky sexual activity of street children, major sexual health problems of the street life, sexual and reproductive health services for street children, information of street children about STIs and HIV/AIDS, unwanted pregnancy, service provider places. The discussion was started by asking the general question “*why they joined the street life.*” almost all discussant from both sex mentioned the reasons that were listed in the quantitative part like searching jobs, conflict with family, poor family etc. Female group mainly mentioned sexual related reasons like rape attempt, voluntary and involuntary unsafe sex resulted unwanted pregnancy. In connection to this, girl FGD participant also stated the following:

My aunt brought me from rural to Addis Ababa by convincing to attend school. I started life in Addis serving my aunts family and attending the class. But aunt’s husband asked me many times for sex .I became feel bad when he come to home from work. One day when my aunt went to market, he came and tried to rape me. I skept from his hand and run away and never go back, start street life.

(17 years old girl participant).

Next to the general question about the reasons for streetism, discussants were invited to discuss about commonly faced sexual and reproductive health problems. All participants were agreed that street girls are more exposed to sexual attacks and related problems than boys.

18 years old male participant had the following to say in this regard;

Stree boys only have the risk of contracting STIs including HIV/AIDS and some times sexualy abused and psychological problems but female children have more than this. We chewed chat and had drink then no one could remember condom and have unsafe sex. In the morning we all concentrate on searching food. She remembers as she got pregnant when her abdomen gets larger or her menstruation stopped.

This unsafe sexual relationship, among other factors, is believed to be the major source for the rapid increase of street mothers in Addis Ababa. As most of the participants mentioned, female street children are at most

risk. They are vulnerable for unwanted pregnancy and STIs including HIV/AIDS. Sometimes they didn't know when and from whom they had sex and got pregnant.

16 years old street girl had the following to say:

In the mid night there would be alcoholic boys and if they get female sleeping on the road, they will have even group and unusual sex.

Sexual abuse and exploitation of male children is also one of the emerging social problems affecting the physical, social and psychological wellbeing of children in Addis Ababa. Almost all participants of the FGD session had heard at least once about this issue.

17 years old street boy have said this:

Male sexual abusing becomes common in Addis Ababa, especially around merkato distant bus station. It was last year summer, one 14 years old child was sent to shop to buy soap. Unfortunately the money was stolen and his mother told him to get out of the home. He came to the street and start to cry due hunger. In the mid time someone who is known thief and HIV carrier approach him and gave him biscuit and tea. Then he brought him to hidden place and had sex with him. We went there and fight with him .finally we brought him to police and he denied his activity and show them his card of HIV positive and they released him free. Legal action is not strong to punish those abusers.

Another question was about their measures taken when sexual health problems were faced. As the result diverse responses were given like report to police, abortion, give birth on the road and drop the baby on the road e.t.c.

15 years old girl says the following in this regard.

I have no problem up to now, but I don't know what to do if I raped. Most probably I will kill myself.

The next issue that was raised for discussion was about their general knowledge and information about sexual health services. They were asked about their experience (if any) with sexual health services in Addis Ababa. Both male and female discussants start the discussion by blaming the existing sexual and reproductive health services. They agree that they are totally disconnected from the existing service stream.

17 years old male child forward the following idea concerned this issue.

Governmental and nongovernmental organizations declared more as they did a lot on sexual health to street children. But no free condom, no free contraceptive and no free treatment for us. I think now days everybody should have condom in his/her pocket. Most of the street children's attention is dominated by another issue like, cloth, food and shelter. So they won't have condom in their pocket but eager to have sex which leads them to unsafe sex. Sometimes we use chat plastic (yechat pestal) for sex. But I know it might has air, opening or easily ruptured, but we use it for confidence.

Participants tried to mention some effective strategies to address the sexual and reproductive health need of street children like, mobile clinics and postal condom distribution.

18 years old state as follows in this regard:

There was postal style condom distribution in the areas where street children were congregated we insert fifty cent in it and have condom at the bottom. I'm in doubt about the presence of such services now. But it was effective in addressing social, physical and financial barriers of the service.

Another 16 year old street boy said the following about the mobile clinics:

Mobile clinics give effective and easily accessible services for street children when avail. We can have condom whenever we want and we can check ourselves with the service without long waiting to get the services. But these mobile clinics seldom exist in the city. Most of the time mobile clinics were functional during the holiday and lasts maximum fifteen days. But no one wait the holidays to have condom.

Barriers that prevent street children from using existing sexual health services were well discussed among participants. Both perceived and actual barriers were mentioned. Unaffordable cost is mentioned by many participants as a big barrier for utilization of the existing services among others. Lack of information about the services and the health facilities, ignorance of the consequence, unfriendly staff were mentioned as other barriers.

15 years old boy stated the following in relation to staff character as service barrier. *We don't have positive attitude for them. They give priority to the rich. They tried to judge the clients based on clothes they wear and physical status. we started to suffering from the gate keeper. they will never allow us to see the doctor.*

Results from service providers

Individual interview with service provider about staff characteristic, current practice, service quality, staff capacity, areas for improvement/change were conducted in three health facilities to present their ideas to one another and to make recommendations on how to make SRH services more appropriate and accommodating to street children. The service providers were selected based on the information obtained from Family Guidance Association Ethiopia area coordinator and other key informants about service providers.

In the interview program coordinators were agreed that estimating the number of clients per day/week is difficult. This is because street children are not stable and will not attend based on appointment. But roughly coordinator of confidential clinic (piazza) stated that her organization sees about 15 street children per day and goal Ethiopia project coordinator estimate 50 street children per day but sheger clinic coordinator express can't estimate the number of street children per day and coordinator of Addis Ababa model clinic stated as they had no means of identification of street children from other clients. The type of sexual and reproductive health problems that street children were presented to the health facilities were discussed in the interview. As street children mentioned in the individual interview of the quantitative part, the program coordinators mentioned unwanted pregnancy, lack of awareness about family planning, STIs including HIV, opportunistic infection are some of from others. Counselling, outreach reproductive health service, health education, clinical case management, VCT, distribution of condom were indicated by all of the interviewees as health services given from their project.

Program coordinator of confidential clinic, stated the following in relation to outreach services.

The reality of providing such a service is that many street children clients will not attend arranged appointments and may disengage entirely for periods of time. In these stages the clients can be most vulnerable, and despite not looking for it, are often most in need of a sexual health service. It is therefore crucial to offer outreach and support to access sexual health services for those children who are most vulnerable and at risk.

Research results indicate that Sexual and reproductive health of street children is intricately connected to other aspects in their lives such as alcohol and other drug use, self esteem, and perception of judgment from peers. Trading sex is found to be a serious and growing problem in Addis Ababa for street children, particularly amongst street girls.

Beside education and service provision, the basic thing is social and financial support. It must be to touch parallel; otherwise our intervention is not effective. Because children daily struggles to survive demanded that their sexual and reproductive health was a very low priority as a result they will back to street life for

survival. We are unable to do this by now due to financial shortage. (In-depth interview, program coordinator, confidential clinic, Addis Ababa)

The next issue was about the types of SRH services that the project is unable to provide to the street children but should be provided. Different coordinators mentioned different SRH services that are unable to be provided to street children. VCT service (goal international), social and financial support (confidential clinic), income generating skill (sheger clinic) are some of the unaddressed SRH services for street children.

The main barriers/problems that service providers face in providing SRH services to street children were also raised and different barriers were mentioned. Among these problems, lack of training to build our capacity, problem in getting street children regularly and when needed, lack of resources, lack of coordination among service providers and policy restriction were some of the problems that negatively affect service provision.

In addition to the above issues, interviewees were also asked about the mechanism of promoting their SRH services to street children. Being confidential for the cases, taking time to discuss individually and in group, applying interactive teaching methods, making the environment friendly were some of the techniques mentioned. One of the questions that were raised was *have you taken any steps to make street children comfortable using the services and to create a street children-friendly environment?*. All of the respondents answered yes and tried to mention some of the steps they took. Coffee ceremony, panel discussion, self support group (savings activities).

Regarding to the training received by the staff members of the organization, most of the interviewees said enough has not been done in this regard. Based on the responses given by the interviewees the main training given to the staff members were on child rights, life skills, first aid, reproductive health and street life, friendly relationship with MARPs, drug abuse and its management (including alcohol and cigarette).

Interviews with coordinators of selected health facilities that exclusively provide sexual and reproductive health services to street children revealed that all programmes for street children, be they government run or supported by NGOs, lack adequate co-ordination between similar organizations. Almost all projects tried to address the same issue for street children independently which leads their efforts less effective.

Gaps for service providing

Many challenges were mentioned by project coordinators that make their provision become non effective as expected. Some of the challenges were:

Many homeless people may not consider sexual health to be a priority. This in itself can make providing a sexual health service for this group a difficult task.

Children living on the streets are very nomadic i.e. operate from different places and transfer at will; eventually this Transitory nature of street children has made it very difficult to follow up their cases for a better service.

Poor coordination among service providers.As aresult overlapping of the same service,

Opportunities

Urban health extension program: incorporating street children SRH services in to the package

Governmental commitments to reduce street ism: working with the cuurent measures taken by Addis Ababa city administration (job creating traing for 2400 children)

Created work opportunities by the government: now adays the Ethiopian government encourages unemployed children and youth to have finacial credit to do their own business.

Presence of nearly 25 NGOs working on street children: strong networking with these organizations to share the services with them

6. Discussion

Describing the street children's risky sexual behaviour (service need) and the existing programming response in Addis Ababa towards evolving recommendation for future programming was the major intention behind the present study. In seeking to address the issue of street children, it is essential to know why children are fledging in to the street of Addis Ababa. Many factors were listed for the reasons that push children to the street of Addis Ababa. Unemployment (28.9%), peer influence (21.8%), conflict with in the family (19.2%) and death of family (18.5%) were the reasons for joining the street life in this study. the reasons are similar with different percentage in the previous study. In one study done in Addis Ababa more than 41% of the respondent children joined street life because their families were poor to sustain them and more than a quarter (26.4%) of the respondent children was influenced by friends to leave home and 9.2% respondents mentioned conflict in the home as the reason behind leaving their homes(6). The reasons have consistency for regions in the country. the result done in Dessie on street children showed that death of parents was reported by 36.2%, to look for a job by 23.0%, poor family by 12.8% and peer pressure by 4.4%(16).

Based on this study most participants (72.5%) were already sexually active, and 67.6% have had multiple sexual partners. Among sexually active children 90.4% were girls and 66.2% were boys. This result is slightly higher than the result obtained from the research among street children in Dessie town in which (67.9%) had ever practiced sexual intercourse (16). This might be due to high sample size used in this study. The mean and median ages of first sexual intercourse in this study were (15.4 and 15 years) for boys and (14.3 and 14 years) for girls. This result also comparable with other studies in some part of the world. In Kinshasa, Democratic republic of Congo where the mean age of street children at first sexual intercourse was 14.3 years for males and 13.5 year for girls(27). In another study done in India, showed the mean age of sexual intercourse for boys and girls were 15 and 13.2 years. respectively (11). Here the main point is the proportion of sexually active in-school and out-of school children varied substantially by age. Out-of-school children who includes street children were more likely than their in-school counterparts to be sexually active in all age categories. For instance in one study in Ethiopia showed that 29 (3.1%) out-of-school children aged 10-14 years were sexually active, while there were no sexually active in-school children in the same age group . Similarly, the figures for sexually active out-of-school and in-school youth among the age groups 15-19 were 38.7% versus 84.8% (17). Relatively comparable results were obtained in this study. 1.3% for age group of 10-12 years, 21.9% for 13-15 years age group and 76.8% for 16-16 age group were ever practice d sexual intercourse (17).

The reasons for early initiation of sexual intercourse among street children were also explained in this study. More than two-fifth (42.7%) of sexually active street children mentioned personal desire as the main reason for initiation in to sex followed by love 34.4%. In another study personal desire was the dominant reason for initiation of sexual intercourse accounts about 38.2% followed by peer pressure 24.5% (18).

Children are addicted to chat, alcohol cigarette, ganja and shisha, even during the focus group discussion, some were chewing chat .Research results revealed that use of these substance influences sexual behavior in ways that increase the risk of acquisition of HIV and other STDs.The street child's decision on sexual behaviours such as whether to use a condom during sexual activity, whether to negotiate for sex or to use force (rape) depends on the level of intoxication. In general alcohol and other substance use often go along with the early sexual experiences, especially among boys. In this study, high proportion 284 (67.3%) street children reported as they consumed some kind of substance. Chat was the dominant substance used by almost all 95.1% children. cigarette, ganja and shisha were reported as commonly used substance(19). These substances were mentioned in other research results (6, 16). Alcohol consumption is also common among street children. Almost two third (64%) of the respondents in this study were drinking alcohol. Among these alcoholic children, 50% drink sometimes (once per week) and 9.3% drink most of the time (three times per week) while 4.7% drink daily. Alcohol intake was investigated by other researchers and the result revealed high proportion of children drink alcohol (8).

Living on the street, with no supervision, protection or guidance and wide risky sexual practice often makes street children vulnerable to a wide range of sexual and reproductive health problems. In total 198 (44.8%) among sexually active respondents have encountered sexual health problems.Among commonly mentioned sexual health problems, unprotected sex under the influence of chat/alcohol 60 (14.2%), unwanted pregnancy 40 (9.5%), rape attempt 35(8.3%), STIs 24 (5.7%), rape 23(5.5%) and abortion 7 (1.7%). Sexual health problems were more dangerous among female than males. Unwanted pregnancy in early age makes the problem among female street children is highly vulnerable than male counter parts(28). Unintended pregnancy leads to a complicated process and it accounts for the majority of maternal mortality and morbidity (29). Out of 108 female participants in this study, 66.6% had a history of unwanted pregnancy which is higher than the study in Dessie (25%) (16).out of the total unintended pregnancies in this study, 59.4% ends up with abortion which is almost similar to the same study in Dessie (55.5%) (16). Reasons for

Unintended pregnancy mentioned by participants were unavailability and misuse of contraceptives, slippery of condom; ignorance and rape were some of among others.

Despite the many sexual and reproductive health risks of street life, many Street children face multiple barriers to accessing sexual and reproductive health information and services. Among those who had sexual health information, the source from which the information was obtained is not accessible (mass media, 28.8%) and some of them are not reliable (friends, 19.4%). Only 16.8% reported health workers as their source of information. The responses from the study done in Dessie also showed Peers (55.4%), health workers (29.7%) and mass media (27.4%) were reported to be the major source of information on STIs, HIV/AIDS and unwanted pregnancy (16). Majority of them do not know where to go for help when in trouble. In response to a question in this regard, (75.8%) of the participants indicated that they did not know where to go for help in case of sexual related problem. Only 24.2% of the participants have heard about such health facilities. The remaining 75.8% of interviewed children were either has never heard (48.1%) or they are in doubt the presence of such sexual health providers in Addis Ababa (27.7%). low knowledge of street children about support giving organization also observed in another research results. In one study only 36.7% said that they knew support giving organizations (6). In Zambia ,47% of the sampled street children stated that they had no where to go in case they needed help with sexual related health problem(30). This shows that less proportion of the total respondents were getting services from Support giving organizations and considering the fact that the highest number of these Organizations are working in Addis Ababa, the proportion of street children receiving services is extremely low.

In this study nearly one third (33.4%) of participants were incorporated in one organization for support at least once but that they had left and come back to the streets. The reasons of rejoining the street life were non interest based services (27.0%) and unfriendly staffs (27.0%). While 21.3% of them stated limited services (provision of food only) as a reason for rejoining the street life.

Children's low awareness about the existing legal, medical and social support organization made them reluctant for action they are going to take when sexually abused or unwanted pregnancy faced. In this regard 30.0% of the respondent stated I will do nothing 24.9% and 11.0% responded as they will tell to their friend and 24.9% answered to report to police. Existing reporting practices were poor as investigated by other research in Addis Ababa. Accordingly slightly over half (51.8%) of the respondents kept the incident secret and they never attempted to disclose it to anyone. The remaining 48.2% reported the cases but the majority (42.4%) shared it to their intimate friends. only (11.4%) reported to legal enforcement bodies (6).

There are both perceived and actual barriers that prevent street children from using existing sexual and reproductive health services. Of the street children involved in this study, Only less than half 47.1% respondents reported ever visiting existing health institutions for SRH services. There was also considerable gender difference among those who visited institutions (63.2% females Vs 37.5% males).among the reasons for non user the services , (53.7%). unaffordable cost , long waiting time , inaccessible location, unfriendly staff, inappropriate opening time were mentioned as the reason among non-visitors according to the percentage magnitude. These barriers were also indicated by respondents involved in another study in which services are too expensive (42%), too much waiting time (12.8%), feeling of embarrassment (12.2%), inconvenient health institutions (8.7%), too far health institutions (7.9%), poor handling and failure to keep privacy and confidentiality by health workers (7.6%) were some of the barriers(16).

Mobile health facilities which bring services directly to people are one method of addressing physical barriers to access for the most isolated and often the poorest populations like street children. Participant children in this study preferred separate SRH service delivery centre for street children (43.6%),mobile services (28.4%), separate room in existing health setup (15.4%) and by trained street children (11.8%) .This result is similar to the study done among the general young population in selected region of Ethiopia. The majority (over 72.0%) said that they would prefer to go to a separate health institution with a youth-friendly environment (31).

In the FGDs that were held with street children, most participants (both male and female) stated that they would prefer SRH services that were provided in specific health facilities organized for them in an accessible, convenient and confidential environment.

7. Strengths and limitations of the study

7.1 Strength

This research considers marginalized and neglected group of people about whom the information on sexual and reproductive health services is lacking.

The reliability of the data was maintained by pre data collection training of the interviewers and the supervisors, close supervision by the principal investigator and using pre-tested questionnaire.

Combining quantitative and qualitative data to triangulate the findings is strength of this study.

7.2 Limitations

There is no comprehensive baseline data available on the size of the street-child population in general and the sexual and reproductive health services in particular to street children. It is therefore difficult to estimate whether the situation is getting better or worse.

Recall bias cannot be ruled out, as the majority of children had dropped out of school at the primary level, leading to an overall lower education level in the group.

As in all self-reported behaviour studies, we also cannot rule out socially desirable answers to sensitive questions on sexual behaviour, which might have introduced biases of unknown magnitude and direction.

8. Conclusion and recommendation

The most significant drivers of the street child population appear to be a complex of poverty, death of parents, conflict in family, job searching and limited alternatives.

Despite the efforts taken to address sexual and reproductive health issues among street children, research results showed that children face major sexual and reproductive health problems such as lack of information, unwanted pregnancy and unsafe abortion up to date.

The high proportion of street children in Addis Ababa is engaging in risky behaviors such as unprotected sex, forceful sexual intercourse and early initiation of drug abuse.

Street children in Addis Ababa need to be educated about ways to protect themselves from early pregnancy, STDs and HIV/AIDS.

There is demand of capacity building training for staffs of service provider.

It was observed that street children are poorly informed about sexual health and sexual health service provider organizations.

Friends and the media were obtained as the most important sources of information about sexuality and related problems.

Street children refuse to go to clinics because they do not think that clinics will serve them or too young and inexperienced to know how to find clinics.

Sex, alcohol consumption, life skill training and connectedness to NGOs were found to have statistically significant influence on sexual experience among street children

Unaffordable cost, unfriendly staff and long waiting time were identified as major barriers in accessing SRH services for street children

Service provider organizations are not advertising their services sufficiently for street children

Majority street children had negative attitude towards service providers.

We can conclude from the facts stated above that there is a poor fit between current programs and the needs of street children sexual and reproductive health.

From this research finding a number of short-term recommendations were emerged

Working to make existing service-delivery points more "friendly" to street children

Since friends and peers are the most preferred source of information for boys and girls on reproductive health issues, former and current street children should be involved in awareness programmes.

Networking and co-operation among service providers is crucial to facilitate service delivery.

Government should follow the implementation of proposed projects for street children.

Urban health extension package should include outreach SRH services for street children.

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10. Annexes

Annex-I Study Information Sheet

My name is _____ I came from _____ . I am a member of the research team of the Addis Ababa University, college of health science, school of public health

The following information is to inform you about a study we wish to conduct with you to ask your permission to participate in the study. The title for this study is *assessment of organizational responses to the sexual and reproductive health needs of street children in Addis Ababa*. we are interested in this area because sexual and reproductive health problems of street children are not given great attention yet it is an increasing issue. so if we better understand how governmental and nongovernmental organizations deliver sexual and reproductive health services to the street children, we can forward feasible and effective alternatives to address this ignored problem.

Participation in the research project is voluntary and you do not have to participate in the research project if you choose not to. In order to ensure anonymity, personal information will be coded with a number and stored in a locked office to which only those helping to collect data will have access. Any presentation or publication resulting from this study will not contain any identifiable information regarding you. Only those researchers assigned to this study will have access to the data.

This study has been reviewed and received approval from the Research Ethics Review Committee of Addis Ababa University, school of public health. Should you allow participating, you will have the option of withdrawing from the study at any time for any reason without consequence. Simply inform one of the data collectors that you wish to withdraw from the study and your information will be removed upon your request. As well, you have the right to not answer any question or to participate in any aspect of this project that you consider invasive, offensive or inappropriate.

If you have any questions or concerns about this request, please contact at 09-13-07-14-30 or

E-mail hab2396@yahoo.com.

Annex-II Study Assent Form

I have read/heard and understood the sheet telling me what will happen in this study and why it is important.

I have been able to ask questions and to have them answered.

I understand that while the information is being collected, I can stop being part of this study whenever I want and that it is perfectly ok for me to do this.

If I stop being part of the study, I understand that all information about me will be destroyed.

I agree to take part in this research.

Name and signature of interviewer _____ Date ___/___/___

Name and signature of supervisor _____ Date ___/___/___

Time taken_____

Annex-III- Structured Questionnaire In English

- Code No: _____
- Sub city: _____
- Site name: _____
- kebele (sefer name):_____

Part I : Sociodemographic characteristics			
S.n	Questions	alternative answers	Code
101.	Sex	1. Male 2. Female	1=male 2=female
102.	Age in years [enter number]	1. _____years_____month 99. don't know	99=don't know
103.	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. No religion 88. Others, specify / _____/	88=other specify
104.	To which ethnic group do you belong?	1. Amhara 2. Oromo 3. Tigray 4. guragie 88.Others,specify/ _____/	
105.	What is your current marital status?	1. Currently married 2. Never married 3. Divorced 4. Widowed 88.Others,specify / _____/	
106.	Duration of street life [enter number]	1. /_____/ years /_____/ Months 99. Don't know/remembe	
107.	What is the main reason to become to street?	1. Peer pressure 2. Death of parents 3. Looking for a job 4. Due to alcoholic family 5. Lack of peace in the family 6. Displacement 7. change of life style 88. Others,specify / _____/	
		99. Don't know/remembe	

108.	Where is your former residence?	1. Addis Ababa 2. Outside Addis Ababa	
109.	With whom do you live most of the time?	1. Both parents 2. Mother 3. Father 4. Sister/brother 5. Friends/peers. 6. Boy / girl friend 7. Alone 88.Others specify / _____/	
110.	Where do sleep during the night?	1. On the street 2. Small rented house 3. Plastic shelter 4. Families house 88.Others,specify/ _____/	
111.	Education status	1. never attend school 2. Only read and write 3. 1 -4 grade 4. 5 – 8 grade 5. 9 -12 grade	
112.	Do you work to earn money for yourself?	1. Yes 2. No	
113.	What do you do to earn money? [multiple answers are possible]	1. Shoe shining 2. Carrying small items 3. Delivering messages 4. Attending and washing cars. 5. Exchange of money for sex 88.Others,specify / _____/	
114.	On average how much do you earn per day?	1. Less than five birr 2. 5 -10 birr 3. 10 -20 birr 4. 30-50 birr 5. more than 50 birr	
PART-II: Concerning Substance and alcohol Abuse			
115.	Do you drink alcoholic beverage like Tela, Tej, Beer, Arekie and the likes?	1. Have never drunk 2. I have tried once or twice 3. I drink most of the time 4. I drink daily	
116.	If you drunk, have you ever had sexual intercourse after drinking?	1. yes 2. No	
117.	If yes, have you used condom?	1. yes 2. No 99. I don't remember	
118.	Do you use drugs?	1. Yes 2. No	
119.	Which drug do you use most of the time?	1. Chat chewing 2. Ganja/Hashish,	

		3. cigarett smoking 4. Sniff Benzene 5. inject able drug 88.Other,specify / _____/	
120.	What initiates you to use drugs?	1. Depression 2. Peer pressure 3. To protect hunger 4. To protect fear (sex,stell) 88.other,specify / _____/	
Part III: Concerning risky sexual and Reproductive health practices			
121.	Have you ever had sexual intercourse?	1. Yes 2. No	
122.	If yes, at what age did you first have sexual intercourse? (Enter number)	1. / _____/ Age in years 99. Don't know/ remember	
123.	Why did you decide to have sexual intercourse the first time?	1. I get married 2. Fell in love. 3. Personal desire. 4. Coercion (Rape). 5. To get money and other gifts. 6. Peer pressure 7. Influence of khat /alcohol 88.Others,specify / _____/	
124.	With whom did you make your first sexual intercourse?	1. Husband/wife 2. with a steady boy/girl friend 3. with a casual boy/girl friend 4. with a family member 5. with commercial sex worker 88.others,specify / _____/	
125.	Have you had sexual intercourse within 3 monthes?	1. Yes 2. No	
126.	How many sexual partners have you ever had?	1. / _____/ Number of partners 2. Don't know / remember	
127.	Have you been raped without the consent of you during the past 12 months?	1. Yes 2. No	
128.	If yes, have you used condom or contraceptives?	1. Yes 2. No	
129.	If no for Q No_128 why not?	1. it was unplanned 2. violetor oppossion 3. Too far to get condom or contraceptives(Not accessible) 4. Method was expensive 5. I have infrequent sex. 88. other ,specify / _____/	
130.	Which activities that you performed	1. sexual intercourse without condom	

	might exposed you for HIV virus or unwanted pregnancy?	<ul style="list-style-type: none"> 2. multiple sexual intercourse 3. sexual intercourse with commercial sex worker 4. cutting with sharp materials 99. don't know/remember 88. other, specify / _____ / 	
131.	What sexual and reproductive health problems you faced with in last 12 months?	<ul style="list-style-type: none"> 1. unwanted pregnancy 2. abortion 3. alcohol influenced unsafe sex 4. STIs 5. Coercion (Rape). 6. Coercion (Rape) attempte 7. No problem 88. other, specify / _____ / 	
132.	Have you been pregnant? [FOR FEMALES ONLY]	<ul style="list-style-type: none"> 1. Yes 2. No 	
133.	If yes, how many times have you been pregnant? (Enter number	<ul style="list-style-type: none"> 1. / _____ / Times 99. Don't know/Remember 	
134.	Were all your pregnancies wanted?	<ul style="list-style-type: none"> 1. Yes 2. No 	
135.	If no, how did you become pregnant?	<ul style="list-style-type: none"> 1. Contraceptive method not available 2. Coercion (rape) 3. Method failure 4. lack of emphasis 88. Other, specify / _____ / 99. Don't know/ remember 	
136.	Did you give birth?	<ul style="list-style-type: none"> 1. Yes 2. No 	
137.	Have you ever had abortion?	<ul style="list-style-type: none"> 1. Yes 2. No 	
138.	If yes, how many times did you have abortion?	<ul style="list-style-type: none"> 1. / _____ / Times 99. Don't know/ remember 	
139.	For to have abortion, whom did you first discuss the issue with?	<ul style="list-style-type: none"> 1. My boy friend 2. My peers 3. My parents 4. Health workers 5. Traditional healers 6. For an abortionist 88. Others, specify [_____] 	
140.	Where did you abort?	<ul style="list-style-type: none"> 1. At public health institution 2. At private clinic 3. At abortionist's house 4. I have induced it myself 88. Others, specify [_____] 99. Don't know/ remember 	

Part IV: Concerning responses for sexual and reproductive health needs of street children			
4.1 sexual and reproductive health information and education			
141.	Do you have information about HIV/AIDS and unwanted pregnancy?	1. Yes 2. No	
142.	If yes, where do you get this information?	1. Mass media (radio,TV...) 2. Training 3. Friends 4. Posters, pamphlets 5. Street health educators 88. Other, specify / _____/	
143.	If your answer for Q No 141 is no reasons?	1. No alternative to get information 2. It does no conser me 3. Giving less emphasis b/c I have many priortised problems 88. Other, specify / _____/	
144.	From whom would you like (trust) to receive information about sexual and reproductive health?	1. Mass media (radio,TV...) 2. training 3. friends 4. posters, pamphlets 5. street health educators 88. other / _____/	
145.	Have you ever attended special education on sexual and reproductive health for street children?	1. Yes 2. No 99. Don't remember	
146.	If the answer for Q No145 is yes, which organization prepared it?	1. Governmental 2. voluntary people 3. NGOs 4. religious organization 88. Other (specify) / _____/	
147.	In what form was the information delivered?	1. through dramatic form 2. Through invitation of famous persons 3. through street child participation 4. Through simple look and talk by health profession 88. other specify / _____/	

148	If you are not comfortable with the way they deliver the information, in what form would you like?	<ol style="list-style-type: none"> 1. dramatic 2. peer teaching 3. famous people 4. former street children 88. Other / _____/ 	
4.2 life skill development practices			
149	Have you helped by organizations/	<ol style="list-style-type: none"> 1. yes 2. no 3. yes but laved now 	
150	If yes, which item was givn to you?	<ol style="list-style-type: none"> 1. food 2. shelter 3. health 4. education 5. wood/metal work 88. other / _____/ 	
151	If you are leaved the organization now why?	<ol style="list-style-type: none"> 1. unfriendly staff approach 2. limited services 3. the service was not based on our need 4. the organization is not unctional 88. other 	
152	What is your future plan to be if things are suitable?	<ol style="list-style-type: none"> 1. merchant 2. doctor 3. teacher 4. nothing 88. other / _____/ 	
153	Which activities can be done by yourself?	<ol style="list-style-type: none"> 1. how to use condom 2. how to protect myself from rape 3. when and how to use contraceptive 4. different games including football 5. carwashing and other jobs 88. other / _____/ 	
154	How did you spent most of your day times	<ol style="list-style-type: none"> 1. sleeping 2. walkingg 3. chewing 4. begging 5. playing foot ball 88. other/ _____/ 	
155	Have you taken any life skill training?	<ol style="list-style-type: none"> 1. yess 2. no 	
156	If no, what is the reason?	<ol style="list-style-type: none"> 1. has no interst 2. noot understand the benefit 3. lack of opprtunity 4. lack of traing fee 88. other / _____/ 	

157	What is your current interest to take training?	1. metal/wood work 2. food preparation 3. shoeshine 88. other	
4.3 Sexual and reproductive health services			
158	Where do you go for advice related to SRH and substance use?	1. Health center 2. Religious leaders 3. Close friends who do not use substances 4. NGOs working on street children 88. Other (specify) / _____/	
159	Why do you prefer the above place?	1. good confidentiality 2. they easily understand me 3. short waiting time 4. affordable cost 88. other / _____/	
160	From your or your friends' experience, what is the main SRH problem?	1. rape 2. sexual exploitation 3. lack of legal protection 4. STIs 5. unwanted pregnancy 6. lack of SRH information 88. other/ _____/	
161	Is there any organization in your location that provides condoms or other contraceptive services for street children?	1. yes 2. no 99. don't know	
162	If yes, mention the type of organization.	1. public hospital 2. public clinic 3. private hospital 4. private clinic 5. family guidance 6. NGO clinic 88. other/ _____/	
163	Have you ever visited these health service providers for SRH services?	1. yes 2. no	
164	If no, what was the reason?	1. unfriendly staff 2. unaffordable cost 3. inappropriate location 4. inappropriate opening time 5. long waiting time 88. other / _____/	
165	If your answer for Q No 163 is yes, what are the main SRH services given by the organizations?	1. condom/contraceptive provision 2. ART service 3. VCT service 4. FP education and service 88. other/ _____/	

166	Which SRH service given to street children free of cost	<ol style="list-style-type: none"> 1. condom/contraceptive 2. VCT service 3. education about FP and available methods 4. education about HIV transmission 5. nothing is free 88. other / _____ / 			
167	If you are going to face rape or sexual exploitation, what measure will you take?	<ol style="list-style-type: none"> 1. report to police 2. visit the doctor 3. tell to friends for help 4. nothing 88. other / _____ / 			
168	Have you been confused where to go when you are in need of SRH services?	<ol style="list-style-type: none"> 1. yes 2. yes, more than once 3. no 99. don't know/ remember 			
169	If yes, what type of SRH service did you need?	<ol style="list-style-type: none"> 1. Test for STIs including HIV 2. counselling for pre and post test 3. care and help for HIV problem 4. condom and other contraceptive 5. legal abortion 6. delivery service 88. other / _____ / 			
170	What was your or your friends' experience of using any of local sexual and reproductive health services? (tick)	<ol style="list-style-type: none"> 1. Friendly 2. No-judgmental 3. Understand culture of street children 4. Confidentiality 5. appropriate location 6. Opened every time 7. short waiting time 	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No				
171	Which of the following strategies is/are implemented by Organizations to address your sexual and reproductive health problems?	<ol style="list-style-type: none"> 1. Increase involvement of street children in sexuality education 2. Increase focus on prevention education, in addition to abstinence-focused education 3. Increase access to reproductive health services for street children 4. Focus on both reducing risk factors and strengthening protective factors 88. Other (list) / _____ / 			
172	What are the main barriers for street children to have SRH services?	<ol style="list-style-type: none"> 1. lack of knowledge about the available services 2. lack of knowledge about the consequences 3. stigma and discrimination 4. unaffordable cost 5. unfriendly staff 			

		<p>6. distant location</p> <p>88. other/_____/</p>	
173	in what way the SRH should be given to street children in order to ensure that the service is effective?	<p>1. in separate facility for street children</p> <p>2. in separate room in existinfacilities</p> <p>3. mobile services</p> <p>4. through trained street children</p>	
174	To ensure the highest number condom user,in what way the condom should be distributed to street children?	<p>1. free in public phone</p> <p>2. by coopriating with private pharmacies</p> <p>3. by trainig street children mobile service</p> <p>4. using local bars and restourants</p> <p>88.otther/_____/</p>	
175	Is the current SRH services satisfactory for street children?	<p>1. yes</p> <p>2. slightly yes</p> <p>3. absolutly no</p>	
176	if your answer for Q No 175 is no what is thereason?	<p>1. the service is poorly advertised</p> <p>2. no peer service program</p> <p>3. children are not participating in planninig,implementing and evaluating activities</p> <p>4. lack of confidentiality</p> <p>5. problems on condom provision</p> <p>88. other/_____/</p>	

Thank You!!

Annex -IV Structured Questionnaire In Amharic

የቃለ መጠይቅ ቅፅ

በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ክፍል የወሲባዊና ሥነተዋልዶ ጤና ፍላጎትና በዘርፉ የሚሰሩ መንግስታዊና መንግስታዊ ያልሆኑ ድርጅቶች እየሰጡት ያለውን ምላሽ አስመልክቶ በጎዳና ተዳዳሪ ልጆች ላይ ለሚደረግ ጥናት መረጃ ለማሰባሰብ የተዘጋጀ ቃለ መጠየቅ ቅፅ፤

ጤና ይስጥልን። ስሜ _____ ይባላል የመጣሁት ከ _____ . በአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ት ክፍል የጥናት ቡድን አባል ነኝ። የዚህ ጥናት ዋና አላማ እድሜቸው ከ 18 ዓመት በታች እድሜ ባላቸው የጎዳና ተዳዳሪ ልጆች ላይ የወሲባዊና የሠነ- ተዋልዶ ጤናን አስመልክቶ መረጃ ለማሰባሰብ ነው። ከአንተ/ቺ እድሜ ክልል ካሉ አቻ ጓደኞችህ/ሽ መካከል የዚህ ጥናት ተሳታፊ ለመሆን እድል አግኝተሃል/ሻል ጥናቱ በቃለ ምልልስ የሚከናወን ነው። ጥቂት ጊዜህን/ሽን መስዋት በማድረግ ለጥናቱ የበኩልህን/ሽን እድታደርግ/ጊ እንጠይቃለን። ከአንተ/ቺ የምናገኘው መረጃ በቀጣይ የተሸለ የጎዳና ተዳዳሪ ልጆች የስነተዋልዶ እና ወሲባዊ ጤና አገልግሎት ለመስጠት እንደሚረዳ ይታመንበታል።

ውይይቱ የግል ህይወትንና ሚስጥርን ስለሚያካትት በቃለ ምልልሱ ወቅት አንተ/ቺ እና እኔ ለብቻችን ሆነን ልንነጋገርበት የምንችልበት የተለየ ቦታ በናገኝ እጅግ ይመረጣል። ይህ አንተ/ቺና እኔ የምናደረገው ውይይት እስከ መጨረሻው በሚስጥር የሚያዝ መሆኑን ላረጋግጥልህ/ሽ እወዳለሁ። ስለዚህ ይረዳ ዘንድ ማንኛውም የመትሰጠው /ጨው መረጃ ቁጥር እንዲሰጠው ከመደረጉ ሌላ ስምህ /ሽ በዚህ ቅፅ ላይ አይሞላም። በተጨማሪም የምትሰጠውን/ ጭውን መረጃ በየትኛውም መንገድ ለማንም ሰው አሳልፎ አይሰጥም።

የትኛውም ከጥናቱ የተያየዘ ሪፖርት አንተን/ቺን ላይቶች ሊያሳውቅ አይችልም። ቃለ ምልልሱ ሙሉ በሙሉ በፍቀደኝነት ላይ የተመሰረተ ነው።

በጥናቱ ለመሳተፉ ፈቃደኛ ነህ/ሽ? ----- አዎ ----- አይደለሁም

የጠያቂው ስም -----

ቃለ መጠይቁ የተደረገበት ቀን ----- / ----- 2003 ፊርማ -----

የተቆጣጣሪው ስም -----

ፊርማ ----- ቀን -----/-----2003

ቃለመጠይቁ የወሰደው ሰዓት -----

አዲስ አበባ ዩኒቨርሲቲ
ጤና ሳይንስ ኮሌጅ
የህብረተሰብ ጤና ትምህርት ክፍል

የስነ-ተዋልዶና ወሲባዊ ጤና ፍላጎትን ተመሰርቶ ለጎዳና ተዳዳሪ ልጆች እየተሰጠ ያለውን ድርጅታዊ ምላሽ አስመልክቶ መረጃ ለማሰባሰብ የተዘጋጀ ቃለ መጠይቅ፡፡

- የመጠይቁ መለያ ቁጥር _____
- ክፍለ ከተማ _____
- የቀበሌው ስም _____
- የቦታው ስም _____
- መጠይቁ የተደረገበት ሰዓት _____

ክፍል አንድ ፡- አጠቃላይ የግለሰብ መረጃ			
ተ.ቁ	ጥያቄ	አማራጭ መልሶች	ኪዳ
101	ጾታ	1. ወንድ 2. ሴት	1=ወንድ 2=ሴት
102	እድሜ (በአመት)	1. _____ ዓመት _____ ወር 99. አላውቅም/አላስታውስም	99=አላውቅም/አላስታውስም
103	ሃይማኖት	1. ኦርቶዶክስ ክርስቲያን 2. ሙስሊም 3. ፕሮታስታንት 4. ካቶሊክ 5. ሀይማኖት የለኝም 88. ሌላ ካለ ይጠቀስ / /	88=ሌላ ካለ ይጠቀስ
104	የየትኛው ብሔር አባል ነህ?	1. አማራ 2. ኦሮሞ 3. ትግሬ 4. ጉራጌ 88. ሌላ ካለ ይጠቀስ / /	
105	የትዳር ሁኔታ (በአሁኑ ወቅት)?	1. አግባብ 2. አላግባብም 3. ተፋትቻለሁ 4. ባለ/ሚስቴ ሞታብኛለች 88. ሌላ ካለ ይጠቀስ / /	
106	ጎዳና ላይ ከመጣህ/ሽ ስንት ጊዜሽ/ህ ነው?	1. _____ ዓመት _____ ወር 99. አላውቅም/አላስታውስም	
107	ወደ ጎዳ የወጣህበት/ሽበት ምክንያት ምን ነበር?	1. በጓደኛ ግፊት 2. ወላጆች ስለምቱ 3. ሰራፍሊጋ 4. ወላጆች የመጠጥ ሱሰኛ መሆን 5. በቤተሰብ ውስጥ ስምምነት ስለሌለ 6. በተፈናቀሎ 7. የአኗኗር ዘይቤ ለውጥ 88. ሌላ ካለ ይጠቀስ / /	
108	ከዚህ በፊት የት ነበር የምትኖረው?	1. አዲስ አበባ 2. ከአዲስ አበባ ውጭ ቦታው ይጠቀስ	
109	አብዛኛውን ጊዜ ከማን ጋር ነው?	1. ከሁሉም ወላጆች ጋር	

110	የምትኖረው/ረው? ሌሊቱን የት ታሳልፋለህ/ሽ?	2. ከእናቴ ጋር 3. ከአባቴ ጋር 4. ከእህቴ/ወንድሞቼ ጋር 5. ጓደኞቼ ጋር 6. ከሴት (ወንድ) ጓደኛዎ ጋር 7. ብቻዎን 88. ሌላ ካለ ይገለጽ/ /	
111	የትምህርት ሁኔታ	1. ጎዳና ላይ 2. ትንሽ ኪራይ ቤት 3. ፕላስቲክ መጠለያ ውስጥ 4. የቤተሰብ ቤት ውስጥ 88. ሌላ ካለ ይጠቀስ / /	
112	ገንዘብ ለማግኘት ስራ ትሰራለህ/ሽ?	1. አዎ 2. አልሰራም ወደ ተ. ቁ 115	
113	ስራ የምትሰራ/ሪ ከሆነ ምን ዓይነት ስራ ነው የምትሰራው/ረው? (ከአንድ በላይ መልስ ይቻላል)	1. ጫማ መጥረግ 2. እቃ መሸከም 3. መላላክ 4. መኪና ማጠብ 5. የወሲብ ንግድ 88. ሌላ ካለ ይጠቀስ/ /	
114	በአማካኝ በቀን ስንት ታገኛለህ/ሽ?	1. ከ 5 ብር በታች 2. ከ 5 - 10 ብር 3. ከ 10 - 20 ብር 4. ከ 30- 50 ብር 5. ከ 50 ብር በላይ	
ክፍል ሁለት: አደንዛዥ ዕዕይና የአልኮል መጠጥን በተመለከተ			
115	አንድ አረቆ ጠላ እና ጠጅ የመሳሰሉትን የአልኮል መጠጦች ትጠጣለህ/ሽ?	1. ጠጥቼ አላውቅም- ወደ ጥ. ቁ 119 2. አልፎ አልፎ አጠጣለሁ 3. ብዙውን ጊዜ አጠጣለሁ 4. በየቀኑ አጠጣለሁ	
116	የአልኮል መጠጦችን የምትጠጣ/ጭ ከሆነ ስክረህ/ሽ ታውቃለህ/ሽ?	1. ስክራ አላውቅም 2. አንድ ሁለት ስክራ ያለሁ 3. በጠጣሁ ቀን ሁሉ እስክራለሁ 88. ሌላ ካለ ይጠቀስ	
117	ስክረህ/ሽ የምታውቅ/ቁ ከሆነ ስክረህ/ሽ 118 ወሲብ ፈጽመህ/ሽ ታውቃለህ/ሽ?	1. አወ 2. ፈጽሜ አላውቅም	
118	ከላይ መልስህ/ሽ አወ ከሆነ ኮነደም ተጠቅመህ/ሽ/ሽ?	1. አወ 2. አልተጠቀምኩም 99. አላስታውስም	
119	የአንቃቂ/አደንዛዥ ዕዕ ተጠቃሚ ነህ/ሽ?	1. አዎ 2. አይደለሁም ወደ ጥያቄ ቁ 122	
120	መልስህ/ሽ አወ ከሆነ ከምትጠቀሙት አንቃቂ/አደንዛዥ ዕዕቶች ውስጥ በብዛት የምትጠቀሙት የትኛውን ነው?	1. ጫት 2. ጋንጃ/ሃሽሽ 3. ሲጋራ 4. ቤንዚን 5. በመርፌ የሚወሰዱ ዕዕቶች 88. ሌላ ካለ ይጠቀስ/ /	
121	እነዚህን አንቃቂ/አደንዛዥ ዕዕቶች ለመጠቀም የሚያነሳስህ ነገር ምንድን ነው?	1. ድብርትን ለማስወገድ 2. በጓደኛ ግፊት	

		3. ረዣብን ለመከላከል/ለመርሳት 4. ፍርሃትን ለመከላከል (ለሴክስ፣ ለስርቆት) 88. ሌላ ካለ ይጠቀስ / /	
ከፍል ሦስት፡ አደገኛ ወሲባዊና ስቲ ተዋልዶዊ ተግባሮችን በተመለከተ			
122	የግብረ ስጋ ግንኙነት ፈፅመህ ታውቃለህ?	1. አዎ 2. ፈፅሜ አላውቅም	
123	ለጥያቄ 122 መልስዎ አዎ ከሆነ በምን ያህል እድሜህ/ሽ ነበር የግብረ ስጋ ግንኙነት የፈጸምከው/ሽው?	1. ቡ-----አመቴ 99. አላውቅም/አላስታውስም	
124	የግብረ ስጋ ግንኙነት ለመፈፀም ውሳኔ ላይ የደረሰከው/ሽው ለምን ነበር?	1. በጋብቻ ምክኒያት 2. በፍቅር ምክንያት 3. የግል ፍላጎት 4. በመደፈር 5. ገንዘብ ለማግኘት 6. በጓደኛ ግፊት 7. በጫት/አልከል ግፊት 88. ሌላ ካለ ይጠቀስ / / 99. አላስታውስም	
125	ባለፉት 3 ወራት ወስጥ ወሲብ ፈፅመህ/ሽ ታውቃለህ/ሽ?	1. አዎ (ከማን ጋር-----) 2. ፈፅሜ አላውቅም	
126	ለመጀመሪያ ጊዜ ከማን ጋር ነበር የግብረ ስጋ ግንኙነት የፈጸምከው/ሽው?	1. ባል/ሚስት ጋር 2. የፍቅር ጓደኛ ጋር 3. ባጋጣሚ ካገኘሁት/ሴት/ወንድ ጋር 4. ከቤተሰብ አባላት ጋር 5. ከሴተኛ አዳሪ ጋር 88. ሌላ ካለ ይጠቀስ / / 99. አላውቅም/አላስታውስም	
127	ከምን ያህል ሰዎች ጋር የግብረ ስጋ ግንኙነት ፈጸመህል/ሽል?	1. ----- ሰዎች ጋር 99. አላውቅም/አላስታውስም	
128	ባለፉት 12 ወራት ወስጥ ከፈቃድህ/ውጭ ተገደህ/ሽ የግብር ስጋ ግንኙነት ፈፅመህል/ሽል?	1. አዎ 2. አልፈፀምኩም	
129	ለጥያቄ ቁጥር 128 መልስህ/ሽ አዎ ከሆነ የወሊድ መከላከያ ወይ የአባላዘር በሽታ መከላከያ ተጠቀመህል/ሽል?	1. አዎ (ጥቅም ላይ የዋለው መከላከያ ይጠቀስ) 2. አልተጠቀምኩም	
130	ለጥያቄ ቁጥር 128 አልተጠቀምኩም ከሆነ፣ ያልተጠቀምክበት/ሽበት ምክንያት ምንድን ነው?	1. በጅላይ አልነበረኝም 2. በአካባቢው ማግኘት ስለማልችል 3. ያስገደደኝ አካል ፍቃደኛ አልነበረም 4. በሽታ ተኝነት 5. ድንገተኛ ስለነበር 88. ሌላ ካል ይጠቀስ / /	
131	ካሁን በፊት ለኤች አይ ቪ ቫይረስ ወይም ላልተፈለገ አርግዝና የሚጋልጥ ተግባር ፈፅሜያለሁ ብለህ/ሽ የምትገምተው የቱን ነው? (ከአንድ በላይ መልስ ይቻላል)	1. ያለኮኔም የፈፀምኩት የግብረ-ስጋ ግንኙነት 2. ካአንድ በላይ የወሲብ ጎደኛ ስለነበረኝ 3. ከሴተኛ አዳሪ ጋር ወሲብ ስለፈፀምኩ 4. ስለታም በሆኑ ነገሮች ጉዳት ደርሶብኝ ስለነበር 5. ሁልጊዜ ኮኔም ስለማልጠቀም 88. ሌላ ካለ ይጠቀስ / / 99. አላውቅም/አላስታውስም	
132	ባለፉት 12 ወራት ወስጥ ያጋጠመህ ወሲባዊ ወይም ስነ-ተዋለዶዊ የጤና ችግር ምን ነበር?	1. ያልተፈለገ አርግዝና 2. ፅንሰ የማስወረድ ተግባር 3. በስክር ግፊት ልቅ ግብረ ስጋ ግንኙነት 4. የአባላዘር በሽታ 5. ተገዶ የመደፈር ችግር 6. ተገዶ የመደፈር ሙከራ 7. ያጋጠመኝ ችግር የለም 88. ሌላ ካለ ይጠቀስ / /	

133	እርግዝና ኢጋጥሞሽ ያውቃል? (ለሴቶች ብቻ)	1. አዎ 99. አላውቅም ወደ ጥ. ቁ.142
134	ከላይ መልስሽ አዎ ከሆነ ለምን ያህል ጊዜ ነበር እርግዝና የጋጠመሽ (ቁጥር ይገለፅ)	1. ----- ጊዜ 99. አላውቅም/አላስታውስም
135	ሁሉም እርግዝና ከስተቶች የሚፈለጉ ነበሩ?	1. አዎ 2. አይፈለግም ነበር
136	ከላይ መልስሽ አይፈለጉም ነበር ከሆነ እንዴት ልታረግዢ ቻልሽ	1. የእርግዝና መከላከያ አቅርቦት ማጣት 2. አስገዳድ በመደፈር 3. የእርግዝና መከላከያው አለመሰራቱ 4. አላስበኩብትም ነበር 88. ሌላ ካለ ይጠቀስ / / 99. አላውቅም/አላስታውስም
137	ልጅ ወልደሽ ታውቂያለሽ	1. አዎ 2. አላውቅም
138	የፅንሽ የማቋረጥ ተግባር ፈፀመሽ ታውቂያለሽ?	1. አዎ 2. አላውቅም
139	መልስሽ አዎ ከሆነ ለምን ያህል ጊዜ አቋርጠሻል?	1. ----- ጊዜ 99. አላውቅም/አላስታውስም
140	ፅንሱን ከማቋረጥሽ በፊት ከማን ጋር በጉዳዩ ላይ መከርሽ?	1. ከወንድ ጓደኛዬ ጋር 2. ከአቻ ጓደኛዬ ጋር 3. ከቤተሰቦቼ ጋር 4. ከጤና ባለሙያዎች ጋር 5. ከልምድ አዋላጆች ጋር 6. ማስወረድ ስራ ከሚሰሩ ባለሙያዎች ጋር 88. ሌላ ካለ ይጠቀስ / /
141	ፅንሱን ያቋረጥሽው የት ቦታ ነበር?	1. ከጤና ተቋም ውስጥ 2. የግል ክሊኒክ 3. ከባህላዊ አዋላጆች 4. በራሴ የተለያዩ መደሃኒቶችን በመውሰድ 88. ሌላ ካለ ይጠቀስ / / 99. አላውቅም/አላስታውስም

ከፍል አራት፡- ወሲባዊና ሥነ-ተዋልዶ ጤናን ለማበልጸግ ለጎዳና ልጆች እየተደረጉ ያሉትን ተግባራት ለመዳሰስ

4.1 የስነ-ተዋልዶና ወሲባዊ ጤና መረጃና ትምህርትን በተመለከተ

142	ኤቸ አይ ቪ ኤድስ እና ያልተፈለገ እርግዝናን እንዲሁም ሌሎች ከወሲባዊ ጤና ጋር ተያያዥነት ስላላቸው ነገሮች መረጃ አለህ/ሽ?	1. አዎ 2. የለኝም
143	ከላይ አዎ ከሆነ መልስህ/ሽ መረጃውን ከየት አገኘሽው/ሽው?	1. ከመገናኛ ብዙሃን (ራዲዮ፣ ቴሌቪዥን...) 2. ከሰልጠናዎች 3. በአካባቢዎችን ሰዎች ሲያወሩ 4. ከጤና ተቋም ከባለሙያዎች 5. ከጓደኛዬ 6. ከመንገድ ላይ አስተማሪዎች 7. ከፖስተሮች 88. ሌላ ካለ ይጠቀስ / /
144	መልስህ መረጃ የለኝም ከሆነ ምክንያቱ?	1. መረጃውን የማግኘት ምንም አማራጭ የለም 2. እኔን ስለማይመለከተኝ ፈልጌ አላውቅም 3. ትኩረቴን የሚሰቡ ሌሎች ነገሮች ስላሉ ትኩረት አልሰጠውም 88. ሌላ ካለ ጥጠቀስ / /
145	በአንተ እምነት ለጎዳና ልጆች ትክክለኛና በቀላሉ ማግኘት የሚቻል የመረጃ ምንጭ ይሆናል ብለህ/ሽ የምታስበው/ቢው የቱን ነው?	1. ጓደኛን በመጠየቅ 2. መገናኛ ብዙሃንን (ራዲዮ፣ ቴሌቪዥን...) 3. የጎዳና ላይ አስተማሪዎችን 4. የሚበተኑ በራሪ ፅሁፎችን 5. ፖስተሮችን 6. ጋዜጦች 88. ሌላ ካለ ይጠቀስ / / 99. አላውቅም

146	ሰለ ወሲባዊና ስነ-ተዋልዶ ጤና ትምህርት ለጎዳና ልጆች በተለየ መልኩ ሲሰጥ በህይወትህ/ሽ አጋጣሚ ተሳትፈህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አላውቅም ወደ ጥ. ቁ150
147	ለጥያቄ ቁጥር 148 አዎ ከሆነ መልስህ/ሽ ትምህርቱን ያዘጋጀው ድርጅት ማን ነበር?	1. መንግስት 2. በጎአድራጊ ግለሰቦች 3. በጎ አድራጊ ድርጅቶች (NGOs) 4. የሃማኖት ድርጅቶች 88. ሌላ ካለ ይጠቀስ /
148	የትምህርቱ/ስልጠናው አሰጣጥ እንዴት ነበር?	1. በድራማ መልክና በማዘናናት 2. ታዋቂ ሰዎችን በማሳተፍ ተሞክሮ 3. ጎዳናልጅ የነበረን ሰው በመጋበዝ ተሞክሮውን በማጋራት 4. የሚያሰለጥኝ የንግግር ትምህርት 5. ማስፈራራያና ዛቻ የበዛበት 88. ሌላ ካለ ይጠቀስ /
149	የትምህርቱ አሰጣጥ ካልተመቻህ/ሽ በምን መልኩ ቢሰጥ ጥሩ ነው ትላለህ/ሽ?	1. በድራማ መልኩ 2. በአቻ አስተማሪዎች 3. በታዋቂ አርቲስት፣እስፖራተኛ.../ሰዎች 4. ጎዳና ልጅ በነበሩ ሰዎች 88. ሌላ ካለ ይጠቀስ /
4.2 የህይወት አመራር ከሁሉትን ለማገልበት የተደረጉ ልምዶችን በተመለከተ		
150	በድርጅት ውስጥ ታቅፈህ/ሽ ታውቃለህ/ሽ	1. አዎ (የድርጅቱ ስም / / 2. ታቅፌ አላውቅም 3. ታቅፌ ነበር ለቅጂያለሁ
151	መልስህ/ሽ አዎ ከሆነ ድርጅቱ በምን ዘርፍ ይረዳህ/ሻል?	1. በምግብ 2. በመጠለያ 3. በጤና 4. በትምህርት 5. በምያ ስልጠና/ብረታብረት ስራ/ 88. ሌላ ካለ ይጠቀስ /
152	መልስህ/ሽ ድርጅቱን ለቅጂያለሁ ከሆነ ለምን	1. ሰዎቹ ጥሩ አቀራረብ ስለሌላቸው 2. የሚሰጡት አገልግሎት ውስን ስለሆነ 3. የሚሰጡት አገልግሎት ፍላጎታችን ያገናዘበ ስላልሆነ 4. ድርጅቱ ስራ ስላቆመ 88. ሌላ ካለ ይጠቀስ /
153	ሁኔታዎች ቢመቻቹልህ/ሽ ምን መሆን ትፈልጋለህ/ሽ	1. ኒጋዴ 2. ዶክተር 3. አስተማሪ 4. አውሮፕላን አብራሪ 5. ምንም መሆን አልችልም 88. ሌላ ካለ ይጠቀስ /
154	ከሚከተሉት ውስጥ የትኛውን ማድረግ ትችላለህ/ትችላለሽ (ከአንድ በላይ መልስ ይቻላል)	1. ኮንዶም እንዴት መጠቀም እንደሚቻል 2. ከፍላጎቴ ውጭ በወሲብ እዳይፈፀምብኝ ማድረግ 3. ከፍላጎቴ ውጭ የወሲብ ሙከራ ቢደረግብኝ ለፖሊስ ማመልከት 4. የወሲብ መከላከያ መቻላት እንዴት መጠቀም እደሚቻል 5. የእግር ኳስን ጨምሮ የተለያዩ ጨዋታዎችን 6. መኪና ማጠብና ሌሎችንም ስራ መስራት 88. ሌላ ካለ ይጠቀስ /
156	አብዛኛውን ጊዜህን ምን በመስራት ነው የምታሳልፈው/ፈው	1. በመተኛት 2. በመዘር 3. ጫት በመቃም 4. ብር በመለመን 5. ኩዋስ በመጫወት 88. ሌላ ካለ ይጠቀስ /
157	የጎዳና ህይወትህ/ሽን ሊቀይርልህ/ሽ የሚችል የሰለጠኑ ክስቦት/ሽበት ሞያ ይኖራል	1. አዎ (ምያው ይጠቀስ) 2. ምንም የሰለጠኑ ክስቦት ሞያ የለኝም

158	ከላይ መልስህ/ሽ አልሰጠኝኩም ከሆነ ለምን?	<ol style="list-style-type: none"> 1. ፍላጎቱ አልነበረኝም 2. ጥቅሙ አልገባኝም ነበር 3. እድሉን ማግኘት አልቻልኩም ነበር 4. ለሰጠኛው ብር ያስፈልግ ነበር 5. ሌላ ካለ ይጠቀስ / 	
159	ባሁኑ ወቅት በምን የምያ ዘርፍ ብትሰለጥን/ኛ ደስ ይልሃል/ሻል?	<ol style="list-style-type: none"> 1. በብረታ-ብረት ስራ 2. በእንጨት ስራ 3. በምግብ ስራ/መስተገባዶ 4. በሊስትሮ ሞያ 88. ሌላ ካለ ይጠቀስ / 	
160	ከመንግስታዊ ወይም መንግስታዊ ካለሆነ ድርጅት ተደረገልኝ የምትለው/የምትይው ነገር ምን አለ (ከአንድ በላይ መልስ ይቻላል)	<ol style="list-style-type: none"> 1. የምግብ እርዳታ 2. የልብስ እርዳታ 3. ነፃ የኮንዶምና ሌሎች የወሊድ መከላከያ እርዳታ 4. ነፃ የህክምና እርዳታ 5. ስለ ጤናማ ወሲብና ስነ-ተዋልዶ ትምህርት 6. ምንም የተደረገልኝ ነገር የለም 88. ሌላ ካለ ይጠቀስ / 	
4.3 የወሲባዊና ስነ-ተዋልዶ ጤና አገልግሎት አሰጣጡን በተመለከተ			
161	እደንዛኸ ዕዕን ወይም ወሲባዊ እና ሥነ-ተዋልዶዊ የሆነ ምክር ወይም ህክምና ቢያስፈልግህ/ሽ የት ነው የምትሂደው/ጅው?	<ol style="list-style-type: none"> 1. ወደ ሃይማኖት አባቶች 2. ወደ ጤና ጣቢያ 3. ወደ ቅርብ ጓደኛ 4. ወደ ግል ክሊኒክ 5. ወደ ተንቀሳቃሽ ክሊኒኮች 6. ወደ NGO ክሊኒኮች 88. ሌላ ካለ ይጠቀስ / 	
162	ከሌሎች በተለየ ይህን ቦታ ለምን መረጥህ/ሽ?	<ol style="list-style-type: none"> 1. ቦታው ለሌሎች ሰዎች በማያጋልጥ ሁኔታ ስለሚገኝ 2. ሰዎቹ ችግራን ስለሚረዱልኝ 3. አገልግሎቱ ቀልጣፋ ስለሆነ 4. ክፍያው አቅጫን ያገናዘበ ስለሆነ 88. ሌላ ካለ ይጠቀስ / 	
163	ከራስህ/ሽ ወይም ከጓደኛህ/ሽ ተሞክሮ በመነሳት ለጎዳና ልጆች ከወሲባዊና ስነ-ተዋልዶ ጋር በተያያዘ በጣም አንገብጋቢ የጤና ችግር ነው የምትለው/ይው የቱን ነው (ከአንድ በላይ መልስ ይቻላል)	<ol style="list-style-type: none"> 1. ተገዶ መደፈር 2. በገነዘብ ተታሎ መደፈር 3. በምንደፈርበት ወቅት የህግ ከለላ ማጣት 4. በግብረሰጋ ግንኙነት ለሚተላለፉ በሽታዎች መጋለጥ 5. ላልተፈለገ እርግዝና መጋለጥ 6. ስለ ስነ-ተዋልዶና ወሲባዊ ጤና መረጃ ማጣት 88. ሌላ ካለ ይጠቀስ / 	
164	በምትኖርበት/ሪበት አካባቢ ለጎዳና ልጆች ኮንዶምና ሌሎች የወሊድ መቆጣጠሪያ ዘዴዎችን የሚሰጥ ድርጅት ወይም የጤና ተቋም አለ	<ol style="list-style-type: none"> 1. አወ አለ 2. የለም 99. አላውቅም 	
165	መልስህ/ሽ አወ ከሆነ ምን ዓይነት የጤና ተቋም ነው ያለው	<ol style="list-style-type: none"> 1. የመንግስት ሆስፒታል 2. የመንግስት ክሊኒክ 3. የግል ሆስፒታል 4. የግል ክሊኒክ 5. የቤተሰብ መምሪያ 6. የNGO ክሊኒክ 7. የግል ፋርማሲዎች 88. ሌላ ካለ ይጠቀስ / 	
166	አገልግሎቱን ለማግኘት ወደ ቦታው ሂደህ/ሽ ታውቃለህ/ሽ	<ol style="list-style-type: none"> 1. አወ 2. ሂጅ አላውቅም 	
167	ከላይ መልስህ/ሽ ሂጅ አላውቅም ከሆነ ለምን?	<ol style="list-style-type: none"> 1. ሰዎችን ስለምፈራቸው 2. ዋጋውን መክፈል ስለማልችለው 3. ቦታው ለኔ ስለማይመች 4. አገልግሎቱ በሚያስፈልገኝ ወቅት ስለሚዘጋ 5. ብዙ ወረፋ ስላለ 	

168	ወደባታው ሂደቱ/ሽ ከኑና በዋነኛነት ምን ዓይነት አገልግሎት ነው የሚሰጡት?	88. ሌላ ካለ ይጠቀስ / / 1. የኮንዶም ስርጭት 2. የወሊድ መከላከያ እንክብካቤ ስርጭት 3. የእድሜ ማራዘሚያ መድኃኒት ስርጭት 4. የኤች አይ ቪ ምርመራና ምክር አገልግሎት 5. የቤተሰብ ምጣኔ ትምህርትና ገልግሎት	
169	ከሚከተሉት የወሲባዊና ስነ-ተዋልዶ ጤና አገልግሎቶች ውስጥ የትኛውን በነፃ ታገኛለህ/ሽ?	88. ሌላ ካለ ይጠቀስ / / 1. ኮንዶም 2. የወሊድ መከላከያ እንክብካቤ 3. ኤች አይ ቪ ምርመራና የምክር አገልግሎት 4. ስለቤተሰብ ምጣኔና የወሊድ መከላከያ አጠቃቀም ትምህርት 5. ስለ ኤች አይ ቪ መተላለፊያ መንገዶች ትምህርት 6. ምንም በነፃ የሚሰጥ አገልግሎት የለም	
170	ዛሬ አስገድዶ ወይም በገንዘብ አታሎ የመደፈር ወንጀል ቢፍፀምብህ/ሽ ምን ታደርጋለህ?(ከአንድ በላይ መልስ ይቻላል)	88. ሌላ ካለ ይጠቀስ / / 1. ለፖሊስ አመለካከታለሁ 2. ወደ ህክምና ቦታ እሄዳለሁ 3. ለጉዋደኞች እዲረዱኝ እነግራቸዋለሁ 4. ምንም አላደርግም	
171	ለወሲባዊ ወይም ሥነ-ተዋልዶ ጤና ምክርና አገልግሎት ለማግኘት ፈልገህ/ሽ የምትሂድበት/ጅመተ ቦታ ግራ ገብቶህ/ሽ ያውቃል?	88. ሌላ ካለ ጠቀስ / / 1. አዎ 2. ከአንድም ሁለት ጊዜ 3. የለም 99. አላስታውሰም/እርግጠኛ አይደለሁም	
172	ለጥያቄ ቁጥር 171 አዎ ከሆነ መለስህ/ሽ ምን ዓይነት እርዳታ ነበር የፈለግህ/ሽው?	1. የኤች አይ ቪ እና ሌሎች በሽታዎች ምርመራ 2. የቅድመ እና ድህረ ምርመራ ምክር 3. አባላዘር በሽታ ህክምና 4. ኤች አይ ቪ በተመለከተ የእንክብካቤና እርዳታ አገልግሎት 5. ኮንዶምና ሌሎች የወሊድ መከላከያ እርዳታ 6. ሀጋዊ ለሆነ ፅንሰ ማቋረጥ 7. ወሊድ አገልግሎት 88. ሌላ ካለ ይጠቀስ / /	አዎ
173	ለጎዳና ልጆች የሚሰጡ የሥነ-ተዋልዶ እና ወሲባዊ ጤና አገልግሎቶችን በተመለከተ እንዴት ታያቸዋለህ/ሽ? (የ × ምልክት ይደረግ)	88. ሌላ ካለ ይጠቀስ / / 1. በጓደኝነት አቅራቢ ይሰጣል 2. ቆራጭ ፈላጭነት ስሜት የለባቸውም 3. የጎዳናን ባህል ግምት ውስጥ ባስገባ መልኩ ይሰጣሉ 4. አገልግሎቱ ሚስጢራዊነት የተጠበቀ ነው 5. ለጎዳና ልጆች በሚመች ቦታ ይገኛል 6. አገልግሎቱን ለማግኘት ብዙም ወረፋ የለም 7. ሂጅ ስለማላውቅ ምንም ማለት አልችልም	አዎ
174	የጎዳና ልጆችን የወሲባዊና ስነ-ተዋልዶዎ የጤና ችግር ለማቃለል ከሚሰረባቸው ሰልቶች የትኞቹ በአነተ/ች አካባቢ ይሰራባቸዋል?	1. የጎዳና ልጆችን በትምህርት በመስጠት አየተሳተፉ ነው 2. የመከላከል ትምህርት በበለጠ ትኩረት አየተሰጠ ነው 3. የወሊድ መከላከያ አቅርቦቶችን ለጎዳና ልጆች ተደራሽነት እንዲኖረው አየተደረገ ነው 4. ለ ኤች አይ ቪ እና ላልተፈለገ እርግዝና በሚያጋልጡና በሚከላከሉ ነገሮች ላይ ትኩረት ይሰጣል 88. ሌላ ካለ ይጠቀስ / / 99. አላውቅም	አዎ
175	ለጎዳና ልጆች ወሲባዊና ስነ-ተዋልዶዎ የጤና አገልግሎትና ምክር እዳያገኙ የሚያደርጋቸው እንቅፋቶች የትኞቹ ናቸው? (ከአንድ በላይ መልስ ይቻላል)	1. ስለሚሰጡት አገልግሎት እውቀት አለመኖሩ 2. ስለ አደጋው/ችግሩ በቂ ግንዛቤ አለመኖር 3. መገለልንና መድሎን በመፍራት 4. ዋጋውን በመፍራት 5. ባለሙያዎች ስነ-ምግባር ችግር	አዎ

176	<p>ከራሱ/ሽ ወይም ከጎደኛህ/ሽ ተሞክሮ በመነሳት ለጎዳና ልጆች በጣም አንገብጋቢ የወሲባዊና ስነ-ተዋልዶዊ የጤና አገልግሎት ችግር ነው የምትለው/ይው የቱን ነው (ከአንድ በላይ መልስ ይቻላል)</p>	<p>6. የጤና ድርጅቱ መራቅ 88. ሌላ ካለ ይጠቀስ / /</p> <p>1. የኮንዶም ስርጭት ውስንነት 2. የወሲድ መከላከያ አማራጮች አቅርቦት ውስንነት 3. ስለ ጤናማ ወሲባዊ ህይወት ግንዛቤ እጥረት 4. ራስን ካልተፈለገ እርግዝና እና ከአባላዘር በሽታ ለመከላከል በቂ ግንዛቤ አለመኖር 5. ከወሲባዊ ጥቃት የሚጠብቀን አካል አለመኖር 88. ሌላ ካለ ይጠቀስ / /</p>	
177	<p>ለጎዳና ልጆች የሚሰጡ የስነ-ተዋልዶና ወሲባዊ ጤና አገልግሎቶች በምን መልኩ ቢሰጡ ውጤታማ ይሆናሉ ብለህ/ሽ ታምናለህ/ኛለሽ?</p>	<p>1. ለጎዳና ልጆች ለብቻ በተዘጋጀ አገልግሎት መስጫ ማእከል 2. ባሉት የጤና ተቋሞች ውስጥ ለብቻ በተዘጋጀ ክፍል 3. ልጆች በሚገኙበት ቦታ ተንቀሳቃሽ አገልግሎት በመስጠት 4. ከጎዳና ልጆች ውስጥ በሰለጠኑ ልጆች (ባለሞያዎች) 88. ሌላ ካለ ይጠቀስ-----</p>	
178	<p>ከፍተኛ የጎዳና ልጆችን የኮንዶም ተጠቃሚነት ለማረጋገጥ በዘርፉ የሚሰሩ ድርጅቶች በምን መልኩ ማሰራጨት አለባቸው?</p>	<p>1. በነጻ የህዝብ ስልክ ክፍል ውስጥ በማስቀመጥ 2. ከግል ፋረማሲውች ጋር በመተባበር ለጎዳና ልጆች በነፃ እንዲሰጥ በማድረግ 3. ከጎዳና ልጆች ውስጥ በመመልመል እየዞሩ እንዲያከፋፍሉ በማድረግ 4. በአካባቢው በሚገኝ ቡና ቤት ውስጥ በነፃ እዲሰጥ በማድረግ 5. 88. ሌላ ካለ ይጠቀስ</p>	
179	<p>አሁን ያለው አገልግሎት የጎዳና ልጆችን ፍላጎት ያረካል ብለህ/ሽ ታስባለህ/ሽ?</p>	<p>1. አወ ያረካል 2. በመጠኑ ያረካል 3. በፍፁም አያረካም</p>	
180	<p>ከላይ መልስህ/ሽ አያረካም ከሆነ ለምን? (ከአንድ በላይ መልስ ይቻላል)</p>	<p>1. አገልግሎቶቹ በጣም አይታወቁም 2. የእኛ ላቻ አገልግሎት ፕሮግራም የለም 3. በፕሮግራም ቀረጻ፣ትግበራና ምዘና ላይ የጎዳና ልጆች ተሳትፎ የለበትም 4. ሚስጥራዊነት ይጎለጻል 5. የኮንዶም ስርጭት ችግር አለበት 88. ሌላ ካለ ይጠቀስ</p>	

አመሰግናለሁ!

Annex-V Semi-structured Questionnaire

Good morning/Good afternoon! Well come to our group discussion. My name is _____I came from Addis Ababa University, public health school attending a post graduate study in community health department. I and my friend are here today to discuss about organizational responses for sexual and reproductive health needs of street children. You are free to talk whatever information you thought based on the topic guideline prepared. I assure you that you will not face any kind of harm for your participation in this study. Whatever information that you give me will be very useful for the study. This information will help policy makers and other organizations to design intervention activities based on research findings. I thank all of you for your willingness to participate.

Are you voluntary to participate in the study?

If yes continue

Guidelines for focus group discussion (FGD) with street children, in Addis Ababa, 2010.

1. Where the street children are normally found in Addis Ababa? Why?
2. Why are you coming to the stree
3. What are the most common sexual or/and reproductive health problems that street children face today?
4. What are the factors that agravate the above sexual and reproductive health problems?
5. Are you aware of any organization which is working to help you avoid sexual and reproductive health problems you mentioned above?
6. Have you ever directly participated in any HIV/ AIDS and sexual health activity organized by NGOs and Government Ministries?
7. What are your views about the health education programme which address matters related to sexual and reproductive health problems for street children?
8. What do street children like yourselves do when affected by the sexual health problems that you mentioned above?
9. What barriers prevent you from getting information about sexual and reproductive health including HIV/AIDS?
10. Do you think it is necessary for street children to participate in sexual and reproductive health and HIV / AIDS prevention education?
11. Who is your source of information concerning RH, STIs & HIV/AIDS, and VCT? Do service providers and street health educators of your local inform and discuss with street children about reproductive health and sexual matters?
12. Is it easy or difficult for street children in this area to find condoms or other contraceptives if they want to use them?
13. Is it easy for street children to visit health facilities to obtain RH, VCT, & ART services?
14. Do street children in this area visit health services when they encountered RH, STIs & HIV/AIDS problems?
15. What is your recommendation regarding improvement of SRH (PMTCT , VCT , ART ...) situation of street children?

የስነ-ተዋልዶና ወሲባዊ ጤና ፍላጎትን ተመሰርቶ ለጎዳና ተዳዳሪ ልጆች እየተሰጠ ያለውን ድርጅታዊ ምላሽ አስመልክቶ መረጃ ለማሰባሰብ የተዘጋጀ የቡድን ውይይት መመሪያ

1. አዲስ አበባ ውስጥ የጎዳና ልጆች ቡድን የሚገኙት የት አካባቢ ነው? ለምን ይመስላችሁ?
2. ወደ ጎዳና የወጣህበት/ሽበት ምክኒያት ምን ነበር?
3. ባሁኑ ጊዜ ለጎዳና ልጆች በጣም አሳሳቢ የወሲባዊ ወይም የስነ-ተዋልዶ ጤና ችግር ምንድን ነው?
4. ከላይ ለተጠቀሱት የጤና ችግሮች መንስኤዎች ምንድን ናቸው?
5. ከላይ ለተጠቀሱት የጤና ችግሮችን ለማስወገድ ለጎዳና ልጆች አገልግሎት የሚሰጥ ድርጅት አንዳለ ታውቃላችሁ?
6. የጎዳና ልጆች እናንተን ጨምሮ ከላይ የጠቀሱት የስነ-ተዋልዶና ወሲባዊ ጤና ችግሮች (ያልተፈለገ እርግዝነና፣ያባላዘር በሽታ፣ተገዶ መደፈር) ሲያጋጥማችሁ ምን ታደርጋላችሁ?
7. የጎዳና ልጆች የ ኤች አይ ቪ ምርመራና የምክር አገልግሎት ቢያስፈልጋቸው አገልግሎቱን የት ማግኘት ይችላሉ?
8. በእናንተ አስተያየት የጎዳና ልጆችን ከወሲብና ስነ-ተዋልዶ ጤና ጋር ተያያዥነት ያለቸውን አገልግሎቶች እንዳያገኙ እንቅፋት ናቸው የምትሉት ነገር ካለ ምንድን ነው?
9. ስለ ኤች አይ ቪ፣ያልተፈለገ እርግዝና እና ሌሎች ጠያያዥ ጉዳዮች የጎዳና ልጆችን ለማስተማር ራሳቸው የጎዳና ልጆች መሳተፍ አለባቸው ትላላችሁ? ለምን ?
10. ስለ ስነ-ተዋልዶና ወሲባዊ ጤና ለጎዳና ልጆች ዋና የመረጃ (ኢንፎርሜሽን) ምንጭ ምንድን ነው?
11. በምትኖሩበት አካባቢ ኮንዶምና ሌሎች የወሊድ መቆጣጠሪያ ዘዴዎችን ለማግኘት ለጎዳና ልጆች ከባድ ነው ወይስ ቀላል?
12. ለጎዳና ልጆች የምክርና ምርመራ፣ስለ ወሊድ መቆጣጠሪያ ዘዴዎች፣ስለ ኤች አይ ቪ መተላለፊያ መንገዶች እና ጠያያዥ ጉዳዮች አገልግሎት ለማግኘት ወደ ጤና ተቋም ለምን አይሄዱም?
13. ከላይ የተወያየንባቸውን አገልግሎቶች ለማሻሻል ምን ቢደረግ ይሻላል ትላላችሁ?

አመሰግናለሁ!

Annex VI - Key Informant Interview Report Template for service providers

<i>TO BE COMPLETED BY INTERVIEWER</i>		
	<i>Name of SRH service providers</i>	
	<i>Location</i>	
	<i>Type/description</i>	
	<i>Role /position of respondent</i>	
<i>S.N</i>	<i>Questions</i>	<i>Responses (Record quotes and comments as well)</i>
1.	<i>How many street children clients would you (or the service) see on average in each day/week?</i>	
2.	<i>What are the main sexual and reproductive health problems that street children present to your service with?</i>	_____ _____ _____
3.	<i>What type of sexual and reproductive health services does your facility provide to street children?</i>	<i>Counseling Outreach, RH services Health education other</i> _____ _____ _____
4.	<i>Has your organization developed, adapted or used a life-skills based education strategy for street children?</i>	Yes _____ No _____
5.	<i>What strategies will you like to see put in place to reach street children with life skills based HIV/AIDS prevention education?</i>	_____ _____ _____
6.	<i>Are there any sexual and reproductive health services that you are unable to provide to street children but you think you should be providing?</i>	Yes _____ No _____
7.	<i>If yes, please specify?</i>	_____ _____ _____ _____ _____

8.	<i>What are the main barriers/problems that service providers face in providing sexual and reproductive health services to street children?</i>	<i>policy restrictions lack of res lack of training etc other _____ _____ _____</i>
9.	<i>Have you taken any steps to make street children comfortable using the Services and to create a “street children -friendly “environment?</i>	<i>Yes_____ No_____</i>
10.	<i>If yes, please describe</i>	_____ _____ _____ _____ _____
11.	<i>Do you work in collaboration with any other organizations in providing sexual and reproductive health services for street children?</i>	<i>Yes_____ No _____</i>
12.	<i>if yes ,please specify your collaborative organizations</i>	_____ _____ _____ _____
13.	<i>How do you promote your sexual and reproductive health services to street children?</i>	_____ _____ _____ _____ _____
14.	<i>Generally, how comfortable would you say you feel in providing sexual and reproductive health services to street children?</i>	_____ _____ _____ _____ _____

15.	<i>Do you think is good about the services provided by you to Street children? Why?</i>	_____ _____ _____
16.	<i>When consulting with street children about sexual and reproductive health, what steps do staff members take to ensure privacy/confidentiality?</i>	_____ _____ _____ _____
17.	<i>How confident do you feel staff members are in providing SRH services for street children?</i>	_____ _____
18.	<i>Have staff members received any training in street children health?</i>	Yes _____ No _____
19.	<i>If yes, please describe any training received</i>	_____ _____ _____
20.	<i>In which topics/skills do you think that staff members need training in order to provide effective sexual and reproductive health services to street children?</i>	_____ _____ _____ _____
21.	<i>Are former street children hired and trained as service provider in your service delivery activity to ensure friendly service?</i>	Yes _____ No _____
22.	<i>Are there any practice guidelines/medical literatures available to guide staff in providing preventive and curative services for street children sexual and reproductive health problems?</i>	Yes _____ No _____
23.	<i>Please list things that you think should be done to improve the quality of sexual and reproductive health service</i>	_____ _____ _____

	<i>provision to street children?</i>	_____ _____ _____
24.	<i>Do staff members have sufficient resources/equipment to effectively provide services to street children? (E.g. clinical supplies; condoms; IEC materials, etc)</i>	Yes _____ No _____
25.	<i>How do you reach them with your activities? Please name the activities?</i>	_____ _____ _____
26.	<i>Is it possible for street children to drop in and receive sexual and reproductive health services without an appointment when they are in need?</i>	yes _____ No _____
27.	<i>If no, how long on average do street children have to wait before receiving sexual health services?</i>	
28.	<i>Does your service charge any fees for services to street children?</i>	yes _____ No _____
29.	<i>If yes, which services and how much?</i>	_____ _____ _____
30.	<i>Are there any groups of street children for whom you feel the service does not Cater well?</i>	Yes _____ No _____
31.	<i>if yes ,list them</i>	_____ _____ _____
32.	<i>Are there any challenges or successes in your activities you may want to share with us?</i>	_____ _____ _____ _____ _____
33.	<i>if you want to say something related to sexual and reproductive health services in your facilities :</i>	_____ _____ _____ _____

Declaration

I, the undersigned, declare that this is my original work, has not been prepared for a degree in this or other universities, and that all sources of materials used for the thesis have been fully acknowledged.

Name Habtamu Demelash Enyew

Signature _____

Place Addis Ababa, Ethiopia

Date of Submission _____

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

Name Dr. Adamu Addissie

Signature _____