

**UNDER-RECOGNIZED THREAT: THE HABIT OF GLUE
SNIFFING AMONGST STREET CHILDREN AND THE STATE
DUTY TO PROTECT AND FULFILL**



BY: BELAYNESH ATNAFU

**CENTER FOR HUMAN RIGHTS
COLLEGE OF LAW AND GOVERNANCE STUDIES
ADDIS ABABA UNIVERSITY**

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COLLEGE OF LAW AND GOVERNANCE
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APROVED BY BOARD OF EXAMINERS

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Conceptual Clarification

- ***Child streetism***:- refer the way of life of the street children
- ***Inhalant substances***: - refer to many readily available home or workplace products containing volatile substances that have psychoactive (mind altering) effect when inhaled.
- ***Glue Sniffing*** :- refers to the use of volatile solvents having adhesive nature by inhalation
- ***Right based approach***:- is an approach that uses the principles of child rights to plan, manage, implement and monitor programs with the overall goal of strengthening the rights of the child as defined in major international human right instruments such as the UN CRC and ACRC

Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
BoLSA	Bureau of Labour and Social Affairs
BoWCYA	Bureau of Women, Children and Youth Affairs
CBOs	Community Based Organizations
CSOs	Civil Society Organizations
EQSA	Ethiopian Quality and Standard Authority
FGD	Focus Group Discussion
FMHACA	Food, Medicine and Health Care Administration and Control Authority
ICCPR	International Convention on the Rights of the Child
ICESCR	International Covenant on Economic, Social and Cultural Rights
KII	Key Informant Interview
MOH	Ministry of Health
MoLSA	Ministry of Labour and Social Affairs
MoWCA	Ministry of Women and Children Affairs
NGO	Non-governmental Organization
UNICEF	United Nations Children Fund
UNCRC	United Nations Convention on the Right of the Child
UNOHCHR	United Nations Office of High Commissioner for Human rights
WHO	World Health Organization

Abstract

Drugs in general and inhalant misuses in particular serves as a major impediment for children in realizing their basic rights and have a huge role in limiting their evolving capacity to a full-fledged responsible individual. This is even more obvious with regard to street children who are bounded with different other crosscutting socio-economic problems. Inhalant substance abuse and more specifically glue sniffing is a growing problem in developing countries like Ethiopia.

The research was initiated to explore the magnitude in the abuse of a substance, glue, amongst street children and the level of protection provided to that effect. The research was designed qualitatively to look in to the lived experiences of the targeted street children and relies on their perceptions and views regarding the magnitude and overall undertaking. Moreover, perceptions from different offices and stakeholders were collected besides reviewing available laws and literatures to identify the level of protection.

The study identify the widely and more frequent use of the substance among street children in major streets of Addis leading them to numerous health hazards. This accompanied with different other socio-economic problems adversely affects their healthy development. The level of protection provided by the government and different other stakeholders is very minimal with very much uncoordinated and disorganized manner.

Chapter One

Introduction

1.1. Background of the Study

Children constitute a significant portion in a society with a determining factor in the future younger generation who are alleged to be stamina to a country's overall development. For this reason, children are often referred as the hope and inspiration of a society. On the other hand children, owing to their age limitation, with the evolving capacity, are entitled to the necessary care and protection from the rest of the society. The theoretical basis to grant children with the right to protection is still arguable despite divulgences on political commitments on granting them legal protection imposing duty to protect on others. In fact this duty to protect and care is enforced on everyone though it is stipulated on diverse legal and ethical frameworks for the family members and governments to take prime responsibility. Despite such protection, quiet a large number of children are living in a very destitute and deprived situation (Tsegaye, 2009, p. 52).

Even from the family unit of children, there are specific categories that are much more vulnerable in quest of special protection from the society at large amongst which street children are at the forefront. Due to their living situation and overall deprivation, street children are poorer and much more vulnerable than any other group who are in need of protection and support to equally share the benefits and protections. A writer considers them as a group 'who may easily fall through the cracks of public programs' (Tsegaye, 2009, p. 6).

There is no hard-line definition provided to street children. Scholars are not usually in agreement in identifying those that need to be categorized under the group of street children. Some give a very narrow definition including only those homeless street children who live independently without the support or with less connection from adults while others give a relatively broad definition as to include those whose livelihood depends on living on streets with some sort of familial attachment (Yohannes F.Gebrehiwet, et al, 2014, p. 16). In general, the United Nations agency UNICEF has categorized street children in three groups including children on streets, children of streets and abandoned and destitute children (UNICEF, Children in Especially Difficult Circumstances, 1986). In whatever way the definitions are provided, they

will have impact in including or excluding a number of children that are entitled to vulnerability protection programs and interventions. In this study, however, street children refer those children living in Addis Ababa under the age of 17 years who have some connection with a street or who spend the bulk of their time on the streets (i.e. either working all day on the streets and returning home or sleeping on the streets) without a responsible adult supervision.

Children living on and of streets are worldwide phenomenon though their number and deprivations increase in developing countries. Yet, because of their mobile nature and inadequate attempts made to take up to date information, the number of street children in many countries is not accurately known. Most of the available data on street children are either unreliable, or outdated or often of questionable quality. This makes it very difficult for interventions and policy developments towards creating street children free environment as data and information influence policy (Tsegaye, 2009, p. 1).

As most of the grounds for children to end up on streets are related with socioeconomic crisis the number of children living on/of streets is obviously a lot higher in developing countries than the developed one. In Africa alone the number of street children is estimated to be thirty two million (32,000,000) (Tsegaye, 2009, p. 79). Yet, it is also important to note that the incidence of street children is not necessarily related directly with GDP growth. The presence of about 200,000 and 1,000,000 street children in China and the United States of America respectively is a good example on this (Youth, 1995, p. 4). The United Nations Economic and Social Council (UNESCO) overall estimates the presence of 100 million children worldwide with some sort of street connection (UNESCO, 1993). This number is even increasing with new global features like urbanization, war, draught, increasing family disintegration, and different other contemporary factors.

Although the available data are inadequate, outdated and sometimes unreliable, the trend is similar in Ethiopia. This is even more factual in major cities of the country, Addis Ababa being at the fore front. With the available data the lowest number of estimation on street children residing in Addis Ababa is about 200, 000 with the highest being 500,000 (Children C. f., 2009).

In general, despite deficiency of data on the exact figure, quite a large and an increasing number of children are living on/of streets across the country.

Causes of ending up on streets are diverse. In fact, regardless of the variety and credibility, each street child has a story to tell as to why he/she is forced out in streets, denied of the protection they are entitled to. The primary and more condensed explanations are, however, poverty, famine, natural disasters, diseases, war, population pressure, neglect, lack of education, increasing trend in family disintegration, child abuse, drug abuse in the family and peer pressure (Youth, 1995, p. 4). Nonetheless, it is sometimes difficult to pick one causal factor as an explanation for an incidence. Even these causal factors are sometimes twisted and intertwined each other. Unfortunately, with the new global challenges these causal factors are happening more frequently and in a large amount which makes the matter even more complicated (Tsegaye, 2009, p. 78).

These facts lead parallel increase in the complexity and magnitude of the problem facing street children. Despite the differences in the causes for coming to the streets, the sufferings and seclusions from different social, economic, and political privileges bring street children at a common point. The problem of street children is broad spectral and the extent of violation they experience in its current state is complicated and hard to measure. One may say that they are facing the socio-economic deprivation in its worst form. This in itself has a cost for the children and the society at large as growing up in streets means shorter lives with racked up social and economic costs for societies wasting the precious human potential (Tsegaye, 2009). With their impoverished situation street children are facing the complex and intertwined problems coming along with street life which put a barrier to the realization of a range of human rights.

One of such deprivations is their exposure to the different forms of substance abuse, mostly inhalant substance abuse. One type of inhalant substance abuse that is getting more common among street children in developing countries like Ethiopia is glue sniffing. Glue as a volatile solvent is commonly misused for its drug effect through inhalation (Yohannes F. Gebrehiwet, et al, 2014, p. 11). Explanations with regard to motivations on using such substances among the children are manifold. Whatever explanations they gave the use and abuse of inhalant substances in general and glue sniffing in particular has its own health consequence

that is detrimental to their overall development. In addition to this, it has its own societal crisis on the children as it has counter effect on them to fear the society and seclude themselves from all the shield others could render to them. Most of all, the society is mostly reluctant to consider the children as useful part of the society and make effort to take them out of such habits. Because of this most of the child development and deprivations studies exclude this part of the society (Tsegaye, 2009, p. 80).

Considering their dual vulnerability street children need protection from the government and other parts of the society. It is more than obvious that street children like any other children are a potential for the overall development of a country. Programs and interventions to give protection to children in general and street children in particular are, on the other hand, very much simplistic based on single issue or single category of children overlooking the intertwined nature of their problem. Such strategies have recently been proved to be a failure demanding a more comprehensive and coordinated systemic approach to protection.

This approach is recognized under different international and national laws Ethiopia took part. Various international declarations clearly stipulate similar moral commitments towards the protection of the right of children in general and street children in particular. Most importantly, international treaties and conventions like the Convention on the Right of the Child (CRC) impose their legal obligations up on the signatory governments towards comprehensive child protection strategies taking the human right approach in to account. Ethiopia took part in different international human right treaties and commitment declarations that could have protective effect to street children's right. Most of these international declarations and conventions put child development at the forefront as their moral foundation and demands the child's protection from all form of neglect, cruelty and exploitations (Mark Ensalaco, et al, 2005, p. 11). As such, Ethiopia is obliged to implement all the provisions through effective national policy and actions. This treaty obligation presupposes the good faith from the signatory countries to employ their utmost effort in protecting children from harmful acts like drug misuses. (Girmachew Alemu et al, 2012, p. 33).

Following the general domestication requirement of the Convention on the Right of the Child and other similar international and regional documents lay up on the signatory countries;

Ethiopia has taken various measures to ensure realizations of the rights of children entertained in those documents. These measures extend from recognition of general and specific children rights in the constitution to other comprehensive legal reforms in the area of family law, penal law and labor law. On top of this, there have been a number of policy initiatives and nationwide strategies towards the realization of rights of children. However, one can say these measures are too far to meet the protection need looking at the magnitude of the problem.

There is a huge gap and inconsistency in the protective measures embarked on. On top of that one can dare say that the government hasn't fulfilled its obligation in taking measures that could entitle each and every group of children a life and sustainable development. The Committee on the Right of the Child is even concerned over the lack of a systematic legislative review and adoption of a comprehensive children code (as cited in Girmachew Alemu et al, 2012). There is limited coordination between different lines of governments who are concerned with the protection role. More in to it, there is insufficient budget assigned to the protection of children rights (Girmachew Alemu et al, 2012). NGOs working in the country that took a significant share in providing different services to the children and contribute their part in the protection of children are legally limited to do their job accordingly. The new Civil Societies Law (CSO) law in the country enforced in 2009 is a good example to this (HPR, Proclamation to Provide for the Registration and Regulation of Charities and Societies, 2009). To make the matter even more complicated independent human right monitoring bodies established in the country are somehow ineffective owing to different reasons (Girmachew Alemu et al, 2012). This and other factors contribute to force the child protection system in the country staying in its infant stage.

This and other claims necessitate to explore the system of protection outlined as a response measure in taking the children out of the habits of glue sniffing and fulfilling their needs that can prevent children from street life in general and street exposures coming along with like drug addiction. On top of this, taking the habit of sniffing glues as a relatively new phenomenon among street children in Ethiopia, an attempt has been made to explore the nature of the phenomenon in relation with the living realities of the subjects and its adverse effects. This require to study the medical and social explanations given to the effects of sniffing glue and

show the dangers involved with the life and development of the children and the choice of the country.

1.2. Statement of the Problem

With population pressure and new urban features like urban to rural migration and recurrent draught and famine in Ethiopia, the number of street children and the challenges coming along with the phenomenon is increasing unprecedentedly (Mengesha, 2011). This increase is estimated to be 5% annually (MoLSA, 1995). Although it is very difficult to pick a more accurate figure with available assorted statistical estimations on the number of Street children made by different governmental and non-governmental organs, the minimum number of street children in Addis Ababa is estimated to be 200,000 while the maximum being 600,000 (children, 2009).

Parallel to the increase in the number of street children, the magnitude of challenges they face replicate every time. These challenges could be social, economic, physical, psychological and medical. Among the major psychological and medical challenges include their exposure to substance use and abuse and getting affected with subsequent problem of mental health and trauma that could follow them throughout their life time.

Drug abuse is common with younger population and this has been justified in researches conducted in different countries. Compared to children living in family environment, street children are more likely subjected to drug and substance uses like glue sniffing. Literatures provide a number of explanations as to why such is the case. The first is the risk in which their living situations make them fall to drug uses (Armando F.De Jesus, et al., 2009,). Hunger, lack of health attention, having no place to live and being far away from their families (if any) with no one to decide for them and to take care of them are some of the issues that have a pushing factor in the use of inhalant substances. With the tendency and frequency of their use, inhalant substances are being considered as a culture of street life with the high tendency of the children to develop dependency. Some researches even consider the use and abuse of inhalant substances as an integral part of living on streets (Armando F.De Jesus, et al., 2009).

Street children use inhalant substances such as glues claiming its benefit as a coping strategy to overcome stresses coming along with street life and as a means in dissipating the pain of hunger and cold (Tsegaye, 2009, p. 80). However, the volatile nature of the products they inhale put their health and overall development in danger not to mention the social and economic crisis it put on the children. The health alarm coming along with the use of such products is even intensifying considering the age of the subjects under discussion. Under normal circumstance children are in the age of delicate brain development process and the use of such volatile substances would mean distraction to the process which ultimately results in infuriating health risks (Maria Elena, et al, 2014).

Studies reveal a number of medical and social effects of exposures to these substances. These effects mount from the simple loss of appetite and genetic changes in oral mucosa to a more serious risk of mortality (Maria Elena, et al, 2014,). Major feelings demonstrated after sniffing glues include „pleasure, excitement, numbness, warmth, hallucination, unconsciousness, disturbance and disappointment“ (Yohannes F.Gebrehiwet, et al, 2014). This will result immediate health outcomes such as headache, nausea, vomiting, chest pain, palpitation and lose of locomotors skill.

In terms of medical researchers, these volatile substances have a prime tendency to affect the central nervous system (C.W.Sharp, et al, 2008). With increase in the dose and high frequency the risk become higher to the extent of sudden death. Sudden death may result from anoxia, respiratory depression or cardiac arrhythmias or failure with the high concentration of odors (Yohannes F.Gebrehiwet, et al , 2014,). Excessive dose of inhalant use and abuse may also result in permanent disabilities as the damage in the central nervous system might cause hearing loss, limb spasms and brain damage (The US Environmental Agency, 1994). A report in a study surprisingly reveals incidence of death remaining to be high in relation with the use and abuse of inhalant substances than those coming from the use of other drugs. (Pfeitter H, M et al, 2006).

Abusing inhalants is not only a medical threat by themselves. Abusing inhalants in earlier age in life will most likely end in using other illegal drugs which will aggravate the situation. The living situation of street children with inadequate shelter, limited access to sanitation and sewerages, and crowded way of living has multiplying effect of the health hazards coming along

with abuse of inhalant substances by increasing the risk of diseases and reducing the chance of development (Maria Elena, et al, 2014). Effects of glue sniffing are not limited to health hazards; children who are using inhalants are afraid of the society and seclude themselves as such and the society is mostly refutable to accept these children as one part and is usually reluctant to take intervention measures.

Despite such scientific explanation on the intertwined effects of glue sniffing on children and the society at large, very little is explored on the magnitude of the problems coming along with the use of the substance amongst street children in the country. As a consequence, there is no or very little policy initiatives in preventing these children from exposure to such habits and responding to those already develop dependency. Policies might not be expected to deal with every detailed problem. However they should have a room to deal with changing phenomenon. For example with the topic we are dealing there might be drug policies in relation with children in general. However, such policies must be open to entertain the effects of substances that have drug effects but having a different feature from those that are legally recognized as a drug. Ethiopia is a signatory country of all the United Nations Conventions on controlling of Narcotic drugs. Accordingly, the country criminalize the production, consumption, and sell of some groups of drugs. These, however, have no effect on the use and abuse of substances like glues.

Inhalant substances like glue sniffing have numerous distinctive features from other illicit drugs that need further understanding to help develop effective and efficient protective measures (Maria Elena, et al, 2014). One of such features is their legitimate commercial use and their possession considered legal as they are not produced for inhalation purpose. This makes it difficult to control their distribution for inhalation purpose. To control, the adverse effects of the product some countries put on producers in intoxicating their glue products.

Similarly, intervention measures need to look at other features of the product appealing to the children. Availability of glues with relatively lower price enable children to get the product anywhere with affordable price. This is even a much more attractive factor for street children to incline in the use of inhalants substances considering their financial position and being an easy target for police inspections. The rapid intoxication achieved through inhaling these substances

compared to other illicit drugs and their relative rapid disappearance also makes them even more attractive with the younger generations living in streets (Yohannes F.Gebrehiwet, et al , 2014).

Studies also reveal that ‘glue sniffing is often a stepping stone to harder drugs’ (Tulsidas, 2010).

In spite of all these evidences, glue sniffing and abuse of similar substances by street children get little attention. As noted above, the major responsibility to prevent and protect children from such dangerous actions that threaten their health, life and the overall development lies on the government. Nonetheless, measures undertaken both by the state and non-state actors to impede the acts or to at least minimize impacts of the problem and rehabilitate the victims are very minimal. Quite intricately, data are lacking to show the magnitude of the problem and invite intervention measures. Except observing street children sniffing glues in public places holding a plastic bag, very few people know what the nature of the glues kids sniff, why they are inhaling such substances and what the effect of it would be. This knowledge gap is also true with the officials and people working in relation with the children or the substance one way or the other. All in all, despite the detrimental effects of abusing glues by street children, the state is acting little towards protecting the group to that effect in terms of both legislative measures and

1.3. Research Questions

The research has the following questions;

- ✓ To what extent are glues sniffed amongst street children in Addis Ababa?
- ✓ Is the practice of glue sniffing harmful? (with the lived experience of children)
- ✓ What are the child rights implications of the problem?
- ✓ What are the duties of the state and other stakeholders“ vis-à-vis children affected with the habit of glue sniffing and how far do they go to execute such responsibility?

1.4. Research Objectives

The general objective of the research is to assess the habit of glue sniffing amongst street children in Addis Ababa and understand its impact in their health and overall development, and examine the system of protection extended.

The research objective is achieved with subsequent specific objectives which include;

- ✓ To explore the extent of glue sniffing habit amongst street children in Addis Ababa.
- ✓ To generate basic knowledge on glue sniffing among street children.
- ✓ To determine if glue sniffing is a harmful practice in light of prior research and lived experiences of street children.
- ✓ To identify the human right implications of the problem and to determine expected roles and responsibilities of concerned actors.
- ✓ To explore the undertakings made by the government and other stakeholders to deliver their duties and to determine related gaps.
- ✓ To recommend solutions towards the realization of favorable protection of vulnerable street children as per the standards set by the relevant international and regional human rights instruments and national legal frameworks.

1.5. Significance of the Study

Looking at the topicality of the phenomenon in the country as a whole and the problem coming along with and the limited data and researches on the subject area, this research has a significance in extending knowledge on the nature of the substance and the problem of abusing/sniffing glues amongst street children. With the vulnerability of street children for the use and abuse of both illicit and licit drugs this research can serve as an indicator in highlighting distinctive traits of inhalant substance in general from other illicit drugs and how it complicates the matter.

With the delicacy of the children both physically and psychologically, owing to their age, they are less resilient to entertain socio economic burdens coming along with the drug use. With an attempt to show the effects of glues as a drug this research will try to show how costly the use of inhalant substances and drugs in general to the overall development of the children and the country as a whole. It can, thus, serve or contribute as a baseline for policy consideration on the problem. This research will as well try to give an insight for what works best with regard to the issue. It can, thus, serve as informative for policy making. This research can also serve as a good reminder of the government to execute its promises and responsibilities undertaken in many international and national human right bills in general and child right conventions.

1.6. Description of the Study Area

Data relevant for the study is mainly collected from street children living in *Cherka-Sefere*, *Stadium area* and *Ayer-Tena* neighborhoods. According to UNICEF's head count study, conducted in 2010, these three areas are hot spots where street children are found to be highly concentrated (UNICEF, Head Counting of Street Children in Addis Ababa, 2011). These selected locations are in three different sub-cities with their own peculiar features. *Cherka Sefer* is located behind Bole Medihanealem church in Bole sub-city featured with lots of beggars surrounded with relatively well to do population in the capital.

As it is claimed in the study referred above and also taking personal observation, street children are also highly concentrated surrounding Stadium area. The Stadium area is one of the busiest places in the city located within the area of Kirkos sub-city. Similarly, the third location, Ayer-Tena area is distinguished with the concentration of rural-urban migrated poor population with lots of children unaccompanied in streets. This area is located in Kolfe Keranio sub-city nearby Koshe area whereby many of the street children depend their livelihood with left-overs collected from rubbish.

1.7. Research Methodology

1.7.1. Research Design

This research primarily aims at exploring experiences of street children and their vulnerability in the use and abuse of drugs in general and glues in particular. In addition, the research look into issues of protection involved, protection mechanisms and instruments in place, and the role and responsibilities of relevant stakeholders in the child protection system. In order to draw understanding, the study relies on views and perspectives of individuals directly involved with the issue besides reviewing relevant literatures.

According to Creswell, 'qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem' (W.Creswell, 2014). While learning the extent of glue sniffing pattern amongst street children in selected areas, the study, inter alia, looks in to the lived experiences of the targeted street children and relies on their perceptions and views regarding the overall undertaking. Kreuger and Neuman also suggest, in such enquiries using qualitative method is appropriate as it enables to explain how people attach

meanings to events and learn to see events from multiple viewpoints (Krueger L.W & Neuman, W.C, , 2006). As such in depth understanding of the situation in relation with theoretical and legal grounds and reviewing documents implicates the relevance of qualitative study in the research. Therefore, the study is designed qualitatively.

As a source of data, the study uses information from both primary and secondary sources. The primary data are collected from individual street children, experts from government organizations that have a concern on child protection one way or the other. The study also employs secondary data through document analysis, including books, journals, reports, training manuals, conference papers, laws, international conventions and policy documents.

1.7.2. Sampling Technique and Sampling Size

The sampling technique employed by this research is a mixture of purposive and snowball sampling. When a sample is intended to be collected ‘on the basis of knowledge of the population, its element and the purpose of its study, it is called purposive or judgmental sampling’ (Babbie, 2010). Or in other words, purposive sampling is a sampling technique used in exploratory research or in field research, which uses the judgment of an expert in selecting cases with a view of having in-depth understanding about a research subject (Krueger L.W & Neuman, W.C, , 2006). Therefore the study employed this technique with a view of drawing in-depth understanding on the phenomenon and effects of inhalant misuse and the appropriate protective measures extended

Data collected and analyzed are drawn from three target population: street children, experts from relevant government offices and non-governmental organizations (NGOs). Initially the samples of street children were intended to be purposely selected to be representative of those children working or spending time on streets while returning home at night and children of streets including the homeless or those completely dependent on the streets for their livelihood. This was intended to identify how much the level of protection from the living environment could determine the pattern on vulnerability of children to substance abuses in general and habit of glue sniffing in particular. In addition to the living situations, a demographic element like age and gender were intended to be taken as sample criterions. Based on the literature review, three age groups from the street were identified: those under ten, between 10 and 14 and above 14.

Whereas, in actual field work it was difficult to follow the prearrangement for three reasons. First of all, it was difficult to find the group of children all together so that the information could be taken categorically. Usually, street children associate themselves with their nearest likenesses. For example girls tend to be together, boys with similar age, those from home together and homeless likewise. Therefore, it was necessary to randomly select children whereas partly making the method purposive as to include those already using glue and who stop after rehabilitation. Girls, as well, couldn't be included in the study as there were none around during the field study. One of the explanation for the non-existence of street girls around, as provided by the respondents in the study, is occasional interventions made by NOGs like Organization for Prevention, Rehabilitation and Integration of Female Street Children (OPRIFS) and Retrak who give priority in placing street girls than boys in their reintegration programs. Portion of the number of street children intended to provide information were identified by the researcher and provide their consent while the rest was redirected by the children themselves.

Relevant government offices, including the FDRE Ministry of Women and Children Affairs (MoWCA), the Addis Ababa Women, and Children Affairs Bureau (BoWCA), the Ministry of Labour and Social Affairs (MoLSA), the Addis Ababa Bureau of Labour and social Affairs,(BoLSA), the Ethiopian Quality and Standard Authority(EQSA), FDRE Food, Medicine and Health Care Administration and Control Agency(FMHACA), and from Ministry of Health (MOH) gave the necessary information with this regard. Similarly, experts from two different NGOs namely, OPRIFS and Forum for Sustainable Environment (FSE), as previously named Forum for Street Children (FSCE), were selected as input of information. The rationale behind selecting the above participants of the study is their role in protecting street children from such harmful practice and responding to their health and overall development need.

1.7.3. Method of Data Collection

The study involved four methods of data collection: key informant interview (KII), in-depth interview, focus group discussion (FGD) and document review. Accordingly, in the key informant interview six street children were selected from the three study area, two from each study areas. Similarly experts from the government offices serve as key informants. Likewise, two informants from the NGOs mentioned earlier serve as inputs in the key informant interview. The study also employed FGD as a technique of data collection which aimed at identifying the

triggering factors in using the drug, the pattern of use and its consequence among street kids. Three different FGDs were conducted in the study constituting 7 children in each discussion. Besides, an in-depth interview with two street children who developed dependency with the substance was conducted. One in-depth interview with officials from the Ministry of Health was carried out. On top of this, available documents from each offices and literatures on the subject were reviewed and analyzed.

1.8. Scope of the Study

The habit of sniffing glues amongst street children and its overall socio-economic impacts is not limited to Addis Ababa. It is also common to see street children in other major towns in the country using glues and other inhalant substances. Yet, this research is conducted in Addis Ababa City only and of which only three locations are selected as a sample. Despite the variety of substances street children are subjected to, this research limit itself with the use and abuse of one of the inhalant substances, glue sniffing. This is despite the fact that most of the data available on the substance are provided inclusively with other inhalant substances. Moreover, even if the state's responsibility towards its citizens and children in particular is broad, this study try to see to what extent the Ethiopian government has discharged its duty to protect and fulfill.

1.9. Limitation of the Study

Sniffing glue among street children for its psychopathic effect is relatively new phenomenon augmented with the changing city life. The impact of the practice is poorly studied. Limited resources and lack of researches done before with the use and abuse of this substance in particular focusing on street children in Ethiopia are among the major limitations of this study.

Moreover, owing to their living situation, street children are subjected to different drugs and substances. Studies reveal that street children are more likely to get subjected to different substances and drugs at a time. This could limit the findings in my study on the health and other social impacts of sniffing glues as the health conditions might be consequence of other substance abuse or their poorer life conditions on streets. Lastly, considering the number of street children estimated to reside in Addis Ababa, the samples taken in this study might be limited to show how widespread the problem is in the city and see its impacts.

1.10. Ethical consideration

Conceptually researches participating children must find proper ways to access the respondents through getting consents from their legal guardians or their schools besides getting their direct consent depending on their age. As many of the participant street children in all methods of data collection were children with little adult supervisions, it was only possible to access them directly in areas assumed to have their large concentration. The decision to participate in the research was made solely by the children. Having the experience of being approached by religious persons, children come close to were having so much suspicion of the data collectors' presence for the first time. Initially it was difficult to get their trust in giving their informed consent to participate in the research. It was only after communicating them clearly the purpose of our attempt in collecting the data and the importance of their response for the social impact of the research, the children give their trust and start to participate in the discussion openly.

Due care has also been taken to give sufficient time to the children to think about their involvement in the research before agreeing. With the educational level of the children and their living condition it would be perverse to expect them providing their written consent. As a result the children gave their informed oral consent clearly to the data collector. The researcher likewise takes as much due care not to unduly influence their decision in participating in the data collection. However, the decision to participate in the discussion has not been persistent. There were incidences whereby children interrupt the discussion and go back to their normal routine like begging then come back and join the discussion taking a while.

The researcher has also made sure the anonymity of the participants in publications of the research and confidentiality of some of the responses. All the naming of participating children mentioned in the research are given by the researcher and the children has also been communicated on the confidentiality of their responses unless they reveal issues that raises concerns. Since the children were uncomfortable with formal way of collecting data like recording especially those who participate in in-depth interviews, all the necessary care have been made not to record their responses.

1.11. Literature survey

The issue of child protection related with homeless children has been a center of attention in different fields and literatures for long. A number of books and articles have been wrote and published worldwide on the topic of child protection focusing more on child care and child abuses. Similarly, it is possible to find ample literatures focusing on homeless and street children and abuses coming along side. There are also a number of articles and books dealing with the issue of substance abuse focusing more particularly on the vulnerability of street children.

As this research revolves around the issue of child protection in general, many of the books the researcher uses to explore the issue deal more with the issue of child care and child abuse and what it constitutes. There were as well books that discuss about homelessness and homeless children and on issues of substance abuses. However, only a few of these books relate the issue of substance abuse with street children and their right to protection. It was also possible to find journal articles and thesis works published both within and outside of Ethiopia that focus on the three central pillars of this research; child protection, street children and substance abuses. However, these articles either deal with these focus areas separately or they barely touch upon the effects of glues towards the focus groups as a substance. If we, for instance take a thesis written by Takele Girma in 2002 under the title of ‘An Assessment of Child Care and Protection Programs Carried out by Addis Ababa Police Commission Child Protection Unit’, the writing critically see child protection issues though it barely relate the issue with the situation of street children and more specifically their drug problem in general.

Similarly, there are a number of theses written in Ethiopia focusing on street children; problems coming along with, their situation and characterizations and their inward and outward perceptions in the society. Theses written for the fulfillment of their master’s degree by Meshesha Mamo (2004), Hiwot Tilaya (2003), Sofia Moges (1996), Mekides Yirga (2007), Tatek Abebe (2002), Amakelew Cherkos (2003), Sosina Lemma (2004) and Amir Abdurahman (1995) are good examples with this regards. There are also theses written to particularly show the health situation of street children taking in to account their living situation. Thesis works written by persons like Genet Zegeye (2014) and Yemane Beyene are a good example with this regard. More relevant and related to this work is a research published by Eshetu Alemu under the title of

‘Some Correlation of Poly-Drug Behavior among Street Children’. This writing has generally deal with the drug behavior of street children in Ethiopia and very briefly touches up on the behaviors of street children towards the use of inhalant substances though it lacks on showing the nature and effect of the inhalant substance and its unique features compared to other substances. In general it is true that available literatures touches up on some of the focus areas of this thesis in a much more separate form, the writer of this research could not get a single research made and published in Ethiopia focusing on the abuse of glues by street children and its implication on their protection and overall responsibilities coming alongside.

Chapter Two

Literature Review

2.1. Child Rights and Child Protection: The Theoretical Basis

As a member of human family, children are entitled to all fundamental freedoms and rights as recognized in many of the human rights documents. The political discourse to reach to such level has not, however, been as simplistic as it looks. Children, owing to their physical and mental immaturity, are incapable of exercising such entitlements by themselves. Despite some turmoil developed in recent years on the control outlined against the institution of family towards children's right to protection, children are deemed the responsibility of parental authority and nothing more (Kruger, 2009). Yet, while child abuse and neglect become such a universal problem and when those abuses and neglects come mostly from parents and close family members, it would be erroneous for many to conclude that parents would have their children's interest at all time (Freeman, 1992).

These and other contemporary features such as extensive poverty, exploitations and natural disastrous lead many policy advocates promoting for the need to entitle children for special care and assistance. It was then found relevant to come up with a more child specific rules and regulations as outlined under important international and regional instruments. These include the Geneva Declaration of the Rights of the Child of 1924, Declaration of the Rights of the Child of 1959, Convention on the Rights of the Child of 1989 and the African Charter on the Rights of the Child of 1990.

These, however, do not mean the transition is smooth and there is still consensus amongst scholars and legislators as to affording children with moral and legal rights as enshrined in those documents (Cowden, 2012). There are still debates whether it is reasonable to grant children with legally recognized rights the implementation of which could shift the interest of the state against the autonomy of parents towards their children. For some it is difficult to think in terms of rights when it comes to children while they agree with the moral importance of rights in general (Kruger, 2009). This basically has to do with the assumption on the incapacity or immaturity of children to make their own judgment. As a result it has become difficult to come up with a model for child protection though there have been attempts since the sixties (Cowden, 2012). There has

been no coherent theory on the right of the child. Most of the arguments and debates for and against child rights movements are, however, entrenched on three major theories that have relevance to better understand issues related with child right in general and the right to protection in particular.

Like in many of other right discourses, child rights discourse has been dominated by the two prominent theories: the will theory and the interest theory. Accordingly, it is found relevant to talk about these theories with advanced thinking from the development theory just to have an insight of the child political status on right talks in Ethiopia. Arguing for the extension of protection towards street children that are vulnerable to the by-products of abusing glues and other similar products, it could give less sense if one passes without talking the normative grounds demanding for such protection. But it is important to understand in advance that coming up with a theoretical framework on the validity of the right to child protection is beyond the scope of this research paper. This is only to highlight some of the important theories on child right discourse that could help us better understand the theoretical background of protections extended to children on national levels.

2.1.1. The Will Theory

The will theory presupposes the incapacity of children for reasonable decision making which adversely affects their status to be the subject of public laws and for being bearer of any right (Cowden, 2012). This concept has been a dominant philosophy earlier the 21st century and philosophers like John Locke, T. Hobbes and John Stewart Mill have asserted this theory (Kruger, 2009). Although the justifications given by each of the philosophers mentioned are different, they basically enroll on the idea that children together with other parts of the society like women cannot be awarded with rights as they lack the basic power and capacity to reasoned decision in the social contract. Only those who have the capacity can be a member of the will and children cannot make part in the will as they lack capacity which will adversely affect their status as the right owner. The orientation in this regard is the protection of the social contract or the will that is supposed to have been made with those in the position to make a rightful decision. Thus, even if there might be protective mechanisms extended to children like institutional care in the absence of care givers, these mechanisms are intended in protecting the society at large from the children per se considered as a threat for moral impurity (UNICEF, et al , 2012). In such a model,

children are considered as objects of rules in the social contract and they can be molded in the interest of adults (Kruger, 2009). According to Cowden, the will theory does not consider the evolving competence of children when talking about capacity and the promoter of this theory put children and other animals in similar situations while ignoring the future competence for rational thinking unlike animals (Cowden, 2012). This theory presupposes factual competence of once rational choice to enforce or waive rights ‘which would ultimately exclude children from the value (Cowden, 2012).

These thoughts are not only features of the 17th and 18th centuries. There are still scholars who are not persuaded of providing children, who do not have the power to make rightful judgments, with rights in the interest of the society at large (Kruger, 2009). Sometimes national governments also make reservation in the exercise of some rights by children in the interest of protecting the society at large. Policy decisions and action plans concerning children that overlook the children view and participation are indicator for the persistency of such theoretical basis till this days. Some of the evacuation programs in major cities undertaken by government offices in the objective of creating a street children free city is one major indicator towards such speculation.

2.1.2. The Interest Theory

This theory disregards capacity as a determining factor for having a right. Here, what is important for entitlement is having an interest. If a child’s interest is at stake in an issue, it must be protected as a right that ultimately imposes duty on others. Different theorists explain this position using different approaches. Some scholars also note on the importance of taking the child’s potential capacity for entitling him/her a right and protecting his/her interest (Freeman, 1992). According to Freeman, children in order to meet their potential of being full-fledged and free member of the social contract, they must be entitled with certain basic rights including the right to equal opportunity and paternity (Freeman, 1992).

On similar ground, for advocates of this theory, the presence of interest is a sufficient ground to have rights and these rights are expressed in laws in the form of right principles to protect such interests and impose duties on others (Kruger, 2009). This theory basis its argument from the premises that children have interests starting from life yet they can only show their will

to assert their interest long after. The very fact that they are not in a position to make a will on their interest does not mean that they don't have right in getting protection for their interest (Cowden, 2012). Sometimes the power to initiate claims can be outside of the claim holder. In such instance, the power to initiate claims may lay on the hands of the government or organizations or individuals (Cowden, 2012).

Here it is important to understand that not all interests are worthy of protection as legal rights. For a child's interest to get enforced by others it must be of sufficient importance to impose duties on others" (Cowden, 2012). The interests must be practicable and acceptable from the larger part of the society. Similarly, to declare an issue as a legal right of a child will require reasonable judgment of adults or more specifically law makers as the interest of all children needing protection from the law. This shows that for some claims to be enforceable rights, the claim owner must have the competence (Cowden, 2012).

There is, however, contrary argument for taking the interest of the children to the extreme arguing for the need to provide children with right to autonomy and as their will (Kruger, 2009). Yet, while talking about absolute rights of children to make a will, it is very significant to take in to account the physical and psychological immaturity of children. Such immaturities could lead a child to make a wrong judgment on his interest and this has a potential on bringing negative impact in his/her overall development. If we take our main topic, for instance, there is a claim for street children using harmful substance like glues and other inhalants looking for its immediate effect without taking due care on its destructive permanent effect.

2.1.3. The Developmental Right Theory or Capability Approach

As it has been tried to mention on the previous sub section the interest theory reveal that not all claims are enforceable. Some claims prerequisite competencies from the claim owner. Although it could change the wider perspective on entitling children with rights, interest theory is often criticized as it excludes some rights children should be entitled because of competence requirement (Cowden, 2012). Besides, a right might not be fulfilled for different reasons other than the intentional ignorance of the duty bearer or the right holder's intentional waver of such duties (Cowden, 2012). These preconditions include external environments like poor economic condition to fulfill once duty or lack of competence to fulfill duties. The interest theory disregards ability of the person which presupposes the presence of competence with an

opportunity for external resources. The interest theory protects the right-holders interest by imposing duties on others. But these duties must be reasonable and achievable to get protection as a right (Cowden, 2012). This gap brought about another theoretical framework with considerable importance in broadening child right perspectives: the development or capability approach.

Development right theory has relatively recent foundation and it lays its basis with the logic of the potential capacity of children to be adults and the need to extend protection earlier for protection of the overall development (Peleg, 2013). This theory ignore the argument that take the incapacity of the overall environment or the argument that prerequisite competency in conferring rights and maintain its discussion with conferring children with rights at all times. This theory emphasizes the importance of protection argued to be rendered transforming the cost-benefit analysis that too often dominates the policy analysis (Mark Ensalaco,et al, 2005). Children are entitled to more rights than their government grant them or others in general assume they deserve. In short, a human right approach is important and necessary to tackle the problems confronting children. Human development approach holds that ‘every individual has a claim to all rights and the enjoyment of those rights is needed for the integral development of the physical, mental, spiritual, moral and social dimension of the human person’. (Mark Ensalaco,et al, 2005). This theory even goes beyond the argument of conferring all rights to the overall development of children but to the development of a society. The likely poor socio-economic condition of adults who passes through a life path as a street child once or more in their life is a good indicator towards the sincerity of this argument.

2.2. Child Protection beyond the Theoretical Debates

As it has been mentioned earlier, immaturity of children and their dependency naturally calls protection from parents and family members and this has been regarded as their moral responsibility. Accordingly, concerns on child protection have for long been left for parents and there was little involvement from the public in granting the protection to children against the parents will. The fallacious assumption here is that, as long as children live with their parents they are better off and enjoying their time of virtue beyond experiencing bad things (Freeman, 1992).

Disregarding relentless philosophical debate on the validity of rights to children, the political discourse reveals that the world has failed to protect children and there is a widespread crisis in child protection because of the negligence. This is threatening not only the wellbeing of children but also their general development (Delap, 2013). Markedly, this can as well affect the achievement of broader development objectives relating to child survival and health, education, economic growth and equity (Delap, 2013). Such global crisis and failure to protect brought about the discussion on granting the legal right to protection for children. The international communities therefore incline to have reached into agreement in prioritizing child protection from harm through legalistic and coercive measures at the expense of others interest (UNICEF, et al , 2012).

Arguments towards the autonomy of parents over their children could no more get authority, at least from the political point of view. This shift can be evidenced with the coming into force of major child right instruments condemning the situation of vulnerable children as a violation of their rights. With pending philosophical debates, these political initiatives in granting protection bases their orientation from the right based approach, prioritizing the rights of the individual child to protection through providing support to family members (UNICEF, et al , 2012). The topic under focus tries to see to what extent the government of Ethiopia is executing its duty in protecting street children. It is, therefore, important to discuss issues coming along with child protection in a much more detailed manner. This will help one to make comparative analysis when specifically discussing the extent of protection provided towards street children against the act of the specific solvent drug abuse. But what is child protection?

The concept of child protection is beyond the physical safety of children. It encompasses measures that promote children's physical and emotional well-beings (Children S. t., Protecting Children in Emergencies, 2005). Save the Children defines child protection as 'strategies and structures aimed at protecting children from abuse, exploitation, neglect and violence' (Children S. t., Child Protection Systems in Emergencies, 2010). Countries and organizations, as such, have installed different strategies and organizational arrangements aiming to protect children from abuse, exploitation, neglect and violence. This prerequisite ensuring basic human rights principles. Schemes to tackle issues of child maltreatment such as child labor and exploitation, child trafficking, early marriage, juvenile justice, street children, and others has been pulled out

and attempted to be tackled on different grounds (Children S. t., Child Protection Systems in Emergencies , 2010). Child protection is something that is found in every system. But the methodologies in providing children with protections are widely different. In general, they can be categorized as single issue and comprehensive child protection systems.

2.2.1. Single Issue Child Protection Approach

For long, the approach in child protection projects and programs has focused on single-issue or on single category of children. This approach mainly focuses on how a project or a program could address a specific issue or need of a child like child trafficking, early marriage, disability or HIV and AIDs (Rebecca Davis et al, 2012). These issue-based projects are in majority of the cases funded externally with a weak replication plans and very little participation of the subjects of the right (Rebecca Davis et al, 2012). Bearing in mind existing global crisis with millions of children being increasingly subjected to violence, exploitation, abuse and neglect, this strategy has been reviewed to have failed in protecting children and to take into account the challenges children face (G.Wessells, 2015). In majority of the cases this issue based projects ignore the complex societal feature focusing mainly on a specific legal reforms at policy level.

Besides, many children are facing double and even multiple child protection problems and this issue based child protection mechanisms may only try to tackle a single problem of those children. It is also identified that issue based child protection mechanism focus on addressing response factors than preventive factors. Sometimes at risk children cannot be neatly recognized. A simple example is to take an HIV and AIDs orphan internally displaced with physical limitation who used to live in urban streets but now detained suspected for a crime.

Here, the child's problem could not be solved with the involvement of a child protection organization focusing only on children with disabilities or juvenile children or street children or health intervention. These necessitates the importance of coming up with a more comprehensive child protection system.

2.2.2. Comprehensive Child Protection System Approach

The holistic approach helps one to see a child's problem from multiple dimensions. It is mainly after the conclusion of the UN Secretary General on the study of violence against children

in 2008 and the UN General Comment Number 13 (Comment, 2011) on the rights of the child issues of child protection started and demanded in a more holistic and comprehensive manner. Succession of important documents and events on the issue of systemic approach to child protection even intensify the change. Recently, many child protection organizations have made a shift from issue based child protection strategy to holistic child protection system though studies reveal the existence of many challenges that impede its implementation yet (G.Wessells, 2015). But it is important to bear in mind that issue based approach is not necessary opposite to a system strengthening approach which demands for the consolidation and coordination of these issue based programs linked to the overall national child protection system rather conceiving them in isolation (Stephanie Delaney, 2014). Getting a clearer idea on the subject matter of child protection and the components in to it would help us in better assessing the extent of protection provided by the government towards street children.

2.2.2.1. What and Why a Child Protection System?

Considering its recent development, there is no single definition given for a child protection system workable throughout child protection programs. UN organizations like UNICEF and other prominent international child protection organizations like Plan International have developed their own definition of child protection system. Plan International as such has defined child protection systems as ‘a comprehensive and sustainable approach to preventing and responding to child protection issues, comprising the set of laws, policies, regulations and services required across all social sectors, especially social welfare, education, health, security and justice to respond to and prevent protection related risks’ (International, 2015). Similarly, an international child protection organization called Terre des Hommes has given more summarized definition to child protection system as ‘...a coherent set of actions and actors, in which the child is the starting point and which aims to guarantee the rights and the well-being of the child by constructing synergies within and between protective environments’ (Stephanie Delaney, 2014).

In a conference report dealing with the topic of theory and practice of child protection system, participants coming from all over the world representing child protection organizations both from the government and the NGO sectors has tried to provide agreed definition of child protection system. Accordingly, Child protection system was defined as ‘certain formal and

informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children' (UNICEF, et al , 2012).

Looking at the definitions provided above, a system approach pre-requisite three basic elements. Firstly, it is important to recognize that child protection is a system by itself and the system approach demand inter-sectorial nature. This imply for the need to coordinate child protection with other sectors including health, education, finance and justice sectors. Michael G. Wessells describes child protection as 'inherently multidisciplinary and inter-sectorial' (G.Wessells, 2015). Secondly, the definitions denote a shift for a response aspect of child protection that has been overemphasized by issue based child protection sector to prevention aspect of child protection system (G.Wessells, 2015). The best protection mechanism prevents child protection problems from coming in the first place (Children S. t., Protecting Children in Emergencies, 2005).

Thirdly, the coordination is expected not only with in the sector itself but also within and between overall protective environment both formal and informal. This is a very important element of child protection system approach as there are learnings on child protection services at district level having a huge capacity to promote wellbeing's of children (International, 2015). In other words, this element will help participation of children and grassroots organizations and bringing their perspectives to policy table. However, there is still a high tendency worldwide to take these informal elements of child protection as mere beneficiaries or as part of the problem instead of taking them as part of the solution.

In general the principle of systemic approach towards child protection has patently a number of advantages in making those concerned optimistic enough to protect the future. Of paramount importance, this approach will enable one to see and solve a child's problem from multiple angles. In addition to focusing on particular child, the system approach will have a benefit of extending its coverage to all other children. As it also involves different professionals with diverse expertise and perspectives, it can reduce fragmentation of programs and policies and increase efficiency. Besides, it will be an opportunity to create synergies in administering child protection programs (Delap, 2013).

The normative framework in the system approach to child protection is also very important and eye-catching in the prospect for child right protection. There is a growing interest in applying a system approach to strengthening child protection at both program and national level. In fact it is generally claimed that child protection system exist everywhere (UNICEF,et al , 2012). These systems, however, are not designed and implemented in the same manner everywhere. Many of the states are still struggling with challenges in appropriately designing and implementing systemic approach to child protection. Hence, it would be wise to designate ways in strengthening child protection systems.

2.2.2.2. Components in Child Protection System

Shifting the child protection strategy to a more holistic system prerequisites a smooth operation of certain important balanced gears (UNICEF,et al , 2012). Before explaining some of these elements it is important to note that these elements fail to stand alone in the development of a system. A system approach to child protection require fulfillment of certain important components for its effectiveness. These, among others, include protective legal framework with responsive laws and policies; national strategy and coordinating body; adequately and constantly budgeted financial resources; leadership and governance at all level; established data collection mechanisms and proven monitoring system (Delap, 2013). Availability of decentralized mechanism for child protection and continuum of care service structure with adequate social work force is also of paramount importance (Rebecca Davis et al, 2012).

Work force strengthening has both quality and quantity elements. The work force needed to be adequate in number with full-fledged competency. As mentioned earlier, the second most important element is availability of up-to-date and more complete data. This requirement is very important to design and implement policy measures. Many programs raise the issue of budgeting as the failure to protect children. Adequate financing prerequisite a special and more attentive budgeting prioritizing child protection. Another most important element in the efficacy of the child protection system is the level of participation from the beneficiaries and more specifically children and the community at large. Unless a system inculcates the direct child and community participation, it would lack ownership and be a wear and tear. In addition, a more responsive and complete laws and policies towards child protection are of paramount importance in which we will see in detail in the section below in further detail. Holding these elements, forming and coordinating linkages with other protective systems is a central pillar in child protection system.

The coordination should consider linkage between formal protective system and linkage of the formal system with informal (G.Wessells, 2015).

2.2.2.3. Major Actors in the System of Child Protection

As tried to highlight in the above sections, both the formal and non-formal actors play a pivotal role in child protection. The formal actors include government structures outlined to the effect of child protection balancing the top to down and down to top approach (G.Wessells, 2015). As a rule governments are responsible with the overall accountability on child rights. This by default makes it the primary body in the system mandated with coordinating responsibility of the work rendered by different actors and sectors. This responsibility of the government is clearly set and enshrined in different child right instruments.

Similarly, programs and projects run by different non-governmental organizations (NGOs) directly focusing on children are also included in the formal systems. These NGOs, in many instances, represent the interest of children as right holders influencing governments for policy change and interventions besides rendering services (UNICEF,et al , 2012). NGOs are a huge resource in child protection work usually established to give support in socio-economic development endeavors of governments. Their work has been acknowledged in many instances by different organs. A UN report, for instance, recognized that NGOs are frequently the first to respond to the urgent needs of street children (UNICEF, Civil Society Guide to Working with UNICEF, 2012). They usually serve these children with immediate needs such as food, health care services, counseling for drug addicts and depression. In addition to immediate responses in emergencies, NGOs as well are engaged in activities that provide long term solution such as public education campaigns, involving in public litigations defending children's right and so on. Despite the fact that NGOs are important allies to the government and sometimes substituting the government responsibility, government hesitates to recognize their contribution and sometimes obstructs their work through forming discouraging laws instead of providing non-directive support.

Related with this, international bodies like the UN agencies play important role on child protection system via motivating global awareness on child protection and providing support to important child protection interventions on both international and national levels (UNICEF,et al ,

2012). In addition to the formal actors illustrated above, non-formal actors including children, community members and sometimes private organizations play a huge role in the effectiveness of child protection system. Yet sometimes these informal actors are simply considered as beneficiaries or as part of the problem than contributing elements (G.Wessells, 2015). This, according to comprehensive child protection system promoters, explains the failure of most of child protection initiatives (G.Wessells, 2015).

2.2.2.4. Building and Strengthening Child Protection Systems

Apparently, it would be impulsive to expect equivalence in child protection systems developed in two different countries. Its level of incorporation of both formal and informal elements, its effectiveness, the strength of assigned coordinating body, the specific cultural context and so on would be a point of departure (UNICEF, et al, 2012). Yet, there are some general explanations given that could serve as standard points in indenting the success or failure of a given system with the objective of delivering positive outcomes in children's wellbeing.

At a point when the child protection is desired to be shifted to a system approach, it is important to be careful in correctly mapping the system as a whole (UNICEF, et al, 2012). This will require steps like defining the problems correctly, careful identification and arrangement of the system parts and advantages, and developing adaptations across sectors. Here, it is important to ensure the policy and practices designed to be enforced and shared mutually everywhere in order to come up with better out come across all vulnerable groups (Rebecca Davis et al, 2012). Once the system is built in or has undergone through a reform to a system approach, it is important to occasionally ensure and strengthen the system drawn.

Once the mapping work is complete it is important to make sure there are adequate human and financial resources. It is also important to come up with political willingness and space which require inclusive partnership and using available possibilities. Outlined or identified political space should also be backed with strategies, policy development and law reforms. 'Creating political space for system building is a process linked to some form of 'democratization' of decision making processes ...' (Rebecca Davis et al, 2012).

2.2.2.5. Comprehensive Legal Frameworks and the Need to Harmonize Laws on the right of Children

A strong legal framework in child protection is way important and mandatory in the overall child protection system development and effectiveness. Both the international and national instruments are central in protecting children of Ethiopia. One of the most notable international human rights instruments with a direct implication in the protection of Ethiopian children is the United Nations Convention on the Rights of the Child (CRC, 1989). By ratifying this document, the government of Ethiopia has consented on the responsibility to take all necessary measures to make sure children rights are protected, respected and fulfilled.

Different articles in the Convention entitle children with rights, among others, to get assistance from government if affected by poverty or in need and get protection from harmful influences, abuse and exploitation and all forms of violence, mistreatment, abuse and neglect (CRC, 1989). Most importantly and more relevant to our topic, the Convention under its Article 20 gave special protection to some of the vulnerable children like those deprived from family environment, and refugee children to have the right to special care, protection and assistance. Besides children, who have been abused, neglected and/or exploited have the right to special help to physically and psychologically recover and reintegrate in society (CRC, 1989, p. article 39).

Equally important, the regional human rights instrument on the right of the child, i.e., the African Charter on Rights and Welfare of the Child (ACRWC) guarantees similar protection (OAU, African Charter on the Right and Welfare of the Child, 1990). Every child has the right to life, survival and development (Article 5); health and health services (article 14); and parental care (article 19). The Charter also guaranteed protection against drug abuse and the use or production and trafficking of drug. Accordingly Article 28 illustrates, State Parties to the present Charter shall take all appropriate measures to protect the child from the use of narcotics and illicit use of psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the production and trafficking of such substances". But this protection is limited only to illicit drugs.

The Charter more specifically extended provisions on child protection under its article 16 illustrating ‘State Parties to the present Charter shall take specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse, while in the care of the child’. These and other similar international human rights instrument guarantees children rights in a more advanced manner.

Nationally as well a number of legal protections are extended for children. Starting from the supreme law of the land, the FDRE Constitution extended human right provisions to all human beings including children. Moreover, a special provision is designated ensuring children their right to life and to know and be cared for by his or her parents or legal guardians”, among others (HPR, The Federal Democratic of Ethiopia Constitution, 1994). Most importantly, Article 36(5) of the constitution provides for the right to special protection for orphans and encourage for the establishment of institutions ‘which insure and promote their adoption and advance their welfare and education’.

In accordance with Article 13(2) and Article 9(4) of the Constitution, the domestic implementation of provision provided in those international child right and other human right instruments mentioned above is anticipated. In addition to the Constitution, national action plan of children rights implemented from 1996-2000 and revised on 2003 till 2010 and beyond also show the importance given in protecting child rights (Girmachew Alemu et al, 2012). The recently promulgated child policy is also an encouraging moves towards protecting children in a better manner (Kibri, H.(2017).

2.2.2.6. Major Challenges Perceived in Developing Systems under the Theme of Child Protection

An inclination to designing a child protection system from top to bottom without the possibility to go back is one of the biggest challenges observed in designing and applying a system approach to child protection (G.Wessells, 2015). Such challenges arises as the formal organs with the responsibility of child protection either overlook the importance of assets available with children or the community schemes or the incapacity of the system designed to bounce back notions from the public. Sometimes the proposed system strengthening strategies

are unrealistic without taking in to account available resources in terms of finance or knowledge and skill of the working force (Rebecca Davis et al, 2012). The coordination of child protection systems are sometimes not well forecasted. Hence, coordination efforts at all level of the formal and informal child protection systems and with other sectors looks superficial. These challenges are observable in majority of the child protecting programs applied in different parts of the world. As we may see it later in the last part of our discussion these are also some major challenges seen in extending protection towards street children.

2.3. Street Children and Child Protection

Normally there is a high misconception in associating child streetism as only the problem of developing world. In a survey conducted by Consortium for Street Children in 2012, 61% of the respondents living in the UK associate street children with Africa and Asia (News, 2012). Such misconception occurs as many only link the problem with lesser economic status of countries. Yet, it is important to understand the role of countries socio-cultural and political contexts in determining the existence of the problem in addition to their economic status. As much as the reason for ending up on/of streets is diverse irrespective of the countries distinctiveness, street life and street children are a common feature of city lives. Streetism is a world phenomenon considered as a big problem potentially exposing children to a dangerous environment against their right to protection. Related to this the magnitude of the problem depends on the social, cultural, economic and political context of countries and the problem is conceived to be a lot higher and more frequent in developing countries since the economic factor play greater role compared to other socio-cultural and political factors.

The presence of about 200,000 and 1,000,000 street children in China and the United States of America respectively can illustrate the fact that the incidence of street children is not necessarily related directly with GDP growth (Youth, 1995, p. 4). Nonetheless, researches indicate that the problem gets higher with economic despair and countries in Latin America, Asia and Africa are specially affected by the problem (Kebede, 2015). This from the outset indicates the direct and strong relationship of economic wellbeing and children's susceptibility to street life. The Continent of Africa is deeply associated with communal child welfare system and the phenomenon of street children does not have long history in the Continent (ODCCP, 1999).

Ethiopia is also experiencing the incidence in an increasing level (MOLSA, UNCEF, 1993, p. 82). Urban areas in the country are being challenged with the increasing number of street children and the level and intensity of the problem coming along with. The population of street children is not adequately covered in national census, education and health data.

Accordingly, a much dissected figures keep coming. There hasn't been any hard and fast count made yet and the estimates are widely diverse with typology of street children (Gebresellassie, 2006).Some estimate a huge number of street children in the whole Ethiopia while the capital take the larger share and some estimate lesser.

In a study conducted by MoLSA with the support of UNICEF, the overall number of children in the country living on the streets reaches around 150,000 and about 60,000 of them living in the capital city (UNICEF, 2012). A relatively recent head counting conducted in Addis Ababa, however, showed a relatively lesser figure making the number of street children counted in one month time on 85% of the area scope of the city to be only 10,706. (UNICEF, Head Counting of Street Children in Addis Ababa, 2011). This figure is five times lesser than the previous study and it might not be representative of the whole situation considering the timing and areal scope of the study. In general, the UNHCHR concludes that the actual number of street involved children is not known and „the number fluctuates according to the socio-economic, political and cultural conditions, including growing inequalities and pattern of urbanization“ (Council U. H., 2012, p. 4).Notwithstanding the variance on the exact number, studies show the increasing trend of the problem in the Country. The decline in kin-based child care system contributes a part in increasing number of street children in Ethiopia besides unprecedented urbanization and increased poverty. Besides they constitute a „hidden“ population with no fixed address it is difficult to cover them in the national census (Mondal, 2013).

But whatever the figure shows it is not the very existence of children on/of streets that makes it the problem rather the life style in streets and the potential danger it could bring to the children and the overall population. As a writer says in a study, „figures do not give solutions they only show the way“ (UNICEF, Head Counting of Street Children in Addis Ababa, 2011). Accordingly, it is important to see generally what street life looks like to and with the children under focus and the outcome.

2.4. Conceptualizing Street Children

Appropriate policy measures in responding and preventing the problem of street children should be guided with relevant and adequate data. This ultimately necessitates drawing lines on who would be the beneficiary of the policy sought to come. On this particular issue it is important to outline which group is categorized within the concept of street children; their age, gender, place of origin and socio-economic characteristics. A lot of attempts have been made to define street children. Individuals and/or organizations give their own definition on the term depending on their respective interest than the concrete nature of the term. In fact, it is very difficult to define and measure the term in its actual form as street children is a heterogeneous population with a different pattern and profile to one another (Lalor, 1999). There is, therefore, little success in coming up with consensual definition all the way through. It is not within the scope of this term paper to go through each and every definition provided. Even so, to know and better understand the pattern and profile of these children it is important to dwell on some definitions provided.

The definitions provide either narrower or much broader meaning to the term. Juillet, for example, defines street children in a very narrower form including only those that are ‘fully cut off their family, who must struggle to survive’ (Juillet, 2010). This definition only considers those children that are completely detached or have no connection with their family. It has limitations as not all street children are to be presumed homeless. In fact studies show that a large majority of the group of street children work on streets but live at home (Lalor, 1999).

Other scholars, on the other hand, give a much broader definition to the group of street children referring those who completely live and depend on streets in both day time and night time and those who earn money on streets and go back home much often (Donald, D et al, 1994). Following similar line, UNICEF describes three main categories: children who completely depend of streets (Children of Streets), Children that have family connection (Children on Streets) and children at risk of being of/on streets (MOLSA, UNCEF, 1993). The largest group in this typology is the “children at risk” category which includes children of urban poor and they form the reservoir from which street children emerge (Awatey, 2014). The category of “Children on the street” come to the streets to work in order to supplement their families’ income, and they will return home to their families at night-time” (Lalor, 1999). For the first category, where

sometimes referred „real street children“, street is the main place of living with little connection to adult care givers (Gebresellassie, 2006). This last group has a sub category of abandoned children, small proportion to the general number holding only 5-10% of the total street children population being comparably highly vulnerable and with a high probability of engaging themselves in illegal acts (Lalor, 1999).

Some still consider the definition given by UNCEF as inadequate excluding some group of children that have connections with streets in a different way. Understanding the controversy, the Commission on Human Rights provided a much more holistic definition of the term describing it as „any girl or boy for whom the streets (in the broadest sense of the world, including unoccupied dwellings, wasteland, etc.) has become his/her habitual abode and/or source of livelihood and who is inadequately protected, supervised or directed by responsible adults“ (Council U. H., 2012).

In general looking at the definition given above it is possible to pinpoint three important elements. To begin with, living on streets or having strong connection with streets presupposes limited or absence of care and protection from adults. Secondly, connection with streets and the time they spend on streets is important and thirdly the street is the source of livelihood. Overall, attachment with streets is, therefore, an important element in the discussion with the subject of street children. Nevertheless, as much as these evolving terminologies offer for potential different insights, they can as well block data and estimations on the number of children. For instance, estimates of street children in Ethiopia have ranged from

2.5. Characterization of Street Children

Starting from the wake of the international year of the child in 1979, literatures and programs gave special attention to street children (Lalor, 1999). Most of the literatures have attempted to have an insight look at the profile of groups of street children with trivial success in coming up with accurate characterizations generally shared by all that have street connection (Boakye-Boaten, 2006). Although the majority of these works dwell on the experience of Latin America and there is relatively little researches on street children of Africa, studies reveal that ways of life of street children has similarity far and wide even if the counties divers socioeconomic and cultural situation has a determining factor (Lalor, 1999).

Some of the defining elements that necessitates characterization of street children are sex, age, social background and livelihood. There is variance on age and sex profile of street children. Even if there is a tendency to disregard those below the age of five, the population of Street children may constitute from the new born to those till the age of 16 to 18 (Boakye-Boaten, 2006). There is a tendency for children in developing countries to start street life at earlier age (WHO, A one Way Street?, 1993). Some studies reveal that children very often begin street life before the age of five and there is a tendency to concentrate on those above the given age. But findings in a study conducted in Ethiopia by UNICEF in 2010 illustrate the threat in such assumptions as a strategy as it might set aside a significant portion of the given population (UNICEF, Head Counting of Street Children in Addis Ababa, 2011). This is, however, not to deny that majority of the street children population is in between ten and fourteen the average being 13 (Lalor, 1999). A study by FSCE in 2003 has also reveal 13 as the average age. The age difference according to some studies is demand driven of street life. It is easier for younger population of street children to make others compassionate on their situation and succeed easily in earning their livelihood through begging or engaging in informal works (Lalor, 1999). In a study conducted by UNICEF in 2007 it is recognized that children as young as 7 years old started street life in Addis Ababa).

Likewise, there seem to be consistency in studies showing a higher proportion of street boys than street girls all over the world. In Ethiopia as well available studies on the issue prove the same assumption. In the head counting conducted by UNICEF in 2010, the street male children population in Addis Ababa is way higher, counting 71%, than girls counting only 28.6% (UNICEF, Head Counting of Street Children in Addis Ababa, 2011). This figure might not, however, demonstrate the actual figure for two main reasons. One, the true figure of street girls might be hidden by the nature of their work, which is less visible than boys. Secondly, the role of females in developing countries like Ethiopia, concentrate in households as such their vulnerability might not be as visible as boys (Lalor, 1999). Due to the higher vulnerability of street girls than boys in streets, girls in many instances take the rout of ending up being prostitutes. This took the public to take a misleading assumption of considering street girls for prostitutes (Lalor, 1999). A further explanation for the relative lesser numbers of street girls is the fear parents have in letting their daughters work or live on streets as the danger or the vulnerability come as a consequence is higher to girls than boy (Lalor, 1999).

2.6. Context of Street Life

Street living makes children's lives complicated making them highly vulnerable to a wide range of problems which allude to absence of care and protection. In the absence of care and support from adults or with the premature adult responsibility to take care of their family members, children are supposed to earn their livelihood by themselves. Their life can be regarded as having a temporary life style with inadequate food, health care and no safe place to stay (Kebede, 2015). Sometimes self-supporting is a necessary condition for these children to survive pushed by extreme poverty and deprived situation. Those who got the opportunity engage in informal sectors like shoe shine mind cars, sell lottery tickets, magazines and newspapers, carry goods, peddle cigarettes, chewing gums. The survival question might as well lead these children to engage in illegal activities such as theft and drug dealing (Kebede, 2015).

Most of the time their engagement on such activities is to meet their demand for daily bread. Yet, the vast majority of them couldn't satisfy their food demand with such informal activities and they depend on left over foods from small cafes. In a research conducted on Street children in Hawassa Town, 83(48.8%) of the responding children reveal that they depend on buying leftover food from cafes, while 48(28.2%) say they buy cheap food from small cafes and the remaining 39(22.9%) Get leftovers food from cafes and restaurants free of charge (Kebede, 2015).

Their life style and daily activities might as well be diverse depending on their categorizations (Lalor, 1999). Children on streets have somehow connections with family members which will make them less vulnerable. Children of the streets including abandoned children, conversely, are completely attached to street life that all ties with family have been isolated, either through death, displacement, or abandonment. Hence, their coping strategies in their daily activities and way of life are different from the rest of the group. These Children of streets commonly use begging, stealing or working in the informal sectors in low paying jobs as a scheme for survival (Kebede, 2015). There is no specifically known working hours for these children as the type and intensity of the work is very informal to be determined on the amount and availability of work coming on day to day basis. This, on the other hand, has implication on their time for school (if any) and play that are determinant to their overall development (Kebede, 2015).

Evidently, accessing education and health is sometimes considered as a luxury to street children (Lalor, 1999). Even from among those who attend school a significant number is getting it on part time bases (Lalor, 1999). Children of streets are even less likely to attend schools as there is no adult supervision, protection or guidance around. This makes them highly vulnerable to a wide range of problems. With no adult supervision and protection, there is a high probability of using and abusing drugs amongst children of streets.

2.7. Causal Factors Leading Children to Street Life

Reasons for ending up on streets are quite complex and diverse. In fact these reasons could be as diverse as the context of each and every child. Sometimes it is even difficult to pick a single cause for a child to becoming street child as the factors are multifaceted including economic, social, cultural and political context (Kebede, 2015). A number of researches have been made both nationally and internationally to try to identify major factors pushing or pulling a child to street life. Many of these studies name some of the predominant factors leading children to street life especially in developing countries. These include factors like poverty, family disintegration, death of parents, abuse and neglect at home, dropping out of school, and child labor (Lalor, 1999). The few studies conducted in Ethiopia as well deduct similar factors. Accordingly, these studies name family poverty, death of parents, displacement, violence, abuse and neglect, lack of access to education and family breakdown as a primary factor poverty being on the lead. Equally, another national study indicates for 68.6% of the children under study leading street life because of economic reason (MOLSA, UNCEF, 1993).

Poverty or poor economic conditions by itself do not, however, necessarily lead to streetism. Factors such as the psychological status of the child and the child's family, the perception of life on the streets, and the degree to which a street children culture exists" must as well be considered. Still with the possibility to concurrently find different pull or push factors at a time, many studies indicate poverty taking the grand share as underlying factor leading children to streets. Yet, a study conducted by African Child Policy forum reveal a slightly different figure making violence in home environment as a predominant push factor for street children in its broader sense amounting 40% of the children under study (ACPF, 2012)

In addition to the push factors briefly named above there are also pull factors reckoned as significant causal factor to street life. Children sometimes perceive streets having better freedom (Kebede, 2015). These somehow have a link with the childhood concept in a family and the scheme of parent-child relationship and lack of parental skill. But it could count as a factor in leading children to street life. Peer influence can as well count as a major pull factor. Similarly, the charitable donation given by non-governmental organizations and private individuals has a pull factor tempting children to go out on streets. A study conducted in 2011 by Mekonnene Mengesha revealed that the services provided by some NGOs in Ethiopia has a power in attracting children to streets to get counted as beneficiaries (Mengesha, 2011). False information about city life is also contributing to un-presented urbanization ending children to streets counted both as pull and push factor. The dire consequence of both the push and pull factors to children are similar as children who already join street life with such pull factors usually find it difficult to get out of the streets because of the social stigma and prejudices (Council U. H., 2012). The diversity of the causal factors is also acknowledged by resolution 1612 of UN human right council.

2.8. Problems Coming along with Street Life

As it is quoted in the UNCRC report, „children are unprotected pray on the streets“ (Council H. R., 2011). Life in streets imply for street children absence of supervision and protection or guidance from adults. This makes them highly vulnerable to a wide range of problems and risks. Street children are supposed to meet their basic needs by themselves. Problems coming as a consequence of street life are very much intertwined one another whereby sometimes it becomes difficult to isolate one problem from the other. Left alone on streets with hardly any supervision, street children are left with little opportunity to access their basic needs including food and health (Lalor, 1999). As such Street kids have to worry about finding foods, getting medical attention when sick, accessing shelters, getting the necessary education and all sort of needs important for their overall development in addition to confrontation with the hard weather at night.

Besides being confronted with premature adult responsibility for themselves and sometimes others, street children are highly vulnerable to physical, psychological and sexual abuses and violence coming along with. This seems to be rather presumable fact in different

literatures making their vulnerability being a major feature of their daily life (Lalor, 1999). One can find quite a list in identifying problems of street children. A group of street children in Ethiopia, for instance, pick eighteen (18) different problems they face in a focus group discussion (ACPF, 2012). This study signifies the three most sensed and perceived problems against street children being lack of access to food, violence and lack of access to education (ACPF, 2012). Other studies more specifically show Verbal and physical abuse and violence as very much common to street children in Ethiopia (Kebede, 2015). Such verbal and physical abuses are claimed to come mostly from the police and older street boys. A study conducted on street children in Awassa concur with this finding showing 41% of those under study to face abuses from different groups (Kebede, 2015). The likelihood of the verbal and physical abuses coming in unison against the children is also high.

In addition to the physical and verbal abuses, street children are also largely vulnerable to sexual abuses subjecting them to HIV/Aids and other sexually transmittable diseases. Street children largely girls are subjected to rape and other sexual abuses whereby the main perpetrators being street boys. A study reveal the average age of first time rape experience being 13.8 years where by 40% of street girls resort to prostitution at some point in their life (Lalor, 1999).

Dealing with the perception of those around is highly challenging to street kids (Council U. H., 2012). Street children are largely conceived by the general public as deviant and trouble makers which make the children unwelcomed responding with psycho-social problems such as aggression, fear of society, suspicion, unruliness and theft. This perception by large ignores the victimizations of street children (Lalor, 1999). More specifically exposures to hazardous situations in street such as exposure with people abusing drugs and street fights is also a serious problem children face with an increasing trend (ACPF, 2012). This has also implication in involving themselves to dangerous situations like using and abusing drugs. Consequently, they more often get arrested even with crimes they did not commit.

The level of vulnerability is lesser to children on streets who return back to home at night times. Children of streets are totally dependent for all their basic necessities including shelter. These children has to be able to challenge a number of problems starting from finding a place to spend the night to protecting their property not to be stolen or taken away by older street boys.

Accessing education and health care services are very difficult for street children which will have detrimental effect in their journey as a skilled professional.

In general, street living makes children highly vulnerable to a wide range of problems that needs serious attention from the public at large. Relatively a few studies have been conducted to identify viable problems coming along with street life in Ethiopia. yet little is known or researched on the consequence of street life to his/her general physical, psychological, social and economic development though the two latter seem to be more obvious (Lalor, 1999). Many of the literature briefly mention vulnerability of street children to the use and abuse of drugs though with inadequate attempts to dig out the causal factors and consequences of such practices.

2.9. Drugs and Street Children

Causal factors for drug use are interrelated with social, physiological, psychiatric and genetic components (Gebriel M. Lopes, et al, 2013). Problems coming along with street life and their victimization coupled with the feeling of marginalization from the society at large makes street children develop deviant behavioral patterns. Such behavioral patterns include rejection of authority, aggressiveness, absence of limits, and lack of affection (Lalor, 1999). These deviant behaviors are usually expressed with characters as drug addiction, delinquency, engaged with physical and sexual abuses and prostitutions (UNICEF, Children in Especially Difficult Circumstances, 1986). Children, owing to their immaturity, have differential vulnerability to drug uses. To add to their weakness, their deprived situations make street children more likely to use drugs compared to other young population in a society (WHO, A one Way Street?, 1993). The prevalence of drug use amongst street children is widely investigated and proven by different authors worldwide. A study conducted in Brazil indicates that about 80 % of street children are using one or more drugs such as hashish, alcohol and inhalants (Gebriel M. Lopes, et al, 2013). Out of this number, 47 % of street children consume drugs either frequently or heavily while 74.2% use multiple drugs.

Exposure to drug use is different even between those children that have some sort of connection with family environment than homeless and complete abandoned children. Studies indicate that children that spend lesser time on streets, have connection with family environment, with better social networks, have a certain level of engagement in school, and/or have not suffer domestic violence are less likely to use drugs or be frequent or heavy users than those with the

inverse story (Moura Y.G, et al, 2012) (inhalants 27, p 1374). Street children within the group of homeless or abandoned have additional worries on protecting themselves from cold, hunger, and violence's coming at night and so on. This predisposes them more in using drugs.

As noted in the above section, street children are already overloaded with a number of socio economic problems. Problems coming along with the high tendency in using and abusing drugs and substances will further overburden their lives. Street children who use drugs are even highly marginalized than their group members who don't use/abuse drugs. This implicates further exposures to health hazards like HIV/AIDs and other communicable and non-communicable diseases (WHO, A one Way Street?, 1993). Moreover, drug use has a huge implication in limiting the healthy socio-economic development of children and be counted as productive citizens in the future. In a survey conducted in Kenya, ex- street children, among others, are found to be more likely life time drug users (Lonnie Embleton et al., 2013).

Unfortunately, there is inadequate study on drugs and street children in Ethiopia limiting knowledge basis on the magnitude of the drug misuse and its adverse effect on the subjects under focus. Available national studies, however, concur with the findings of international studies enlightening the high vulnerability of street children and other at high risk population to drug use and abuse (Abebaw Fekadu, et al, 2007). A report on Alcohol and Drug abuse in Ethiopia indicate that khat and alcohol are the most dominant drugs used by at risk populations including street vendors, commercial sex workers and street children followed by cannabis and solvents making 32.9%, 30.5% 11.2% and 9% each (Abebaw Fekadu, et al, 2007). Similarly, a more inclusive study also indicates the prevalence of Solvent abuses, including substances like glues, as a feature in drug use in Ethiopia (ODCCP, 1999). However, this study only report on the use of solvents by street children without further indicating the extent. In general all these researches indicate the danger involved with the abuse of inhalants against not only the right to health of the children but also their overall right to life and development.

Chapter Three

The Habit of Glue Sniffing Amongst Street Children and Its Impact to Their Health and Overall Development

3.1. Introduction

Researches easily associate street children with the consumption of glues and any other psychoactive substance while conversely, drug taking is considered as one aspect of street life (UNODC). These studies documented the direct link between the past traumatic experience of the children and problems faced in their everyday street life with the exposure to substance abuse (Reddy et al, 2014). A study in Kenya explains the experience of street children and their exposures to substance abuse as „not just the trauma of everyday street life, but past family traumas“ which had led them to streets (Cottrell-Boyce, 2010). More importantly, in a study conducted in Ethiopia by Eshetu Alemu, children concur with such deduction and acknowledge vitality of environmental factors in subjecting street children to drug use/abuse (Alemu, 1998). This study, however, noted the parallel importance of personality and behavioral variables associated with drug abused practices of mankind in general as explained in diverse researches.

It is broadly recognized that there is insufficient research on substance abuse among street children in general (WHO, Guide to Drug Abuse Epidemiology, 2000). This is even more factual regarding researches on the experience of street children in Africa and above all experience of street children in Ethiopia. Also, most of the existing studies either deal with a limited group of population or the level of dependency to psychoactive substances is not well explored. International studies and data show that the extent of abusing substances amongst street children depends on factors like cultural acceptance of specific substances, age, sex and the economic position. In general the figure provided by the world health Organization reveal that about 20 to 90 %of street children worldwide are claimed to use and abuse one or more of the psychoactive substances (WHO, Understanding Substance Use Among Street Children).

Unlike Khat and other indigenous drugs like alcohol, the use and abuse of inhalant substance is not deep rooted with the Ethiopian cultures. The increasing use of such drugs is sometimes associated as being the genesis of the spirit of globalization and unlimited liberalization (Abebaw Fekadu, et al, 2007).

3.2. General Background on the Habit of Glue Sniffing as a Psychoactive Substances

The World Health Organization generally gives nine classifications of psychoactive substances with their own subcategories including Alcohol, Nicotine, Opioids, Hallucinogens, Cannabis, Hypnosedatives, Stimulants, Inhalants and other psychoactive substance with their own peculiar nature (WHO, Understanding Substance Use among Street Children). Glues are normally under the groups of inhalant substances which incorporate a wide and diverse group of legal products that can be classified in different groups based on their chemical structure, presentation or commercial uses" (Maria Elena, et al, 2014).

Commonly; volatile solvents, aerosols, gases and nitrates are among the category of inhalant substances. Glue sniffing is one of the chemicals under the group of volatile solvents that is normally used through intentional inhalation through the mouth (Mandal, 2013). Glues are identified as industrial products recognized as one of the psychoactive substances which when consumed against the purpose they are produced affects the way people feel, think, see, taste, smell, hear or behave (WHO, Understanding Substance Use Among Street Children).

Sniffing glues is not a recent phenomenon. It has been used since ancient time of the Greeks though serving only the purpose of altering consciousness attached with practice to mystical and religious ceremonies (Yohannes F.Gebrehiwet, et al , 2014). Such historical uses are only for one time medical, cultural and ritual practices and the substance was rarely abused as an addiction (Rai, 2002). Yet, its ordinary use to produce similar effects like other illicit drugs does not have a history of more than 60 years (Yohannes F.Gebrehiwet, et al , 2014).

Even if the trend of sniffing glue for psychotropic effect has a relatively recent history, it is being widely practiced in different part of the world. Its acceptance is even better from the part of the community with high level of delinquency and violence such as street children (Maria Elena, et al, 2014). Linked to this, a number of studies were conducted in different part of the world as to its adverse effect on the users and street children in particular. With the exception of some highlights made on researches conducted in relation with street children, it is rare to find a comprehensive study focusing on the practice of glue sniffing among street children in Ethiopia. This is a clear indicator of data scarcity which has its own implication on the countrywide

program interventions. This, on the other hand, demands the researcher to predominantly rely on literatures written in other parts of the world in order to identify the nature of the substance and its broad adverse effects.

3.2.1. Nature of Inhalants and Methods of Using to Produce the Drug Effect

Inhalant are „a wide and diverse group of legal products that can be classified in different groups based on their chemical structure, presentation or commercial uses“ (Maria Elena, et al, 2014). Inhalant substances are categorized in four including: *volatile solvents* (e.g., toluene, glue, and gasoline), *aerosols* that contain propellant gases (e.g., spray paints, deodorants, aerosols, etc.), *gases* (including gases, butane, propane, and refrigerants), and *nitrites* or “*poppers*” (e.g., video head cleaners, environmental deodorants, etc.) (Maria Elena, et al, 2014). Inhalants share common defining elements while abused as a psychoactive substance. This includes their licit nature to possession and use as a commercial product, their fast reaction to the desired effect, their availability and affordability.

There is a wide range of preference on inhalants in the world. There are places whereby one type is dominantly used while the other type being more frequently used in another place. Similarly, there are varied ways of using inhalants depending their nature and intended pitch the product yield. Some inhalants are huffed through the mouth or the nose while others directly enter the body. Bagging, putting the product in a plastic or paper bag and huffing until the desired outcome is reached, is also the most popular ways of using inhalants in many places (Rai, 2002).

Corresponding to this, it is important to understand that the method one use or inhale glues influence the effect of the substance in producing the desired outcome (WHO, Understanding Substance Use Among Street Children). When people misuse glues, they usually inhale the products through their mouse and nose. Yet, some may not satisfy with the typical usage depending on the intended purpose. Hence, they might use different scheme to increase the concentrated chemical level inhaled like placing a bag over the head commonly known as „bagging“. Experience of street children in Kenya also show that mixing glues with petrol could produce the desired purpose of avoiding ‘normal consciousness’ (Cottrell-Boyce, 2010). Glues are also usually sniffed in group having a strong implication to belonging in a group of street

gangs. Although there was initially controversies on the substance creating dependency, the risk of developing dependency is now scientifically proven especially when the practice begin at an earlier age (Maria Elena, et al, 2014).

3.2.2. Motives behind Using Glues and Other Inhalant Substances amongst Street Children

Major stressful life events, daily hassles to meet basic needs, developmental changes caused by adolescents and other characterizing elements of street children may instigate the use of drugs in general and inhalant substances like glue in particular. In fact, peer pressure and seeking acceptance in the group of street gangs are often counted as features in motivating children to experience glues for the first time (Cottrell-Boyce, 2010). Children of streets have little bond with established protective systems provided by the family or the community or the government at large. Consequently, they seek alternative protection from and amongst their groups. Sniffing glues most of the time start with peer pressure and children with street connection in the beginning involve with inhaling the product to get acceptance within their group. Once they experience the feeling, many street children are motivated and keep on sniffing glues as it has an impact in lessening the feeling of hunger or cold which are the primary worries in street life.

Abusing inhalant substances like glue sniffing is more preferable by the general younger population looking its accessibility and immediate effect with possible short stay of stimulation (Burk, 2001). This explanation is, however, mostly relevant to children who live at home with their parents or attending school and who want to conceal the fact that they are sniffing the substance to their protective environment. This explanation, on the other hand, might not work for children attached to streets. Of course it is true that the accessible nature of the product with having possible immediate effect also attract street children. Nonetheless, functionality of the substance to homeless children is not the same like those who live with their family and have no connection with street life. Street children unlike the other category do not use the product for mere reason of getting high. They rather want the effect of the substance to stay longer as much as possible as they want to hide themselves from the reality of harsh environment (CottrellBoyce, 2010). This makes them to sniff the glue over and over again or use other hard core drugs in addition.

Moreover, environmental and cultural factors such as accessibility, availability, less costly nature, approval or non-denunciation of the substance by affiliated society has also an important part in starting and adopting the use of similar substances (WHO, A one Way Street?, 1993). In countries like Kenya glue sniffing is becoming a culture of street life and children commonly sniff glue as a sign of accepting and belonging to the group (Cottrell-Boyce, 2010). This, however, does not mean that the substance has always get acceptance by the users. Some of the users understand the ill-effects though sometimes it might be late to easily get rid of the dependency or addiction or the environment might not be suitable to get out of the addiction (Rai, 2002).

3.2.3. Unique Features of Glues and Other Inhalants in Attracting Street Children

Neuroscience has proved that there is no difference in the outcomes of inhalant misuse as a medical disease compared from other illicit drugs (or so to say hard core drugs) (Maria Elena, et al, 2014). Like any other drugs, inhalants could also result in developing impulsive behavior or dependency. Depending of the socio-economic context there are certain elements to make inhalants more preferable than other illicit drugs. Inhalants are attested to be commonly used in developing countries than developed ones. Socio- economic and cultural factors are mentioned as an explanation (Gebriel M. Lopes, et al, 2013). Firstly, reduced price to buy inhalant substance has an appealing effect to street children and other income poor population.

Secondly, although it can be shared with other stimulant drugs like *Khat*, the licit nature of the product make inhalants more preferable than other drugs. Inhalant substances like glues are readily available and accessible with relatively cheaper price (WHO, A one Way Street?, 1993). Different from other inhalants like gasoline, glues are industrial products available in every corner and shops with relatively cheaper price. This makes them even more preferable than other solvents. Glues and other inhalants have immediate nature in stimulating the body only lasting for 3-5 minutes. These lead children to need more and more with parallel increase in boozing the body.

3.2.4. Patterns of Inhalant Substance Use amongst Street Children

Street children may use a substance in different pattern. This pattern could be in terms of preference or in terms of occurrence. The use pattern explain how often a person use drugs to explain the level of dependency. There are a number of categorizations provided with this regard. A study categorize the pattern of drug users as those who regularly use the substance, those who use the substance several time a day, those who use the inhalants as an alternative from drug of choice and those who never use the drugs (Maria Elena, et al, 2014). The World Health Organization prefer to categorizes drug users in frequency patter as non-frequent users, frequent, heavy users and non-users (WHO, Guide to Drug Abuse Epidemiology, 2000). If a child use a substance for four or less days in a month he/she is categorized as frequent users. On the other hand if he/she use the substance for 4-19 days a month he can be categorized as frequent user. A child who use the substance for more than 20 days a month can be referred as a heavy user.

Generally the pattern of inhalant misuse in terms of preference is also different in the drug using community (Maria Elena, et al, 2014). There are persons who prefer to use inhalants like glues together with other illicit drugs. This is an instance of poly-drug use behavior. Some people, on the other hand, want to use inhalants attaching it with special events or a specific setting. Here it is unlikely to develop dependency. In the third category are those who use inhalants as a drug of choice. This last groups incorporate mostly younger population whereby street children belongs. In condition of using glues or any other inhalants as a drug of choice, there is a high probability to misuse it or develop dependence.

3.3. Effects of Glues on Street Children

Available literatures suggest that street children who are engaged in glue sniffing are highly vulnerable being exposed to a number of health hazards, demanding prompt and meaningful as well as comprehensive protection. As it is witnessed in a number of studies street children report the short term effects of hallucinations and delusion after sniffing glues (Rai, 2002). This, besides harming their health, would lead them to act in dangerous ways. Children in Kenyan streets, for example, witness this fact as their friends who was high hallucinate things and enter in to roads haphazardly and run away by cars (Cottrell-Boyce, 2010). Furthermore, children who get high usually tend to get in physical fights easily with their peers which led

many to get injured with objects like knife (Rai, 2002). The problem of drug use at large and the use of inhalant substances incorporate other diverse social and cultural issues having a decisive role on the lives of the users. So, it is clearly pertinent to further explore the impact on assorted ways.

3.3.1. Immediate and Long Term Health Effects

Street life by itself has a huge potential in exposing street children to numerous health hazards. Health problems of street children could range from the common incidence of malnutrition to the serious health threats caused by infection (WHO, A one Way Street?, 1993). Diseases related with skin problem, respiratory tract, sexually transmitted disease, and the most immediate once like cholera are much common to street population (WHO, A one Way Street?, 1993). As much as drug usage lead to ill-health hazards, substance misuse is also linked to be an outcome of physical ill-health, functional impairment and psychological impairment (Abebaw Fekadu, et al, 2007). The use and abuse of such inhalants will add to such problem. For whatever purpose they may be used, inhaling glues will add to the health risk and has a potential to subject children to further violence. Solvent abuse by sniffing glue is proven with the necessary scientific research and medical explanation as being detrimental on the health of the user (Maria Elena, et al, 2014). Many of these explanations are concerted on the harmful effect of the inhalant to the nervous system.

The substance in the glue called n-hexane has a potential to damage nerve fibers in nervous system that control movements, vision and hearing which could cause neurological disease such as multiple sclerosis (Rai, 2002). This effect may arise immediately a person inhale the product and might have intensified form when it is the child, with profound brain development process, who sniff the glue (Rai, 2002). Long term effect of chronic exposure to glue sniffing goes beyond the damage of nerve fibers to the extent of impairment on kidney, liver and lung with a huge impact in affecting the blood circulation. Linked to this children subjected to the substance end up to problems of depressant, nervousness, lack of concentration and hallucination (Rai, 2002). Such harm is even higher when the substance is taken either with extra-large amount or too frequently or in polluted form (WHO, Understanding Substance Use among Street Children). In a rare case this kind of act might result an incidence called Sudden

death Syndrome with risk of mortality (Maria Elena, et al, 2014). Use of insolvents including glues, like any other drug, have a direct correlation with unsafe sex making the user highly vulnerable to sexually transmitted disease including HIV/AIDs.

Moreover, Street children are less likely to access health care services owing to both internal and external factors. Many street children don't realize that health should be priority to their survival and development (WHO, A one Way Street?, 1993). They don't tend to go to health care services until their problem reach the level of urgency. Coupled with this, health service structures usually overlook the unique situation of street children which technically exclude street children as beneficiaries to access health services (WHO, A one Way Street?, 1993). In many instance health care services provided by private institutions is a lot expensive to the majority of the citizen let alone street children. Government health institutions are more often cheaper or free of charge. Yet, considering their childhood and economical situations, street children might not be in the position to access the publicly funded health institutions.

Although it depends on country's health policy, there are certain prerequisite to access health care services. One of such criterion is delivering the service to citizenries which is proved with identification card. Owing to their age, street children could not provide with the ID to let them handle many legal actions. As WHO put it „many health and welfare agencies, particularly government agencies, have fixed rule and admission criteria which exclude unaccompanied minors from receiving services,“ (WHO, A one Way Street?, 1993). Similarly, they might not be in the position to pay for lesser amount of service fee institutions require. These facts put encumbrance on their access to health, technically excluding them out. Besides, given the scarce resource street children who use drugs usually do not get high priority in developing countries.

„Alternatively, the existence of street children may be viewed as a problem to be dealt with by the police and military, and street children are then „ criminalized“, placed in prison like institutions or even killed“ (WHO, A one Way Street?, 1993).

3.3.2. Jeopardizing their Right to Development

The deprived situation street children are in has a huge implication in bringing developmental restraint. This call for the reaction to sustainable development in ensuring the healthy childhood of every singly child as it is enshrined in the World Declaration on the

Survival, Protection and Development of Children (Children W. S., 1990). Malnutrition, for instance, may result iron deficiency that in turn adversely affect cognitive potential. Similarly inability to access education will limit someone's cognitive potential. There is as well prove on drug uses limiting cognitive potential which makes street children dual vulnerable to their right to sustainable development.

3.3.3. Socio-Economic Impact

Drugs in general have potential in reducing the „sense of belongingness to other people, groups and places“ (UNDCP, 1995). The substance also has a risk of developing antisocial behavior to the general population (Maria Elena, et al, 2014). Vulnerability of street children is way extensive and these children are mostly resilient enough to cope with many of the wide ranging problems. Data in many researches show, however, their intolerance to the humiliation and looking down from the society and contempt and discrimination coming along with. This makes this children furious enough leading them to out rule societal norms confined with their own world with high potential to commit crimes. Drug use is usually very much unacceptable practice and when the rest of the society see these children using or abusing drugs the hate become even more obvious. This is especially true with newly introduced volatile substances in many culture like sniffing glues. The adverse effects of drugs in general and inhalants in particular goes even to the extent of jeopardizing the economic growth of countries as it has a potential in weakening the human potential.

3.3.4. Easy Susceptibility to Commit Crimes

Drug use in general is so much related with crime in many ways (UNDCP, 1995). Frequent and heavy use of glues result children to develop addiction and dependence demanding children to buy glues on a regular or even on daily basis. Street children being in impoverished are most likely not in a position to earn money to buy the glue. This will lead children to engage in criminal acts like petty theft with a high possibility to grow to serious criminal offences.

3.3.5. Serving as a *Starter* for the Use of other Illegal Drugs

The danger associated with glue sniffing amongst street children is not limited to the health and other effects it could bring. Glue sniffing is getting rampant amongst this population and the more accustomed to it the more likely would they use other hard core drugs. The

immediate high gained from sniffing glues increase the desire to stay high and since glues only last for a short period of time they either continue sniffing highly or look for alternative drugs to keep their elevation longer. A study in Brazil show that about 26 % of those who use alcohol heavily associate it with solvents (Gebriel M. Lopes, et al, 2013).

In general, one can refer from the above sub-sections how much abusing inhalant substances like glue affect not only the right to health of the child involved in the act. The above discussions clearly show the health hazards involved with the use and abuse of glues. Researchers identified the health hazards to the extent of losing once life which is directly related with their exercise to their right to life. It is also clearly noted from the above discussions that the act has not only have one time impact rather following their whole life if no intervention measures is taken as it affects their right to sustainable development.

Chapter Four

Data Presentation, Data Analysis and Discussion

4.1. Introduction

As stated in the first chapter, the main objective of the research is to have a better understanding of the habit of glue sniffing and its dire consequences based on the views and perspectives of individuals involved and the meaning they ascribe to the problem. Parallel to this, looking at the extent to which the habit is understood as a problem and the level of protection extended is another objective of this research paper. This part is, therefore, devoted to present and analyze the data obtained from both the primary and secondary sources. Accordingly, views and perspectives from three groups have been collected through the methods of key informant interview, in depth interview and focus group discussion. These groups include street children, authorities from relevant government offices and experts from non –governmental organizations.

Available literatures also serve as an important input in the study. Both published and unpublished literatures and reports are used in the study. Indexed and non-indexed reports found in websites have also served as important input in the research. Relevant publications of the different offices related with the issue in Ethiopia have also served as an important contribution. Some of the literatures that give us general knowledge on the nature and scientific explanation of the habit is touched up on the third chapter. This chapter is, therefore, devoted for data interpretation and discussion.

Participants and Setting

Just to explain the background of the study group, at first the intention was to balance the participation of all at risk age groups amongst street children in all the three preselected study areas. Once the field study started, however, the researcher learnt the difficulty to find all age groups at the same time and place especially for the focus group discussion. One thing noteworthy is also the difficulty to prearrange meetings with these groups considering their mobile nature as well as their lesser seriousness to such events. Therefore, participants in the FGD are selected randomly by the times of the field study. Otherwise, two individuals for in depth interviews are taken purposely to include the views of a 13 years old boy characterized as a heavy use glue sniffer for three or more years and another child with similar age who stopped

using the drug after intervention from a non-governmental organization. This is intentionally designed to show how much the level of protective or responsive interventions and measures could impact changing the life pattern of disadvantaged children in relation to the detrimental effects of the drug. Six children were also selected and interviewed as an input for key informant interview. A 27 years old boy who spent more than half of his age living on streets was also exceptionally included in both the KII and the FGD parts with the intention of giving a good insight on the adverse effect of the habit to the overall development of children as responsible adults. Although street children are the main focus of this study, counting this person who is already off age as a participant is sought to bring a good insight on the detrimental effect of drugs to the right to sustainable development of children.

For this purpose, this analysis part is intended to be presented in four sections having their own sub sections. The first section is focused on assessing the extent and magnitude of the problem based on the lived experience of the children under study and from available literatures and strategic documents. This will lead us to the second part which explores the harmful effects of the habit in terms of healthy childhood development and the overall socio-economic developments of the country. Once we understand the issue as a problem, the third part will try to assess the human right implications of the problem with comparable duties imposed on governments to protect and fulfill. The last part will see available opportunities and challenges in executing the duty to protect and fulfill and the ways forward.

4.2. Extent and Pattern of Using Glues amongst Street Children in the Study Areas

Usually there is a tendency to associate drug use and abuse behavior as a phenomenon of street life. Studies in different countries also reveal such fact with somehow confined researchers ((Cottrell-Boyce, 2010) (Rai, 2002)). Except few studies made at the Municipal level, there is no systematic data on the prevalence rate of drug abuse amongst street children in Ethiopia. The available studies, however, show quite interesting and diverse look on association and frequency of drug use amongst the study population.

A study conducted in four major cities of the country, including Addis Ababa, Diredawa, Bahirdar and Nazreth, show the prevalence rate of drug use behavior on more than half or close

to 58% of the respondent street population in the study (Alemu, 1998). A rapid assessment study with 3,200 respondents of at-risk populations including street children has also shown a similar pattern with high vulnerability of the group to both illicit and licit drugs (S.Selassie et al, 1996).

Quite contrarily, findings in some studies consider such assumptions as deceptive and being too general. There is a reference for the drug use behavior of street children populations in Addis Ababa not being as high as it is attested in many of the above literatures (Lalor, 1999). According to this study the level of frequency in drug use is not also as high as it is attested, being once or lesser in a week. This contested assumptions arise with the absence of complete data on the prevalence of drug use in the country in general. Such lack of systemic data is even worse looking at the vulnerability of street children to inhalant substances including glues. With the exception of few abrupt mentioning of the issue in relatively general topics, there is no single study conducted exclusively with the aim of revealing the magnitude and extent of inhalant use or more specifically glue sniffing amongst street children in Ethiopia in general and in Addis Ababa in particular.

This indulge the researcher to majorly rely on literatures that show the general international trend or studies conducted in other countries that determine the extent and nature of the problem in various regions of the world. WHO identify „deliberate inhalant“ of solvents as an increasing problem worldwide (WHO, Solvent Abuse, 1993). On similar take, the Organization also acknowledges visibility of such increase in use amongst „disfranchised part of the population including street children (WHO, Solvent Abuse, 1993, p. 1). In a review analysis made of 50 studies on street children in 22 countries, it was found that studies from 14 countries report prevalence of inhalant use at the range of 47%. (Lonnie Embleton et al., 2013)

A study in Addis Ababa also confirms such statements and restates the prevalence of solvent misuse amongst street children in the area though it cannot give any precise data that could describe the extent and nature of the problem (Abebaw Fekadu, et al, 2007). The same study also observes indications on the increase in the magnitude of the use of the substance larger than reported. In a confined study conducted in 1983, it was stated that about 17% of those juvenile offenders in remand are associated with use and abuse of inhalant substances majorly gasoline and benzene (Abebaw Fekadu, et al, 2007).

With the exception of the few dissected and too general researches, there is no single study made to show the habit of glue sniffing as a phenomenon of street children. This is partly associated with the problem of ignorance from the public taking the issue as a serious problem especially since it is given a „low“ status as a drug (WHO, Solvent Abuse, 1993). Of course, the extent and nature of the problem and remedial measures countries provide are different from one country to another. Considering its recent development as abusive solvent, data describing the magnitude and even the nature are limited. Ethiopia is no different on this regard. Available literatures in the country usually focus on other illicit or licit drugs. As a result it was found relevant to find the position of the government in taking the substance as a drug using the documentation provided by relevant sectorial offices.

The most important document found in relation to this is the teaching manual prepared by Food, Medicine and Health Care Administration and Control Authority FMHACA (FMHACA, 2015). The Manual recognizes the increasing trend in the use and abuse of licit and illicit drugs in general including inhalants. The Manual categorized inhalants under the group of licit substance or social substances together with Alcohol, Khat, and Tobacco. One of the objectives of the Manual is to equip parliamentarians from the House of People’s Representatives with the basic knowledge on substance abuse as a lobbying strategy to promulgate and ratify laws and regulations on the area.

According to the Manual, inhalants are different variety of solvents used or produced with chemical mixture for different households, office and other purposes which makes them difficult for control. The Manual recognizes the existence of more than 600 types of inhalants worldwide (FMHACA, 2015). The Manual as well makes a reference on susceptibility of children and youth to predominantly abuse inhalants as they are accessible at home, and schools with relatively cheaper price. The Manual considers benzyl as the dominant inhalant sniffed or huffed in developing countries. Similarly, the Manual affirms studies that reveal the largest use of benzyl amongst street children and youth in Ethiopia. Surprising enough the publication doesn’t mention the misuse of any of other inhalants like glues amongst street children in Ethiopia. This shows either the extent or magnitude of the product misuse is insignificantly low or there is less awareness on the magnitude of the problem with respect to its use amongst street children in the authority.

In such situation, it seems logical to ask how the authority conceives the use and abuse of inhalants in general and glues amongst street children. In the manner that clears this confusion, it was relevant to see the mandate and responsibility of the executive organ of FMHACA as it is provided under the Food, Medicine and Health Care Administration and Control Proclamation. Accordingly Article 4 (12) of the Proclamation states that „the executive organ shall have the powers and duties, *inter alia*, to monitor and control, manufacture, import export, distribution, prescribing, dispensing, use, recording and reporting of narcotic drugs, psychotropic substances and precursor chemical, prevent their abuse and report the same to the International Narcotic Control Board“ (HPR, The Food, Medicine and Health Care Administration and Control Proclamation, 2010). The proclamation also extend the power of the executive organ to the regulation of the content, manufacture, import, export and disposal of tobacco products as it is enshrined under its article 4(13). Else, there is nowhere in the proclamation uttering for any way of putting restriction to the sale of inhalant substances of any sort or its availability to this groups. Elaborating the law, one of the key informant from the FMHACA stated that

„The mandate of the authority is limited to control the production, distribution and use of Narcotic drugs, psychotropic substances and precursor chemicals. This is clearly set in the law the authority got its mandate. We don't have the mandate to control the use or abuse of inhalant substances and other social drugs. Yet, the authority recognizes inhalants as licit substance having public health problem. Accordingly, the Authority engages itself with awareness raising activities in collaboration with other ministries particularly the Ministry of Labour and Social Affairs. In relation to this, the production and distribution of the training manual is an indication to such commitment“ (Zewdea, 2017).

Explaining why glue sniffing is not considered as a serious threatening problem specially related with street children, Mr. Bahiru responds *this might be because there is insufficient data to identify the situation as a problem*. In relation to this, he stated that the same issue had been raised with regard to tobacco production, distribution and use. It was after consistent lobbying that the Authority received a special mandate in controlling tobacco products with a specific proclamation“ (Zewdea, 2017).

Despite lack of clear data on the prevalence and extent of use of glue sniffing amongst street children, it is common to see children in major streets of Addis sniffing glues here and there holding plastic bags filled with industrial glue. As part of a need assessment, this research tries to fill the gap by identifying the extent and magnitude of glue abuse among street children in Addis Ababa. These methods used are found to be very much valuable in characterizing the problem of the solvent and the socio-cultural contexts the habit occurs. Most importantly, the method of focus group discussion shows how widely the substance is abused in selected study areas though with relative diversity.

The majority or more than half of the members in the FGD conducted in *Stadium* area were actually sniffing glues while participating in the discussion. This makes the discussion very much live to understand the extent and magnitude of the problem. Many of the participants in the focus group discussion reported self-use while the rest confirmed of knowing others who did. The participants of the discussion generally upheld the increasing trend in sniffing glues amongst street children. This is even true with younger population while the older prefer to use alcohol and khat. Due to their high mobile nature, the researcher couldn't include very young children of street from the age of 5 to 10 claimed by the group in the discussion as a chain user of glues. The discussion disclosed the use of the substances with rough estimation of 7 children out of 10. This estimation, however, neither explains the exclusive use of the drug within the group claimed of using the substance nor the drug free nature of those who are not sniffing the glue.

According to the participants, except very few who are new to the place and trying to integrate with the environment, the rest who are not identified to non-users are more likely to engage with other licit or illicit drugs. The research also reaffirms the prevalence of the problem in the area from the key informant interview with two of the children in the FGD which is more than anticipated by the general public. One of the key informant, who is a 25 years old street boy explains that he lives of streets for the past 17 years of his life and he has been using diverse drugs and now he dominantly use alcohol.

With similar pattern, the FGD in the second study area, Bole Medihanealem (Cherqasefer) illustrate high susceptibility of the group to the use and abuse of glues and other inhalants. Here, the level of the problem is estimated to be even higher than the Stadium area.

The group in the discussion part roughly estimated the number of street children using or abusing glues to be 9 out of 10. The majority of the respondents, unlike the previous group, had a positive attitude towards the habit in adjusting their life on streets.

Quite to the opposite, the FGD conducted with street children around Ayer-Tena area reveal little prevalence rate of the problem. A number of explanations are marked by the researcher with regard to such wide difference taking the area characteristics into account.

Firstly, it is easy to notice the area characteristics less urbanized than the previous two study areas. Unlike the stadium and Bole Medihanealem areas, the life style and economic setting in AyerTena area do not encourage free money or easy accessibility of money to buy glues. Accordingly both homeless children and children on streets in the area are relatively engaged in income generating activities like shoe shining and labour services for their livelihood.

Moreover, most of the children who participate in the FGD came from the Southern Nation, Nationalities and Peoples Regional state in search of job. The decision to come to Addis for work, despite the earliness of the age to the extent of 10, was not exclusively made by the children. It is identified in the discussion that some of the parents also took part in the decision of the children living on streets of Addis. The plan is to work and return back when the children are, in their word, „self –sufficient“. As awful as it looks, this is a protective factor for the children not to engage in drug abuses. Likewise, while the children were asked what they think of drugs uses, they respond their religion do not allow them to do so. This indicates that their religion also plays as a protective factor.

This, however, doesn't mean the area is free of any drug abuse or inhalant abuse like glue sniffing. The participants in the FGD estimated 3 out of 10 children abusing glues in the area though none of them confess on using or having used it once. Participants in the FGD have also indicated that those who are already in to the habit usually spend the day in another place and come during night time. In an in-depth interview with a 13 year old boy in the area, it was clear that there was relatively high number of glue sniffers among street children in the area in the past until the intervention measures from a non-governmental organization called Retrak to rehabilitate the kids and assign them to income generating activities. He responded that he was rehabilitated from the drug abusive behavior three years before and now he works on the streets

on the day time while spending the night in a rented place with some of his group members. As a contributing factor for not returning back to the habit is the non-dominance of glue sniffing kids in the area which otherwise would serve as a motivating factor to restart the habit.

In general, it can be seen that glue sniffing is a widely practiced habit in the stadium and Bole medihanealem areas with lesser magnitude in Ayer Tena area.

4.2.1. Frequency and Justifications Provided.

A well designed intervention program demands not only a good knowledge on the prevalence rate of the habit. It is also important to have a good understanding on how frequent a child abuses the substance. The frequency on the use of drugs can also sometimes show a weak social outlook against the specific drug (ODCCP, 1999). Lack of data on the magnitude and effect of inhalant abuse in general and glue sniffing in particular ultimately affects understanding on pattern of use and implication in getting all the necessary data on how often a substance is abused by a child and the level of dependency. This in turn implicates the level of impacts of the drugs on the specific child. The few studies conducted in relation to drug and street children in Ethiopia rarely focus on the frequency level of the abuse.

A study conducted by Eshetu, for instance, generally classifies the association of drug use behavior amongst street children into four. Accordingly, close to 42% of the street children has been identified as non-users while 58% of the children are associated with the drug use behavior one way or the another (Alemu, 1998). From the 58% of drug abusers, 33.2% are taken as heavy users while the rest 24.8% are considered as light users. This study also reveals the positive perceptions of both the heavy users and light users towards the benefits of drug use behavior (Alemu, 1998).

This study also recognize the importance of identifying the frequency in the use and abuse of the substance under focus amongst the street children in the selected areas and their justification and perceptions towards their drug use behavior. To this end, the researcher uses the classification provided by WHO as non-users, non-frequent users, frequent users and heavy users (WHO, Guide to Drug Abuse Epidemiology, 2000). Hence, if a child has never sniffed glues in his/her life he shall be considered as non-user. For a child who abuse the substance for four or less days in a month he/she is categorized as non- frequent user. The frequent user, alternatively,

is categorized as a child who abuse the substance for 4-19 days a month. The fourth classification as a heavy users indicates the use and abuse of the substance for more than 20 days a month.

Accordingly, data collected using all the three methods of data collection in the study exposed startling results. Above and beyond indicating glue sniffing as a widely practiced fact, FGD conducted in both Stadium and Bole Medihanealem areas also demonstrate a high frequency rate in its use from the majority of those who sniff glues. Three of the group members in the FGD in the stadium area, for example, indicate that they sniff glues on daily basis and as much as possible throughout the day. In fact, they don't seem to have reservation on limiting time for the drug use. One of the study participant, *Barch* (13 years old) from stadium area, told the researcher that he started sniffing glues a few days after he joined life in the streets of Addis. He came from a place called Tikur-Wiha near Hawasa town. Peer pressure and poverty counts as a factor to end up on streets for Barch. Barch was also part of the focus group discussion and he was heavily sniffing glues with other boys in the group while participating in the discussion.

Barch has also expressed that majority of the younger children of streets in the centers of Addis like Stadium area are heavy users of glues. Even if the researcher meet Barch and the other sniffing boys in the FGD only at 10 o'clock in the morning, it was observable from their conduct that the boys already consumed a lot. 'I started sniffing glues not later than few days after I join street life when I was 10 and the level of intensity I use increase with the time of stay on street' explain Barch, 'I sniff on daily basis as much as possible every minute and when my bottle get empty I will buy another one if I have money'.

Another boy in the FGD on similar basis explain with lured slung „it is a very helpful habit for us. It serves us to avoid our depressions, and enable us to deal with our hunger, and the violence's coming from police officers“.

Two study informants from Stadium and Bole Medihanealem areas, on the other hand explain the use pattern being irregular. Still one can see from their response that they can be categorized as frequent users though they might not use it on daily basis. In general response provided from informants in all study areas based on their own experience and or the experience of others show that once the children start to use the substance, the frequency is mostly higher.

Different reasons can be picked from the information gathered and responses directly provided from interviews. One of the major explanations provided is the accessibility and availability of the substance with relatively cheaper price. Children in areas like Stadium and Bole medihanealem know exactly where to easily find the glues in pack or in portions. They mostly buy the products from Atobis-Tera area where there are known people (mostly older street boys or ex-street boys) who could sell the product readily available with plastic bottles (commonly referred highland), to the children with the amount from 5 birr and above depending on the amount they want to buy. Secondary informants from Ayer-Tena area, on the other hand, expose the fact that many of the street children who use glues get the product from older boys. Older boys sell glues to younger ones and sometimes even free of charge. This is to use the children for stealing purpose as sniffing makes the children senseless not to worry about the arrest or the beating coming from the police officers.

4.2.2. Preference Level of the Substance and Motivating Factors Associated

Studies show the variety of substances used by street children in which the preference depends on the socio-cultural and economic factors besides demographic reasoning. Owing the costly nature of some illicit drugs like cocaine, heroin and hashish, it is rare for a street child to access and abuse these products. As a result, children in many instances depend on easily accessible and affordable products. In a reality wide-ranging study made in Ethiopia, the pattern of preference of solvents like glues hold fourth place amongst street children next to alcohol, khat and tobacco (Alemu, 1998). The same study also reveals the positive correlation of the use of a product and another. Accordingly, alcohol users can, for instance, abuse solvent simultaneously.

Solvents are in majority of the cases claimed to be used by younger street kids than older ones. Duration of the substance in the body is what makes glues preferable to use compared from other inhalant substances. Glues can last longer in the plastic bags unlike other solvents with fume nature like benzenes. A respondent from Ayer-Tena area says earlier benzene was a common inhalant huffed by children from streets. Now there is a significant shift towards glue sniffing. Also another key informant from Stadium area expresses his concern on the speedy and visible shift towards the use of glues than benzene. The concern came not just for the mere

reason of the shift rather the worsening impact of the latter towards the health of the children. In the wording of the key informant;

‘The negative impact of benzenes is way better than glues as the former will last for only a short period of time and evaporate faster because of its nature and the method of use. Once the benzene is done all will be set and children will return back to their normal business. Glues, on the other hand, sometimes could conveniently stay in the plastic bag for the whole day which allows children to stay on the abuse for dangerously longer period’ (Tesaya, 2017).

Such response makes the researcher curious enough to dig out further explanations with regard to the preference of glues over benzene. The first explanation provided in the focus group discussion is the new trend in difficulty to access benzene with small bags from gasoline shops. Gas stations more often refuse to pour their products with portable items or plastic bags. Such new trend discourages children in accessing the product. Like it is explained by the key informant mentioned above, the duration of the product in the bag also count as a discouraging element for children who use the products for the purpose of staying high to cope with the life situations of the streets. As long as they stay in the street and face with life patterns coming along with children want to stay high. This lead the researcher to conclude that accessibility of the product contribute a huge role in the preference and pattern of using glues as a drug by the group under focus.

Recent changes in the chemical content of benzenes could also serve a potential conceivable explanation in the significant shift towards glues. Pointing out the importance to raise similar issues like in this research, an expert from the Ethiopian Quality Control Authority (EQSA) Chemical department refers to the recent change in the pre-requirement of the lead free compositions of gasoline. A chemical content in benzene called lead is researched to have a negative impact on the environment and health of children even if it could intensify the effectiveness of the product. „After further analysis, it was decided not to add the lead content not only on benzene but also in painting products by the authority“ (Chanie, 2017). Leads in benzene has a potential to increase the toxicities foreseen by many of the children when consumed. For that reason, the researcher concludes that absence of the lead content in benzene

has unanticipated effect with discouraging influence towards children on the use of the product. This result on the significant shift towards preference of glues over benzene. This demonstrate how a single issue policy measure could bring unpremeditated outcomes that have a negative impact on the public at large.

Nonetheless, it should be noted here that the shift on the preference of glue as a drug might stand from any other reasons. For instance, Eshetu illustrates that ‘drug use by close friends seem not only an important variable in explaining drug use behavior among street children but likely the crucial determining factor’(Alemu, 1998).

4.2.3. Substance Withdrawal

Although there were controversies initially, science has proved dependency development as a consequence of solvent abuse such as glues. Looking at some of the literatures reviewed earlier as well as the findings in this research, the prevalent trend in widely using the product among street children and the high frequency accompanying its use also explain the dependency development. The manual prepared by FMHACA also reaffirm the dependency developed as a result of the direct inhalation of solvents products including glues (FMHACA, 2015). The manual further go to the extent of listing signs and symptoms displayed in case the substance is not taken on the habitual time. This signs include shakes in the hand, continues headache, easy disappointment, over sweating and so on (FMHACA, 2015). The chemical has the effect of creating relaxation and happiness when consumed for the first time which instigate people to consume the product repetitively. The issue of withdrawal, therefore, comes with the objective of rehabilitating users who want to get out of such habits.

It is claimed for the possibility of easy withdrawal from the habit as revealed in in-depth interviews with street children. Yet, the different experience of each has showed that there is high chance of re-engagement or regressive withdrawal. Most of the children using the substance who participated in the study spoke of their failure in attempting to stop using the product as a drug after success for only a short period of time, usually a week.

Some of the reasons mentioned as explanations for re-engagement is related with the living situation of the children. One of the driving factor for the use and abuse of the substance is

its functionality to cope with the stresses coming along with street life such as hunger and cold. As long as this influencing conditions and problems faced on streets persist it would be difficult to try to withdraw from the habit. This is somehow related to lack of incentive to withdraw. In other words, without getting rid of the problem it is difficult to get rid of the habit. The influence from the environment also contributes a great deal in the effort to withdraw from the habit. A respondent from FGD indicated that he tried to stop the addict for a week but restarted it as he could not resist the temptations watching his friends using the product.

In responding to the question of whether they receive any support to rehabilitate from drug abusing behavior, all except an informant from Ayer-Tena area could not refer an instance of intervention to rehabilitate them from such habits. A 13 year old boy from Ayer-Tena area, however, disclosed the withdrawal from his glue sniffing habit after the intervention from an NGO called Rertrak working around Autobis-Tera area. Even in those much dichotomized interventions made by actors mostly NGOs, the focus is mainly on material support. A few reintegration programs provided hardly focus on seriously taking the importance of thoroughly rehabilitating the children from the habit for the success of the program. In general, the response measures towards its effect are insignificant compared to the magnitude of the problem (Mengesha, 2011). Children are poorly informed of the consequence of the substance on their health and overall development. Besides the FGD discloses the existence of limited coordinated and meaningful support to help the children through withdrawal.

4.3. Harms Related with the Practice of Glue Sniffing

Taking similar pattern with the general magnitude, the overall impact of abuses of glues is something to be assessed and explained scientifically and thoroughly in further studies. This is especially true with regard to the long term consequence of prolonged solvent abuse in general (WHO, Solvent Abuse, 1993). Yet, the few studies available list a number of interrelated consequences coming along with the habit of glue sniffing. Many of these studies focus on stressing the short as well as long term undesirable consequence of the habit on health though other important social as well as developmental repulsive impacts are also equally obvious. The level of vulnerability coming along with the use of the drug and visible reactions, however, depends on the amount of the substance abused and the frequency of engagement (WHO, Solvent Abuse, 1993).

International organizations like WHO take the „deliberate inhalation of solvents“ as a major worldwide concern (WHO, Solvent Abuse, 1993). The younger population and disfranchised part of the societies like street people are even much more susceptible to the problem. WHO listed out a significant number of symptoms and short term health consequence of glue intoxication. Consequently, „euphoria, blurred vision, tinnitus, dysarthria, limbs and track incoordination, tremors, unsteady gait, hyper flexia, muscle weakness, headache, abdominal crumps, Nausea, vomiting, chest pains, irritability belligerence, impaired judgments, dizziness, slurred speeches, clouding of consciousness, and comma“ are common observations coming along with the use of the substance (WHO, Solvent Abuse, 1993). Sniffing glues in abnormally with extremely large amount could result to serious and immediate health problems like failure in the functioning“s of kidney, lung and liver (Yohannes F.Gebrehiwet, et al , 2014). It can also extend to be fatal as a result of the direct toxic effect of the solvents to the blood circulation. Such instance is normally referred as sudden death syndrome (WHO, Solvent Abuse, 1993).

FMHACA also recognizes the immediate health hazards coming along with inhalants abuse in general and list some of them as unfriendly mouth odor, skin problem, eye problem, lesser ability to detect smells, lesser immunity, Anaemia, Leukimia, toxic feeling and dizziness, different mental problems and slurred speech (FMHACA, 2015). „Sometimes, if the substance is taken in massive amount directly entering the respiratory part of the body which would result in an imbalance in the functionality of the heart and lung with a probability of causing death (FMHACA, 2015)“.

It was easy to observe some of the syndromes expressed both by FMHACA and WHO when interviewing children who were already high and sniffing glues by the time of data collection. More apparently, the children look drowsy sometimes with slurred speech and track incoordination. The researcher finds it relevant to mention an incidence where by a 13 year old boy who was heavily inhaling glue lose the control to his body and lay on the ground in the middle of conducting the FGD.

The report of the Ministry of Health (MOH) and the Ethiopian Public Health Institute, on the contrary, did not count the habit of inhalant use like glue sniffing as one of risk factor behaviors increasing the non-communicable diseases burden (Institute, 2016). The Report, on the

other hand, refer tobacco and alcohol use together with insufficient physical exercise and consumption of unhealthy diet as risk factor behaviors demanding intervention on such drugs in reducing the non-communicable diseases burden (Institute, 2016). This might not be surprising considering lack and insufficiency of researches and studies evidencing the health impact of inhalant substances. The significance of data for intervention programs is also expressed by Dr. Yared Tadese from the Ministry of Health in a key informant interview. Admitting the seriousness of the issue, Dr. Yared insists for importance of nationwide survey conducted by the concerned organs presumable by MOLSA so that MOH could react depending on the extent and level of the problem as the Ministry has to prioritize issues due to financial constraints (Tadese, 2017).

The impact of glue sniffing is not limited to health hazards mentioned earlier. There are also other harmful consequences that should drive attention as serious as health concerns. Once a person takes the substance he/she could conditionally react abnormally characterized by loss of orientation, hallucinations and illusion. Studies show how serious such reactions could be in subjecting children to accidents (Cottrell-Boyce, 2010). Intoxication with the substance lessen the ability in sensing dangers from the environment and many children are observed doing dangerous things like jumping into highways. Information gathered from both the FGD and key informant interview also divulge the loss of orientation and hallucination causing mainly car accidents. The researcher also perceives the hallucination effect of glues with the sudden reaction of a sniffing child shouting „I will produce you an airplane and take you fly with me if you could give me money“ in the middle of the interview.

Drug use amongst street children also impacts the overall psychological, social and cognitive development of a street child. Medical evidences suggest that intensive glue sniffing would result on *genotoxic change on buccal epithelial* cells of the central nervous system which would somehow limit cognitive development (Mondal, 2013). This fact coupled with lack of education put serious encumbrance for the child to develop as a full-fledged responsible and qualified human being with established carrier. Drug abuse in general could result to lose of self-identity which would make future social relations difficult. The life of a 27 years of age young man from Stadium area is a good example with this regard.

Studies also examine the positive relationship of drug abuse and sexual risk behavior. A study conducted by Solomon on street youth in Awassa town and their sexual behavior indicate that more than 70% of the sample children are engage in unsafe sex with one or multiple partners (Solomon et al., 2002). One of the reasons mentioned in the study for the unsafe sex or non-using of condoms is drug use. Many of the respondent were not willing to share their sexual history with one another in the focus group discussion. Yet a 13 years old boy in an in-depth interview declare already starting sexual intercourse. Many of the literatures also enlisted the danger of using drug at earlier age could result being initiator for further use of other drugs or as a motivator to restart drug abuse some time in adulthood (R.C.Jiloha, 2009). While listing the social and cultural consequences of adolescent substance abuse, a study in India count inhalant abuse playing, inter alia, stirring element for further use of other drugs.

In general, despite literature indicating the wide-ranging adverse impacts of substance abuse in general and glue sniffing in particular, such impacts are not appreciated by the victims. Many of the respondents claim that they encounter some sort of health disorders at least once in their life though they don't associate it with their use of glues. Barch in an in-depth interview claims for suffering with abnormal and constant head ache and stomach ache though he insisted on detaching his feelings with the fact of him using glues. It is observed that the children are both in denial and in discomfort in disclosing the problems. Deprived of educational opportunities coupled with limited information access have a huge impact in restricting their knowledge and understanding on the adverse impacts of inhalant abuses. Although it needs further research on the exact health impact of glues on street children as they are accompanied with lots of risky behaviors, explanations of study participants, especially those of the frequent users, on their general health condition complement the findings from the secondary data.

4.4. Human Right Implications of the Habit of Glue Sniffing Vs. Responsibility to Protect and Fulfill.

The discussion so far could provide us an insight on the negative implication of glue sniffing to the health and development of a street child. Drug addictions are, therefore, one reflection on the great deprivation of rights of street children. But it is important to note that the human right implication of the habit cannot be restricted to the right to health and sustainable development. As mentioned earlier, right to protection is more than entitlement to child

wellbeing (WHO, A one Way Street?, 1993). Problem coming along with substance abuse/glue sniffing can hardly be associated with only the violation and suffering faced on streets. Multiple deprivations and violations of their right before they reach streets also take the grand share.

This implicates that protective intervention measures pre-requisite acknowledging the fact that many of the children face multiple and diverse right violations from their original place and need to address causal factor from the source. Rights are very much intertwined one another and sometimes it is even difficult to talk and deal with a single right without addressing other related issues. If we take for example the most dominant explanations provided by street children as to why they become drug addict, it is to cope with problems coming along with the street situations. This means as long as the right violations that lead the child suffer (including violence against their rights to adequate standard of living, to education, shelter or protective environment) keep coming, talking about the right to health and development would be meaningless.

In a much more focused way, a number of important rights related to this study are enlisted in many of the international and regional human right instruments Ethiopia took part. The UN CRC enlisted, among others, the right to health and rehabilitative health (Article 24), the right to standard of living adequate for the child's physical, mental, spiritual, moral and social development(article 27) and the right to a special protection and assistance(article 20). These rights similarly brought about respective duty on the government to protection and fulfillment. In the wordings of the Convention;

States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international cooperation.
(UN, 1989, Article 4)

Similarly, one of the most important regional human right instrument in the protection of the rights of Ethiopian children is the African Charter on the Rights and Welfare of the Child (ACRWC). The Charter, in addition to listing down a number of relevant rights provisions, also impose responsibility on governments of state parties to undertake all necessary measures that

could give effect to the rights enumerated. (OAU, African Charter on the Rights and Welfare of the Child, 1990). These duty provisions technically override the theoretical basis bounded with in entitling children to only rights government could grant or tolerate whereby many theorists raise as a failure of interest theory articulating for the development right theory. These provisions pre-require state parties not only to domesticate the right principles but also ensuring their implementation through diverse national actions.

In general different international human right instruments entitle children with rights against the theoretical debate denying children with rights revolved with capacity issue. Most importantly, the UN CRC resolved the theoretical debate on entitling children with rights by taking into consideration the evolving capacity of the child as a justification in addition to being entitled to special care and protection by reason of his/her evolving capacity (UN, 1989, preamble, paragraph 4 and 9). The concept of right to development is very wide touching up on almost all the normative child right framework. As a writer pointed out the „the connection between development and the right of the child is so strong that it is possible to conceive of the rights of the child as the right of the child to development“ (Mark Ensalaco,et al, 2005). Despite some prevailing criticisms on the right to development, claimed as shifting the foundation of the right principle to undesired direction, international community is now bold enough on ensuring the importance of the right to development by its action in proclaiming the Declaration on the Right to Development. (1986 UN)

In general, talking about substance abuse and street children is mostly related with the child's right to overall development which touches upon every rights of a child. For instance Article 33 of the UN CRC imposes duty on states to „take all appropriate measures, including legislative administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances“. Referring this provision of the Convention one may conclude that since inhalants in general are not considered either as narcotic or psychotropic substances governments are not obliged to execute similar measures on such substances. The Committee on the UN CRC, however, shield such interpretation by deducing the responsibilities imposed on the governments in the provision to include other substances having drug effect ((CRC), 2003). Along with, as long as there is a

scientific prove that inhalants, like any other drug referred in the conventions, have detrimental effect to the development of the child states will have obligations to intervene similarly.

4.5. Child Protection Opportunities and Challenges

So far, attempts have been made to demonstrate the nature and magnitude to the substance under focus together with its overall impact. This part will directly deal with exploring how much the Ethiopian government executes its duty to protect the rights of the child threatened with the habit of glue sniffing and street life. Attempts will be made to grasp on both the opportunities and limitations in developing and strengthening comprehensive child protection systems based on both the reviewed literatures and data collected from the respondents. The following sub-sections will then try to dig out to what extent the child protection system incorporate some of the basic components that would result an effective and efficient child protection system. One of such components is well-entrenched laws and policies.

4.5.1. Existing Normative Standards to the Effect of Protecting the Subject Groups from Getting in to the Habit of Sniffing Glues

Drug intervention programs are important and necessary in the community health perspective of a country in general. Inhalants and more specifically glues are drugs affecting not only essential rights of individuals rather the overall development of a country. Hence, different encouraging initiations are coming from countries, intergovernmental organizations, nongovernmental organizations and others concerned in taking a comprehensive child protection system. Legislative measures are one of the most important components in the development of a comprehensive child protection system.

Ethiopia has shown its commitment in child right protections being signatory and by ratifying a number of international human right instruments. Apart from ratifying major human right instruments applicable to every human person such as ICCPR and ICECSR, the country has ratified the most pertinent human right instruments in the child right protection; the UN CRC and ACRWC. These documents incorporate some of the most relevant rights provisions in relation to protecting street children from harms caused as a consequence of substance abuse. The UN CRC, for instance, provides the right to health (article 24) and standard of living adequate for the child's physical, mental, spiritual, moral and social development. Article 26 similarly entitles

children in need to social protection in accordance with the national law of the country. Once the country ratifies these documents they will be considered as part and parcel of the law of the country and, despite irregularities in applications, law enforcement bodies should take judicial notice to such effect.

In addition to this, Ethiopia has made encouraging effort in enshrining important human right norms both under its constitution and other parts of the law of the land. Above and beyond recognizing the international human right instruments Ethiopia made part, the FDRE Constitution has designated a chapter incorporating fundamental human right principles applicable to humans in general and democratic rights entitling Ethiopian citizens. Street children are also entitled to equally enjoy protection provided by the law without any further grounds (HPR, The FDRE Constitution, 1994, Article 25).

More specifically and significantly, the Constitution also grants special protection to part of vulnerable children under its general provision designated to the right of the child specifically. It specifically provides that „the state shall accord special protection to orphans and shall encourage the establishment of institutions which ensure and promote their adoption and advance their welfare and education“ (HPR, The FDRE Constitution, 1994, p. article 36(5)). This provision similar to article 20 of the UN CRC provide for the special protection and assistance provided by the state though in a very restricted way limiting the right only to orphans. The Child Right Convention, on the other hand, extend the right to all children „temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment“. Such provision characterizes many of the street children entitling them to such special protections.

In addition to the much broader constitutional provisions, the country has also tried to come up with further periodic policy and strategic initiatives as a strategy for the realization of the rights of the child. One of such initiatives is the Ethiopian Plan of Action for Children; 2003-2010 and beyond. This document replace the previous program of action related with children in place from 1996-2000). The action plan has primary focus on in four thematic areas including promotion of healthy life, protection from violence and abuse, provision of quality education and combating HIV/AIDs. Such documents are formulated in coming up with a more

coordinated and collaborative effort with the aim of rights as designated in the CRC though with limited success (Girmachew Alemu et al, 2012).

A remarkable move towards the protection of children rights in the country is with the recently ratified National Child Policy which is yet waiting for its publication (MoWCA, 2017). The overall implication of the Child Policy will be something to be assessed in the future. It is, however, possible to judge at this point that the Policy can serve a great deal in guiding the collaborative work of different actors. The presence of legal measures, however, do not guarantee entitlement of each from the side of the children under focus. For example, despite clear stipulation of the rights to special protection, the government is way behind in executing its responsibility. This fact is also acknowledged in a number of incidences and also more specifically by the UN Human right Commission as it is reported to the UN General Assembly (Council U. H., 2012).

Absence of actual protection put street children in barren largely relying on the support system from each other. Parallel to this, some of the respondents provide their view inclining to agree with the above speculation. Talking about sexual violence coming from well to do adults who take street boys as easy prey, a child respond „we haven't got any support from the government or anyone else. If we expect support from anyone it would be from amongst ourselves, otherwise it would be a source from external victimizations“. Even the helps coming from individuals or organizations in a much dichotomized forms are not sometimes helping children in a sustainable way. Rather some of the government reactions incline to be actions of street children cleansing from the major streets than that of protection. This is at least how the children in FGD feel of the occasional intervention programs coming from the government. They conceive the purpose of such programs to clean the city from them than as a protection measures. The public despises the children than delineation of a system of protection. In explaining the difficulty to find buyers of his movable shop (suq bederetea) Keyo said in grief, 'I spend day and night on streets and I have nowhere to go. Because of that my clothes are dirty (as you may see it) and no one dare to buy small staffs like tissue or gums from me'.

4.5.2. Responsibility and Capacity of Relevant Institutions and Coordination among Each Other.

The system of child protection is not a one line work done with only formal protection systems. Establishment of both formal and informal systems and element of protection and drawing the system of collaboration and coordination between and among such elements is a one priority a country needs to give in terms of ensuring the rights of marginalized children and establishing systemic child protection. An effective child protection system needs to consider fair and genuine involvement of children, families, community members and private institutions together with formal protection systems commonly provided by government organizations, NGOs, human right institutions and intergovernmental organizations. The responsibility of each of these organs needs to be clearly defined and set so that it could bring accountability in case of failure to execute the responsibility (Council U. H., 2012).

The issue of street children in terms of drug use is a cross cutting issue demanding involvement of different other sectors such as health sector, education sector, social rehabilitation sector, justice sector and different others. This study has, therefore, tried to select some of such organizations directly or indirectly involved in protecting children from street life and review their part and collaborative efforts in delivering comprehensive child protection system. Accordingly, seven different government offices including Ministry of Women and children Affairs (MOWCA), Addis Ababa Administration Bureau of Women, Children and Youth Affairs (BOWCYA), Ministry of Labour and Social Affairs (MOLSA), Addis Ababa Administration Bureau of Labour and Social Affairs (BOLSA), Ministry of Health (MOH), Food, Medicine and Health Care Administration and Central Authority (FMHACA), and the Federal Quality Control Authorities were selected and scrutinized. Many of these offices are affiliated each other at least taking one as a team.

MOWCYA and BOWCYA have similar mandates in, *inter-alia*, ensuring the right and welfare of children protected and respected at different level. As a federal institutions, MOWCYA has however a bit wider responsibility being accountable in coordinate the cross cutting issues within each regional states and municipalities in the country (HPR, Proclamation MoWCA, 2008). Both offices work to ensure enforcement of right provisions provided in the constitution and other important international and national legal instruments. Ato Kibri Hayile

summarize the works of MOWCA in three (Kibri, 2017). The first is ensuring family environment through the involvement in different development issues aiming to keep problems from arising in the first place. The second involvement is in prevention programs of those burning child right protection issues. Thirdly, comes the rehabilitation work. The two offices are then expected to intervene in issues of street children and their drug use behavior in all the three mandates.

MOLSA and BOLSA, on the other hand, are mandated to deal with social issues of disadvantaged part of the society including street people. Among others, they have responsibility to rehabilitate this part of the society as they are among the 17 groups needing to get the intervention of the Ministry as it is set in the recently formulated social security policy held by the Ministry. MOH and FMHACA are responsible to ensure the right to health of the children is secured and they live in drug free environment that is detrimental to their health. The last government office, the Federal Quality Control Authority is selected with respect to its mandate in assessing and controlling manufacturing products and chemicals that is detrimental to the health and environment.

In addition to the seven government offices, the researcher has tried to take the views of two non-governmental organizations: OPRIFS and FSE (former FSCE), who are involved in projects and programs directly focusing on street children. Before 2009 these organizations have been directly involved with the right protection of disadvantaged. However, with restrictions coming along with the working CSO law in the country, the involvement of these organizations has been limited to relief and charity purpose as they are registered as local/resident charity organizations (HPR, Proclamation to Provide for the Registration and Regulation of Charities and Societies, 2009, p. Article 14(h)). The law designate involvement in the work of right protection primarily to local charitable societies who could raise more than 90% of their fund from local source (HPR, Proclamation to Provide for the Registration and Regulation of Charities and Societies, 2009, p. Art 2(2)). With less potential to solicit local funding for NGOs these organizations change their mandate to no longer work on human rights.

In the key informant interviews, all the concerned offices under focus firmly stress the importance of collaboration amongst concerned stakeholders on issues regarding street children.

Similarly, there is uniformity in the response of the offices taking glue inhalation as one drug problem issue amongst street children though the level of understanding on the substance and its adverse effects varies a lot. As a matter of principle the primary organ to coordinate issue related with children lies on MOWCA and the office is expected to take the leading role in both the prevention and rehabilitation aspects of the protection. The Ministry work with different stakeholders in three forms. CRC committee, having 18 members from different government offices and NGO, are structurally established at the Ministry level and along different line in regional governments till grassroots level. MOWCA is also working together with community structures and religious institutions called Resource Community Care Coalition. The coalition help to identify the local resource and mobilize resources locally. These force has been claimed successful in some regions like in Amhara regional states yet needs to develop more in others (Kibri, 2017). The third formality constitute national consultative meeting identify local problems and provide local solution.

The initiative to comprehensive child protection system can be referred from the joint Plan of BOLSA and BOWCYA in the reunification and reintegration designed in 2009 (BOLSA et al, 2017). The program has named a number of stokeholds in the document including MOH, A.A.Police, MOWCYA, MOLSA, BOLSA, Addis Ababa Transport Authority and religious institutions among others. This is an indication of a good mapping strategy of a comprehensive child protection strategy.

Despite such initiatives for coordinated and collaborative work, the realities in the ground show the coalition superficial whereby the child development system to be in its infant stage. Firstly, as admitted by the experts from both MOWCA and BOWCYA, these committee are not effective and efficient in their work. Accordingly, some of the CRC committee members lack commitment to attend meetings and also intervene in coordinated manner. More in to it, the claimed collaborative efforts lack a lot in participating children in their work. Views and attitudes of children with regard to the efforts coming from both the government and nongovernmental organizations have been tried to take and the response show surprisingly low involvement in the prevention and rehabilitation efforts. Many of the children did not encounter any one from the government for any sort of intervention let alone taking their view in the process of interventions. These responses are taken even from the children in stadium area who live on streets just few

distance away from the MOWCYA bureau. Even those older children who have experience of previous attempt of rehabilitation work with NGO called Elshaday, have a very much detestation with the program which indicate their less participation in the process from the very start.

Secondly, CRC Committees run under the supervision of the MOWCA at national level and ensure the enforcements of rights of children as enshrined in the constitution and other relevant laws and appeal to include NGOs as members. However, NGOs that are actively working with street children like FSE and OPRIFS are less likely to contribute in the protection of the right of the children working with CRC Committee. This is primarily because of change of mandate with the enforcement of the CSO law enforced in 2009. Those NGOs that are supposed to actively engage in the right issues are very much restricted in actually involve on issues like drug and street children because of resource restrictions. In general, since the most related task with our topic is rehabilitation stream, the researcher will try to look in to the collaborative works more thoroughly while dealing the issue of rehabilitation which is more related intervention program with street children and drug use.

4.5.3. Availability of Rehabilitation Centers: Focus on Welfare Rights than Development

The discussion so far gave us a highlight that the use and abuse of the substance under focus among street children is related so much with their living condition as it serve them a coping mechanism with their living situation. It is, therefore, unrealistic to expect those children to withdraw and rehabilitate from the use of the substance while they are living on streets with problems coming along with. Rehabilitation from the drug use presupposes, in majority of the cases, finding a way for the children to leave streets and assimilation within the society respecting their overall development. Just to show how much the rehabilitation from drug use is interlocked with their overall rehabilitation from street life, the researcher will try to look in to some of the rehabilitation work done so far in the capital and the whole country.

Until very recently, BOWCYA and BOLSA took the grand share in the rehabilitation work of street children in Addis Ababa. There were a number of reintegration and rehabilitation programs undergone by these offices but with little success. Attempts have been made to identify and reintegrate street children from some part of the city in 2013, 2014 and 2015 and the

intervention was to pick the children and reunify them with their family whenever possible. In the absence of any family member or means to reintegrate with the community, the children will be placed in children's home, mostly private orphanages as the government institutions have very much limited capacity. In 2013-2014, 305 children were identified of which 120 were reunified with their parents and in 2014-2015, 628 children were identified and 307 reunified with their parents (Malebo, 2017). In addition, there was a tendency to provide rehabilitation money.

These initiatives have been found to be a failure from the bureaus for a number of reasons (Malebo, 2017). The offices admit that these initiatives were not based on the necessary scientific researches and surveys on the overall problems of the children. Unless the causal factors for street life are identified, deporting children to the same old problem will add little to the solution foresighted. Secondly, the reintegration work were done with only a short period of life skill training with failure solve problems developed along with street life including rehabilitation form drug addictions. Thirdly, the money provided for rehabilitation purpose serves as pulling factor as many of these reunified children are already back to streets, in fact pulling other new comers. In the fourth place, there was little participation of the regional governments in the programs and this was a major failure as the majority of street children in the city are from other regions and the problem needs to be solved from the source. In general, the previous rehabilitation programs were understood to be a failure from the concerned office calling up on a more collaborative effort.

The 2009 reintegration program is developed taking the past experience in mind. There was a baseline survey conducted by BOWCYA and BOLSA and the offices understood the necessity to involve the regional states in the program. Accordingly, four regional states; Oromia, Amhara , SNNPR and Tigray take the initiative to be part of the program and they sign the memorandum of understanding under the coordination of MOWCYA. The decision was made in January 2017 and the program is supposed to end in June 18 2017. Accordingly, 2009 children from five sub-cities were selected and of which 45 % are identified to be from SNNPR. Children identified will be divided to each four regions and provided with training. The regional states agree to take their children with their transport and rehabilitate the children first before they reintegrate them to the community. The rehabilitation programs are conceived to be supported with scientific techniques that is sought to solve the overall social problems including drug use

behavior of children. Professional from psychological background, psychiatrists, medical persons and others are expected to be included in the program (Abay, 2017).

In general, the program has a lot of progress in making the intervention more inclusive with the participation of regional states and professional help. The program is not yet complete but the researcher has reservations on its success for two main reasons. First of all the program has discriminatory nature as it only include children from four regions and Addis Ababa. Secondly, it is easy to predetermine the consistent success of the program with in the states involved. For now it is only SNNPR and Tigray regional states that have established rehabilitation centers in collaboration with an NGO called Elshady and Mekele University respectively. Amhara and Oromia regional states are expected to establish rehabilitation centers. About 80 children were identified from Addis Ababa and the municipality is in the process of preparing a center for the rehabilitation purpose. This could clearly show the difference in the success of the program with in the participating states. The researcher lately fined that many of these children are picked by the beginning of June (in the words of the respondent's tafsewal).

4.5.4. Budget Adequacy and Allocation in the Sector of Child Protection

Adequate and efficient financial resource play a great role for the success of any child protection system or program. International human rights bodies also insist for states to allocate sufficient budget for child protection systems in safeguarding children right (Council U. H., 2012). States are also insisted to assign specific budget for specialized interventions (Council U. H., 2012). The proportion of budget allocated to child protection as a sector is, then, a good parameter in determining the commitment of a country in fulfilling the rights ascribed for (Girmachew Alemu et al, 2012). There was a consistent call for Ethiopia to increase its budget allocated for children by different international and interregional organizations. The Committee of the UN CRC also raise insufficient budget allocation as a concern in its concluding report (as cited on Girmachew Alemu et al, 2012). One of the concerns of this research is, therefore, to examine the changes coming after the concluding observations provided by the committee.

With the exception of MOH and FMHACA, all the government institutions under focus assert for budget issue being no longer a problem. The expert from MOWCYA assert for designation of adequate budget for children. For the year 2009 the budget allocated at the

ministry level is 48,000,000 birr. In addition, a considerable amount of financial support is provided by the UN agencies like UNICEF and other bilateral or multilateral organizations. BOWCYA also confirm a relative increase in the budget allocated this year compared to previous experiences. This year 24,000,000 birr is assigned for children. Ato Teshome explained ‘We don’t have budget constraints as such. Of course, compared to other sectors, budgets allocated to children were usually less. But this year since the problem is conceivable the budget has shown a great deal of increase. Even additional 5,000,000 is assigned for specialized school feeding program’. (Malebo, 2017). This is a very good and encouraging move except needing care in efficiently utilizing the resource available to every child without any sort of discrimination.

4.5.5. Accessibility of Health Centers to the Study Groups

The right to health is among the socio-economy rights countries need to fulfill progressively. Similarly countries are expected to make the health sector as accessible as possible (UN, 1989, art. 24(1)). In accordance with this, states are responsible to make sure the health services are accessible to every child without any sort of discrimination (Council H. R., 2011, art 6). Lack of protection is what makes street children vulnerable to many socioeconomic benefits including accessing the health sector. Normally children are expected to be under care and supervision of their parents and families and whenever they face medical problem they access services through their care givers. Unlike this, street children do not have any supervision around and whenever feeling sick they are expected to get the service by themselves. Publicly funded health care service in Ethiopia is designated as democratic right entitling citizenries to the benefit (HPR, The FDRE Constitution, 1994, art 41(3)). Such categorization is to be proved with identity card. It is difficult for street children, owing to their age and living situation, to own identity cards and show to the public health care services needing the medical attention. This has a potential to exclude the children under focus from accessing health care services which is even true in case of referral health system.

Besides, publicly funded services are not always available free of charge. With a stand at the ministry level Ethiopia has made health care services for children under the age of 5 free of charge (Tadese, 2017). Otherwise, children above the age of 5 are expected to pay some amount of money for the service which is difficult considering their destitute situation. This will block

their right to access health care service while being susceptible to various health problems. Accordingly to Dr. Yared practically this might not have a problem as many of the health institutions are attending children in similar situation without any sort of remuneration. But there is no circular or directives yet outlined to that effect. In general, despite the high vulnerability of street children because of their drug use behavior and overall living situation, the system make accessing the health care service difficult to attend.

4.5.6. Strategy with the Reduction of the Demand in Glue Sniffing Habit

Under the current situation, it is unrealistic to expect the government to solve every single concerns of the children under focus. It would also be imprudent to expect a street children free city at least for the years to come. As we have tried to attest earlier, glue sniffing is one way of coping mechanism considered by street children. This imply that as long as these kids stay in streets and keep on facing the same problem, there is a high probability for them to engage with the habit even in a very high amount. This left us with no choice but think of ways that could minimize the harm coming along with the substance in the health. More than that the easy availability of the product at home and around even make children at all situation vulnerable.

Consequently, countries sought detoxification of glues in losing their nature to make high as a solution. Countries like USA has already come up with legislations that dictate the production of glues to lose its toxic nature that makes children or inhalers high. Companies are also effecting their social responsibilities through reformulating glues losing or minimizing the effect of one of its component called n-hexane that have an adverse effects on the human peripheral nervous system. A South African company called Qualichem/Genkem is a good example insisting for 98 percent of the problem in n-hexane being eliminated (Cassere, 2000). Ethiopia also could save many lives of her children following similar pattern in importing detoxified glue products or dictating its companies to only producing with reformulated lesser n-hexane content. The law making body should also think about coming up with legislations that could put an age restriction on glue sales.

Chapter Five

5.1. Conclusion

It has been a while since child streetism is recognized as a social problem of urban life in Ethiopia. However, the recognition is hardly supported with the necessary knowledge of their overall living situation and its overall impact on their life and the development pattern of the country. The public at large assort the children for mere delinquent behaviors like substance uses. Such correlations of street children with drug use behaviors has even have little empirical support to show the magnitude of the problem and its adverse immediate and long term effects. The drug use behaviors are characterized in too general form and evidence are lacking as to which drug is mostly utilized by street children and at what level of extent.

At large, people tend to abuse inhalant substances such as glues longing for its drug effect.

When people misuse glues, they usually inhale the products through their mouse and nose. Considering their industrial nature produced for different household or office utility purposes, the chemical composition of glues or other inhalant substances would be alien to the human body when inhaled directly to the body. Intentional inhalation of the substance would have a drug effect with its own immediate and long term adverse outcomes to the health and development of the users. The drug effects of inhalants is occasionally presumed to be higher and more dangerous to illicit and more controlled drugs. With their licit nature and easy availability in households, schools or work places and shop corners with relatively cheaper price, children are highly subjected in abusing the substance.

Bearing in mind their way of life with potential exposures to numerous other health hazards, such harmful outcomes are even higher when the users are street children. In addition to the long term physical damage expected to come in relation with the use and abuse of such inhalant substances, reactions triggered with the immediate change of emotions could result to other devastating outcomes to the children and the society at large causing accidents, and escalation of delinquent behaviors. This is even more obvious considering the high frequency in the use and abuse of the substance among street children.

Although different studies conducted in various parts of the world show the extensive use of inhalant substances such as glues amongst street children, similar studies are lacking in Ethiopia in general to show how widely the substance is in use. Despite the apparent use of the substance by these groups in major streets of the Capital, not many people identify glues being functional for inhalation purpose beyond their utility as adhesive substance. To understand the nature of solvent use in general and glue sniffing in particular and vulnerability of street children in Addis Ababa, views and perceptions of sampled children of streets were taken. The majority of the respondents were homeless children with little family attachment that could influence the behavior of the children.

Sniffing glues was found to be pervasive among the respondents in the survey with high frequency rate though the extent of using showed considerable difference in the three study areas. In two areas, Stadium and Bole Medihanealem, the magnitude and frequency of its use is higher among the study groups while it showed lesser existence with in street children in Ayer Tena area. These finding resonate with the evidence and patterns of drug use among street children documented elsewhere. The majority of the users depend for their livelihood and specifically to buy glues on the earnings coming from begging, and to some of the sample street children from stealing. Those who did not sniff glues tend to rather be more engaged in informal works.

For the frequent users glues are more preferable from other drugs as it is easy available with lowest price and also longing for its immediate effect to the anticipated outcome. Glues also tend to stay in the container for much longer period compared to other inhalants like benzyl which makes them much more preferable for these groups in view of their low income and their intention to always stay high with the substance. The common explanation provided on the use and abuse of the substance by the group is its utility as coping strategy to contend with hunger and cold coming along with street life. For some of the respondents glues are the best tool to be indifference to physical and psychological violence coming from police and the old street gangs. All these make street children at high risk and vulnerable to a number of undesirable consequences.

It was, therefore, relevant to investigate the level of protection provided as it is articulated in major human rights instruments. Owing their age, children are generally entitled to protection

coming from the government and others bearing in mind their evolving capacity to development. In conditions whereby children cannot get the support and protection of their parents and family members, government are under obligation to extend special protection to these groups. Such hypothetical basis of rights of children is also reflected under the FDRE Constitution and other important relevant laws of the country. As a consequence, various interventions have been conducted by different government and Non-government actors intended to address the problem of street children. Experience show, on the other hand, for such outlined protections to be unrealistic if undertaken inharmoniously and unconventionally by different actors. Especially in case of hard to reach population groups like street children, the coordination and collaboration part is vital to address the issue of drug use behavior and other socio-economic impacts coming along with street life. The importance for coordinated and collaborated efforts is also uttered in some of the international human rights documents Ethiopia is directly involved with and major strategic and policy documents in the Country.

Nonetheless, services and interventions provided to these groups in order to protect their rights is very much limited and all thumbs in actual fact. This is especially true with regard to protecting and preventing these part of the society from drug abuse in general and the subsequent rehabilitation efforts. Looking at some of the initiatives undergoing, one may say the coordinated child protection system in the country is in its infant stage and street children are mostly failing in the cracks of the government interventions programs, be it in the health sector, in the education sector or in the justice sector. Despite articulation of the development right perspectives of child protection in major legal documents, government usually do not show utmost determination in actually realizing the right to protection of children. At the movement, it is difficult to say that the intervention provided by the government in protecting the rights of street children goes beyond promulgating laws and creating favorable conditions for intervention by others. These initiatives of the government are not also without lack. Some of the legislative actions creates barrier to the realization of the right to these group instead of creating favorable condition. A good example to this point is the working CSO law in the country with lots of impediment to NGOs working or has been working in relation with the right protection of these children. Because of this, interventions many of the NGOs are limited to service delivery than right protection. This is a huge obstruction considering the majority of the services available in the country coming from NGOs.

There have been clumsy and substandard reintegration programs in the city with regard to street children executed in different years. However, many of these initiatives have proven to be failure. A reason partly contributing for the failures is the inability of the initiatives to participate street children all the way through the process in designing and implementing the program and their inability to seek for coordinated effort from different government offices and NGOs. Most importantly these programs fail to respond to the rehabilitation need of these groups from their dependency to drugs while attempting to reintegrate them in the society. These reasons contribute for many who were part of the reintegration programs to return back to streets and aggressively continue with their drug use behavior.

There is, however, an encouraging initiative in the reintegration program coordinated by BoLSA and BoWCA which tries to include collaborative efforts from different government offices and NGOs. The success of the interventions is yet to be evaluated as it is only in its designing stage. All the same, one could still pick a major failure in the program not to include the views and perceptions of the beneficiaries on the intervention. While the program is claimed to be in its verge, many of the respondents in the study either have little knowledge about the program or have animosity to the program considering it as cleansing strategy against their survival. The researcher is optimistic enough on the changes to such effects with the enforcement of the newly developed comprehensive Child Policy in the county.

5.2. Recommendation

As it is apparent from the earlier discussions, the number of street children and those engaged with the habit of glue sniffing is increasing in an unprecedented manner. To make the matter complicated enough, intervention mechanisms and protection programs hardly shield those highly endangered. One of the reasons for such failure is the knowledge gap about the nature and effect of the substance. This knowledge gap is found not only from the general public rather also from professionals endowed with the responsibility to protect the children and the general public from such harmful trends. There is no enough researches made nationwide to show the nature of the substance and what its effects are when used for unintended purpose. Medical persons need to have an insight of the growing nature of the problem and involve in doing further research to clearly show the impact of the habit to the health of the children. Harms

related with the practice must be clearly noted with further medical and social researches and this is the first recommendation of this research paper.

The second and most important reason for the failure of the intervention measures provided so far is absence of coordinated and collaborative efforts between and among government offices, NGOs and CBOs. Such lack is not, however, attributable to nonexistence of substantiating normative standards on the need for the collaborated efforts. Somewhat different, the absence of collaborative and coordinated efforts are contributed partly with reluctance to involve or foreseen the contribution of a stakeholder in a program design. Lack of commitment and absence of ownership is also one of the attributes of existing programs which superficially try to incorporate different actors in an effort to handle child protection issues in general. The experience of the different CRC Committee members organized in every level of the government is a good example to this effect. Usually there is lack of commitment among committee members to attend meetings and provide possible solutions in a child protection problem. The second recommendation of this research paper is, therefore, validating the coordinated efforts with possible commitment papers like the MOU that can guide different stakeholders to develop sense of ownership.

Thirdly, considering the nature and production purpose of glues, it might be difficult to impose legal control on the possession of the substance. But considering its adverse effect on the health and overall development of the children, the researcher recommend legal constraints on the sale of the substance to children especially in readymade form for inhalation purpose. The third recommendation is, therefore, to sensitize the law makers to put some constraints on the distribution of the product to children under the age of 18. There should also be policy demand for minimizing the intoxication effects of glues without affecting its adhesive nature. The fourth recommendation prerequisite cost effective analysis with provision of incentives to companies that produce glues to make the product toxic free in executing their social responsibility.

Fifth, it is recommended to reconsider and revise the drug policy. The drug policy is ignorant of the changing environment. There should be further studies and get nationwide statistics on the harms involved not only with illicit products rather with those having legal

nature. Looking at the particularity of the products against other illicit drugs and its expansion, the situation of street children is demanding for the new policy initiatives.

The last and the most important recommendation is the need to focus on preventive measures. Preventive measures such as working towards keeping family integrity and availability of alternative care systems is of paramount importance in using resources most efficiently and in protecting potential children from such harmful acts.

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