

Problem and Coping Strategy of Street Children, the Case of
Nekemte Town, Ethiopia

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A thesis submitted to
The school of graduate studies
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Declaration

I the undersigned, declare that this thesis is my original work, has never been presented in this or any other university, and that all resources and materials used herein, have been duly acknowledged

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Table of content

Contents	Page
Declaration.....	i
Acknowledgements.....	ii
Table of content.....	iii
Acronyms.....	ix
List of figure and table.....	x
Abstract.....	xii
 Chapter One	
1.1 Introduction.....	1
1.2 Statement of the problem.....	3
1.3 Objective of the study.....	7
1.3.1 General Objective.....	7
1.3.2 Specific Objective.....	7
1.4 Significance of the study.....	7
1.5 Limitation of the study.....	8
1.6 Definition terms.....	8
 Chapter Two	
2. Literature Review.....	10
2.1 Definition of street Children.....	10
2.2 Theories	12

2.2.1. Conflict Theory.....	12
2.2.2. Resilience Theory....	14
2.3. Problems and Challenges faced by street Children.....	16
2.3.1. Lack of Basic Needs.....	16
2.3.1.1. Food.....	16
2.3.1.2. Cloth.....	18
2.3.1.3. Shelter.....	19
2.3.2. Health Problems.....	20
2.3.3. Psychological Problems.....	23
2.3.4. Abuse.....	24
2.3.5. Vulnerability to Engage in Crime.....	26
2.3.6. Water and Sanitation Problem.....	27
2.3.7. Substance Abuse.....	28
2.4. Coping Strategies used of Street Children.....	29
2.4.1. Coping strategies street children use to cope with problem of access to basic needs	30

2.4.2. Coping strategies street children use to deal with health problems.....32

2.4.3. Coping strategies street children use to deal with psychological problems.....33

2.4.4. Coping strategies street children use to deal with abuse.....34

2.4.5. Coping strategies respondents use to deal with problems of water and sanitation facilities.....35

Chapter Three

3. Research method.....37

3.1. Research Design.....37

3.2. Study Area.....37

3.3. Sampling Technique.....39

3.4. Method of Data Collection.....41

3.5. Data Collection Tools.....42

 3.5.1. Questionnaire.....42

 3.5.2. Key Informant interview.....43

 3.5.3. In-depth interview.....44

 3.5.4. Observation.....44

3.6. Variables considered in this study.....45

 3.6.1. Independent variable.....45

 3.6.2. Dependent variables.....45

3.7. Data Analysis.....45

3.8. Ethical Consideration.....46

Chapter Four

4. Finding49

4.1. Socio-Demographic Characteristics.....49

4.2. Access to basic needs.....51

4.2.1. Food.....51

4.2.2. Cloth.....54

4.2.3. Housing Situation.....56

4.3 Health Problems.....59

4.4 Psychological Problems and Coping Strategies.....62

4.5. Abuse and Coping Strategies.....63

4.6. Vulnerability to engage in crime.....66

4.7. Water and Sanitation Problem.....69

4.8. Substance Abuse.....75

Chapter Five

5.1 Discussion of Findings.....78

5.2. Major Findings.....78

5.2.1. Objective one: problems related to basic needs of street children and their coping mechanisms in Nekemete town.....78

5.2.2. Objective two: The health status of street children in Nekemete town.....83

5.2.3. Objective three: Psychological and social problem and coping strategy
Psychological problem.....84

5.2.4. Objective Four: Experience of abuse and children’s coping mechanisms.....85

5.2.5. Objective five: Level of criminal activity among street children in Nekemete town.....86

5.2.6. Objective six: Street children`s access to drinking water and sanitation facilities in Nekemete town.....88

5.2.7. Objective seven: Experience substance abuse among street children in Nekemete town.....90

Chapter Six

6.1. Conclusion and Social Work Implication.....93

6.1.1. Conclusion.....93

6.1.2 Social Work Implication.....96

6.1.2.1. Implication for Social Work Research.....	96
6.1.2.2. Policy Implication.....	96
6.1.2.3. Implication to Social Work Practice.....	97

REFERENCES

ANNEXES

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BOLSA	Bureau of Labor and Social Affairs
CSA	Central Statistical Authority
CSC	Consortium on Street Children
CSCN	Cambodian Street children Net Work
FDRE	Federal Democratic Republic of Ethiopia
FREPD	Foundation for Research on Educational Planning and Development
GO	Governmental Organization
HIV	Human Immune Virus
MOLSA	Ministry of Labor and Social Affairs
MoWA	Minister of Women Affairs
NASAW	National Association of Social Workers
NCC	National commission for children
NGOs	Non Governmental Organization
NULG	Nekemte Urban Local Government
SPSS	Statistical Package for Social Scientists
STDs	Sexually Transmitted Diseases
TB	Tuberculosis's
UNCRC	United Nation Convention on the Right of Children
UNICEF	United Nation`s Children`s Emergency Fund
WHO	World Health Organization

List of figures and tables

List of figures

Figure 1: Age of respondents

Figure 2: Respondents place of birth

Figure 3: Frequent reason for arrest

Figure 4: Type of toilet respondents usually use

List of tables

Table 1: Respondents main source of food by sex

Table 2: Respondents main source of cloth by sex

Table 3: Respondents housing situation by sex

Table 4: Whether respondents fall sick in the last three months

Table 5: Whether respondents have accessed health service by age

Table 6: Main psychological problems respondents are facing

Table 7: Type of abuse by sex

Table 8: Police arrest by sex

Table 9: Number of arrest by age

Table 10: Respondents main source of drinking water by sex

Table 11: How often respondents take shower by sex

Table 12: Whether respondents abuse addictive substances by sex

Abstract

This study is conducted with the objective of assessing and describing problems street children are facing on the street and coping strategies they use to deal with problems in Nekemete town. The survey design is descriptive cross sectional survey. Accordingly 152 street children are identified from three Sub-Cities for the study using cluster sampling technique. By doing so, quantitative data is collected from street children using survey questionnaire and qualitative data is collected using in-depth key informant interviewee and observation. The majority 73.7 % respondents were males. The age ranges of the survey participants were 13-18 and out of which 45.4 % of the total were aged 17-18. The majority street children are of-street children. More percentage of females were living of the street compared to male respondents. Street children in Nekemete town are exposed to various problems on the street which include lack of basic needs (food, cloth and shelter), health problems, abuse (physical, sexual and verbal), psychological and social problems, vulnerability to engage in crime, lack of water and sanitation, and substance abuse. Furthermore, they utilize various strategies that range from acceptable to unacceptable to deal with the problems. The problems they face were more severe on younger and female street children compared to male and older ones. Likewise coping strategy they use differ by sex and across age group.

Key terms: Street children, coping strategy, Nekemete town,

CHAPTER ONE

1.1. Introduction

Childhood is a time for exploring, learning, and process of growing up (Mulegeta , Tadessa and Taye, 2000, p44). In early childhood children discover and gain knowledge of themselves and about their surroundings, whereas physical growth and socialization occurs at late childhood stage. However, in most part of the world children are dropped out of school and engaged in hazardous activities to get money and help themselves and their relatives (Mulegeta et al., 2000).

Children begin learning from birth as they intermingle with parents, guardian and family members which could serve them as a base for later learning. In the other hand poverty, health problems, and lack of balanced diet food at the early stage can affect children`s learning potential and capacity (UNICEF, 2012).

Children are also one of the most fragile and susceptible segment of the society. They exist in the world controlled by adults. Beside significant number of children in the world live without parents and guardians to take care of them. Even those who have parents may not obtain their basic needs for their parents have nothing to offer them (Berhanu, 1998).

The term street children were widely accepted during 1980s in Latin America and then send overseas like Africa and the rest of the continents (Benitez, 2011). The term is utilized everywhere in the world but the term used varies from one country to the other. For instance terms like “out of place”, “homeless children”, “runaway”, are used in different countries to refer to street children. These terms have similar meaning, but due to difference in socio

economic and cultural situation, and magnitude of the problem between countries identifying specific group of street children remains challenging (Abro, 2012).

In Ethiopia the phenomena street children has become the critical social problem in most cities and towns. The problem is mainly caused by abject poverty, rapid urbanization and family abuse. The level and magnitude of the problem have been increasing through time as a result of which street children become a major character of nearly all cities and towns of Ethiopia (CSC, 2009). Baker (1999) also showed that street children are ultimate consequence of 'urban poverty'.

Street children can be considered as one of the poorest of the poor segment of the society (Bhaskaran & Mehta, 2011). In the study conducted in Zambia Harju (2013) it has been indicated that street children poverty is not limited to financial aspect rather it manifests itself in the form of susceptibility to 'exploitation', 'crime', 'violence'; negative perception of the society; lack of access to different services; substance abuse; feeling wasted years and etc. He also argued that these are severe among female street children compared to males.

This research was conducted in Nekemete town which is found in the Western Ethiopia. The town is currently the capital of Estern Wellega Zone and it is at the center of the road network for south-western Ethiopia. Thus, this study was conducted in Nekemete town with the aim of assessing and describing the problem and coping strategies of street children in the Nekemete town.

1.2. Statement of the problem

There are a number of studies on street children in different countries of the world. Examining these studies help to have a broad understanding about the phenomena. Among these researches: Bhaskaran and Mehta (2011), Hong & Ohno (2005), Harju (2013), and

Girmay (2007), Diriba(2012). Bhaskaran & Mehta conducted their study in Delhi, while Hong & Ohno in Vietnam, Harju in Lusaka, and Girmay in Adama,Diriba in Nekemete. All agreed on poverty, family issue, and loss of parents as a major cause of street children. However, Bhaskaran & Mehta included sent by the parent and ran away as a major cause of street children. Whereas Harju included peer influence, money & excitement, and children`s own misbehaving as a major cause. Hong & Ohno in their part included mindset problem (wrong attitude of parents or children themselves towards street) as a major cause of street children.

Friends-International and CSCN (2011), Abro (2012), and Rana(2011), and Berhanu (1998),Mulugeta et al.(2000) conducted studies on challenges street children face. Friends-International and CSCN conducted study in Cambodia, Abro in urban Sindu, Rana in Punjab Pakistan, and Mulugeta et al. in seven cities of Ethiopia and Berhanu in Addis Ababa. All these researchers agreed that street children are exposed to various challenges on the street. Friends-International & CSCN (2011) found that health problem, road accident, hunger, unequal and abusive relationship with gangs, violence and sexual abuse are the problem street children in their respective study areas are facing. While Abro (2012) revealed that social, economical, psychological, behavioral, health, and luck of skills are among the problems encountered by street children in the street of urban Sindu. Whereas Rana identified discrimination, prejudice, inferiority complex, anxiety are among psychological challenges faced by street children in the study area. Berhanu(1998) in his part showed that physical and sexual violence, lack of permanent shelter, shortage of money, police chase, societal mistreatment, hardship due to cold are problems faced by female street children in Addis Ababa.

Samuel (2014), Abebe(2008), and Adugna (2006) conducted studies on survival strategies of street children to cope with different challenges and turn away problems. Samuel conducted his study in Accra, while Abebe, Adugna , and Birhanu in Addis Ababa. All agreed that begging is main survival strategy used by street children. However, Samuel included scavenging, petty trade, prostitution, and shoe shining. as a main strategy to survive street life.

Njuki(2008) & Adugna (2006) conducted significance of street children`s social networks. Njuki conducted his study in Kampala, while Adugna conducted in Addis Ababa. Both agreed on the importance of street children`s social networks. According to Nijuki the relationship street children have among themselves and others were supportive for it helps them get whatever they need on the street. Adugna (2006) revealed that the connection street children have with different actors on the street helped them boost their feeling of oneness with those actors in particular and the society in general.

Though studies are conducted on the cause, problems, coping strategies and other issues related to street children in Ethiopia many of the studies focused on the capital Addis Ababa and few towns and cities of the country. Furthermore, given that Street children in Ethiopia, as elsewhere, do not form a homogenous group (Heinonen, 2000). Street children in Nekemte town as I have observed need to be studied for they vary from street children of relatively more studied cities of the country in that they are expected to speak Afan Oromo language, as the number of hotels compared to Addis Ababa and other big cities of the country are lesser they are less likely to easily access leftover foods, the fact that there are no people who sale leftover food with lesser price as in for mentioned cities of the country, in the income they get, level and access to drug and other substances, they also can`t make their own tent as in the other place. In

addition they also vary in that many of the street children are from the town and nearby Weredas. Therefore, it is difficult to generalize studies made both at national and international level for Nekemte town.

In relation to street children only single study was conducted in Nekemete town. This study was conducted by Diriba(2012), he conducted the study with the objective of assessing the contributing factors and the living condition of street children in Nekemte Town. The finding showed that street children in Nekemete town are forced to join street due to combination of factors. The finding also revealed that the majority of street children are engaged in unskilled income earning activities to support themselves and their family. He also found out that the majority of participants abuse substances. The study also revealed that the majority of street children in Nekemte Town have experienced abuses and vulnerable to wide and extreme violations of their rights. He also have identified areas need further studies which include contributing factors, the life condition and other related problems of street children in Nekemt Town.

However, the problems street children which include health problem, water and sanitation, psychological problem, the level of criminal activities and coping strategy they use to deal with the problems they face on the street are not covered by Diriba. Furthermore, the sample size used by Diriba 2012 in his study is very small , he only used 50 respondents for the survey and the researcher also has used in the study non-probability sampling known as purposive sampling technique for survey study which makes his study participants unrepresentative and further showed the need for further study that actually represent the population. Beside this study have assessed whether there were difference in problems they are

facing and coping strategies they employ mainly by age and sex. Above all, in spite of the fact that problem of street children in Nekemte town is increasing less attention is given by governmental and NGOs (Diriba, 2012).

Therefore, this study was conducted with the objective of assessing and describing the problems street children are facing on the street and ways they are coping with the problem in the town. The study helps to fill the knowledge gap in the study area. It also helps stakeholders to understand and take the necessary intervention. Above all this study help researchers, GO and NGOs working in children as an input.

In an attempt to assess problem of street children in Nekemte town, this general research question is developed to guide the research.

➤ What are the problems street children are facing and how they are coping with the problem in Nekemete Town?"

1.3. Objective of the Study

1.3.1. General objective

The main objective of the study is to assess and describe the problems street children are facing and the coping mechanism they adopt to cope with the problem in Nekemete town.

1.3.2. Specific Objectives

- To describe the problems of basic needs of street children in Nekemete town.
- To illuminate the coping mechanisms of street children in Nekemete town.
- To describe the health status of street children in Nekemete town.
- To assess the main psychological problems street children in Nekemete town face.
- To assess types of child abuse on the street in Nekemete town.

- To describe the level of criminal activity among street children in Nekemete town.
- To describe street children`s access to drinking water and sanitation facilities in Nekemete town.
- To describe nature of substance abuse among street children in Nekemete town.

1.4. Significance of the study

This study can have the following contributions and significance: First this study can provide scientific based information concerning Problems Street children are facing and their coping strategy in Nekemete town for stakeholders. The study also helps local government to know the real picture of problems street children are facing in the town and take action to solve the problem. Furthermore, the study helps for documentation of scientific research on problems and coping strategies of street children in Nekemete town. Finally the study will help as base for further studies on street children in Nekemete town.

1.5. Limitation of the study

Participants of the study were identified from three sub-cities of the city, therefore, it is difficult to infer for the remaining three sub-cities and the city as whole. The fact that study participants were street children with in the age range of 13-18 years limited the study only to the above age group. Beside the mobile nature of street children makes difficult to find respondents who were listed during administration of questionnaire resulting in substitution of 37 street children with next street children found in the list. In addition the fact that the questionnaire were translated to Afan Oromo makes difficult for some respondents who couldn`t speak the language. Furthermore, refusal of some female street children who were engaged in prostitute to participate on the study were the limitation of this study.

1.6. Definition of terms

Street children are those who are under 18 years of age and belong to the following three categories. The first is street-living children who escape from their families and survive on their own on the streets. The second is street-working children who work on the street and return home on regular basis. The last category is children from street parents, children belonging to this category stay on the street with their parents (Bhaskaran & Mehta, 2011). In this study the age of the participants ranges from 13-18 years.

On the street children are children who come to the street to work in order to supplement their families' income and return home at night. Significant number of them attends school on a part time basis. Worldwide, these children perform similar tasks such as shoe shining, wash and mind cars, sell lottery ticket, etc.(Lalor,1999).

Children Of the street are whose main living place is street. Connections with their family may exist but are remote and their former home is visited infrequently (Lalor, 1999).

Coping Strategy street children use legal and illegal ways to realize their needs to survive and cope with the conditions or problems on the street. Legal activities include labor and begging whereas illegal ones are activities which are forbidden by law and society (Rana, 2011)

Chapter Two

2. Literature Review

In this chapter studies conducted in the area of problems street children are facing on the street and coping strategies they use to deal with the problems both at local and international level are reviewed. Accordingly, it begins with definition of the term street children and followed by the presentation of theories and perspectives. Then presentation of problems and challenges faced by street children are discussed. At the last coping strategies of street children use are discussed.

2.1. Definition of street children

The definition of “street children” is contested, but the most cited is the definition adopted by UNICEF which defined street child as: ‘Any girl or boy under 18 for whom the street (in the widest sense of the word, including unoccupied dwellings, wasteland, etc.) has become his or her habitual abode and/or source of livelihood; and who is inadequately protected, supervised, or directed by responsible adults` (Benitez, 2011, p7). Definitions continue to evolve to try to capture the fluidity and differences in children’s circumstances, including terms such as “street -connected children” and “children in street situations” (Benitez, 2007, as cited on Abro, 2012, p26).

Blanc (1994) and Jain (2006) as cited in Bhaskaran and Mehta (2006) elaborate upon who can be considered street children:

Street children are those who keep ties with their families, they return home at night and some of them attend school as well; a small number have actually left home and largely work on the streets; Live at home in urban areas or in the suburbs and contribute to the household economy through their engagement in the informal sector mainly on

the roadside in places such as eateries, workshops, all kinds of vending activities, and begging. They spend the day and some of them spend the night too on the streets; this is a smaller but slightly more complex group; and have no functional family ties, but attempt to fill this void by forming 'fictive family' relationships and even a strong emotional attachment to the street. (p14)

According to UNICEF three categories of children are considered as street children. Thus, street children are under the age of 18 and belong to the following three categories: The first is street-living children who escape from their families and survive on their own on the streets. The second is street-working children who work on the street and return home on regular basis. The last category is children from street parents, children belonging to this category stay on the street with their parents (Bhaskaran & Mehta, 2011).

Ennew (2003) explained that program workers in Addis Ababa disposed to use the term "streetism" to designate customs of life connected with living on the street than to use the phrases "on" and "of" the street. Abro (2012) also argued that the connotation and definition of street children is contested among various actors each of the actors use their own ideal definition.

A study in Addis Ababa confirmed that mobile nature of street children makes the definition unclear. In Addis Ababa "veranda adariwech" which is equivalent to children of the street mostly return home at night (Adugna, 2006). In Nekemete the community in most instances addresses these children as 'Kashlabe' which is an 'Afan Oromo' term for vagabond.

In this study the researcher will use UNICEF definition of street children. Therefore, the three categories of street children will be used. The three categories the researcher used in this

study include children of the street, children on the street, and children who live on the streets with their families.

2.2. Theories

2.2.1. Conflict Theory

The famous social philosopher Karl Marx (1818-1883) is sometimes referred to as the father of conflict theory. Conflict theory is rooted in sociology where it is used to explain differences between classes within society and the competition for scarce resources, including economic wealth, political power, and social status (Smith et al., 2009, p161).

Marx was a major proponent of conflict theory, his focus was mainly on the economic impact of the theory. Later sociologists like Max Weber, Georg Simmel, and Lewis Coser added interpersonal dimensions of love, ownership, valuing, and jealousy to the perspective of conflict in families, noting that we seem to move from one extreme to the other in interpersonal relationships but find a synthesis in our need for (Smith et al., 2009).

According to conflict theory humans are self-oriented. Conflict theorists make certain assumptions about human nature. They presume that the human beings are self-oriented or focused on self-interests. They believe that individuals are symbol-producing, which means that they are able to ascribe value to things such as a corner office, shares of a piece of cake, or praise from parents. This capability sets up the system of limited resources for which individuals are in competition. Conflict theorists also believe that individuals have unrestricted potential to hope, which means they have unlimited potential to aspire power, prestige, and privilege, thereby setting up relationships with other humans as real or potential competitors (Smith et al., 2009).

Conflict theory also sees as societies operate under a continuous scarcity of resources. Conflict theorists also make certain suppositions about the character of society. Societies symbolize prearranged systems for species endurance. They function under a continuous scarcity of assets, and this leads to perpetual disagreements. According to conflict theorists, such conflicts keep societies in a condition of unrest and lead to turmoil, social change, and growth (Smith et al., 2009).

Conflict is a conflict of power over of limited resources. Conflict is classified as either inside or outside. Internal conflict is conflict originating from inside the social system. In intimately tied groups, members may restrain conflict. Negative emotions may build up and intensify a phenomenon which social psychologists refer to as "gunny-sacking." When the conflict finally boils over, it is intensified. Not only is the conflict a problem but it is also compounded and magnified by the expression of conflict. Thus, one outcome of conflict theory is the study of conflict management (Smith et al., 2009).

As noted above, the conflict perspective permits us to perceive society as a place that creates and perpetuates inequality, which leads to conflict and change. Unlike structure functionalists, who see society as basically finding its own balance, conflict theorists see that, as a society, we ascribe meaning and value, and stratify people into unequal roles, with varying levels of power and access to resources (Farrington and Chertok 1993 as cited in Smith et al., 2009).

Conflict theorists also analyze the imbalanced allocation of power and social status based on social class, gender, race, ethnicity, and education. From the macro social perspective, conflict

theorists look at issues of conflict between classes of people who have privilege or dominance and those who are disadvantaged (Seccombe 1999, 2000 , as cited in Smith, 2009, p165)

2.2.2. Resilience Theory

The term “resilience” originated in the 1970s in the field of ecology from the research of C.S. Holling, who defined resilience as “a measure of the persistence of systems and of their ability to absorb change and disturbance and still maintain the same relationships between populations or state variables” (Holling, 1973, p. 14 as cited in Pisano, 2012).

Resilience theory is a different field of study that has been addressed by social workers, psychologists, sociologists, educators and many others over the past few decades. The theory focuses on strength that individuals and systems show that enable them to mount above hard times (VanBreda, 2001).

The emergence of resilience theory is related with a decline in prominence of pathology and raise in stress on strengths (Rak & Patterson, 1996, O’Leary, 1998 as cited in VanBreda, 2001) Psychologists have recently called for a shift away from susceptibility/deficit models to focus instead on coup in the face of difficulty. The focus on emphasis on strengths matches with many researches in different field of studies like child development, medical sociology, and education.

Resilience is a dynamic progression in which persons exhibit positive adaptation in spite of incident of considerable hardship or distress. This word does not characterize a personality attribute. Rather; it is a two-dimensional construct that show experience to harsh conditions and

the demonstration of positive adjustment outcomes (Luthar et al., 2000, p858 as cited in Embury & Saklofske, 2013).

Resilience exemplifies the individual traits that allow one to flourish in the face of difficulty. Resilience is multidimensional traits that differ with context, time, age, gender, and cultural origin, as well as within an individual subjected to different life circumstances. (Connor & Davidson, 2003, p76 as cited on Embury & Saklofske, 2013).

According to Tugade & Fredrickson (2004, p320) Psychological resilience has been characterized by the capability to coup from negative emotional experience and by flexible coping strategies to the altering demands of stressful experiences (as cited in Embury & Saklofske, 2013).

According to Pisano (2012) as resilience theory “resilience thinking addresses the dynamics and development of complex social ecological systems. Three aspects are thus central: resilience, adaptability, and transformability. These aspects interconnect across multiple scales:

1. Resilience in this context is the capacity of a social–ecological systems to continually change and adapt yet remain within critical thresholds;
2. Adaptability is part of resilience. It represents the capacity to adjust responses to changing external drivers and internal processes, and thereby allow for development along the current trajectory (stability domain);
3. Transformability is the capacity to cross thresholds into new development trajectories.

Transformational change at smaller scales enables resilience at larger scales. The capacity to transform at smaller scales draws on resilience from multiple scales, making use of crises as windows of opportunity for novelty and innovation, and recombining sources of experience and knowledge to navigate social–ecological transitions”.

2.3. Problems and challenges faced by street children

According to Gurung (2004) street children do not face single problem separately rather they face two or more problem simultaneously. H also argued security, basic needs, legal matters etc. are the main problems street children face on daily bases.

For children to better grow, develop and be the hope of the future their basic needs, education and their health need to be given much attention. To the contrary, if children are neglected the future development of the city in particular and the country in general fall under question (Ochola,L. and Dzikus, 2000). To have a picture of the major problems street children are facing relevant documents are reviewed below.

2.3.1. Access to basic needs

2.3.1.1. Food

According to Bose (1992) the dietary status of Indian street children are not at adequate level. The food they eat is sufficient neither in quality nor in quantity. Another study in seven cities of Ethiopia revealed that street children do not obtain enough and dietary food. Furthermore, most of them do stay the day long without any food whereas some others have to share between two to survive (Mulugeta et al, 2000). To the contrary a study conducted in Addis Ababa showed that compared to other sisters and brothers who are at home street children obtain balanced diet and adequate meal . However, Adugna (2005) also explained that in his observation this days hotels are selling leftovers food which street children used to get through begging, this caused problems to street children as they can hardly get leftover due lack of money.

A study conducted by Sorsa et al. (1999) in Awassa revealed that the majority of the respondents were having meal any time they get. This showed that amount of income is determinant indicator on number of meals street children have a day. Beside the study has showed that the fact that they have no enough money to pay for food may force them to eat food that might have effect on their health. Gross and Rosenberg as cited in Sorsa et al, (1999) the feeding habits of the children, in general, might have exposed them to various kinds of food borne infectious diseases like diarrheal diseases (p134). Another study in Ruwanda found that the majority of the respondents or 77.2% of the respondents eat their meal once or twice a day (NCC, 2012).

A study conducted in Nekemete town by Diriba(2012) found out that 95.2% get food by buying ,33.9% eat leftover food from hotel, 32.3% eat from home and 30.6% get by begging. However, the study didn`t go further to study how many times do they eat a day.

2.3.1.2. Cloth

According to Adugna (2005) street children in Addis Ababa do not have enough cloth to change. They most of the time dress one cloth at day time, night time and in any weather condition. Furthermore they have no shoe, they are bare footed. They mostly sew up rags 'Dirito' to cope with the cold weather at night; however, their rags are not thick enough to protect them from the cold. Beside their cloths are infested with different insects making them vulnerable to communicable disease.

In addition to these, street children like (Gojjame`s) are not willing to buy cloth at the time they are living on the street rather they buy clothes when the time to visit their family come. They main reason these children were not buying cloth when living in the city were first they have no safe place to put their cloth whereas the second reason is that they are living

in place were no one knows them. As a result they prefer to buy clothes when they about to leave to visit their loved ones (Adugna, 2005).

A study conducted in Rwanda revealed the majority of street children get their cloth through buying. The study also found that very young street children use begging as main way of getting cloth whereas the majority of children above the age six reported buying. The finding also showed that the highest proportion of female respondents 43.24% use begging as main way of getting cloth while the most males 32.4% reported buying means of getting cloth (NCC, 2012).

A study conducted in Awassa found that the majority of street children do not have enough cloth to wear both at the day time and when sleeping. Finding also shows that out of the entire respondents 57.7% said they have cloth to wear when sleeping but not enough while the remaining 31% said that they do not have any (Sorsa et al., 1999).

2.3.1.3. Shelter

According to data from a study conducted in Delhi, 39.22 % of the children went back to their place or shanty in the slums to sleep. Nearly 46 per cent slept on pavements, under flyovers/ bridges, in parks, markets, and religious places, and in railway and bus stations. Among these locations, a higher concentration was observed in market places and railway stations, and under bridges/ flyovers (Bhaskaran & Mehta, 2011,p35).

A study conducted in Addis Ababa showed that more than half the respondents reported lack of permanent shelter as main problem (Berhanu, 1998). Another study in Dessie revealed that 56.3% of the children live either with their parents, relatives or friends whereas 41.3% sleep on veranda being exposed to weather of all season. Though street children living in the house are better of homeless ones the house in which they sleep is fractured, the roof

leaks water during rainy season and they also lack sanitation. The homeless children sleep on veranda being exposed to harsh weather of all season (Mulugeta et al., 2000).

According to Adugna (2005) getting veranda to sleep is very challenging for street children especially on summer when street children can't sleep on street due to the rain and cold. As a result they are forced to pay to gangs to get space on the veranda to sleep. Furthermore, given the negative perception the society have on street children they have to negotiate with the owners to sleep on veranda. The finding also showed that gangs think the verandas where they sleep as their own territory and they consider new arrivals as a trespasser.

A study conducted by Diriba (2012) revealed that, in Nekemete out of the total respondents, 38.7 % of them are sleeping in the house of their families. The other 24.2 % slept in the pipe and similarly the other 24.2 % of these children living in their home they rented. The rest of street children 19.2 %, 11.3 % and 8 % of them were living on the street, in abandoned building and lives with relative respectively. The study also found that the majority of the street children were on the street children (Diriba, 2012, p77).

However, as to my observation due to road construction project in the town the streets and pipes have already been destroyed which were reported as sleeping place for street children, therefore, the sleeping place reported above might not show current reality of the street children in Nekemete town.

2.3.2. Health Problems

Street children are mainly exposed to health problems due to their way of life. They vulnerability to health problem mainly associated with the fact that they are attracted to wastes, including wastes from health centers. Consequently, they experience various health

problems, among these the most recurrent include: skin diseases, coughs and cold, stomach ulcers, diarrhea, STDs, malnutrition etc. (Ochola and Dzikus, 2000).

Health is a big problem street children face in Nepal. The working, living, and eating patterns of these children create a variety of health problems, most of which are related to unhygienic, overcrowded surroundings and exposure to extreme weather. Sexually Transmitted Diseases (STDs), skin ailments, bacterial and parasitic infections and malnourishment are common among them (Gurung, 2004, p80). In study conducted in Nepal and Cambodia city, Sihanoukville 52% of the respondents in each study expressed health problem as biggest and recurrent problem (Gurung, 2004 & Friends-International & CSCN, 2011).

In Nepal street children give less attention to their well being due to different reasons this include: lack of money, avoidance of utilizing health facilities mainly governmental due the fear that they will not be cared for, lack of health information and education. The finding also revealed that the use of substance together with other hazards and problems increased street children`s vulnerability to health problem. Beside they are also vulnerable to sexually transmitted disease mainly HIV and other sexually transmitted diseases due to their early experience of sex (Gurung, 2004).

Mohamed et al. (2011), NCC (2012) and Sosra et al, (1999), Mulugeta et al (2000) studies the health problem of street children. Mohamed et al. conducted his study at Beni-Sueif city, while NCC conducted the study in Rwanda, Sorsa et al. in Awassa and Mulugeta et al. in Seven cities of Ethiopia. All agreed that health problems are common among street children. Mohamed et al. mentioned underweight, angular stomatitis and tooth decay as common health problems whereas NCC discussed that malaria, wound, headache, worm

infection, skin diseases, cough and chronic diseases such as respiratory tract disease, skin rashes, HIV and gonorrhoea. Sorsa et al. in their study mentioned malaria, respiratory tract disease and diarrheal diseases. The study also found that there were no difference between homeless and those sleep at home. Mulugeta et al. also found headache, kidney problems, malaria, and blood pressure are the most common disease among street children.

Study in urban Sindu showed that there is lack of awareness programs and treatment facilities by the government and/or non-government organizations especially for street children who are facing viral, bacterial, and fungal as well weather changing health problems. It was further revealed that lack of food, clothes, and place to live as well as living and working environment of street children may expose them to sexually transmitted and other diseases (Abro, 2006, p193 &194).

The finding from a study conducted in Delhi by Bhaskaran and Mehta (2011) revealed that the over whelming majority 80 % of respondents who were sick reported private clinic as main health facility where they got health service followed by health camps, NGO providing health service and mobile clinics.

Finding from a study made in Bangladesh revealed that the majority 57% of the respondents reported that they were sick and had no one to take care of them. The finding also showed that among respondents who were sick 46.3% have accessed health service. Out which the vast majority 79.7% paid their medical expense by themselves (FREPD, 2003).

A study in Africa showed street children's accesses to medical services are quite limited. Although they may know where medical help exists, most of them are ignorant of the existence of such services or cannot afford them. Sometimes the main reason for lack of medical care is because health personnel in public hospitals hold negative attitudes towards

street children and treat them with contempt. This makes street children keep away from medical facilities (Ochola and Dzikus, 2000, p57). Mulugeta et al., (2000) in the study conducted in seven cities of Ethiopia discussed that though street children were suffering from various health problems most of them never get treatment to their problem.

2.3.3. Psychological and Social Problem

According to Richter & Van der Walt (2000) the harsh life experience in the family institution and challenging life on the street exposed street children to suffer from psychological trauma and damage (cited in Gurung, 2004). A study conducted in Nepal revealed that above 40% of street children were suffering from psychological and social problems. These problems are caused by the various problems street children are facing on the street and unpredictable nature of street life (Gurung, 2004).

Street children are considered as criminals and unreliable. Due to this they are not given chances to work at any setting forcing children to believe that they have no any societal responsibility. Beside lead them to distrust of educational system, Law enforcing officials and the government to give solution to their problems. Regardless of all this, they show purposefulness, creativity and self reliance. (Gurung, 2004).

Mohamed et al. (2011) assessed the health status of street children in Beni-Sueif city, Egypt. According to their research concerning the psychological problems, the study findings indicated that:

All children had experienced some sort of psychological problem. The most common were phobias, frustration, feeling unhappy, feeling like quarreling, and fears from the police. Also, most of them have the feeling that they are inferior to their peers. These problems reflect the constant feeling of insecurity in which these children live all the

time. They are afraid of everything and of every person. They lack confidence in all society, and this fosters aggression among them as a defensive mechanism against the unknown. (p125)

A study conducted in India revealed the social rank of street children is lower; they are alienated from the society. Beside due to the fact that they have no strong and sustainable relationship with other society groups than street children their presence is seen with fear and suspicion. Consequently, street children live separating themselves from the rest of the society and they rely on each other for security, friendship, and to learn street life. However, their sense of belongingness and friendship fulfill their psychological and social needs in a way that is not acceptable by the society (Bose, 1992).

In addition to the stresses the children undergo because of their work and the responsibilities they shoulder, many of them often worry. Their worries and fears include lack of education and the prospect of unemployment, what they would eat tomorrow, and what to give to their families, parents` health condition, and when earning is less than their expectation (Mulugeta et al.,2000).

2.3.4. Abuse (physical ,verbal & sexual abuse)

A study conducted in Delhi revealed that a large number of children go through some kind of abuse on a daily basis on the streets. The most frequently reported were verbal and physical abuse where males were mainly abused by the police and females were abused by family members and friends. More than half of males were beaten up compared to 31.4% of females. Finding also showed that there were gender differences in the type of physical abuse rather than age group related differences (Bhaskaran and Mehta, 2011).

In Cambodia Street children face diverse form of abuse ranging from unequal offensive relationship with groups of street children to various type of aggression (Friends-International & CSCN 2011).

Another study conducted in Mauritius revealed that physical violence was the highest frequent problem or difficulty street children were facing (Ndeboc et al.2011). The main source of concern and distress among the majority of street children was police. Finding from many African countries confirmed street children frequently suffer from different types of abuses induced by police (Ochola and Dzikus, 2000).

In many cases, street children in Egypt have been abused by their families or school teachers. Children living and working on the streets of Cairo are regularly rounded up by the police and held in crowded detention centers. Here, their heads are shaved and they are often beaten. Some are transferred to corrective establishments or other institutions where conditions are very poor (Bibars, 1998, p204).

Veale et al 1993 as cited in Ochola and Dzikus, 2000) explained that the main form of abuse male Street children are suffering from is physical abuse whereas the main type abuse female street children suffer is rape and insecurity. The finding further showed that the majority of male street children in Ethiopia were abused frequently mainly by robbers and sometimes police. The study also revealed that street children who have groups mostly rush to violence or group fight when their group member is attacked by other group. In the other side out of 32 female street children 12 were raped. The female street children were raped by street boys, bar owners and member the society.

In study conducted on female street children in Addis Ababa, 53% respondents revealed that their sexuality raises their susceptibility to physical violence and sexual abuse. The

finding revealed that among twenty one respondents who had been sexually abused fifteen were by strangers, four by relatives, and two by friends. And the most frequent type were rape and sexual violence. The finding also indicated that seven out of twenty one were abused twice or above. And the majority of them were abused at evening time (Berhanu, 1998).

Another study in Addis Ababa revealed that a large proportion of abused children (25/36) reported that they had been abused only once, the rest (11/36) reported multiple episodes of abuse. Some children underscored that sexual abuse and street life are inseparable elements (Tadele, 2009, p177). Due to fear of marginalization and lack trust in legal process and law enforcing bodies street children hardly reported the case to police (Tadele, 2009).

According to Diriba(2012,80)Street children who work and live on the streets of Nekemte Town are found to be vulnerable to wide and extreme violation of their rights. They are verbally, physically and sexually abused by their family members, relatives, and by strangers. However, Diriba looking at abuse among street children in Nekemete town was limited for the fact he only focused on abuse induced by family or guardians when living with them than on street. For this end this study will focus on the abuse street children suffer on the street.

2.3.5. Vulnerability to engage in crime

Elsewhere in the world street children are considered as problem by themselves, this is mainly due their involvement in criminal activity. They engage in criminal activities like theft mainly for two reasons. Primarily due to rejection and neglect by the general public and the secondly they were engaged in theft to coping with difficulty life presents to them on the street (Samuel, 2014 & Ochola & Dzikus (2000). Though they cannot create very serious problem as

they are kids, they are most likely to engage in serious criminal activities as they grow older (Ochola and Dzikus, 2000).

Street children intermingle with various social actors on the street though they majority of social actors have negative attitude towards them. The negative outlook emanates from the attitude of the society that link street children to activities which are against the law mainly theft. However, finding revealed that there were less evidence to support that street children commit crime intentionally and preparing ahead of the activity rather when the opportunity is good enough to do so (Ochola and Dzikus, 2000).

When street children have been caught stealing or pick-pocketing, the public has not been hesitant to subject them to abuses such as mob justice or being lynched in the public. When the police have physically assaulted these children, they receive the public's blessings, as this is presumed to deter criminal tendencies among street children (Ochola & Dzikus, 2000, p9).

2.3.6. Water and Sanitation problem

According to Ochola and Dzikus (2000) though the accessibility of water, sanitation and solid waste management both in quality and quantity are crucial for the well being of people in general and children in particular, areas inhabited by poor people are less likely to have access to proper water and sanitation facilities. As a result most of the people in such areas buy water with poorer quality with higher price (P58).

Deficiencies in water supply are usually accompanied by failure to provide adequate sanitation and sewerage facilities. Lack of adequate sanitation drives people to use open spaces, ditches and road-side to dispose human waste. This exposes them to serious health risks, particularly the vulnerable children (p58).

2.3.7. Substance use

The majority of street children use one or more substances. Abusing substances expose children to various problems and complications including: excessive intake, increase the chance of misbehaving, violence, unwanted pregnancy and unprotected sex, brain and liver damage (WHO, 2000 as cited in Girmay, 2007)

A study in Brasil revealed that every street children sniff glue; however, through time they also started taking drugs such as cocaine and crack (Ribeiro & Ciampone, 2001). The most commonly abused drug among street children in Rwanda was cannabis sativa (Ganja) which was abused by 82% of street children, followed by glue abused by 43.1%. Others mostly abused drugs included the illicit spirits (kanyanga) which was abused by 29.8% and petrol (premium) which was abused by 13.2% (NCC,2012,p37). Finding also showed that 63.2% of male and 21.6% female were abusing substances. The study also found that the highest consumer age group is nineteen to twenty one at percentage of 72.5 % (p37-38).

A study in Addis Ababa showed 28 out of 50 respondents abuse substances. Among these 9 out of 16 female respondents are addicted to substances. Girls who are involved in prostitution mostly addicted to chat, cigarettes and alcohols (Adugna, 2006). In study conducted in Adama the majority of street children 49.73% abuse substances whereas half of the respondents 50.27% did not abuse substances. Among 49.73% highest proportion 19.67% were smokers followed by 15.85% of street children who use chat. The remaining 12.02% reported to have used alcohol (Girmay, 2007).

A study conducted in Nekemete revealed that, the majorities 59.7% of street children were addicted to substance. One street child participated in one or more of addictive substances including chat, shish, hashish cigarette and alcohol which were learned from

different group of the society (Diriba, 2012, p80). However, in my observation street children in Nekemete town also sniff different substances which were not actually revealed by this study.

However, Lalor (1999) in his comparison of street children between Latin America and Ethiopia concluded that drug abuse among street children in Ethiopia was lesser compared to other countries.

2.4. Coping strategies among street children

Street children use various coping strategies to deal with problems they face on the street. They rely on the efforts of a blend of activities for survival. They draw on their various forms of resources (negotiating skills, labor and social networks) in the process of making a living on the street. Their survival skills and various coping strategies toughen them to survive on the streets (Samuel, 2014, p170).

The street children make use of legal and illegal ways to cope with problems on the street. With regard to legal ways they take decent and indecent such as engaging in work and begging. Engaging in work is legal but indecent in the other hand begging is not considered as legal and decent. Regardless of these street children combine both to cope with problems on the street (Rana, 2011).

2.4.1. Coping strategies street children use to cope with problem of access to basic needs

Food

Samuel (2014) presented that street children's survival strategies are complex and interwoven:

The basic need of life that may be essential for an individual to reach self-sufficiency includes but not limited to food, water, shelter, and clothing. These four are

indispensable to the existence of street children. The highly commoditized urban sector depends on cash. Goods such as water, food and housing have to be bought in the open market. (p169)

Abebe (2008) argued that in addition to the use of begging as an household survival strategy, children practice begging for a range of reasons: to escape the constraints of poverty, adverse problems at home, to declare their independence, to build relation with different actors on the street, and to assist their family.

Survey conducted in Addis Ababa revealed that out 50 children, 22 (44%) use begging as coping strategy usually from hotels and restaurants. This means most street children survive from begging bulle. They usually get bulle from hotels in exchange of emptying garbage, carrying loads, gardening, cleaning and washing dishes. They negotiate with hotel managers, gate keepers and waiters (Adugna, 2006, p89 & 90). Another study in Adama town indicated that the majority of the respondents 60.96% get their food by buying followed by 11.76% eat leftover. Streets children in Adama also reported to have got food from home, begging and collecting leftover from bins (Girmay, 2007).

According to Samuel (2014) only 20 percent of the street children relies on their family for their daily meal and these are children who exodus to the street to supplement their family income. The findings shows that 8 percent of the children beg for food (usually from food vendors working in places where the children are located such as schools and restaurants/chop bars) whilst 10 percent scavenge and 62 percent of them buy their own food because they work and earn some income on the street. Those who go scavenging are street children who depend on leftover food most of the time as a way of feeding themselves.

Street children also use drugs and other substances to survive from hunger. (Abeba and Mekuria, as cited in Adugna, 2006, p95) found street children use different substances to cope with the various problems they face. Finding also revealed that sniffing ‘glue’ and ‘benzene’ help them obtain slight relief from their starvation.

A study conducted in Nekemete town by Diriba(2012) found out that 95.2% get food by buying ,33.9% eat leftover food from hotel, 32.3% eat from home and 30.6% get by begging. However, the study didn` t go further to study how many times do they eat a day.

Cloth

According a study conducted in Addis Ababa street children use purchasing second hand cloth as most common means of getting cloth and second most common source of cloth was sympathetic people and collecting from garbage (Adugna, 2006).

According to Samuel (2014) about 54% of the respondents purchase better second hand cloth from the market with the money they got from work whereas about 36% of the respondents use begging as main source of cloth and the remaining 10% solely depend on their family for cloth.

A study conducted in Rwanda revealed the majority of street children get their cloth through buying. The study also found that very young street children use begging as main way of getting cloth whereas the majority of children above the age six reported buying. The finding also showed that the highest proportion of female respondents 43.24% use begging as main way of getting cloth while the most males 32.4% reported buying means of getting cloth (NCC, 2012).

Shelter

A study conducted in Addis Ababa revealed that out of 50 respondents, the majority 29 (58%) spent the night in rented shelter at the time of interview. They rent shelter either on daily or monthly basis, 15 (30 %) of the respondents spend the night on verandas. The 'other' category (12%) spends the night often in video houses, abandoned buildings and cars.

Although the majority of children do not have sufficient shelter, they are capable of organizing their own shelter construction adjacent to modern buildings, public parks, and against walls of churches (Adugna, 2006, p92). Another study in Adama revealed that a street child who makes money mainly through shining shoe rent house in group (Girmay, 2007).

2.4.2. Coping strategies street children use to deal with health problems

Finding from a study in Delhi showed that the most common health facility where respondents got health service were private clinic and the second most popular source of treatment for street children were health camps followed by NGO health services and mobile health service (Bhaskaran & Mehta ,2011).

According to Sorsa et al. (1999) among the street children and women in Hawassa who reported health problems, 63.4% attended government health facilities (hospitals and health centers), 15.7% used traditional medicine and 9.1% attended private health institutions. Finding from a study made in Bangladesh revealed that the vast majority 79.7% paid their medical expense by themselves (FREPD, 2003).

2.4.3. Coping strategies street children use to deal with psychological problems

Street children in Addis Ababa use drug to change their feeling and have good time in (Hetch ,1998 as cited in Adugna,2006). According to Rana(2011) street children respond to

psychological problems in various ways which include feeling inferior and depression through being antagonistic and developing hateful attitude which further manifested in involving in criminal or aggressive behaviors.

Street children get rid of situations like feeling of anxiety and anxious condition which made them uncomfortable using coping mechanism which the researcher called it positive and negative mechanisms. The positive way of street children was to investigate the factual way out of the matter and take firm position on it. The opposite was the negative group where they tried to get away from the situation or the problem instead of finding a way out. To solve their problems they started smoking, took alcohol and other cheap drugs. These street children who lived without care had much inclination to take on negative ways to deal with their problems, which further aggravate their condition and induced them to drug addiction, store restlessness in their minds, and cultivate loneliness in their social life (Rana, 2011).

Depression was accompanied with some other serious behavioral problems in such type of children. They became volatile, exhibited hostile behavior that encouraged them to break the societal values, flay norms, rules and regulations at will. One of the negative traits observed in these children was that they tried to deprive others of their rights, mistreated, and humiliated others as a routine matter (Rana, 2011, p342).

They bullied other children, got involved in street fights and didn't hesitate in using the weapons such as knife, revolver, razor, stick etc to subdue their enemies. Their personality development process was in disarray and their behavior was considered deviant or a social evil that could be harmful to others and in its extreme form it could be detrimental to the peace of the society (Rana, 2011, p342). Finding from a study conducted in South Africa revealed that street

children use different ways to cope with psychological problems like negativity, pelvic, fantasy, rigidity, virility and withdrawal (Ghemo, 2005).

2.4.4. Coping strategies street children use to deal with abuse

According to Samuel (2014) in Kumasi in addition to coping with problems of access to food, clothing and shelter street children also has to deal with how they protect themselves against violence and other forms of abuse (Samuel,2014).

A study in three province of Pakistan found out that street children were more often than not exposed to unsafe environment where they were faced with aggressive groups. Thus, to cope with this difficulty they use their innate 'fight' or 'flight' reaction which is natural coping mechanisms (Rana, 2011).

This natural defense mechanism gave them extra power to confront those threats and overcome their fears or to escape immediately in case of intensity of unfavorable situation or danger. They learned to cope with dangerous situations from their daily experiences and develop some kind of internal and external defense mechanisms which they never hesitate to use when time comes. These responses had some negative impacts on the life of street children especially when triggered incorrectly (Rana, 2011, p341).

It was revealed that as a defense mechanism they had formed a group for their protection and pledged to fight for the other members of the group in case any member of their group was attacked by anyone outside the group. And when they found the opponent to be weak they never hesitated to assault him even. But if one started abusing them verbally they responded in an even more aggressive manner and made one's position awkward (Rana, 2011, p334-336).

Adugna(2005) revealed that street children in Addis Ababa collect and grow forsaken puppies by sharing their meal with them. According to the study finding the main reason to do this was for the dogs protect them from attackers mainly when sleeping. Gurung(2004) in also discussed that communal nature of their life help them get security, affection, companionship and sense of belongingness.

2.4.5. Coping strategies respondents use to deal with problems of water and sanitation facilities

Street children had to earn to pay for accessing drinking water and toilet services to some extent. This emphasizes the fact that they were not free riders, at least not on Delhi's roads. In many places, the children cope with the problem of access to drinking water through begging drinking water with bottles. Finding also showed that during Summer Street children rely on water pots at taxi stands was one major source of drinking water for them. Study result showed that street children also rely on community taps and pumps for water, however, many community taps did not work. Many children said that they often drank water from water vendors by paying one rupee per glass (Bhaskaran and Mehta, 2011).

According to Mohamed et al. (2011) the overwhelming majority 82.2% take regular bath manly in the river followed by home. The finding also showed that 68.3% of the respondent reported that they take shower more than once every week. Poor households in Kumasi buy water, among all other needs (Samuel, 2014, p169). A study in South Africa revealed that street children bath in areas like ocean, railway stations, leaking water pipes and public water kiosks. Beside most children reported having a regular bath (82.2%). This was mostly in the river (34.9%) or at home (30.1%).

Finding also revealed that respondents use places like public toilets, railway stations, hotels /restaurants, park/road side and sea sides as toilet (Ghemo, 2005). Access to a toilet is another important facility that street children require. A majority of the street children (87 percent) paid for accessing a toilet facility in Delhi. In the case of girls, this figure was more than 90 per cent. Contrary to the prevailing assumption in Delhi about the toilet behavior of street dwellers, that their open defecation dirties the roads, what we observed was that most of the children accessed paid services such as Sulabh Shouchalayas and mobile toilets used on payment (Bhaskaran and Mehta ,2011).

Chapter Three

3. Research Method

3.1. The Research Design

The type of research used in this study was descriptive research this was because the objective of study focused on description of the problem and coping strategy of street children. Survey design used in this research was descriptive cross sectional. And this study took place at single point in time where sample was taken from the target group using probability sampling technique called cluster (area) sampling technique and the overall finding was based on the views of those who have participated in the study mainly street children.

According to Bhattacharjee (2012, p39) in cross-sectional field surveys, independent and dependent variables are measured at the same point in time (e.g., using a single questionnaire), while in longitudinal field surveys, dependent variables are measured at a later point in time than the independent variables. Descriptive cross sectional survey also preferred over other designs for it is the best design to meet the objective of the study to describe problems and coping strategies of street children in Nekemte town. The data was mainly analyzed quantitatively and qualitative data was used to supplement the data that was generated quantitatively.

3.2. Study Area

The study took place in Nekemte town located in the East Wellega Zone of the Oromia region. It has a latitude and longitude of 9°5'N 36°33'E and an elevation of 2,088 meters. Nekemte was formerly overshadowed by nearby Lieka and Bilo, the former regional markets. Nekemte acquired some importance when Bekere Godana and later his son Moroda Bekere

made it the capital of their kingdom of Wellega in the mid-19th century. The Municipality of Nekemte town was established in 1934 after 7 years of Fascist Italian Invasion and designated as a town in 1942. The first town plan was drawn in 1967. The total area of the town at the time of establishment was about 18 acre, of which 11 acre was owned by few landlords. Currently the town is at the center of the road network for South-Western Ethiopia and found at a distance of 331 Km away from Addis Ababa (Nekemete City Administration).

According to (CSA, 2007) the total population of the town is estimated to be 84, 506 of whom 42,121 were males and 42,385 were females. The town's population grew by three fold in the period of three decades (28703 in 1984 and 84506 in 2005) one of the major explaining factors being increased influx of the surrounding population in to the town looking for job and educational opportunities. Nekemte is currently serving as the capital city of Eastern Wellega zone and population estimate in 2012 shows the town is the home for 110,688 populations. Administratively, it is divided in to six sub cities namely: Calalaki, Kaso, Bake Jama, Bakanisa Kese, Burka Jato and Darge (Nekemete City Administration).

Nekemte town is characterized by mutually contributing socio-economic problems. Ever increasing rate of population pressure from excessive in migration, income shortage, urban poverty, unemployment and strikingly high and ever increasing HIV/AIDS prevalence rate are among the town's socio-economic problems Darge (Nekemete City Administration).

Nekemte Urban Local Government (NULG), administration of self rule by the city was incorporated among the 20 selected cities in Oromia Regional State and reformed in 1997 E.C in accordance with the proclamation No. 65/2003. The objective of the reform was to tackle the imbalance of life condition lack of infrastructural services in the urban due to increasing rural-urban influx, shortage of residence, unemployment, aggravated poverty and its

consequence such as crime, ill health that emanated from lack of sanitation, environmental pollution in the settlement of urban dwellers Darge (Nekemete City Administration).

Diriba(2012) conclude that compared to the severity of the problem of streetism in Nekemete town less effort and commitment was exerted by governmental and non-governmental organizations to deal with the problem . This shows that a lot should be done to take children away from street life. To realize this, study should be done so that problems will be addressed based on the scientific finding. However, so far only single study was conducted on street children in Nekemete town which resulted in lack of data on the number of street children and their overall conditions which creates curiosity to study the problems street children are facing on the street and coping strategies they use.

3.3. Sampling technique

In this study cluster (area) sampling technique was used. Cluster sampling is probability sampling technique that gives an advantage to select participants of a research even where there is no sampling frame. According to Alston and Bowles (2003) cluster random sampling is generally used when there is no sampling frame available; that is, we do not know who is in the group from which we are sampling as there is no readily available list of participants. We also use this type of sampling when we are limited by resource constraints (p86).

According to Kothari (2004,p65) in cluster sampling the total population is divided into a number of relatively small sub divisions which are themselves clusters of still smaller units and then some of these clusters are randomly selected for inclusion in the overall sample.

Accordingly, in this study six (6) Sub Cities in Nekemete town were identified as cluster (area). The Sub Cities include *Calalaki, Kaso, Bake Jama, Bakanisa Kese, Burka Jato and*

Darge. Having given number to the clusters three Sub-Cities were randomly identified using lottery method and then all street children who were living in the randomly selected Sub Cities were listed at night time and the populations of street children in three Sub- Cities were known. Then the sample size was calculated and having known the sample size, proportional allocation of the sample sizes for each randomly chosen cluster was calculated.

Thus, out of six Sub-cities three sub-cities were identified randomly using lottery method. The Sub Cities identified randomly include Kaso, Calalaki, and Bakanisa Kесе. Then the researcher listed 251 street children living and working on the street from the three randomly selected clusters(sub-cities) that were used as population out of which 94 in Kasso (cluster1=N 1), 75 in Chalalki (cluster2=N 2) and 82 in Bakanise Kесе(cluster1 =N3) .

Then with 95% confidence level and with 5% confident interval and with 251 populations the final sample size was calculated to be 152. Therefore, the sample size for this study was 152.

Therefore, using proportional allocation, the sample sizes for each cluster were calculated:

Thus, For Cluster1 with $C1=94$, $P1=152(94/251) =57$

For Cluster 2 with $C2=75$, $P2=152(75/251) =45$

For Cluster 3 with $C3=82$, $P3=152(82/251) =50$

Therefore, using proportional allocation, the sample sizes for the three clusters were 57, 45 and 50 respectively which were in proportion to size of the clusters 94(C1), 75(C2) and 82(C3) respectively and the participants in each cluster was identified randomly using lottery method.

In addition two in-depth key informant interviews were conducted with an expert from BOLSA of Nekemete town who were directly working on the issue and one police officer. And an in-depth interview was also conducted with four street children.

3.4. Method of data collection

In this study both quantitative and qualitative data collection tools were utilized. The main data collection tools that were employed in this study include: questionnaire to collect data from street children, in-depth key informant interview to collect data from key informants, in-depth interview with children and unstructured observation.

3.5. Data collection tools

3.5.1. Structured Questionnaire

Structured questionnaire were used to generate quantitative data. Structured questionnaire are questioners that contain specific and determined questions that are administered to all participants with precisely similar design of wording and sequence. Beside such questionnaires are administered with assumption that all respondents responded to similar questions making easier to administer and cheaper to analyze (Dawson, 2002 & Kothari, 2004).

In this study structured questionnaire were used. The questionnaire was adopted from Berhanu(1998), FREPD(2003) , (Bhaskaran and Mehta, 2011) and some adjustment were made to the questionnaire. It was administered to street children identified through cluster (area) sampling by the researcher. It was so due to the assumption that all street children might not be educated to fill the questionnaire, therefore, the questionnaire was researcher administered questionnaire.

The questions focus on the problems street children are facing and the ways the cope with the problems. The questionnaire was pre-tested on ten street children in Derge Sub-City

and few changes were made based on feedback from the pre-test. The participants replied to forty two questions taking fifty minutes to an hour. It was administered by the researcher. The participants were approached at their place both day and night time. This was done because of the fact that some street children who were randomly identified couldn't be find at the day time or the other way round.

3.5.2. Key Informant Interview

Key informant interview were used to gather qualitative data from persons who have a unique professional back ground related to the issue at hand. This was done through interviewing two people including, an expert from Nekssmete Labor and Social affair and a police officer in Nekemte city administration. The reason the number of respondents were limited to two were due to the fact that there were limited time and the fact that the information needed can be collected from these individuals. Thus, the interview helped to gather in-depth information most specifically on the problem of street children and their coping strategies of street children in Nekemte town. These interviews were conducted with an assumption that the interviewees are knowledgeable about the issue and/or have access to other information of interest.

Key informant from Nekmete Labor and Social affair were asked questions about the problems children what their office has done so far and have planned to do. The interview was conducted by the researcher at the respondent's office. The interview with officer of BOLSA of Nekemete took an hour. And it was recorded by the researcher on note book.

The police officer was asked questions focusing on the problems street children are facing, whether they were arrested and whether living on the street has made them vulnerable to engage in criminal activities. The interview was conducted by the researcher in Nekemete

police commission compound and it has taken one hour .The interview were recorded by the researcher on paper and then translation was done.

3.5.3. In-depth interview

In- depth interview were used to collect qualitative data from street children. Accordingly, four street children were interviewed. The identification of the participants made based on their explaining capacity and understanding of their situation during administration of the questionnaire. Beside the reason the numbers of respondents were limited to four street children were due to the fact that this identified street children can provide relatively better information on the problems and coping strategies they are using to deal with the problems. This helped to gather detailed information on problems they were facing on the street and ways they were dealing with the problems. Four of the street children were interviewed at their place and the interview took an hour with each of them. The interviews were recorded by the researcher on paper and then translation was done.

3.5.4. Unstructured Observation

The other data collection tool used in this study to generate qualitative data was unstructured observation. Observation is an important method for social workers and it helps researcher by filling some drawback present in other methods (Alston & Bowles, 2003).

In unstructured observation the researcher observes behavior and events in an endeavor to explore the situation under investigation. There is no careful plan and no organized categories of observation units. Unstructured observation allows the researcher to ‘soak up’ the environment and to make observations which are free from any preconceptions about the situation (Alston & Bowles, 2003, p195).

In this study using this tool the researcher observed street children`s environment overall day to day activities for twelve days at the day time and six days at the night time. This was done from the first day of entering the field to the last day of the study. The researcher conducted the observation through having informal talk, sitting under cafes/hotels favorable for observing the target in areas identified for the study. Notes were taken always after leaving the field.

3.6. Variables considered in the study

3.6.1. Independent variable

The independent variables explained and described in the study were: sex, age and housing condition.

3.6.2. Dependent variable

The dependent variable assessed in the study were: Access to basic needs, health problems, psychological problems and coping strategies, abuse and coping strategies, vulnerability to engage in crime, water and sanitation problems and substance abuse.

3.7. Data Analysis

In this study mix of both quantitative data analysis and qualitative data analysis method were used. And the data generated through questionnaire were first translated from Afan Oromo to English and then it was edited to detect error and omission and to make sure the data are correct, consistent with other data gathered using similar data collection tool. Then the edited data was coded through assigning numbers and the coded data was classified on the bases of their common characteristics and then entered to SPSS. Having undertaken the above activities the data was analyzed using Statistical Package for Social Scientists (SPSS). Then

univariate analyses were used or for all variables frequency were counted and percentage was calculated to describe the problem of street children and their coping strategies in Nekemete town. Bivariate analyses were done using cross tabulation of dependent and independent variable. The data were presented using table, bar and pie charts.

Qualitative data were analyzed thematically. Accordingly, the problem of street children and their coping strategies to deal with the problems were used as main theme. The analysis was mainly conducted to give qualitative information collected through in-depth interview with street children, key informant interview and unstructured observation. Thus, the data which were collected through in-depth interview, key informant interview and observation was analyzed qualitatively. Accordingly the data from key informant interview and in-depth interview were organized and prepared through translating the data from Afan Oromo to English language and then it was reduced and arranged based on the source of the information and themes. And then the general idea of the information from the respondents was presented. Finally, the finding was triangulated with the quantitative findings.

3.8. Ethical consideration

The researcher have had a support letter from Addis Ababa University School of Social Work to concerned bodies before going to the field and the researcher contacted authorities of Nekemete city administration and made clear the objective of the study and cooperation letter was written to BOLSA of Nekemete town and Nekemete Police Commission.

In this study participants were took part in the research with their own informed consent. In this case taking into account Article (36) sub article (2) of The Constitution of the FDRE (1995) which says In all actions concerning children undertaken by public and private welfare institutions, courts of law, administrative authorities or legislative bodies, the primary

consideration shall be the best interest of the child, thus in this study participants were asked their consent to participants in this study.

Accordingly street children who were randomly identified were asked their consent after the consent form has been read to them. Accordingly, choice of thirty seven children who showed reluctance to participate in the study was respected and replaced by others. All respondents of these study participated with their own free will and no false promises were made to gain their will.

Furthermore, participants were told that their names are not going to be used in the report and they were also told that they have the right not to give answers either to the whole or to part of questions they were unwilling and they can withdrew from the study at any time. They were informed that the information they provide is confidential. Which means the information they provide to the study did not disclosed to the third party without their permission. And the administration of the questionnaire was made by the researcher and qualified professionals who were familiar with questionnaire and street children.

Regarding the beneficence for the children in the course of the data collection the researcher have provided advice to street children based on the request of the children. The researcher have also protected the mental well being of the participants through treating and approaching every participant of the study with respect and away from being judgmental regardless of their social status.

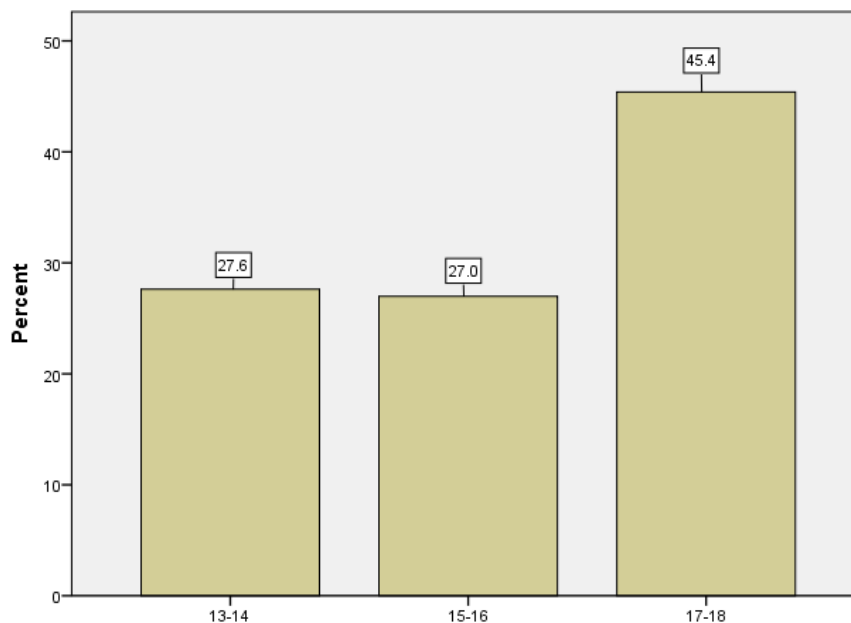
CHAPTER FOUR: DATA ANALYSIS

4. FINDING

4.1. Socio-demographic characteristics of respondents

In this study, a total of 152 street children were participated from three randomly selected Sub- Cities in Nekemete town. Among the participants the majority 73.7% were males and females were 26.3% of the total respondents. And the highest proportion 45.4% of the respondents belong to 17 and 18 years age groups whereas 13 and 14 and 15 and 16 age groups account for 27.6% and 27% respectively.

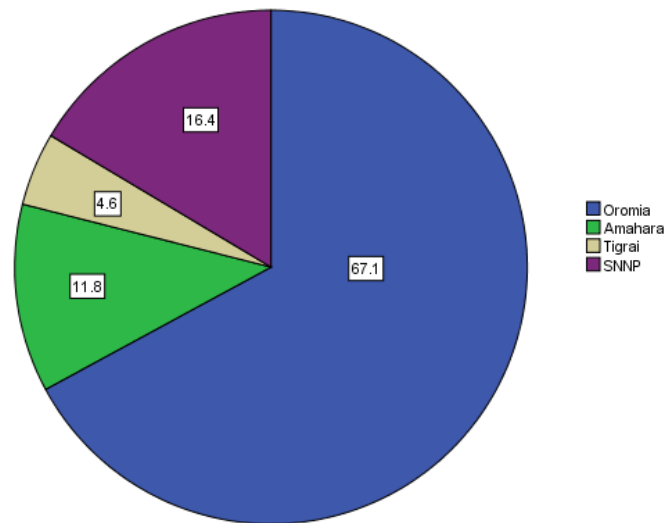
Figure 1: Age of respondents



Place of birth as one variable was assessed in order to know how long the children traveled to be on the street. Hence in their response children mentioned different areas of regions like Oromia, SNNP, Amahara , and Tigrai. However, to make the data manageable the result is recoded to the regional state in which the mentioned areas were located. Accordingly, Figure 2

revealed that the majority 67.1% of the respondents were born in Oromia region whereas about 16.4% of them were born in SNNP and about 11.8% of the respondents were born in Amahara region and 4.6% of the respondents were born in Tigrai region. The finding also showed the majority of street children in Nekemete town came from average of 250 km radius.

Figure 2: Respondents place of birth



The majority of the study respondents 65.5 % were from Oromo ethnic group, followed by Amahar ethnic group 12.5 %, and 7.2 % were from the Gurage ethnic group. Whereas 5.9 % of the respondents were Tigre, and 5.3 % were from Hadiya ethnic group and only 3.9% were from the Welayita ethnic group. The finding revealed the overwhelming majority of ethnic group in this study were from the Oromo ethnic group.

With respect to religious affiliation of respondents, 49.3% of the respondents were followers of orthodox Christianity, followed by 19.1 % who were Protestant, 13.2 % were Muslim, 7.9% were Wakefeta, 5.9% were Catholic, 2% were Adventist and the remaining 2.6 % were atheist.

When we look at the educational status of the study participants about 50.7 % of the respondents have attended 1-6 grade, 28.9 % of the respondents have never attended formal school, and about 9.2 % have attended 7 or 8 grades whereas 5.9 % have attended 9 or 10 grade. Only 3.3 % of the respondents were above 10th grade and 2 % of them can read and write. The above finding demonstrated that about 68.6 % of the respondents have got formal education. The finding also indicated that street children who have gone beyond primary level were very minimal. The study also found out that about 30.9% of the respondents have not attended formal education at all.

4.2. Access to basic needs

4.2.1. Food

Among the respondents 34.2 % of the respondents use begging as a main source of food and buying food from the market 27.6 % were the second most common means of accessing food, 21.7 % of the respondents use leftover from hotels and restaurants as main source of accessing food and the remaining 16.4 % of the respondents mainly access food from home.

Qualitative finding revealed that most of the street children in Nekemete town use begging as main way of securing their daily food, but they also purchased food from low level tea rooms and local restaurants. One of the interviewee said that:

“I most of the time beg to eat food but sometimes when I work and earn some money I use local tea rooms and restaurants. I eat ‘Chornake’ with tea from the tea rooms with three birr whereas when the money is a little more I go to local restaurants and eat ‘Beye ayinet’ with eight birr. In addition I also sometimes collect leftover from hotels and restaurants.”

Table 1: Respondents main source of food by sex

Source of food	Sex of respondents					
	Male		Female		Total	
	F	%	F	%	F	%
Begging	24	21%	28	70%	52	34.2%
Buying	41	36.6%	1	2.5%	42	27.6%
Leftover	31	27.7%	2	5%	33	21.7%
Home	16	14.3%	9	22.5%	25	16.4
Total	112	100%	40	100%	152	100%

According to Table 1, the highest percentage of female respondents 70 % use begging as main source of food compared to 21.4% male respondents. In the other side 36.6 % of male respondents use buying as a main source of food compared to only 2.5 % of female respondents and 27.7 % of male respondents use leftover in contrast to 5% of female respondents. Thus, females were more likely to have used begging as main source food while males were more likely to have used buying food from the market as main source of food.

The study finding indicated that respondents belonging to 13 and 14 years of age were about two times more likely and nearly five times more likely to have used begging as main source of food than respondents belonging to 15 and 16 years and 17 and 18 years of age respectively. While the majority of respondents aged 17 and 18 use buying food from the market as main source of food accounting for 53.6 % as compared to 12.2 % of the respondents aged 15 and 16 years and no respondents at the age of 13 and 14 years.

Finding revealed that 47.4 % of the respondents usually have meals three times a day whereas 37.5% of the respondents have food twice a day. And 9.9 % of the respondents usually eat food any time they get while 5.3 % of them usually eat food only once a day. The finding revealed that the overwhelming majority nearly 84.9 % of the total respondents have food twice and three times a day. Analysis by sex revealed that 38.4% male and 35 % of female respondents usually have food twice a day. About 49.1 % male and 42.5 % of female respondents have food three times a day. And 7.1 % male and 17.5 % female respondents usually have food any time they get.

Age wise analysis demonstrated number of meals respondents have by age. And summaries that 14.3 % of respondents belonging to 13and 14 years of age in most instances eat food once a day whereas 4.9% of respondents aged 15 and 16 years and no respondents aged 17and 18 were eat food once a day. About 40.5 % of respondents aged 13and 14 years, 53.7 % of respondents aged 15 and16 and 26.1 % usually eat food twice a day. And 38.1 % aged 13and 14, 24.4 % respondents aged 15and16 and 66.7 % of respondents aged 17and 18 have meal three times a day. Finally 7.1 % aged 13and 14, 17.1 % respondents aged 15and16 and 7.2 % of respondents aged 17and18 eat food as available.

4.2.2. Cloth

The study found out that for about 49.3% of the respondents the main source of cloth was buying from the market and the second most common source of cloth for 23.7 % respondents was generous donation from people. And about 15.8 % use begging while the remaining 11.2 % use collecting discarded cloth as main source of cloth. Table 2 showed analysis by sex, hence 55.4% of male respondents use buying as main source of cloth compared to 32.5 % females. In the other hand, 11.6% male respondents use begging compared to 27.5%

females. And 21.4% of males use generous donation in contrast to 30 % of females. Finally collecting discarded cloth was used by 11.6 % males compared to 10% females.

Table 2: Respondents main source of cloth by sex

	Sex of respondents					
	Male		Female		Total	
Food per day	F	%	F	%	F	%
Buying	62	55.4%	13	32.5%	75	49.3%
Begging	13	11.6%	11	27.5%	24	15.8%
Generous donation	24	21.4%	12	30%	36	23.7%
Collecting discarded cloth	13	11.6%	4	10%	17	11.2%
Total	112	100%	40	100%	152	100%

The study also analyzed respondents main source of cloth by age and the result showed that 76.8 % of respondents belonging to 17 and 18 year of age use buying as main source of cloth compared to 36.6% and 16.7 % aged 15 and 16 and 13 and 14 respectively. In the other hand 35.7 % of respondents aged 13 and 14 use begging in contrast to 14.6% and 4.3% respondents belonging to 15 and 16 and 17 and 18 years of age respectively.

The study has assessed to know whether respondents have extra cloth other than the one they have dressed. Hence finding indicated that 55.9 % of the respondents do not have extra cloth whereas 44.1 % of the respondents have extra cloth. The study has also assessed whether respondents have extra cloth or not by sex and the found out that 42.9 % male and 47.5 % female respondents don't have extra cloth. Finding from analysis by age also showed 65.2% of

respondents aged 17 and 18 years have extra cloth compared to 36.6% and 16.7% of respondents aged 15 and 16 years and 13 and 14 years respectively.

Qualitative finding confirmed that most street children do not have extra cloth. Finding also revealed in most instances when street children are given cloths they prefer to sell it to 'quralles' that using it for themselves. I have also observed that in my entire stays in the field most street children dress the same cloth beside their cloths are very untidy and has got smell. A respondent said that:

"I have no any other cloth other than this I always wear it. Last time an individual gave me trouser but I sold it with twenty birr and used the money to buy chat and cigarette to me and my friends. My friends also do the same when they are given cloth. Even when the individual wants to keep the extra cloth his friends will sell it as he has no place to hide or keep his extra cloth"

The study has also assessed what respondents dress when sleeping. Accordingly, the most frequently used cloth to cover their body when sleeping for 27% of the respondents were plastic while the second most commonly used were sewed up rags/rags being used by 23.7% of the respondents, blanket was used by 20.4% of respondents. And 19.1% and 9.9% of the respondents use bed sheet and day time cloth respectively.

Cloths respondents wear when sleeping by housing situation were analyzed to see if there is difference between respondents those who sleep at home and on the street. Hence finding revealed that 49.1 % and 50.9 % of respondents sleeping in the house wear blanket and bed sheet when sleeping as opposed to only 5.1 % and 2% of respondents who were sleeping on the street. Among street children who were sleeping on the street about 93% wear rags, plastic and day time cloth when sleeping compared to no respondents who were sleeping in the house.

Finding from interview showed that street children have not enough cloth to cover their body when sleeping. Finding also showed that street children who sleep on the floor of nightly rental house paying five birr every night wearing their day time cloth only. I have also observed that most street children wearing rags which do not fully cover their entire body and I also observed street children sleeping with their day time cloth only.

4.2.3. Housing situation of street children

Finding indicated that the majority 65.1% of the respondents stay on the street both at the day and night time whereas 34.9% of the respondents stay on the street at the day time and sleep at home. Table 3 showed housing condition by sex, accordingly finding signified that 61.6 % male respondents stay day and night on the street compared to 75% of female respondents. In the other hand 38.4 % male respondents were sleeping at home in contrast to 25 % of female respondents. The finding further revealed that 61.6% of males were of the street children compared to 75% females. And 38.4% of males were on the street children compared to 25% of females.

Table 3: Respondents housing situation of street children by sex

Housing condition	Sex of respondents				Total	
	Male		Female		F	%
	F	%	F	%		
In the house	43	38.4%	10	25%	53	34.9%
On the street	69	61.6%	30	75%	99	65.1%
Total	112	100%	40	100%	152	100%

Furthermore female street children mostly sleep in and around Orthodox Church. Females who sleep on veranda were females those who sleep with their boyfriends and females those who were engaged in prostitution. Whereas males mostly seen sleeping on veranda and on the street.

Age wise analysis revealed that 16.7 % of street children aged 13and14 sleep at home compared to 36.6 % and 44.9% respondents aged 15 and 16 and 17and 18 respectively. In the other hand 83.3 % of respondents aged 13and 14 were live on the street compared to 63.4 % and 55.1% of respondents aged 15 and16 and 17and 18 respectively.

Finding showed that among respondents who were living on the street 33% of the respondents usually sleeping on veranda, followed by 28.3 % of them who were sleeping at nightly rental place, 16.2 % of the respondents usually sleeping at church. And about 13.1 % of them sleep on street corners while only 9.1 % of the respondents usually sleep at building under construction.

Study finding indicated that 33.3 % female and 33.3 % male respondents were usually sleeping on veranda whereas 50% males compared to 1.4% females usually use church as main sleeping place. In the other side 36.2 % of males and 10 % of female respondents mostly sleep in nightly rental place. And 18.8 % of male respondents and no female use street corners as sleeping place. Finding from age wise analysis also revealed that the majority 68.4% respondents aged 17and 18 years usually sleep in nightly rental place as opposed to only 7.7% respondents belonging to 15and 16 years of age and no respondents at aged 13and 14. On the other hand 51.4% of the respondents belonging to 13 and 14 years of age and 38.5 % of respondents aged 15 and16 and only 13.2% of respondents aged 17and 18 use veranda as the main sleeping place.

Qualitative finding showed that street children were not allowed to make plastic house on the street nor they were allowed to sleep under some verandas. The main reason they were not allowed not to build plastic houses were to keep the image of the city. In my observation I did not see any plastic house built on the street by street children to sleep in. One of the interviewee said that:

“The police do not allow us to make plastic house. When I was in Bako my friends and I made plastic house and it was safer place to sleep and stay in during the rainy season, however, in Nekemete if you make such house the police or the kebele militia will immediately destroy it.”

Out of 53 respondents who were sleeping in the house, about 52.8% were sleeping in the house they have rented whereas 39.6 % were sleeping in their parents or relative's house and the remaining 7.5 % were sleeping in the house where they were hired to do some activities on the street. The study finding showed that the majority 58.1 % of males sleep in the house they have rented compared to 30 % of female respondents, while the majority of female respondents 60% compared to 34.9 % male respondents sleep in their parents/relatives home. Employers home as sleeping place were used only by 7 % males and 10 % females.

By age, finding revealed that 77.4 % of respondents aged 17 and 18 sleep in the house they have rented compared to 26.7 % aged 15 and 16 and no respondents aged 13 and 14. To the opposite the overwhelming majority 85.7 % aged 13 and 14 sleep in their parents or relatives house compared to 53.3% and 22.6% of respondents aged 15 and 16 years and 17 and 18 years respectively.

4.3. Health Problems

The study have examined whether respondents have fallen sick in the last three months. And finding indicated that 67.1 % of the respondents were sick in the last three months whereas 32.9 % were not sick. Table 4 indicates whether respondents fall sick by housing condition. Accordingly, about 74.4 % of respondents living and sleeping on the street were sick in the last three months compared to 52.8 % respondents sleeping in the house.

Table 4: Whether respondents fall sick in the last three months by housing condition

Fall sick	Housing condition of respondents					
	Sleeping in the house		On the street		Total	
	F	%	F	%	F	%
Yes	28	52.8%	74	74.7%	102	67.1%
No	25	47.2%	25	25.3%	50	32.9%
Total	53	100%	99	100%	152	100%

Out 102 street children who were sick in the last three months the majority 52.9 % of the respondents have accessed health service compared to about 47.1 % of the respondents who have not accessed health service.

Table 5: Whether street children have accessed health service by age

Accessed to Health service	Age of respondents							
	13-14		15-16		17-18		Total	
	F	%	F	%	F	%	F	%
Yes	15	41.7%	13	43.3%	26	72.2%	54	52.9%
No	21	58.3%	17	56.7	10	27.8%	48	47.1%
Total	36	100%	30	100%	36	100%	102	100%

*50 Not applicable

Table 5 showed the weather respondents who were sick in the last three month have accessed health service. Thus, we can see that 72.2% of street children aged 17 and 18 years have accessed health service compared to 43.3 % respondents belonging to 15 and 16 age groups and 41.7 % of respondents aged 13 and 14 years.

Concerning health facilities accessed by respondents, finding revealed that out of 54 street children who have accessed health services the majority 59.3 % have accessed health service at government health post and about 16.7% of respondents have accessed health service at government hospital. And 13 % of the respondents went to non-governmental clinics while the remaining 11.1 % have accessed health service at private clinic.

According to finding from the current study among street children who have accessed health services the highest percentage 29.6 % of the respondents paid their medical expenses by themselves while 20.4 % of respondents have used free medical service by government and for 20.4 % of the respondents their expense were covered by friends. Sympathetic individuals and parents paid medical expenses for 13 % and 16.7 % of the respondents respectively.

Qualitative finding revealed that street children access free medical services when they are seriously ill without being asked any legal documents like identification card. The service is

facilitated by BOLSA of Nekemete in cooperation with health facilities and the sub-cities. However, the service delivered in this aspect is very much limited compared to the level of the problem.

With respect to the most recurrent health problems on street children , study result showed that the most recurrent health problem among 26.5 % of the respondents were intestinal parasites and complications followed by headache which is the second most recurrent health problem for 10.8 % of the respondents . And malaria, gastric and cough were recurrent among 29.4 % of respondents each of the health problems was recurrent among 9.8 % of the respondents. Eye problem were most recurrent among 8.8 % respondents while skin disease were recurrent among 7.8 % of the respondents. Health problems such as TB, abortion, dental problem, asthma were also most recurrent among 4.9 %, 4.9 %, 3.9 %, and 2.9 % of respondents respectively.

The study has also assessed whether respondents have disabilities and found out that only 5.9 % of the respondents have disabilities. Among these six of them have physical disability whereas two of the respondents have difficulty of hearing and the remaining one respondent was visually impaired.

4.4. Psychological problems and coping strategies

The study has also assessed main psychological problems respondents were suffering from and Table 6 demonstrated that the highest percentage of respondents 22.4 % were feeling unwanted and unloved followed by 17.1 % of respondents who were mainly suffering from feeling unhappy whereas 16.4 % were suffering from feeling alone. The remaining 16.4 % of the

respondents were suffering from feeling inferior and 14.5 % were suffering from desperation and the remaining 13.2 % were suffering from fear.

Table 6: Main Psychological problems respondents are facing

Psychological problem	F	Percentage
Fear	20	13.2%
Feeling unhappy	26	17.1%
Desperation	22	14.5%
Feeling inferior	25	16.4%
Feeling unwanted and unloved	34	22.4%
Feeling alone	25	16.4%
Total	152	100%

The study has assessed psychological problem by sex. Hence fear 37.5 % was the main problem among females followed by feeling unhappy 17.5 %, desperation 15%, feeling inferior 15 %, feeling unwanted and unloved 7.5% and feeling alone 7.5 %. On the other hand the highest problem among males were feeling unwanted and unloved 27.7 % followed by feeling alone 19%, feeling unhappy 17 %, feeling inferior 17 %, desperation 14.3 % and fear 4.5 %.

Finding from the age wise analysis showed that feeling unwanted and fear were the most common problem among 45.2% and 26.2% of respondents aged 13 and 14 years respectively. In the other hand among respondents aged 15 and 16 years feeling unhappy was the common among 22% of respondents while feeling inferior was common among 22% of respondents and feeling unwanted and unloved were the most common among 19.5% of respondents. Among respondents aged 17 and 18 years feeling unwanted and unloved was common among 22.4% of

the respondents whereas feeling unhappy was common among 17.6% of the respondents and feeling alone were the most common among 16.4% of respondents.

Study result showed ways respondents cope with psychological problems. Accordingly, the highest proportion 27.6% mainly abuse substances to cope with psychological problems followed by 20.4% of respondents who use looking for companionship as main coping strategy. About 18.4 % of the respondents use isolation and 13.2% of them use praying as main coping strategy. And 11.8% use engaging in hostile and aggressive behavior whereas the remaining 8.6% use crying as main coping strategy to deal with problems.

Finding indicated that about 67.1 % of respondents believe they were discriminated by the society whereas the remaining 32.9 % of the respondents believe they were not discriminated by the society in Nekemete town.

4.5. Abuse and coping strategies

Finding displayed that the overwhelming majority 88.2 % were victim of abuse whereas the remaining 11.8 % respondents were not abused. Out of 134 respondents who were abused about 45 % were verbally abused whereas 42.3 % of the respondents were physically abused and the remaining 12.8 % were victim of sexually abused.

Table 7: Type of abuse by sex

Type of abuse	Sex of respondents				Total
	Male		Female		
	F	%	F	%	
Sexual abuse	4	2.2%	34	29.8%	38
Physical abuse	86	46.7%	40	35.1%	126
Verbal abuse	94	51.1%	40	35.1%	134

*Multiple responses

Table 7 indicated that 29.8 % of females and only 2.2 % males were sexually abused whereas 46.7 % males were physically abused compared to 35.1 % females. And 51.1% of male respondents were verbally abused in contrast to 35.1 % of females. The finding revealed that males were also victim of sexual abuse. By age, finding demonstrated that 16 % of respondents aged 17 and 18 years, 14.3 % of respondents aged 15 and 16 years and 9.7 % of respondents aged 13 and 14 years were sexually abused. And about 45.2% of respondents aged 13 and 14 years, 42.9 % of respondents aged 15 and 16 years and 39.5 % of respondents aged 17 and 18 years were physically abused. Whereas 45.2 % respondents aged 13 and 14 years, 42.9 % aged 15 and 16 years and 46.5 % respondents aged 17 and 18 years were verbally abused.

Qualitative finding revealed that street children are victim of physical, verbal and sexual abuses. With regard to sexual abuse females were raped, forced kissing, touching private parts are the most common whereas males were victim of attempt of penetration when sleeping by their friends and asking for same sex practice. Finding also showed that physical and verbal abuse were common among both sex group. A street children said that:

“I was sleeping in nightly rental house where we sleep on the floor without night cloth then I walk up from my sleep when unknown man trying to undress my trouser then I shouted and insulted him then the owner immediately came and asked why I was shouting and I told him what happened but the man insisted that he was doing it unconsciously in his dream and then yell at me and warned me not to disturb.”

Finding demonstrated coping strategy respondents use to deal with abuse. Thus, about 18.7 % of the respondents use moving and sleeping in group as main way to cope with abuses, whereas 17.9 % of the respondents use seeking protection from friends. And 16.4 % of the respondents use reporting to police while 15.7 % of respondents fighting back to cope with abuses and about 12.7 % of them restrict their time and movement to places where people are available. Escaping or hiding and giving coins or things were used by 11.9 % and 6.7% of respondents as main coping strategy against abuse respectively.

Qualitative finding showed that abused street children hardly report to the police station when they are abused. They mostly abstain from reporting to the police in fear of the abuser at release that they tolerate and adjust themselves to the problem. The other reason is that they have a fear that they will not be accepted and that police will not cooperate with them. As a result they deal with the problems by themselves.

4.6. Vulnerability to engage in crime

Finding revealed that the majority of the participants 59.9 % were not arrested by police whereas 40.1% were arrested by police. The above data do not include those who have committed crime but who were not arrested. Finding from the key informant interview revealed that street children in Nekemete town are arrested together with adults.

Table 8 revealed that 44.6 % of males were arrested by police compared to 27.5 % of female respondents. The finding also showed that survey respondents who were male were more likely to have been arrested than females. Finding from analysis by age also revealed that only 2.4 % respondents aged 13 and 14 years were arrested compared to 31.7 % aged 15 and 16 years and 68.1 % respondent belonging to 17 and 18 years of age. This means street children belonging to 17 and 18 year of age were 65.7 % and 36.4 % more likely to have been arrested than 13 and 14 years and 15 and 16 years of age respectively. Finding also showed that out of 61 respondents who were arrested by police about 95.1% of them reported that they use substances in contrast to only 4.9 % of respondents who do not use any substance.

Table 8: Police arrest by sex

Whether respondents were arrested	Sex of respondents					
	Male		Female		Total	
	F	%	F	%	F	%
Yes	50	44.6%	11	27.5%	61	40.1%
No	62	55.4%	29	72.5%	91	59.9%
Total	112	100%	40	100%	152	100%

Finding revealed that among respondents who have said they were arrested by police 27.9% of them were arrested more than three times followed by 26.2 % who were arrested twice and 23 % of the respondents were arrested three times whereas about 23 % of them were arrested once.

Table 9 displayed number of arrest by age. Thus, 34% respondents belonging to 17 and 18 years of age were arrested more than three times followed by 25.5 % who were arrested twice and 21.3 % of them were arrested once and 19.1 % of them were arrested three times. On the other hand within respondents belonging to 15 and 16 years of age 38.5 % of them were arrested

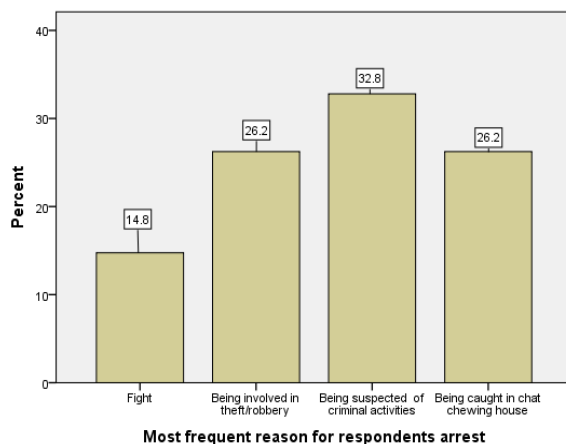
three times followed by 30.8 % who were arrested twice and 23.1 % of them were arrested only once and the remaining 7.7 % were arrested more than three times. Opposite to the two age groups only one respondent belonging to 13 and 14 years of age group were arrested.

Table 9: Number of arrest by age

Number of arrest	Age of respondents						Total	
	13-14		15-16		17-18			
	F	%	F	%	F	%	F	%
Once	1	100%	3	23.1	10	21.3	14	23%
Twice	0	0.0%	4	30.8%	12	25.5%	16	26.2%
Three times	0	0.0%	5	38.5%	9	19.1%	14	23%
More than three	0	0.0%	1	7.7%	16	34%	17	27.9%
Total	1	100%	13	100%	47	100%	61	100%

Figure 3 illustrated the most frequent reason for respondents` arrest. Accordingly, for about 32.8 % of respondents the most frequent reason were being suspected of criminal activities followed by being involved in theft or robbery 26.2 % and being caught in chat chewing house were also the most frequent reason for 26.2 % of the respondents and the most frequent reason for the arrest of the remaining 14.8 % of respondents were fighting.

Figure 3: Frequent reason for arrest



Finding from key informant interview revealed that street children involvement on criminal activity takes two ways the first one is that the street children themselves directly involve on criminal activities. The second is cooperating with other criminals. In this case the role of the street children is to spy and provide the necessary information or do whatever they are told to do by these big criminals. Street children engagement of criminal activities varies based on their age. The younger street children are mainly engaged on criminal activities including pocket picking, snatching, disappearing while carrying luggage or other staffs for people. The big ones are engaged on criminal activities including pocket picking, hang, robbery, etc.

Respondents vulnerability to engage in crime was also assessed to know whether being on the street has increased their susceptibility to engage on crime. Accordingly, the majority 63.2 % of the respondents believe living on the street has increased their vulnerability to engage in crime whereas the remaining 36.8 % believe being on the street do not make them vulnerable to engage in crime.

Finding from key informant revealed that most street children are not under family or guardian supervision as result they are engaged in different anti social activities such as substance abuse. Qualitative finding also revealed that when they are on the street they do not have access to their basic needs, consequently the use short and easy way of realizing their needs which includes engaging in crime this shows that street children are vulnerable to engage in crime.

The study has also assessed respondents' perception of police attitude towards them. Hence, finding showed that 42.8 % of the respondents believe police were negative towards them

whereas 27.6 % believe police do not care about them and the remaining 29.6 % believe police were positive towards them. Key informant showed that regarding relationship between police and street children at present is improving. These days we are working with street children mainly those who are engaged in shoe shining and car washing to prevent criminal activities.

4.7. Water and Sanitation problem

Finding showed that about 34.2 % of the respondents use begging as main source of drinking water while for 28.3 % of the respondents their main source of water were local tea rooms and restaurants. Buying tap water to home as main source of drinking water were used by 19.1 % of the respondents. The remaining 11.8 % and 6.6 % of the respondents use buying tap water with plastic bottle from shop and tap water from home as main source of water respectively.

Qualitative finding revealed that street children get drinking water from different source which means they use a combination of coping mechanisms for instance most of them beg water with their plastic bottle either from residents of the city or cafes and restaurants of the city. Finding also showed that begging was not simple for street children this so because of the fact that most people suspect them that they are there to spy than to beg water. A street children said that:

“One day I was thirsty and went to the nearby resident and knocked at the door to ask for drinking water but nobody was responding and then I pushed the door and the main get easily opened ,suddenly a man came from the back and kicked me and asked me what I was doing there and I told him that I was there to ask for water, however, he was not willing to listen to me rather he kept on beating me and yelled at me that I am thief and warned me that he will take me to police if I show up again.”

Table 10: Respondents main source of drinking water by sex

	Sex of respondents					
	Male		Female		Total	
Source water	F	%	F	%	F	%
Tea rooms/restaurants	37	33%	6	15%	43	28.3%
Tap water from home	6	5.4%	4	10%	10	6.6%
Buying water to home	23	20.5%	6	15%	29	19.1%
Buying water with plastic bottle	18	16.1%	0	0.0%	18	11.8%
Begging	28	25%	24	60%	52	34.2%
Total	112	100%	40	100%	152	100%

Table 10 demonstrated that 33 % males compared to 15 % female respondents were using local tea rooms and restaurants as main source of drinking water. In the other hand 20.5 % males were buying tap water to home compared to 15 % females. Buying tap water with plastic bottle was used by 16.1 % males as opposed to no female whereas 25 % males used begging as main source of drinking water compared to 60 % females.

Finding from analysis by age showed that about 78.6 % of respondents belonging to 13 and 14 years of age were use begging as main source of drinking water. And about 68.3 % of respondents belonging to 15 and 16 years of age use local tea rooms and restaurants and begging as prime source of drinking water. In the other end 84% of respondents belonging to 17 and 18 years of age use local tea rooms and restaurants, buying tap water to home and buying tap water with plastic bottle as main source of drinking water.

The study also has assessed places where they wash their body. Thus, finding indicated that about 53.3 % of the respondents usually wash their body at river or streams whereas 25 % of

the respondents wash their body at home and the remaining 21.7 % of them wash their body paying their money.

According to finding from the study the majority 71.7 % of respondents who were sleeping in the house usually take shower at home, to the contrary the majority 73.7 % of respondents who were sleeping on the street(out of the house) usually take shower at river/streams. Paying was used by 26.3 % of those who were sleeping on the street compared to 15.1 % respondents sleeping at home.

The study finding indicated that 38.2% of the respondents stay for more than two weeks without washing their body whereas about 32.2 % of them wash their body every two weeks and about 27 % of them wash their body every week. And only 2.6% of the respondents were washing their body one to three days. Finding from analysis by sex revealed that about 30.4 % male and 17.5 % female respondents were washing their body once in a week. And about 33.9 % of male respondents wash their body more than two weeks whereas 50 % of female respondents wash their body more than two weeks.

The study has also analyzed how often respondents wash their body by age and found that the majority 78.6 % of respondents aged 13 and 14 years stay for more than two weeks without washing their body. In the other side 48.8 % respondents belonging to 15 and 16 years of age stay for more than two weeks without washing their body, while only 7.2 % of respondents belonging to 17 and 18 years of age stay for more than two weeks without washing their body. Among 17and 18 years of age the majority 53.6 % wash their body every two weeks whereas about 34.8 % wash their body every week. The finding also showed one to three days were the least reported across all age groups.

Qualitative finding showed that female street children who stay day and night on the street stay more time without washing their body in fear of abuse from males as most of the streams are located in places where people are less available as a result they usually go to the streams in group.

Study result demonstrated that about 71.7 % of the respondents wash their cloth at river or streams while the remaining 28.3 % wash their cloth at home. According to finding from this study about 100% of respondents who were sleeping on the street wash their cloth at the river or streams compared to 18.9 % of respondents sleeping in the house. In the other side 81.1 % of respondents who sleep at home mostly wash their cloth at home compare to no respondents who were staying on the street day and night.

The study has also assessed how often respondents wash their cloth and found out that 36.2 % of the respondents stay for more than a month without washing their cloth whereas about 33.6 % of them wash their cloth once in two weeks and 23 % of them wash their cloth every month and the remaining 7.2 % wash their cloth every week.

As to qualitative finding the main reason for respondents not to wash their cloth regularly was the fact that their primary focus was survival and they consider hygienic issues as luxury for street children. Beside the fact that most street children do not have extra cloth to change when washing their cloth and that rivers/streams where they wash their cloth are located out of the city were also among the reasons for not washing their cloth on regular basis.

Table 11 showed how often respondents usually wash their cloth by sex and found that among male respondents 35.7 % wash their cloth once in two weeks and 34.8 % of the respondents stay for more than a month without washing their cloth, 25.9 % of them wash their cloth every month and only 3.6 % of the respondents wash their cloth weekly. In the other side

among females 40 % of them stay for more than a month without washing their cloth, 27 % of female respondents wash their cloth every week and about 17.5% of them weekly and 15% of them wash their cloth every month.

Table 11: How often respondents usually wash their cloth by sex

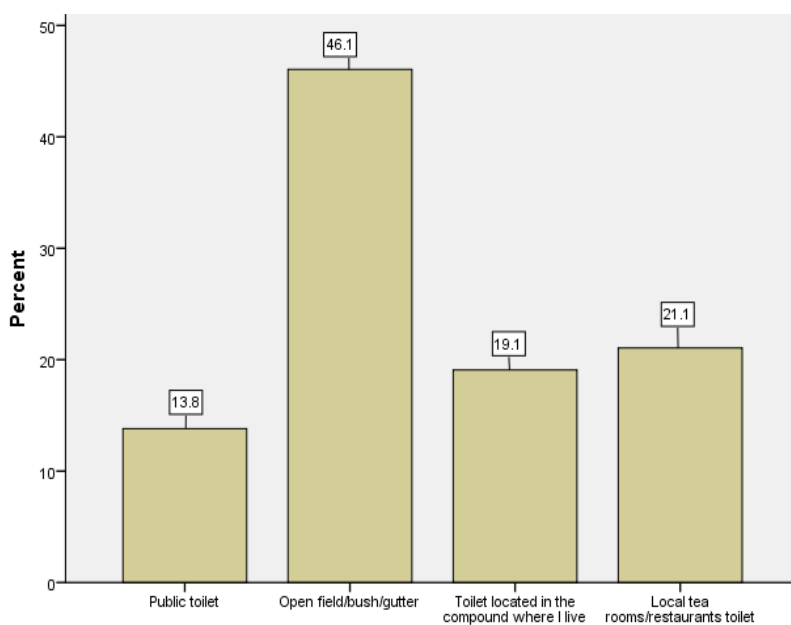
	Sex of respondents					
	Male		Female		Total	
How often do you wash your cloth	F	%	F	%	F	%
Weekly	4	3.6%	7	17.5%	11	7.2%
Once in two weeks	40	35.7%	11	27.5%	51	33.6%
Monthly	29	25.9%	6	15%	35	23%
More than a month	39	34.8%	16	40%	55	36.2%
Total	112	100%	40	100%	152	100%

Finding from age wise analysis revealed that 73.8 % of respondents aged 13 and 14 years, 46.3 % of respondents aged 15 and 16 years and only 7.2 % of respondents aged 17 and 18 years stay for more than a month without washing their cloth. Thus, respondents aged 13 and 14 years were 27.5 % and 66.6 % more likely to have stayed for more than a month without washing cloth than respondents aged 15 and 16 years and 17 and 18 years respectively.

The study has also assessed how often respondents wash their cloth by housing condition. And the result revealed that among respondents living in the house the majority 66 % wash their cloth once in two weeks and about 18.9 % wash their cloth weekly and about 15.1 % of them wash their cloth every month. To the contrary the majority 55.6 % of respondents living and sleeping on the street stay more than a month without washing their cloth whereas about 27.3 % wash their body every month and 16.2% of them wash their cloth once in two weeks.

Figure 7 showed the types of toilet respondents use. And found out that 46.1 % respondents use open field and bushes whereas about 21.1 % of the respondents use toilets of local tea rooms and restaurants. About 19.1 % respondents use toilet located in their compound and the remaining 13.8 % use public toilet.

Figure 7: Type of toilet respondents usually use



Regarding type of toilet respondents use qualitative finding revealed that street children mostly use open fields, canals, bushes and corners. However, not all are using these places as toilet the other are using public toilets and toilets of bus station and some cafes and hotels.

4.8. Substance abuse

Study finding indicated that 67.8 % of the respondents abuse substances whereas 32.2 % do not abuse substances. Table 12 displayed that the dominant majority 78.2 % male respondents abuse substances compared to 37.5 % of female respondents. Study finding also showed that

59.5 % of respondents at the age of 13 and 14 years, 61 % of respondents aged 15 and 16 years and 76.8 % of respondents aged 17 and 18 years abuse substances.

Table 12: Whether respondents abuse substances by sex

	Sex of respondents					
	Male		Female		Total	
Do you abuse substances	F	%	F	%	F	%
Yes	88	78.6%	15	37.5%	103	67.8%
No	24	21.4%	25	62.5%	49	32.2%
Total	112	100%	40	100%	152	100%

Study result demonstrated the type of substances used by respondents and found out 23.6 % of the respondents chew chat and about 22.2 % of the respondents drink alcohol, 19.2 % of them smoke cigarette, 9.9 % of them sniff benzene, 9.9 % of them sniff glue, 8.8 % smoke shisha, and 6 % smoke drug. The study has also assessed the types of substances respondents used by age. Thus, respondents belonging to 17 and 18 years of age were 16.1 % and 11.5 % more likely to have abused shisha and 11.7 % and 9.8 % more likely to have abused drug than respondents aged 13 and 14 and 15 and 16 years respectively. In the other hand glue and benzene were abused by 40.6 % of respondents aged 13 and 14 years and 29.6 % aged 15 and 16 years but only 3 % respondents belonging to 17 and 18 years of age abused glue and benzene.

Qualitative finding revealed that the most commonly abused substances among street children were substances like chat, cigarette, shisha, glue, benzene. However, with respect to drug as it is expensive and secretly exchanged and used giving it secret name called 'Qodaa' it was not popular among most street children. The finding also revealed that the drugs are brought

to the town by university students from other cities of the country and chat chewing house owners.

The current study revealed that out of 103 respondents who were abusing substances about 62.1 % had a fight during or after using substances compared to 37.9 % respondents who did not have fight.

Finding from key informant interview showed that group fight among street children in Nekemete town is very minimal. However sometimes there are fights when a group of them go to work out of their areas. And when they get drunk they sometimes fight in group.

Study finding also revealed that the majority 63.1 % of the respondents do not feel guilty for abusing substances as opposed to about 36.9 % of the respondents who feel guilty for abusing substances. Finding from interview also showed that street children do not feel guilty for abusing substances this due the fact that substances help them cope with hunger, cold weather condition and help the forget the life they are in and let them feel happy regardless of the situation they are in.

CHAPTER FIVE

5.1. DISCUSSION OF FINDING

In this section of the study finding will be discussed. The finding will be analyzed and discussed based on cross tabulated table and frequency and percentage table in relation to previous studies conducted both at local and international level literatures in the area of street children in accordance with the sub-topics.

5.2. Major Findings

5.2.1. Objective one: problems related to access to basic needs of street children and their coping mechanisms in Nekemete town.

Finding showed that begging were the main source of food and the second main source food were purchasing from the market. And the third main source of food among street children in Nekemete town was left over from hotels and restaurants whereas home as main source food was the least reported among respondents. This shows that income generated by most of street children is inadequate to cover their daily food. The finding was consistent with study made Mohamed et al.(2011) in Beni-suif city ,Egypt which discussed the main way of securing daily food was begging followed buying.

The finding contradicted with a study conducted by Diriba (2012) in Nekemete town, he mentioned that the dominant majority 95.2 % access food through purchasing from the market and the second most common source of food were leftover from hotels and then from home and mentioned begging as a way of accessing food in the last. The study also contradicts with a study made by NCC (2012), which stated for the majority 79.7 % respondents main source of food was buying.

The majority of female respondents 70 % use begging as main source of food whereas the highest proportions of male respondents use buying as main source of food. Finding showed that younger street children use begging as main source of food whereas respondents at the age of 17 and 18 use buying their food from the market. This shows that compared elder male street children the income of females and younger street children is inadequate to pay for their meal.

Regarding number of meals respondents have a day; finding showed the overwhelming majority 84.9 % of the respondents have food twice and three times a day. The finding is inconsistent with a study conducted by Sorsa et al (1999), in here they argued that most street children in Hawassa eat meals any time they accessed. The finding was also in contradiction with a study by NCC (2012) in Rwanda, they discussed that the majority of the respondents 77.2% eat meal once or twice a day.

Finding showed the highest 49.3% of the respondents the main source of cloth was buying from the market. However, Sex wise analysis demonstrated that male respondents were 22.9 % times more likely to have used buying cloth from the market as main source of cloth than females. In the other side female respondents were 15.9 % more likely to have used begging as main source of getting cloth. From the above figure it comes to appear that compared to male street children the income of female street children is inadequate to pay for cloth. The finding was congruent with a study made in Rwanda by NCC (2012), they discussed buying was the main way of getting cloth for males whereas begging was the main means of getting cloth for females.

Finding from analysis by age also revealed that respondents who were at the age of 17 and 18 years use buying as main source of cloth as opposed to 13-16 years of respondents who

use begging as main source of cloth. From the above figure it comes to appear that compared to elder street children the income younger street children is inadequate to pay for cloth. The study was inconsistent with a study conducted in Rwanda by NCC (2012), the study found that unlike very young street children (0-5) who use begging as way of getting cloth the majority of children above the age six reported buying as means of getting cloth.

The majority 55.9% of the respondents do not have extra cloth. Study finding also indicated 27 % of the respondents dress plastic whereas about 23.7% of the respondents dress sewed up rags/rags when sleeping and 20.4 % of the respondents dress blankets when sleeping. And 19.1% of the respondents dress bed sheet while about 9.9 % of them had nothing except their day time cloth to dress when sleeping. The above figure demonstrated that the majority of the respondents have no enough cloth to wear both at the day and night time which could increase their vulnerability to health problems.

The finding is consistent with a study conducted in Hawassa by Sorsa et al. (1999), they argued that street children in Hawassa town hardly use bed cloth. These revealed that street children are still suffering from lack of cloth both at the day and night time.

Finding from the survey revealed that the majority 65.1% of the study respondents was staying on the street day and night. The finding was inconsistent with a study conducted by Diriba(2012) in Nekemete , he discussed that 71% of the respondents were on the street while 29% were of the street children. The difference might have happened due the fact that the listing of street children was done at night and the administration of the survey was done both at the day and night time. The finding was also inconsistent with a study conducted by Mulugeta et al., (2000, p28) in Dessie, he argued that more than half of the respondents were living in home.

The that the majority of survey respondents were of the street children who stay both day and night on the street whereas 34.9 % of the respondents were on the street children who stay on the street and sleep at home. Study finding also showed that more females were of street children than males whereas finding from analysis by age showed respondents at the age of 13 and 14 stay day and night than respondents at the age of 16-18 years.

According to the result, veranda was the main place used for sleeping among respondents who were of the street children. The reason for this may be the fact that verandas are safer than street corners as there are lights, as it protects from rain, not costly as nightly rental place, not guarded as some building under construction. The fact that nightly rental places are second common 28.3% among respondents may be for it is safer than other sleeping places. The finding was consistent with study conducted by Mulugeta et al.,(2000, p28) in Dessie, he found that among street children who were homeless Veranda were their main sleeping place.

This finding was inconsistent with a study conducted by Bhaskaran & Mehta(2011,p35), they indicated that in India the overwhelming majority sleep in places such as market places and railway stations, and under bridges/ flyovers.

By sex the majority 50% of female respondents who were of the street children were mostly sleeping at the church. The reason could be the believe that churches are safer than other places. In the other side male respondents mostly sleep on veranda due to the luck of income to pay for nightly rental places. Age wise analysis among respondents who sleep on the street showed that the majority 68.4% of respondents aged 17-18 years sleep in nightly rental places whereas highest percentage of respondents aged 13-16 years sleep on veranda. The reason for this may be the fact that younger street children have less income to pay for nightly rental houses compared to elder once.

The study disproved finding of Diriba(2012), he mentioned street children who don't have shelter in Nekemete town sleep mainly in the pipe, on the street and abounded building. This difference happened due to the fact that the pipes and streets are destructed for the newly road construction in Nekemete town. Beside with regard to abounded building no single respondent have reported this.

The study result showed that among respondents who were sleeping at home about 52.8% were sleeping in the house where they have rented. This indicates respondents who are within this group have job which help them earn income to pay for the house rent on regular basis. In the other hand about 39.6 % of respondents were sleeping in their parents or relative house. This may be an indication that these group of street children are on the street to support family economy or income. The finding is in strong contradiction with study made Mulugeta et al.(2000) in Dessie, they mentioned that among street children whose housing condition were in the house the overwhelming majority were sleeping at their parents or relatives home.

The study was also disproved finding from a study made in Nekmete town by Diriba(2012), he mentioned among respondents who were sleeping at home the highest percentage were sleeping at their families home followed by respondents who were sleeping in the house they have rented and those who were sleeping in their relatives home were the last mentioned.

5.2.2. Objective two: The health status of street children in Nekemete town.

Study finding revealed the majority 67.1 % of the respondents was sick the last three months. This could be due to the fact that street children are exposed to life style that affects their health, hygienic problems, severe whether condition etc. The finding was consistent with

study made FREPD (2003), they mentioned that more than half of the study respondents have fallen sick. This indicates that health problem is the main problem among street children.

Finding also showed that street children who were sleeping on the street were 21.9% more likely to have fallen sick in the last three months than those who were sleeping in the house. This indicates respondents who were sleeping on the street were more vulnerable than respondents who sleep at home. This was inconsistent with study conducted by Sorsa et al. (1999), they discussed that there were no significant difference among those who were homeless and living/sleeping at home and being sick.

Finding revealed that among street children who were sick in the last three months the majority 52.9 % have accessed health service. The proportion of street children who have accessed health service in Nekemete town is higher than finding from the study made by FREPD (2003) in Bangladesh that had found 46.3 % respondents accessed health service.

Study finding showed that among respondents who have accessed health services the majority 59.3 % have accessed health service at government health post. The main reasons for this could be the fact that it less costly and that most of street children who are provided with free medical service are admitted mainly to government health posts unless. The finding of the study is in sharp contradiction with a study conducted in Delhi by Bhaskaran and Mehta (2011), they discussed that the over whelming majority 80 % of respondents who were sick accessed private clinic as main health facility where they have got health service followed by health camps, NGO providing health service and mobile clinics.

According to the result, highest percentage of respondents paid their medical expenses by themselves followed by those who got free medical service by government and the third group accessed medical service with the help of respondents. The finding was consistent with a study

conducted in Bangladesh by FREPD, (2003), in here it found out that the majority of the respondents covered their medical expense by themselves.

Regarding the most recurrent disease among respondents finding showed intestinal parasites and complications 26.5 %, headache 10.8 %, malaria 9.8% , gastric 9.8% and cough 9.8% ,eye problem 8.8% , skin disease 7.8%, TB 4.9 % , abortion 4.9 % , dental problem 3.9 % and asthma 2.9% were the most recurrent disease among street children in Nekemete town.

A study conducted Sorsa et al.(1999) in Hawassa mentioned only malaria, reportorial tract illness and diarrheal disease. Whereas a study by Mohamed et al. (2011), mentioned underweight, angular stomatitis and tooth decay.

5.2.3. Objective three: Psychological and social problem and coping strategy

Regarding psychological problems the highest percentage of respondents 22.4 % were mainly feeling unwanted and unloved followed by 17.1 % of respondents who were mainly suffering from feeling unhappy, 16.4 % of them were mainly suffering from feeling alone, 16.4 % of them were suffering from feeling inferior, 14.5 % of them were suffering from desperation and the remaining 13.2 % of them were suffering mainly from fear.

Finding also indicated that respondents belonging to 13 and 14 year of age were feeling unwanted and unloved 45.2 % and fear 26.2% as main problems. And respondents belonging 15 and 16 years were mainly suffering from feeling unhappy and inferior whereas respondents belonging 17 and 18 years were mainly suffering from desperation 27.5% and feeling alone 27.5%.

Finding also revealed that the majority of the respondents 67.1 % believed they were discriminated by the society in Nekemete town. The reason for this perception of street children

may be based on the fact that they are regarded as social evil who have nothing to contribute to the community but to disturb the people`s stable life.

5.2.4. Objective Four: Experience of abuse and children`s coping mechanisms.

Study finding unveiled that the overwhelming majority 88.2 % were victim of abuse. Among these 45 % of the respondents were verbally abused whereas 42.3 % of the respondents were physically abused and the remaining 12.8 % of them were sexually abused. This finding is consistent with a study conducted in Nekemete by Diriba(2012), however Diriba focused on the abusive behavior on children living with their families and guardians at home whereas this study made its focus on abuse on street than at home.

Finding revealed that street children are victim of physical, verbal and sexual abuses. With regard to sexual abuse about 29.8% females sexually abused. Qualitative finding showed that female street children have commonly experienced rape, forced kissing, touching private. Whereas 2.2% males were victim of sexual abuse. Finding revealed that attempt of penetration when sleeping, undressing when sleeping and asking for same sex practice are reported type of sexual abuse among males. This indicates that there may be homosexual sexual practice among males street children. The reason for this could be the fact that they use addictive substances, that they sleep together with friends on the street and with unknown people in nightly rental place and . Finding also showed that physical and verbal abuse were common among both sex groups.

With regard to the way respondents cope with abuse finding showed that about 18.7 % of respondents use moving and sleeping in group as main way to cope with abuse, whereas 17.9 % of the respondents use seeking protection from friends as coping mechanism , 16.4 % of them

use reporting to police, 15.7 % of them use fighting back, 12.7 % of them use restricting time and movement to places to only where people are available, 11.9 % of them use escaping and hiding and 6.7 use giving coin or things as main coping strategy against abuse.

5.2.5.Objective five: Level of criminal activity among street children in Nekemete town.

Finding showed that 40.1% of the respondents were arrested by police. Sex wise analysis revealed that 44.6 % of male and 27.5 % of female respondents were arrested by police. The above data showed that survey respondents who were males were more likely to have been arrested than females. The majority of respondents aged 17 and 18 were arrested by police than younger ones. This indicates that elder street children were more likely to have been arrested than younger street children. Finding also showed that street children are arrested with adults this was due to the fact that there was no rehabilitation center for juvenile delinquents in Nekemete town.

Finding revealed that the overwhelming majority 95.1% respondents who were arrested by police have the experience of substance abuse. This indicates that street children may use substances to give them courage to engage in any criminal activities.

The study also revealed that among respondents who were arrested by police 27.9% of them were arrested more than three times followed by 26.2 % who were arrested twice and about 23 % were arrested three times whereas 23 % of the respondents were arrested once. Finding also revealed that the frequent reason for arrest was being suspected of criminal activities followed by involvement in criminal activities, being caught in chat chewing house and fighting. The fact that being suspected of criminal activity is the most frequent reason for arrest of street

children shows that, street children are prime suspect any criminal acts. This may be due to the preconceived negativity about street children.

Finding revealed that the majority of the respondents 63.2 % believe living or working on the street increases their vulnerability to engage in crime. This indicates that the fact that street children are disadvantaged both socially and economically could force them engage in crime to get what they lack through acceptable means.

Regarding perception of police attitude towards street children survey finding indicated that 42.8 % of the respondents perceive police were negative towards them whereas 27.6 % believe police do not care about them and the remaining 29.6 % believe that police were positive towards them. This shows that the majority 70.4% believes that police are against them which in turn result in street children refrain from cooperating and reporting to police or asking for help when they face abuses.

5.2.6. Objective six: Street children`s access to drinking water and sanitation facilities in Nekemete town.

Finding from the survey revealed that about 34.2 % of the respondents use begging as main source of drinking water and for 28.3 % of the respondents their main source of water were local tea rooms and restaurants. Buying tap water to home were main source of drinking water for 19.1 % of the respondents. The remaining 11.8 % and 6.6 % of the respondents were buying tap water with plastic bottle from shop and tap water from home as main source of water respectively. Finding from sex wise analysis revealed that the main source of water for female respondents was begging whereas males use local tea rooms and restaurants as main source of drinking water. Age wise analysis also showed street children at the age of 13-16 years use

begging as main source of drinking water whereas respondents at the age of 17 and 18 years mainly use local tea rooms and restaurants as main source of drinking water.

The majority 53.3 % of the study respondents washes their body at river or streams followed by 25 % who were washing their body at home and the remaining 21.7 % of the respondents wash their body paying money. The Finding was consistent with study made by Mohamd et al. (2011), they discussed that street children in Bein-Suif city wash their body mainly at river followed by home.

Finding showed that the highest proportion 38.2% of the respondents stay for more than two weeks without washing their body followed by 32.2 % of the respondents who wash their body every two weeks. The reason for this is may be due to the fact that street children mainly focuses on coping with challenging street life as a result they hardly give attention to their hygiene. The finding contradicts with a study made by Mohamed et al. (2011), they discussed that the overwhelming majority 82.2 % were taking bath frequently and nearly seventy percent of the respondent were taking shower more than once a week.

Result unveiled that about 71.7 % of the respondents wash their cloth at river or streams whereas the remaining 28.3 % of them wash their cloth at home. Analysis by housing condition divulged that 100% of respondents who were sleeping out of the house were washing their cloth at the river or streams whereas 18.9 % of respondents sleeping in the house were washing their cloth at river or streams. Thus, respondents who were sleeping out of the house were more likely to have washed their cloth at the river or streams whereas respondents who were sleeping at home were more likely to have washed their cloth at home than sleeping out of the house street children.

Regarding frequency with which respondents wash their cloth finding disclosed that about 36.2 % of respondents stay for more than a month without washing their cloth, followed by 33.6 % of respondents who usually wash their cloth once in two weeks, 23% of them washes their cloth every month. The reason for this is may be due to the fact that street children mainly primarily focuses on coping with challenging street life as a result they hardly give attention to their hygiene, that river is located in a distant place from the place where they stay and the other reason may be the fact that they have no extra cloth to change when washing their cloth.

Finding indicated there were variations with frequency with which respondents wash their cloth between off and on street children. The figure revealed that among respondents living in the house the majority 66 % of the respondents wash their cloth once in two weeks. To the contrary the majority 55.6 % of respondents living outside house stay for more than a month without washing their cloth .The reason for this may be the fact that on the street children has access to water and material on which they wash cloth.

With respect to the type of toilet respondents use finding revealed the highest percentage 46.1 % of respondents mostly use open field/bushes town. This is due to the fact that there are less number of public toilets in town beside as these toilets are open only for those who pay money as a result street children are more likely to use open fields and bushes than public toilets. However this doesn't mean street children totally reject paid toilet service. The finding of the study was in sharp contradiction with study made Bhaskaran and Mehta (2011), they mentioned that the overwhelming majority of street children pay to use toilet in Delhi.

5.2.7. Objective seven: Experience substance abuse among street children in Nekemete town.

Study finding indicated about 67.8 % of the respondents abuse substances. The study was consistent with the study made by Diriba(2012), he mentioned that 59.7% the respondents were abusing substance and 40.3 % of the respondents were not abusing substance. Beside the figure showed that the proportion of street children who abuse substance higher in this study. This showed that the problem is increasing and still there.

The survey showed there were differences in likelihood of abusing substances by sex. Finding from the survey also revealed that the dominant majority 78.2 % male respondents abuse substances, and about 37.5 % of female respondents abuse substances. The study was congruent with study made in Rwanda by NCC (2012), they argued that more males were abusing substances compared to females. Finding also revealed that respondents aged 17 and 18 years were 17.3 % and 15.8 % more likely to have abused substances than respondents aged 13 and 14 and 15 and 16 respectively.

Regarding the type of substance respondents use finding indicated about 23.6 % of the respondents use chat, and the second most common substance used by 22.2 % of respondents were alcohol whereas cigarette was the third abused substance used by 19.2 % of respondents .Furthermore about 9.9 % of the respondents sniff benzene and 9.9 % of them sniff glue. About 8.8 % of the respondents use shisha whereas 6 % of respondents use drug. According to Diriba(2012,p80) one street child participated in one or more of addictive substances including chat, shish, hashish cigarette and alcohol which were learned from different group of the society. However, this study found two substances namely benzene and glue sniffing that were not mentioned by a study made by Diriba in Nekemete town.

Age wise analyses showed that there were no significant difference in the use of substances such as chat, cigarette and alcohol. However, there were differences across age in the use of substances such as drug, shisha, sniffing glue and benzene. Where drug and shisha were used by elder street children and sniffing glue and benzene were popular among younger street children.

Finding showed out of 103 respondents who abuse substance about 62.1 % of the respondents have had a fight during or after using substances. Finding from this study showed that group fight among street children in Nekemete town is very minimal. However sometimes there are fights when a group of them go to work out of their areas. And some times when they get drunk they may fight in group

Study finding revealed that the majority 63.1 % of the respondents were not feeling guilty for using substances whereas 36.9 % of the respondents feel guilty for using substances. This may be due to the fact that using substances are main mechanism to cope with the challenges of street life.

CHAPTER SIX

6.1. Conclusion and Social Work Implication

6.1.1. Conclusion

The study was conducted with the objective of assessing the problem and coping strategy of street children in Nekemete town. Thus, this chapter provides conclusion of the study. The conclusion is drawn from analysis of the survey and in depth key informant interview finding in relation to the existing literature in the area of the study.

The number of street children in Nekemete town is increasing at an alarming rate. However, the exact figure is yet to be known. The majority of street children in Nekemete town are males and are from Oromo ethnic group. The majority of street children 68.6 % of them have attended formal education of which half of them have attended 1-6 grades but the numbers of respondents who have gone beyond this level were minimal.

The problem of getting predictable source of food continues to be the problem of street children. This problem is severe among younger and female street children. However, the majority of respondents eat their food two or three times. The majority street children do not have enough cloth to dress both at the day and night time. In most instances they wear rags, plastics and sleep with their day time cloth.

The problem of housing and safer sleeping place remains challenge for the majority of street children, particularly younger and female street children. Most of them sleep in places like veranda, churches, nightly rental places, building under construction.

The majority of street children have suffered from health problems. In addition street children who are sleeping on the street were more vulnerable to health problem than those who sleep at home. In addition, street children are suffering from psychological problems resulting

from challenging nature of street life. Street children use different coping strategies to deal with psychological problems such as crying, taking substance, isolation, engaging in hostile and aggressive behavior, looking for companionship and praying.

Street children are victim of sexual, verbal and physical abuse. Males street children were sexually abused by the same sex, indicating that there might be homosexual practice among male street children. Street children use moving and sleeping in group, seeking protection from friends, reporting to police, fighting back, restricting time and movement to places to only where people are available, escaping and hiding and giving coin or things as main coping strategy against abuse.

Some of street children have experienced arrest for reasons like being suspected of criminal activities, involving in criminal activities, being caught in chat chewing houses and fighting. In addition, the overwhelming majority who were arrested have the experience using addictive substances. Street children are arrested with adults this was due to the absence of rehabilitation center for juvenily delinquents in the city. They believe that living and working on street increases vulnerability to engage in criminal activities. They also believe police are not good to them

The problem of drinking water and sanitation are among the main problems for street children. They have to mainly beg to have an access to drinking water. Particularly begging is commonly used by younger street children and females. The majority wash their body and cloth at streams or rivers located in a distance place from where they usually stay. Most of them do not frequently wash their body and cloth. In addition street children commonly use open fields and bushes for toilet.

Most street children use addictive substances like chat, cigarette, alcohol, shisha, drug, benzene and glue and do not feel guilty for abusing the substances. They majority had fight during or after using substances.

6.1.2. Social Work Implication

6.1.2.1. Implication to social work research

The problem street children facing in Nekemete town is given less attention by stakeholders including governmental and NGO working with street children. However, finding from key informant interview revealed that though no censuses of street children have been conducted to know the exact figure of street children in Nekemete town they think the number of street children is increasing year by year and the problem is also changing its feature from time to time.

These problems are yet to be given attention as a result of which street children are still suffering from the various problems they are facing on the street. To this end, this study help as base for further multi disciplinary study in each of these problems of street children on areas health situation of street children, nutritional status of street children, water and sanitation, abuse (male and female), psychological problems street children, addiction and juvenily delinquents their impacts and so on and the way they cope with problems they face.

Longitudinal and multidisciplinary studies in the areas children in conflict with law, child abuse, sexual abuse of boys and girls, health situation of street children in Nekemete and the country in general is needed.

6.1.2.2. Policy Implication

The government of Ethiopia has ratified United Nation Convention on the Right of the Children (UNCRC) and designed favorable policies and national plan to address the rights of children (MoWA , 2009, p3). Furthermore, the government has developed alternative child care guide line as a result of which governmental and non-governmental organization are implementing this integrated childcare programs. However, finding from key informant

interview revealed that there were no efforts to help street children neither by governmental nor by non- governmental organization resulting failure of implementation of the policies and programs of the government. Thus, this showed that the need for greater endeavors and commitment on the part of the government and non-governmental organization working with street children to implement policies and child care programs.

6.1.2.3. Implication to social work Practice

Finding showed that Street children are facing various problems on the street. Thus, it is mandatory to address the problem by professionals guided intervention mechanisms. With this regard social workers have the leading role to provide various services

Strength approach to practice

People have expertise of their own life and situations. The social workers has expertise from training, professional and life experiences that contribute to outcomes, but the contribution of service recipients and their wider community`s own knowledge, wisdom, insight, experience and life experiences should not be undermined. Investigation and assessment should actively seek to locate and highlight these strengths as resources for change (Jack, 2005, p179). Thus, Social work practice should make use of strength approach to solve the problem of street children. In this case street children in Nekemete town use both acceptable and unacceptable coping mechanisms to deal with the various problems they face on the street .Thus, social workers should build up on acceptable coping strategy of street children. Furthermore programs and social work intervention should give much emphasis to the strength of street children that is their coping strategy they use to deal with problems.

Holistic Approach

Finding from the study showed that street children suffer from various problems lack of basic needs, health problem, and psychological problems, social problem, poor access to water and sanitation, abuse, substance abuse. Thus, intervention should be holistic to address various problems street children face on the street. Rather than exerting much effort to solve a single problem which can't be solved without integrating various interventions.

Advocacy

One of the major intervention areas where social workers could best help street children in Nekemete town is through advocacy. Social worker can be viewed as an advocate on behalf of the poor or socially excluded (Asquith et al, 2005, p19). This could be done by creating awareness among the community about the delicate nature of children and the hard ship and consequence of street life on children particular and its impact on the community and the country in general. Social workers should also advocate the magnitude and severity of the problem street children are facing through by conducting research and giving the real picture of street children in Nekemete town. Social workers should also advocate for effective and efficient implementation of government policies and programs developed to ensure the right of street children across the country.

Advocating for better emphasis to be given by governmental and non-governmental organizations for female street children helps to create awareness regarding problems female street children are facing on the street in particular.

Finding from the key informant interview revealed that street children are arrested together with adults. Thus, advocating for establishment of juvenily delinquents rehabilitation center would help street children bring the necessary behavioral change.

The majority of street children in Nekemete town are affected by health problems which are recurrent. Advocating for street children's increased access to health services through increasing service of free medical service can save the life of many street children.

Counseling

The idea of the social worker as someone who works with or counsels individuals has been a recurrent and powerful notion in social work throughout its history (Younghusband, 1959 as cited in Asquith et al, 2005,p18). Street children in Nekemete town are survivors of multiple problems which include problems related to basic needs; they are survivors of physical, verbal and sexual abuse; they are also addicted to different substances; and they are also suffering from different psychological problems and social problems. Thus, the provision of counseling by competent social worker or counselor to street children in Nekemete town will help them regain hope, inspire, develop full potential to be integrated to the community, to help them how to manage their addiction, to cope with psychological problems and discrimination they are facing.

Social Pedagogy

Social pedagogy emphasizes the potential of individuals to address their family and social situation through the acquisition of appropriate skills and knowledge. The role of social pedagogue is to assist the individual realize his/her potential through a process of 'Education' and 'instruction' (Asquith et al., 2005, p22). Thus, social worker should play leading role in assisting street children acquire skills and knowledge through education and use their capacity to help themselves and their families

Case management

Case management is the collaborate process of assessment, planning, and facilitation for options and services to meet individual's complex needs. When appropriate, this would include

arranging, monitoring, evaluating and advocating on behalf of the client and/or his or her family for the multiple services needed from social service (NASW, 2005, p10). Thus, social workers should play a leading role in seriously assessing the option available in alternative child care and make knowledgeable choices that are most helpful to the street children.

Governmental and non-governmental organization should be aware that institutional child care is used when all alternative child care options failed to materialize.

Integrative force

Social work has a key function the integration or reintegration of sections of the community with mainstream society (Asquith et al., 2005, p12-13). The finding revealed that the majority of street children in Nekemete town are reported they are discriminated by the society living the town. Beside majority of them are not livings with their parents or relatives. Thus, the integration and reintegration of street children to their family and society is a crucial for the better development and growth of street children in all aspect.

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Annex-1**INFORMED CONSENT/ASSENT FORM**

Good morning/afternoon /evening first of all I would like to thank you for your time. My name is Azmeraw Zerihun I am a student at Addis Ababa University Graduate School of Social Work and I am conducting study. I am here to kindly request you to participate on a study entitled with “Problems of Street children and their Coping Strategies,the case of Nekemete town” as a respondent. The study will play a great role in providing the real picture on problems street children are facing on the street and strategies they use to deal with the problems in Nekemete.

If you take part in this study, you will be asked questions that will be an input to the study. The question that you will be asked will take an hour. You have a right not to answer the whole or part of the question when you feel like. In the questionnaire your name will not be written beside the questionnaire that you completed will be documented carefully and confidential. Hence I will appreciate if you could participate in this study.

Are you willing to participate in this study? (For children from the age of 13-18)

Respondent

Witness

Date

Annex-2

CODE-----

THE GRADUATE SCHOOL OF SOCIAL WORK Addis Ababa UNIVERSITY

Questionnaire prepared for street children in Nekemte town

Introduction

Good morning/afternoon/ evening. My name Azmeraw Zerihun I am a student at Graduate School of Social Work at Addis Ababa University. Currently I am conducting a study entitled with “Problem of street children and their coping strategy in Nekemete town.” This time I am here to collect data for the study and this questionnaire is designed to collect vital data on the study title mentioned above. Hence I will appreciate if you could provide me with honest information and I assure you that the information you give will remain confidential. And you have the right not to give answer to the part or the whole question.

I. Socio-demographic characteristics

ID.NO-----

1. Sex 1. Male 2. Female
2. Age -----
3. Place of birth -----
4. Ethnic group 1. Oromo 2. Gurage 3. Amhara 4. Tigre 5. Hadiya 6. Other, specify -----
5. Religion: 1. Orthodox 2. Muslim 3. Catholic 4. Protestant 5. Wakefeta
6. Others, specify-----
6. What is your educational status?
 1. Never attend school
 2. Read and write only
 3. 1-6 grade

4. 7-8 grade 5. 9-10 grade 6. Above 10 grade

II. Lack of basic needs

7. What is your main source of your daily meal?

1. Begging 2. Buying 3. Leftover from restaurants/hotels 4. From home 5. Other
specify-

8. How many times do you usually eat in a day? 1. Once a day 2. Twice a day

3. Three times a day 4. Any time I get food 5. Other specify-----

9. What is your main source of clothes?

1. Buying 2. Begging 3. Getting clothes as generous donations 4. Collecting
discarded clothes 5. Others, specify_____

10. Do you have extra cloth other than the one you dressed? 1. Yes 2. No

11. What do you usually wear when sleeping? -----

12. Housing situation 1. Live in the house 2. Homeless

(If your answer for question number 12 is live in the house, skip to question number 14)

13. If your answer for question number 13 is homeless, where do you usually sleep?

1. Veranda 2. In building under construction 3. Church 4. Nightly rental places 5.
Other, specify-----

(After answering question number 13 skip to question number 15)

14. If your answer for question number 12 is live in the house, specify which of these shelters
you live in.

1. Renting private house 2. Parents / relatives house 3. Others, specify -----

III. HEALTH CONDITION OF STREET CHILDREN

15. Did you fall sick in the last three month? 1. Yes 2. No

(If your answer for question number 15 is No, skip to question number 20)

16. If your answer for question number 15 is yes, have you accessed any health facility when you are sick? 1. Yes 2. No

(If your answer for question number 17 is 'No', skip to question number 19)

17. If your answer for question number 17 is yes, which of these health facilities have you accessed?

- 1. Government health post 2. Government hospital 3. Private clinic 4. NGO clinic 5. Other specify-----

18. Who paid for your health service?

- 1. Parents/Other family members 2. Free medical service 3. Sympathetic individual 4. Myself 5. My friends 6. Other specify-----

19. What is the most recurrent disease on you? -----

20. Do you suffer from any kind of disabilities? 1. Yes 2. No

(If your answer for question number 20 is 'No', skip to question number 22)

21. If your answer for question number 20 is Yes, specify the type of disability-----

IV. Psychological and Social problem

22. Which of the following problems do you usually suffered?

Fear	1
Feel unhappy	2
Desperation	3
Feeling inferior	4
Feeling unwanted and unloved	5
Feeling lonely	6

Other, specify-----	7
---------------------	---

23. What do you usually do to cope with this problem? -----

24. Do you think the society in Nekemete town discriminate children living/working on street?

- 1. Yes 2. No

V. Abuse (sexual, physical and verbal) and violence

25. Have you ever experienced any type of abuse? 1. Yes 2. No

(If your answer for question number 25 is No, skip to question number 28)

26. If your answer for question 25 is Yes, specify the type of abuse:

(You can provide more than one answer if applicable)

- 1. Sexual 2. Physical 3. Verbal

27. How do you usually cope with the problem of being abused?-----

VI. Vulnerability to engage in crime activities

28. Have you ever been arrested by police?

- 1. Yes 2. No

(If your answer for question number 28 is No, Skip to question number 31)

29. If your answer for question number 28 is Yes, how many times have you been arrested?

- 1. Only once 2. Twice 3. Three times 4. More than three times

30. What is the most frequent reason for the arrest?

- 1. Fighting with people 2. Being involved in theft
3. Being suspected of criminal activities 4. Other specify-----

31. Do you think living/working on the street makes a child vulnerable to engage in crime?

- 1. Yes 2. No

32. The police are:

1. Positive toward street children
2. Negative toward street children
3. Do not care about street children
4. Other specify-----

VII. Water and sanitation problem

33. What is your main sources of drinking water?-----

34. Where do you usually wash your body?

1. At home
2. Paying
3. River
4. others, specify-----

35. How frequent do you wash your body? -----

36. Where do you wash your cloth?

1. River/streams
2. At home
3. Other specify—

37. How frequent do you wash your clothe/s? -----

38. What kind of toilet do you currently use?

1. Public toilet
2. Open field and bush
3. Toilet in the compound where I live
4. Local tea rooms/restaurants toilet
5. Other, specify-----

VIII. Substance abuse

39. Do you use any kind of substance? (If your answer for question number 39 is No, we have finished) 1. Yes 2. No

40. If your answer for question number 40 is yes specify the type of substance you use

(You can provide more than one answer if applicable)

1. Chat
2. Cigarette
3. Alcohol
4. Shisha
5. Drugs
6. Sniffing benzene
7. Sniffing glue

8. Other specify -----

41. Have you ever fight during or after taking substance? 1. Yes 2. No

42. Do you feel guilty for taking drug? 1. Yes 2. No

THANK YOU

Annex-3

KEY INFORMANT INTERVIEW WITH EXPERT OF NEKEMETE SOCIAL AND LABOR OFFICE

Background information

Sex-----

Educational Status-----

Age-----

Work Position-----

How long have you served in Nekemete town-----

What is the number of street children in Nekemete town?

Is the number of street children in Nekemete town increasing or decreasing?

What are the major problems street children in Nekemete town are facing on the street?

What are the main health problems street children are facing in Nekemete town?

Where do street children wash their cloth, body and use toilet?

Do they have access to pure drinking water?

What is the attitude of community and family towards street children?

What measures does your office take to alleviate the problem?

What should be done to alleviate the problem street children in the town in the future?

Annex-4

KEY INFORMANT INTERVIEW WITH POLICE OFFICER

Background Information

Age-----

Educational Status-----

Sex-----

Place of work -----

How long have you served in Nekemete town-----

What are the major problems street children in Nekemete town are facing on the street?

What are the main health problems street children in Nekemete town are facing?

How do you describe the involvement of street children in criminal activities in Nekemete town?

Have you ever arrest street children for any criminal activities?

Where do you arrest street children when they commit crime?

What are the most common criminal activities street children take part?

How do you describe the relationship between street children and police officers?

Have you ever caught street children smoking drugs?

Did your office receive any form of abuse report from street children?

Have you/your colleagues experienced violence/ group fight among street children?

Annex-5

IN-DEPTH INTREVIEW WITH STREET CHILDREN

Background Information

Age-----

Educational Status-----

Sex-----

What are the major problems you are facing on the street?

How do you cope with the problems you are facing on the street?

What are the main health problems you are facing on the street?

Do you have the experience of abuse? What experiences do you have?

Have you ever been involved in criminal activities?

Where do you wash your cloth and body?

What are the most common addictive substances abused by street children?