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PSYCHOSOCIAL AND HEALTH CONDITIONS OF STREET
TEENAGERS: THE CASE OF YEKA SUB CITY, ADDIS ABABA

By

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THESIS TITLE
PSYCHOSOCIAL AND HEALTH CONDITIONS OF STREET TEENAGERS: THE CASE OF YEKA SUB CITY, ADDIS ABABA

BY
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APPROVED BY BOARD OF EXAMINERS

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DECLARATION

I, Hana Belete have carried out research on assessing the psychosocial and health conditions of street teenagers in Yeka Sub-city, Addis Ababa independently in partial fulfillment of the requirement of the for the Degree of Master in Social Work with the guidance and support of the research advisor, Dr. Bisrat Tekle.

I also declared that this thesis is my original work and that all sources of materials used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

Declared by:

_____   _____

   Name of the Designate   Signature   Date

ENDORSEMENT

This thesis has been submitted to St. Mary's University for examination with my approval as a university advisor.

 Dr.Bisrat Tekle

Advisor   Signature

St. Mary"s University, Addis Ababa   Date

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ACRONYMS

AIDS…………………………………….. Acquired Immune Deficiency Syndrome

CBOs…………………………………..Community-Based Organizations

CRC…………………………………… United Nations Convention on the Rights of the Child

HIV……………………………………. Human Immune Deficiency Virus

MOLSA……………………………….. Ministry of Labor and Social Affairs

UN……………………………………. .United Nations

UNESCO…………………………… United Nations Education scientific and Cultural Organizations

UNICEF…………………………… United Nations Children's Fund

WHO…………………………………… World health Organization

ABSTRACT

There are large numbers of children living or spending most of their days on the street. Several organizations have been trying to help these children, but their approaches are ineffective as a result, many children are increasingly joining the street life. Children living on the street face numerous problems. They are ignored, abused and their needs such as food, clothes, and good- living environment are neglected by those who are supposed to look after them. To recognize and describe the existing conditions of this community groups, the study assessed the psychosocial and health conditions of street teenagers in Yeka Sub-city, Addis Ababa. To achieve the objective of this study, a descriptive research design with a concurrent mixed approach was employed. A convenience sampling technique was used to select 115 target respondents, who participated in both the survey questionnaire and in-depth interviews. Among 115, 110 and 5 were participated in the survey questionnaire and in-depth interview, respectively. The quantitative data analyzed using descriptive statistics like frequencies, and percentages whereas qualitative data analyzed using thematic analysis. The study confirmed that street children face numerous problems which include psychological, health, social and economic problems. The finding of the study indicated that participants joined street life because of the situations such as family conflict, inducement, death of parents and search for opportunities. The participants of the study explained that they are encountering different problems in their street life. These include social abuse, health problems, drug use, and sexual abuse, lack of access to food, clothes, and shelter. The study finding also indicated that street children use different coping strategies such as flight, acceptance of abuse, engagement in remunerable labor activity, begging, scavenging and living in a group. Therefore, this study can serve as baseline information to further conduct another intensive research on other challenges of the street children in Yeka Sub-city, Addis Ababa. Finally, this finding recommends that, there is a need for conduction of more academic and related researches to determine the prevalence and other dimensions of problems that street children are facing difficult challenges in Yeka Sub-city, Addis Ababa which were not uncovered by this research study, and Government and NGOs should design a Project regarding street citizens so as their intervention plan should include activities designed to help the families of those reunited street children gain access to credit service in

order to attain economic independence to help them take over the responsibility for the education of their children after the termination of rehabilitation.

CHAPTER ONE

1. INTRODUCTION

This chapter presents an overview of the study matter. In brief, it has background of the study, statement of the problem, research objectives and questions, significance of the study delimitations of the study, limitation of the study, and organizational studies are included.

1.1.   Background of the Study

The term street Children which is commonly used in literature on the thematic area was defined by Consortium for Steer Children as "Children who deployed on the streets for their survival whether they live on the streets, work on the streets, have support network on the streets, or a combination of the three" (Consortium for Street Children, 2018).

Poverty, family disintegration and rural to urban migration are among the primary reasons for children to live on street.(Gebremaria, , & Tsegaye, 2020). In addition to this, according to Mulugeta, urban poverty and lack of educational opportunities are other reasons for the growing number of street children in Addis Ababa. (Mulugeta, 2021).

The Ethiopian Ministry of Labor and Social Affairs reported that around 150,000 street children live in Ethiopia. Among these, 60,000 street children are from Addis Ababa. On the contrary, aid agencies disclosed that 600,000 street children live in the country and 100,000 are from Addis Ababa (Mengistu Ayenew, Teshome Kabeta, Kifle Woldemichael. nd)

According to the International Day for Street Children (2016), it was estimated that approximately 75% to 90% of children living on the streets in many countries are boys. This imbalance may be attributed to cultural beliefs that regard girls as more "useful" at home, where they are expected to cook and care for younger siblings. However, in some countries, the number of street children is roughly equal for both boys and girls.

Streetism exposed children to many of the social problems and other dangers they faced on the streets, but mostly because the environment was unfavorable and they were often exposed to various health risks (Lewis Apticar, 2015). According to the Human Rights Commission, about 5% of the world's child population experienced streets. These children lack adequate access to

food, water, shelter and other basic needs. To this regard Brazil and India have consisted of the highest number of street children in the world. Of course, there are many countries with large populations of street children in Latin America and Africa as well (HRC, 2016).

A number of studies have claimed that the number of street children in Ethiopia had been increasing with the high population growth, accelerated urbanization, effects of HIV/AIDS pandemic and cyclic draught during the last several decades. However, estimates vary widely since the mobile characteristics of the street population made efforts to quantify the exact number of children had been difficult (SC UK, 2014).

The street children population grows as the world population grows, and countries become more advanced in urbanization (Salihu, 2019). On the other hand, the inattentive and hidden nature of streetism, the variability and unpredictability of children's lifestyles make it difficult to estimate the exact number of street children worldwide, and even the estimates themselves also varied from one source to another.

Street teenagers often referred to as "street youth," face a multitude of psychosocial and health challenges due to their unique circumstances. These challenges can be exacerbated by factors such as poverty, family breakdown, violence, and lack of access to education and healthcare. Street teenagers are at a heightened risk for mental health disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD). The instability of their living conditions and exposure to violence can lead to significant psychological distress (Khan et al., 2022).

The psychosocial and health conditions of street teenagers are complex and interrelated. Addressing these issues requires comprehensive strategies that include mental health support, substance abuse treatment, access to healthcare, and social reintegration programs. Recent studies underscore the urgent need for targeted interventions to improve the lives of street youth and mitigate the long-term effects of their challenging circumstances. Street teenagers often face barriers to accessing healthcare services, including stigma, lack of transportation, and financial constraints. Many do not seek medical help until their conditions become severe (Nguyen et al., 2023).

Street children face complex circumstances and are highly vulnerable to exploitation and violence. Accessing vital services like education and healthcare is challenging for them. Many

children miss out on their right to education because they are trying to support themselves or their families. Therefore, less formal approaches may be necessary to engage them in learning.

Street children take up several jobs available in the streets; they may have varying working conditions. Students have identified as many as 20 different types of jobs street children have taken in different stages of their lives, but at the end they have taken up street-based jobs such as rag picking, begging porting, flower selling, street vending, newspaper selling, lottery selling, shoe shining, etc. While the work followed a pattern of work until they had earned enough to survive until the next day, without attempting to accumulate(UNCHR, 2002).

Girls who work and live in the streets are faced with extremely harsh conditions including sexual abuse by adults, rape, unwanted pregnancy and early motherhood sometimes as young as 12. These girls are likely to join the rank of child prostitutes or street mothers and continue the vicious circle of street life and inevitably are highly at risk of being infected with HIV/AIDS, which they often pass on to their children. (IRIN, 2004) Most of the street children came from poor farmers or agriculture workers. The rest of the children's parents are involved in several low-income jobs such as construction labor, small business, carpets, weavers, etc. Only a few children belong to the middle-class families regarding parental condition most children have both or single parents some have stepparents while several of them are orphans (UNCHR, 1995). In general, due to so many conditions they are psychological social or economical the children who are from the lower social classes or else are being forced to street life. So now we are going to state the major psychosocial problems and their living and working conditions of street children.

Street children face many problems for their survival which include street fights, illness, harassment by people, conflict with police, etc. In our society, different people have different perceptions regarding street children, and they think that street children are treated by society because some street children drink alcohol habits, smoke cigarettes, and are also involved in anti-social activities. Mudasir Qadir, Arshad Mohad, (2023).

Street children face numerous challenges, primarily due to their lack of stable homes, financial security, family support, and other essential requirements for healthy childhood development. One of the most significant challenges they encounter is hunger. Without access to food, they

often rely on handouts and scavenging through garbage. In some areas, street children may even become addicted to sniffing glue as a means to cope with their hunger.

Mondal (2013) held the firm view that children are a great source of hope and inspiration for society. Consequently, they have a right to be brought up in a positive and proper environment, which ought to be inclusive. This perspective by Mondal (2013) is crucial, but it is completely contrasting when one tries to arrive at a conceivable definition of street children. There are several definitions for street children because different countries construct them in various ways. Thus, it is very complex to accurately formulate a single definition for them. Reza and Henly (2018) believed that the street environment is often filled with illness, violence and poverty and these children rely on each other for survival. Consortium for Street Children (2019) noted that many people use the terms "street children" and "homeless children" interchangeably but there are some differences. For example, not all street children are homeless. Some of them seek accommodation at night shelters and hostels. Conversely, children who are described as street children are not necessarily homeless. They work, play, and spend time on the street, but return to their family or parents. The street is their home, and they do just about everything for survival. In this manner, they become vulnerable, (Kwaku, 2019).

All over the world, street children are exploited by victims whom society loves to hate. They seem to hover on the periphery of other people's lives because this society tends to see them in an insubstantial way. Most people prefer to call the street children because these children have homes and parents somewhere in the community, but they happen to find themselves living and working on the streets due to different reasons they are traditionally regarded as being a nuisance, mischievous at best criminal at worst (Michael, 2010).

A general reluctance to understand the root causes for the widespread phenomena of street children is an important element for a general inability to address this issue. Despite efforts which conceptualize street children as "vulnerable" or "children at risk in need of protection", the prevailing view is that they are really "delinquents" who come from very poor backgrounds and uncaring parents. Given this, government policies are often confined to a legal approach and tend to ignore the root causes of the problem (ESCWA, 2009).

Chimdesa and Cherie (2018) pointed out that the well-being of street children has become a global concern. These children are vulnerable to various issues, including physical, psychological, and sexual exploitation, as well as social isolation.

According to Chimdesa (2019), the lives and health of street children have become a global concern. Various push and pull factors contribute to this issue, such as poverty, the death of family members, economic decline, child abuse, the desire for financial independence, and peer influence, which lead children to live on the streets. Life on the streets often forces these children into sex work, and the lack of shelter represents a significant form of abuse, as both boys and girls are frequently required to share sleeping quarters.

Children living on the street encounter many challenges. They often face neglect and abuse, and their basic needs, such as food, clothing, and a safe living environment, are overlooked by those responsible for their care. Various studies conducted in different regions of Ethiopia have confirmed that street children experience numerous issues, including psychological, health, social, and economic difficulties (DhoalLoang Wech, 2014).

Ethiopian street children are facing many health and social problems too. The research evidence in Ethiopia shows that street children are at high risk of sexual and physical exploitation and they are 2.5 times more likely vulnerable to HIV and STIs. Also, Street children are defenseless against harassment and the denial of social protection services. Poorly designed policies and strategies aimed at them, along with a lack of political will, contribute to their vulnerability to health and social issues. Therefore, findings on this matter could be beneficial for health data scientists and policymakers, as they work to design and implement effective policies and strategic plans to address and prevent the challenges faced by these children (Ayana Chimdesa, 2022).

Throughout my life, I was expected that I will always enjoy a life of abundance. However, a seemingly ordinary event made me rethink what I wanted to live a fulfilling life. After I encountered street children searching through a trash bin, clearly looking for food, and that made me nervous, I also assured that humans are living with so many challenges including without fulfilling their basic needs. This experience made me think about street children's problems in

consideration of their condition, and what could be their psychosocial and health problems. This research paper was initiated through my motive of studying street children.

1.2.   Statement of the Problem

The world is witnessing rapid and wide-ranging socioeconomic and political changes. There is rapid urbanization, runaway population growth, and increasing disparities in wealth. The introduction of structural adjustment programs and globalization is changing the very fabric of African society. One of the negative consequences of these changes is the emergence of large numbers of children on the streets. In Tanzania, they are known as 'watotowamitaani', in Kenya they are known as 'chokorra', and in the Democratic Republic of the Congo (DRC) they are called moineaux or 'sparrows'. By whatever name they are called, what stands out is the sad fact that everywhere, children living and working on the street are ignored, scorned, mistreated, and misunderstood by society and governments (Thompson, 2023).

The condition of street children is universal; there are over 100 million children in the world, they are the reflection of growing social tragedies in the world. The condition of street children is comparatively very high in those countries where there is rapid growth of the urbanization trend. The number of street children has grown in recent decades because of widespread recessions, political turmoil, civil unrest, increasing family disintegration, natural disasters and growing urbanization (Thompson, 2023).

According to Asmera Kebede's study in Jimma University, Street conditions are a major aspect of urban poverty in developing countries like Ethiopia, where psychosocial factors have intensified poverty, mass displacement, and family disorganization. However, their situations have not been fully studied by (Thompson, 2023).

As cited by Abate et al. (2022) in Ethiopia, more than four million children are anticipated to live under challenging circumstances. Street children are subject to violence, a lack of health care, and a lack of education. This denies them the right to live in a secure environment and exposes them to different health problems.

As cited by Berhanu Nigussie 1, Dinaol Urgessa1, Getachew Abeshu,(2019), focused on an investigation of risk factors to handle psychosocial problems in street children faced while

surviving on the street. However, more recently, attention has been given to how knowledge can be developed in the area to devise interventions that reflect the promotion of resilience as a means of achieving positive outcomes for the children.

A Study was done by Tadesse Aredo,(2023) to explore the causes of children's streetism and intervention strategies in selected areas of Kirkos sub-city of Addis Ababa, particularly, Flouha and "Legehar" areas. to assess the main reasons leading children to streetism, to identify the efforts that have been made so far to restore street children, identify measures that should be taken, and design intervention strategies to ease the problem of the street. With many studies related to street children in Ethiopia, currently, little is known about the psychosocial and health conditions of street children. Thus, this study is designed in consideration of the gaps in the previous studies and the lack of sufficient emphasis on the psychosocial and health conditions of street children, with special focus on street teenagers. In Addis Ababa town, Yeka sub-city

1.3. Research Questions
This study was primarily focused on answering the following basic research questions.

➢ What are the psychological challenges of street teenagers in Yeka Sub City?
➢ What are the social challenges that affect street teenagers in Yeka Sub-city?
➢ What health-related conditions affect street teenagers in Yeka Sub City?

1.4. Objectives of the Study
1.4.1. General Objective of the Study

The general objective of the study was to assess the psychosocial and health conditions of street teenagers in Yeka Sub-city, Addis Ababa.

1.4.2 Specific Objectives
The specific objectives of the study were:

➢ To assess the psychological challenges of street teenagers in Yeka Sub city.

➢ To identify the social challenges that affect street teenagers in Yeka Sub city.

➢ To examine the health-related conditions affect street teenagers in Yeka Sub city.

1.5. Significance of the Study

This study focused on assessing the psychosocial and health conditions of street teenagers in Yeka Sub-city, Addis Ababa.

The psychosocial and social health conditions of street teenagers in urban settings are a critical but often under-researched aspect of psychosocial and health conditions. Street teenagers often suffer from various physical health problems, including malnutrition, untreated infections, and chronic conditions exacerbated by a lack of access to healthcare. The study aimed to explore the lived experiences of these marginalized individuals and contribute to the existing body of knowledge on street teenagers' psychosocial and health conditions. This research is particularly significant in the Ethiopian context, where rapid urbanization and socioeconomic disparities are contributing to a growing number of street children and teenagers. By focusing on Yeka Sub-city in Addis Ababa, this study provided context-specific insights into the psychosocial and health conditions. And handling strategies employed by these adolescents. The findings helped fill an important gap in research concerning the psychosocial and health conditions of street teenagers.

Furthermore, the study's outcomes are expected to inform government policies, non-governmental organizations, and social workers working with the subject. By understanding the psychosocial and health challenges faced by street teenagers, the research can contribute to the development of targeted social programs in psychosocial and health services. This can improve the long-term prospects for these individuals, fostering their integration into society and reducing the negative consequences of their marginalization.

It can also help the concerned bodies to identify and understand the causes and the level of street life. It also shows the direction of how to prevent, intervene, and promote the psychosocial well-being of street children and the community in general.

Ultimately, this research served as a foundation for future studies on the intersection of urban poverty, mental health, and youth development, providing valuable data for both local and international scholars, as well as practitioners working in the fields of psychology, social work, and public health.

1.6. Scope of the Study

This research focuses on assessing the psychosocial and health conditions of street teenagers, specifically in the context of Yeka Sub City, Addis Ababa, Ethiopia. Given that this is a purely concurrent mixed approach. The researcher used various methods to collect data. Such as interviews, closed-ended questionnaires, and onsite observation.

The study covers a broad range of psychosocial and health factors that affect street youth. These factors include mental health issues such as depression, social exclusion, substance abuse, and access to essential services like education and healthcare. The Temporal scope of this thesis started in December 2024 up to the Submission of the final thesis on July 3.

Geographically, the study is limited to Yeka Sub-city, one of the urban districts of Addis Ababa, which has seen a rising number of street teenagers due to socio-economic challenges, urban migration, and family instability. The study will review the psychosocial and health conditions of street teenagers.

1.7. Limitation of the Study

The researcher won't consider the factors in this research. Moreover, the research was only focused on selected sub-cities, which is directly related to time, budget, and availability of other resources. There would be a lack of awareness and willingness of the target population regarding filling out the questionnaires or providing the required data with care, and being unable to return the questionnaire on a timely basis.

1.8. Operational Definition of Terms

Street teenagers: those children living on the street from the age of 10-19 years old live in Yeka sub-city.

Children of the street, the children who have little or no contact with their families and live on the street to survive.

Conditions: the psychological and social bottlenecks that street children frequently face.

Health: refers to the well-being of the general body.

Psychosocial: This includes both the individual and society.

1.9. Organization of the Study

The research paper was organized into five chapters: Chapter one deals with the introduction part that includes background, statement of problems, research questions, objective of the study, and significance of the study, scope, limitations, and organization of the study. Chapter two is all about the review of related literature that includes theoretical and empirical reviews related to the selected topic. Followed by the third chapter is about the research methodology involving the research design, source of data and data collection methods, sampling techniques and size, data analysis method, and ethical considerations. Chapter four explains how the data was analyzed and interpreted. The fifth and last chapter provides a conclusion and recommendations for the future.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

INTRODUCTION

This section broadly reviews literature on the previous related studies significant to the study topic. It discusses in detail the psychosocial and health conditions of street teenagers in Yeka Sub-city, Addis Ababa, and some of the Psychosocial and Health Conditions of Street Teenagers in Ethiopia context are reviewed. It also outlines the theoretical and empirical review related to the selected topic.

2.1 Conceptual Review

2.2.1 Streetism

Streetism is a growing, and there are no signs of it abating. Ennew (2003) describes streetism as ways of life associated with living on the streets, and a growing contemporary problem worldwide. .The term streetism was initially used in Addis Ababa in order to avoid using the terms "on the streets" and "of the streets" when referring to street children (Ennew, 2003). However, the term street child was used early in the 19th century in reference to urban centres in Europe (West, 2003). According to studies (Barrette, 1995; Panter-Brick, there are many debates about the usage of the expression, "street children", and these debates started in the 1980s. Even today, the usage and definition of the "street child" term is still problematic Panter-Brick, (2002).

There are different expressions that were used in different countries to refer to street children (Barrette, 1995). In South Africa, street children were known as Malala pipe (pipe sleepers), twilight children (children who are active in the dark), malunde (those that sleep in the streets) (Barrette 1995 Le Roux, 2001:106) and also as the "lost generation" (Vogel, 2001). All the derogatory terms that were used to refer to street children portrayed street children as a nuisance that needed to be brushed or pushed away (Lalor, Taylor, HusseinAli & Elimin Bushra, 2002. Furthermore, the term street children raised debates. The following are some of those debates (Panter-Brick, 2002). The term "street children" does not reveal how heterogeneous these children"s actual circumstances are. The definition of the term, street children, does not match

ways in which many of these childrenrecount their lived experiences. The term, street child, has powerful emotional overtones that promote social stereotypes towards the street children.

It also deflects the focus away from the wider population of children experiencing poverty and social exclusion. Both street children's matters and the problem of homelessness are deftly manipulated to mirror the various aims and interests of role players such as the welfare agencies. These afore-mentioned debates about the usage of the term "street children" are continuing. It is clear that due to the heterogeneity of street children, different countries have continued to view the term differently and, due to that, the term, street children, is still generally used worldwide (West, 2003:3). A "street child" can therefore be defined as a girl or boy which is below the age of 18, who regard the street as home and a source of livelihood and since they are inappropriately supervised and protected by a competent adult (UNESCO, 2006).

Dabir, (2014). Notes that unsupervised minors who constantly dwell on the streets and made it a source of livelihood could be considered as street children. Irawati et al. (2021) think that street children work on the streets and in unsuitable places such as under bridges and vacant land. They also hold no support from family and are unsupervised. Mulekya et al. (2021) define them as individuals who dwell on the streets. Sanjay et al. (2019) note that street children are constantly at high risk. They are vulnerable to all types of exploitation, abuse, and sickness. They are also deprived, neglected, and denied their rights, especially those of their childhood. Sanjay et al. (2019) also claims that without proper guidance; these children may look forward to a very uncertain and unproductive future.

2.2.2 Characteristics of Streetism

As with causes for "streetism" or estimated on the number of street children, caution should be applied when attributing specific characteristics to street children. Street children's characteristics and conditions depend on numerous factors such as location, time and context. However, without attributing stereotypical characterizations and simply describing them as delinquents and victims, there are common characteristics that have been identified among street children, especially in developing countries.

In general, street children are predominantly male, with a significant imbalance in the number of boys and girls on the streets. This can partly be attributed to cultural sanctions and the fact that

girls tend to endure abusive or exploitative situations at home for longer (UNICEF, 2006) and that they are more vulnerable to abuse on the streets in comparison to boys.

Moreover, females are less represented as they are more controlled by their families and when they escape from their families, some are caught and exploited by pimps. It is particularly because they are more subject to abuse on the streets that they prefer any other place than the streets (Lugalla & Mbwambo, 1999).The average age at which most street children start living on the streets is between 9 and 12 years old (Rizzinietal, 1994) In terms of education, most street children in developing countries do not have a formal education and usually drop out of school due to poverty.

Some of these children maintain some contact with their families, but many of them live and work in the street without any contact or support from family members. They engage in various activities to earn some money, but many of them beg, work as street vendors or prostitutes (Beauchemin, 2004). Oftentimes, street children are viewed as deviants who engage in substance abuse, early sexual activity, and crime, among others and are treated with harshness. Despite difficult circumstances, they do not all manifest antisocial behaviors or hopelessness (Orme & Seipel, 2007). Moreover, it should be noted that there are many street children whose characteristics and situations are outside the afore-mentioned.

2.2.3. Types of Streetism

Streetism generally refers to a lifestyle or culture associated with living on the streets, often involving homelessness or a marginalized existence. It can manifest in various forms, influenced by social, economic, and cultural factors. Streetism encompasses various lifestyles and experiences associated with living on the streets or in marginalized conditions. Here are some types or aspects of streetism.Homeless individuals who lack stable housing and live on the streets, in shelters, or in temporary accommodations. This is often the most recognized form of streetism (UNICEF, 2012).Street Children who live or work on the streets, often due to family issues, poverty, or neglect. They may engage in begging, scavenging, or informal work (Ennew,2000).Young people, often teenagers or young adults, who live outside traditional family structures and may be involved in various activities for survival, including street art, music, or informal employment. Street Vendors are individuals who sell goods or services on the streets,

often in informal economies. This can include food vendors, artisans, and other small business operators (Baird, 2017).

2.2. Cause of Streetism

The world has seen an increase in children's streetism. The extent and nature of streetism of children is possibly one of the most serious social problems in urban areas of the developing world. Children have fled their homes throughout history for several social and individual reasons. The dimension, nature, and reasons depend on the economic, political, and social well-being of a nation, cultural and traditional settings, institutional interventions, and the level of social harmony and peace (Lee et al., 2023).

Streetism is not a homogenous population, it is difficult to capture and describe the individual realities of all children's lives. General characteristics of these can be used to gain a better understanding of their realities. There are common contributing factors that prompt children to leave their homes and seek refuge in the streets. According to WHO (2002), some, children are lured to the streets by the promise of excitement and freedom, but the majority are pushed on to the streets by desperation and the realization that they have nowhere else to go.

Maslow suggested that our most basic need is for physical survival, and this will be the first thing that motivates our behavior. According to Maslow's model, one must satisfy lower-level needs before progressing on to meet growth needs. When a need has been satisfied, It will go away and our activities become habitually directed towards meeting the extents of needs that we have yet to satisfy (Nasir &Shoukat, 2014). Although Maslow's theory has been criticized over the years for being reductionist and overlooking the role of social connection, it illustrates to some extent some of the motivations behind children leaving their homes.

2.2.1. Socio Cultural Factors

Adeyemi and Oluwaseum, (2012) surveyed to determine the socio-cultural factors underlying child streetism to some African countries. From the analysis, they concluded that „Family Structure, and relation Societal Customs and Modernization" have strong positive relations with child streetism and are therefore the socio-cultural factors underlying child streetism. The most prevalent causes of streetism are: domestic violence, low income of families, family-related

problems, physical and sexual abuse, and various sexually transmitted diseases such as HIV/AIDS.

2.2.2. Modernization and Urbanization

Adeyemi & Oluwaseum (2012) mentioned modernization as a causal factor of child streetism, but it is difficult to mention modernization without mentioning industrialization and urbanization since they move together. In Ghana, for instance, people relocated and work in areas where industries are cited. These areas subsequently developed into urban areas such as Accra, Kumasi, Obuasi, just to mention but a few (Abotchie, 2012; Nukunya, 2003).

Abotchie, (2012) further expatriated that urban areas (such as Accra, Kumasi, and Obuasi) have many prospects that are not in the rural areas. Some of the prospects, namely, good schools, good-paying jobs, good health centers, large markets, just to mention a few, are termed as indicators of good living (Abotchie, 2012).

2.2.3. Socio-Economic Factors

The urban sector appeared economically privileged compared to the rural sector, it conceals sever problem of resource distribution. Because of rapid population growth, municipal management shortcomings and deterioration of the social and physical environment, urban living is often extremely harsh and exploitative for young people and children (Getnet, 2007).

The World Bank estimated that 45% of the world population is forced to livewithless$1aday, of whom almost 50% are children. Hundreds of millions of children today live in urban slums. Without access to basic services.

They are particularly vulnerable because of the stresses of their living conditions (UNICEF, 2012, Mahiderhiwot, 2014). The population is increasing quite significantly, but the economic status of people is becoming poor day by day. It is therefore difficult to feed their children. It is found that most of the children were not provided with sufficient food, and they decided to leave home. Almost all children on the street are from poor family backgrounds. They did not care about hygienic food and else. Their main aim to enter into the street is to get sufficient food either from begging or from any other means (Tuladhar, 2013).

Poverty is the root cause of children on the street. That is why the negative consequences of social and economic development push the social system of inequality. Economic crises cause failure to the social institutions. On the one hand, the economy plays a vital role in human progress and social development. However, on the other poverty is a factor that will push humans on the street. For example, every individual to family member needs enough economic resources to survive or to make their lives comfortable, i. e. food, clothes, shelter, and health care, education, childcare and child welfare.

2.2.4. Other Factors

Social institutions restrict regulations and children's desire to be free, and the dispute may be produced in between could be a cause to drive children to the street. Teachers in school routinely used corporal punishment to maintain discipline and to punish children for poor academic performance. For many children around the world, violence is a regular part of school experience. In some countries, school officials routinely use corporal punishment to maintain classroom discipline and to punish children for poor academic performance. The failure of school officials to protect children from violence in school denies them their right to be free from all forms of physical or mental violence and the full enjoyment of their right to education (Tula Dhār, 2013).

The lack of adequate accommodation forced people to live in shanty towns characterized by little or no healthcare facilities, paucity of clean water and no schools and social services. Children are pushed into the streets and into "hunger, disease, violence and fear" (Alexander, 1987 in Vanitha, 1997). War and the recurrent drought and famine have also been raised as the major causes of streetism in Ethiopia (Abeje, 1998, in Mahider hiwot, 2014).

2.3. Theories of Streetism/Social Problems
2.3.1 Social Learning Theory (Sutherland & Cressey)

This theory posits that criminal behavior is learned through interactions with others, particularly within intimate groups. If a young person is exposed to criminal behavior in their environment (e.g., street gangs), they are more likely to adopt those behaviors. (Sutherland, E. H, & Cressey, D. R. (2002).

2.3.2 Strain Theory (Merton)

This theory suggests that crime arises from a disconnect between societal goals (e.g, wealth, success) and the legitimate means of achieving them. Individuals in disadvantaged neighborhoods might resort to criminal activities to achieve these goals when legitimate pathways are blocked. (Merton, 1999).

As Merton argued focused on individuals, specially disadvantaged groups, when they try to achieve cultural goals, like wealth, success and status, they fail to achieve these because of the prevalence of social inequality like lack of quality education, discrimination, poverty. As a result they experience strain or frustration and they use alternative ways, usually deviant ways to achieve these socially accepted goals.

Since street children are among disadvantaged groups, they usually face social inequality. They experience poverty. They fail to fulfill their basic needs like food and home. Most of the times they do not have access to health, education, protection and other type of services. Consequently, street children participate in deviant activities like begging. They expose themselves to drugs, theft and different crimes. (Peter Kopoka 2000)

2.3.3 Social Exclusion Theory

This theory focuses on how individuals and groups are systematically excluded from mainstream society, leading to social problems like homelessness and vulnerability to exploitation. Social exclusion theory provides a framework for understanding the experiences of street youth, often referred to as "streetism." This theory posits that individuals can be marginalized or excluded from mainstream society due to various factors, including economic, social, cultural, and political dimensions. Street youth often come from impoverished backgrounds, lacking access to financial resources, employment opportunities, and education. This economic marginalization can lead to a cycle of poverty that is difficult to escape. Social exclusion theory provides a valuable lens for understanding the complexities of streetism. By recognizing the various dimensions of exclusion that street youth face, stakeholders can develop targeted strategies to support their reintegration into society and promote their overall well-being. Addressing social exclusion is crucial for breaking the cycle of poverty and marginalization that many street youth experience. Though the current study under investigation focuses on the psychosocial and health

impacts of streetism, at the same time, the result correlates to the other mentioned theory, which I believe may support the policy makers to give due attention for any preventative measures.

2.4 Empirical Review of the Study
2.4.1. Psychosocial and Health Conditions of Street Teenagers in the Global Context

The problem of street children has become one of the urban problems, which calls for the attention of the international community. Experts from various angles proposed different socio-economic factors, which they had found out in their studies. It is reported that children living and working on the street are present in all parts of the world. Studies have also indicated that they are more prevalent in the urban areas of developing countries. However, their mobility makes it difficult to get reliable statistics. In 1998, UNICEF estimated that there are 100 million street children worldwide. Amongst these, ten million are believed to live at least part-time on the streets while most live at home and work on the street, mainly in the 'urban informal sector'. According to UNICEF, street children are highly prevalent in Latin America (40 million), Asia (31.2 million) and Africa (10 million). Among countries, Brazil is presumed to have the highest concentration of street children with 25 million followed by India where 18 million of the world's street children are said to reside (CSC, 2011 SC in SC UK, 2012).

The World Bank also estimated that there are 100 million street children in the world (Volp, 2002). The number has plummeted in recent decades because of widespread recession, political turmoil, civil unrest, increasing family disintegration, urban and rural poverty, natural disaster, and rapid industrialization (Catherine 2009). The United Nations International Children's Education Fund (UNICEF) estimates that out of 100 million children who call the streets their homes, only 20 million children live onthe streets, without their families. In South America alone, there are at least 40 million children, in Asia, 25 million children, and in Europe, approximately 25 million. Estimates in most countries have fluctuated widely (UNICEF, 2004). Children living in street situations are an increasing phenomenon in developing countries and economically advanced countries. Amongst the world's one billion children suffering from deprivation of basic needs, these children are highly likely to experience 'absolute poverty and suffer from Psychosocial and Health problems. Once they are on the street, their living experience can be viewed as a condition of both severe and chronic poverty (Conticini and Hulme, 2006).

The Problem of street life on street children

There are many challenges that street children are encountering in the streets. Some of the challenges that street children face in the streets include malnutrition or difficulty to access basic nutrition, susceptible to cuts and wounds due to lack of shoes and protective clothes, injuries and physical pain due to work and walking long distances. The phenomenon of street children has long existed in many regions. Today it is also making unexpected appearances where it never existed before. What does seem clear, however, is that street children are the extreme manifestation of deteriorating social capital and social exclusion. While the immediate factors responsible for their condition are unique for each child, they generally represent some combination of low family income, lack of housing, failure in school, family neglect and abuse, armed conflicts, natural disasters and epidemics. Exposure to drugs, violence, and abuse by other street children, the general public and law enforcement officials that street children endure in the streets may make them feel nervous, scared, angry, or confused (Joost, 2001).

The negative impacts of street life include the following. Extreme deprivation and social exclusion of street children which create opportunities for engaging in crime. Street children perceive themselves as discriminated against and hated by the members of society. Street children are stigmatized because they do not have the power to demand attention from the public and private agencies. Street children are also subject to social, physical, psychological, and sexual abuse. Some survival strategies of street children include menial income-generating activities to survive. Some of these activities include helping motorists at the car park, washing cars, begging for money, selling fruit and vegetables, and prostitution, carrying personal belongings of passengers as well as collecting scraps from garbage and dumps and selling them. It went without saying that street children face innumerable challenges as they live without adult protection, without decent income-generating employment and in unsanitary living environments, among others.

The challenges ranged from hunger to homelessness, and the abuse they attempt to escape within their households is likely to continue or become worse on the streets as these children are exploited by adults or other street children. According to UNICEF, in developing countries, often those who are entrusted to protect street children, such as the police, become the perpetrators of crime against them. Street children in countries such as Uganda, Democratic Republic of Congo,

and Rwanda have reported being harassed or beaten by law enforcers and often find themselves in conflict with them. In these countries, it is common practice to round up street children and take them to remote places where they will not be seen in order to "clean up" the city (HRW, 2014).

As for their health conditions, these children are exposed to numerous health hazards because of their lifestyles, malnutrition and substance abuse. As many walk around the streets bare foot and without protective clothing, they are susceptible to cuts and wounds as well as to skin infections. Street children are also susceptible to illnesses such as cholera, diarrhea and vomiting as a result of being in unclean and unhygienic environments (Behura and Mohanty, 2005). HIV and other sexually transmitted diseases are commonplace as they often engage in unprotected sex; particularly girls, as they are more vulnerable than boys, trade sex for protection (Lugalla & Mbwambo, 1999). The problem of street children in Ethiopia is not a recent phenomenon. As some government documents reveal, children have been living and working on the street not for less than half a century. Why children get move on to the streets is very much assorted. The Convention on the Rights of the Child adopted by the General assembly of the United Nations, guarantees legal provisions for the protection of children against abuse, neglect, and exploitation (UN, 2004).

This is exacerbated by limited access to medical care due to insufficient funds or ignorance on where to access information or services (Kiragu, 2009). Moreover, street children are often denied access to medical service unless they are accompanied by a parent, social worker or an NGO representative (Kids Rights Foundation, 2012).   This causes street children to believe that they will not be treated with respect and that they will be prevented from receiving the treatment they need, thereby contributing to continued bad health for street children (Kids Rights Foundation, 2012).

Another challenge they face is dealing with the stigmatization and its pitfalls; stereotypical representations of street children by the public and media as delinquents promotes a negative perception, fear and exclusion of street children which fosters and exposes them to high levels of violence.

Street children have a greater burden than other poor children who are supervised by adults. Their problems could be grouped into three classes: social, physical, and psychological

1. Social problems

Poverty and illiteracy: They lack basic resources to sustain a healthy living. They usually have no financial means to buy decent clothing (which may be necessary in cold places), and no money to buy food, which is crucial for their development. Because of the costs of services most street children cannot afford to go to school. Even where schools are free, many children cannot afford to buy uniforms, shoes and books. Street children live in places where they are not adequately protected from the environment. They rarely have access to facilities that they need for hygiene and sanitation, such as toilets and clean and safe water supply. They are therefore more vulnerable to health problems resulting from poor sanitation.

Discrimination and lack of accessible resources: When the community makes plans, it does not take into consideration the street children's' plight. Street children tend to be excluded from participating in most of the activities and facilities of other children. This is one reason why street children often do not have access to medical, educational, recreational and vocational resources. They face problems such as lack of vaccinations; poor health, illiteracy, and they cannot acquire skills needed for finding jobs.

Violent Environment: The Street is an unprotected environment, and street children are exploited frequently. In some places, street children may even face the possibility of physical injuries or death from violence. Common sources of violence are: the police, gangs, and drug syndicates, those who operate commercial sex businesses, death squads, other street children, families and sexual partners.

2. Physical problems

Lack of adequate nutrition: Even though some street children can usually get enough to eat, they do not have nutritious diets. This leads to malnutrition, anemia, and vitamin deficiencies.

Injuries: Injuries may be caused intentionally (including injuring self while intoxicated or when depressed) and unintentionally, e.g. due to use of tools which have been designed for adults. The rate of injuries is usually higher for male than for female street children.

Sexual and reproductive health problems: Sexual and reproductive health problems affect both girls and boys. However, street girls are more vulnerable to physical and sexual abuse and exploitation. Common sexual and reproductive health problems include sexually transmitted diseases, HIV/AIDS, unwanted pregnancies, and unsafe abortions.

3. Psychological/mental problems

A Stressful Past: Many situations and events that pushed these children onto the street in the first place (like natural disasters, man-made disasters, exploitation and conflicts) may have a lasting impact on their well-being. For example, the family conflict that pushed the child onto the streets continues to deprive the child of emotional and material support for years afterwards. When the child has his or her own baby, neither the new parent nor the baby will have the benefit of the previous generation's support.

A Transitory Lifestyle: Street children in some large cities move frequently from district to district or between cities. Sometimes they do this by choice, but at other times they are forced to move to hide from the police, welfare authorities, gangs, and drug syndicates. This type of lifestyle leads to problems of social isolation and loneliness and difficulties in developing emotional attachments to special individuals.

Mental Health: The stresses that street children experience make them vulnerable to emotional problems, psychiatric disorders and learning difficulties. They do not receive adequate care for these conditions.

4. Psycho-Social problems of street children

Children and adolescents can be especially vulnerable to a wide range of sexual and reproductive health Problems, includes HIV/AIDS. Girls can be particularly vulnerable, as they have sexual relations at a much earlier age than boys. And this leading them to unwanted teenage pregnancies sexually transmitted diseases including HIV/AIDS and other physical or psychological problems and simultaneously all this problem create problematic social relation. Ethiopian children are diverse and immense (CFSC, 2009 in Habtamu, 2011).In Ethiopia, due to Push factors (poverty, family dysfunction abuse and school problems) and pull factors (independence, Freedom, Drug/alcohol abuse) children are drifted to street life to support themselves or their families in

major cities (UNESCO, 2006). Over 4 million children are estimated to live under especially difficult circumstances. It is estimated that 600,000 children are taking part in street life and as many as 500,000 children find themselves at an extremely high risk of becoming involved in street life in Ethiopia (FSCE, 2003). And also many children's boys and girls become orphans by HIV/AIDS, rendering them dependent on others many ways; they lack income, access to education, food, housing, and vulnerable themselves to sexual health problems including sexual abuse and exploitation. In addition to this, their rights are violated as they face the risks of violence, abuse and exploitation, health hazards, stigma and discrimination, and psychological problems related to stress, anxiety, and depression, it also their self-esteem is challenged by the experience of humiliation, guilt, and helplessness UNICEF (2021).

2.4.2. Psychosocial and Health Conditions of Street Teenagers in the Developing Countries

The United States Agency for International Development (USAID) has defined street children as those who are out from families living on the streets (children of street families), those who spend a portion or majority of their time on the street while returning home to a family at night (children on the street), those who spend both days and nights on the street with limited or no family contact (children of the street). Predominantly, street children mainly adolescents are the most marginalized section of the population and disposed to problems of psychosocial wellbeing.

About one-fifth (1.2 billion) of the world population are adolescents, and 85% of them are in the developing world. An estimated of 120-150 million street children live in the world. Out of this number, 50% live in South America, 25% in Asia, and 25% in Africa. Mental health problems affect all segments of the people particularly vulnerable groups of the population. One out of four people suffered from distress at some point in their lives, and 10–20% of adolescents were suffered from mental distress. In Asia, a meta-analysis study revealed that 45% to 61.4% of street children suffered from mental distress and 6.3% attempted suicide.

In African and Sub-Saharan African countries a large number of street children were suffered from depression, anxiety, hopelessness, and suicide. A systematic review in Sub-Saharan African revealed that a significant number of children were faced with 14.3% of psychosocial distress, 15% depression, 17.8% posttraumatic stress disorder, and 6.8% of low self-esteem (Tipple , 2006).

Ethiopia is one of the developing countries with its urban areas are challenged by the growing intensity of street children. Evidence showed that the overall numbers of children on the streets of Ethiopian cities are estimated to be 150,000, and over 50% of street-connected children were psychosocially deprived. In the absence of early intervention for street children and prolonged exposure, street life results in severe mental distress, behavioral disorders, posttraumatic stress disorder (PTSD), social isolation, poor school performance, and suicide. Besides, to cope with their difficulties, street children used risky behaviors like being aggressive and fighting, smoking, chewing chat, substance abuse, and sexually transmitted infection (STI) which lead further to mental distress. Children live inadequately on the street with full of child vulnerability and deprivation of basic rights such as food, shelter, cloth, hygiene, education, and health service. They are also faced with problems of abuse, torture, violence, and exploitation (FSCE, 2003).

Existed studies revealed that family conflict, orphan hood, no biological parents, child abuse, survival work, educational status, and meal availability were among the factors for children which makes them vulnerable Efforts on improving child and adolescent mental health policy initiatives in Africa and Sub- Saharan African countries were neglected. Different studies also agreed on solutions that have tried to solve the problem of street children were very limited in scope and only focused on the curative approach and short term needs of the child.

Most countries of the world have established mental health strategy to address the problems of mental health; however, they have lacked standalone mental health policy and inadequate budgets allocated to the problem. Besides, efforts at improving child health and devolvement initiatives in Africa and Sub-Saharan African countries mainly focused on the physical health of children. Despite the fact, the overall development of the street child and the issue of psychosocial wellbeing have given limited attention in Ethiopia, particularly in the study area.

2.4.3. Psychosocial and Health Conditions of Street Teenagers in Ethiopia

The phenomenon of street children is not new and neither is it restricted to certain geographical areas; rather it has been documented as far back as 1848 as a worldwide occurrence. The incidence is prevalent in both developed and developing countries.

In 1922, there were at least seven million homeless children in Russia due to the devastation from World War I and the Russian Civil War. In the 1990s, many children moved onto the streets, with some being from the orphanages, while others were runaways from impoverished families. The twenty-first century presents a hostile face to many millions of children in many African countries. An increasing number of children are being forced to the streets as a result of poverty, abuse, torture, rape, abandonment or orphaned by AIDS.

The enormous problems (psychological, social, physical, and sexual abuses) faced by the street children in the last several years were reported by different scholars in different times, contexts and topic of diverse philosophy; but for several years, they were not in societies' program. Within the same trend, today's children are growing up in an increasingly stressful world. They are amongst the most vulnerable and marginalized members of society, often lacking access to food, shelter, healthcare, security and education. As everyone faces stress at some point, unfortunately, it is unrealistic to think that children can be shielded completely from experiencing stress. Many children on the street eat from garbage bins, sleep with little clothing, and are abused by others. These situations can result in dissociation that allows a child to almost remove him from the situation, to numb him from reality, and achieve separation between the body and the mind in that moment as a protective mechanism.

A comprehensive review indicated that street children experience high levels of hopelessness, vulnerability to depression, and depressive symptoms. Since street children lack proper capabilities to secure a decent job, they face oppression, torture, insecurity, and other problems while living on the streets. This has a detrimental effect on street children's development and often has serious psychosocial consequences, such as distrust in the children, lack of self-confidence, and negative interpersonal relationships. Because of their youthfulness, and specifically their lack of social power, children and adolescents are among the most severely affected by the aforementioned adverse circumstances (Ochola and Dzikus, 2000).

The problem of street children in Ethiopia is not a recent phenomenon. As some governmental documents unveil, children have been living and working on the street not for less than half a century. Why children get move on to the streets is very much assorted. The Convention on the Rights of the Child adopted by the General assembly of the United Nations, guarantees legal provisions for the protection of children against abuse, neglect and exploitation (UN, 2004).

The responsibility for nurturing, protection and socialization of children is primarily given to the family since it is the best and appropriate environment for children to grow and develop normally. Despite these provisions, the plights of children are groping from worse to worse (FSCE, 2003).

In Ethiopian situation, recurrent drought and civil strife on top of the impoverished state of the country have caused many children to be left without adult care and attention. Apart from parental death or abandonment, some parents push their children out to the streets. Generally, the influx of people to the city and other complex social problems like poverty, unemployment, rapid population growth, family breakdown, displacement etc, have largely increased the number of children that make the streets their homes(FSCE,1999).

According to MoLSA, the major causes of streetism in Ethiopia include the prevalence of absolute poverty, domestic violence, rural to urban migration, dropping out of school, family displacement and wanting to support oneself and the family (MoLSA, 2004). On the other hand, rapid growth of urban centers, war and the recurrent drought and famine have also been raised as the major causes of streetism in Ethiopia (Abeje, 1998).

Like all other cities in the developing world, Addis Ababa is facing increasing challenges to address the human rights of street children .For oblivious reasons, children's access to basic human rights including the right to education, adequate nutrition health services, shelter and protection cannot be met by their families (UNICEF, 2007).

Ethiopian children are diverse and immense (CFSC, 2009 in Habtamu, 2011).In Ethiopia, due to Push factors (poverty, family dysfunction abuse and school problems) and pull factors (independence, Freedom, Drug/alcohol abuse) children are drifted to street life to support themselves or their families in major cities (UNESCO, 2006). Over 4 million children are estimated to live under especially difficult circumstances. It is estimated that 600,000 children are taking part in street life and as many as 500,000 children find themselves at an extremely high risk of becoming involved in street life in Ethiopia (FSCE 2003).

Ethiopia has ratified the Convention on the Rights of the Child. She has also adopted it as a component of the law of the country. There are legal provisions to protect children from all forms of life hazards. There is, however, a huge gap in the enforcement of the existing legal

provisions in the country. Such an inadequate practice of observing the CRC and the existing gap in the implementation of the existing laws, together with the economic degradation of families in the country has left many children to grow under deplorable situation. Too many suffer from violence, physical, sexual and psychological abuses by their own families, by outsiders or by both. Many others have become victims of child trafficking for the purpose of labor and sexual exploitation. All these problems in their most acute form are highly portrayed among street living children in the country (UNICEF, 2007).

2.4.3.1. Street children in Addis Ababa

Addis Ababa originally has not been palmed as a city. The lack of a proper sewage system has created serious health risks. There is a lack of refuse trucks to service the systems that do exist, resulting in backflows in residential area. The World Bank has estimated that 71% of dwellings of Addis Ababa are unfit for human habitation not only do the houses fail to provide adequate shelter, but richens are often shared, toilet facilities absent (or communal latrines shared between many families) and water supply communal. Half the dwellings have floors of earth or mud (and 93% have roots or corrugated iron) most of ramshackle dwellings have neither toilet facilities not a piped water supply. The in habitants including a high proportion of children live in an environment of open sewers, garb ages and crowded physical shale aggravated by joblessness, alcoholism, vagrancy earn less than 100 birr (Us $20) per month the earner usually has several dependents, usually children to support. Comprising about 33% to 50% of the urban population, female-headed households are the worst affected. The houses are almost always single-stored, and more than half of the females share one room. The rate is higher in some areas of the city main finance is bed ailed by lack of income and construction materials. The world bank apparently abandoned a plan to build houses for the poor on the out skirts of Addis Ababa since the target group would not have been able to afford the up keep fixture of fine care Among the urban population, the situation of children and destitute mothers is comparatively worse than other groups. According to the city council of Addis Ababa in 1997 revealed that among the most criminal needs and social problems housing, lack of health facilities, safe water supply, school, recreational facilities, employment opportunities, day care centers and access reads were cited as basic while un employment prostitution, alcoholism, crime delinquency, etc. Where consider to be among the serious social problems in Addis Ababa (UNICEF, 2001)

2.5. Research Gaps

Research on the psychosocial and health conditions of street teenagers is an area with significant knowledge gaps. While considerable work has been done, many questions remain unanswered, and existing studies often suffer from limitations. Here are some key research gaps that the researcher fills on this study. Studies often lack attention to provide an insightful recommendation, therefore, to improve the lives of street teenagers. And there is insufficient exploration of health disparities among street teenagers compared to their housed peers, particularly concerning access to healthcare services and outcomes. Identifying specific health disparities can inform targeted public health initiatives and policies aimed at improving access to care for street youth. There is a lack of research evaluating the effectiveness of existing policies and programs aimed at supporting street teenagers. Addressing these research gaps requires collaborative efforts involving researchers, policymakers, service providers, and the street youth themselves. Participatory research approaches, where street youth are actively involved in designing and conducting the research, can provide valuable insights and ensure that findings are relevant and impactful.

2.6. Conceptual Framework

According to the model, dependent variable is Psychosocial & Health Conditions of Street Teenagers, and the independent variables mainly are Family Background, Socio economic status, Socioeconomic Status, Substance Use, and Duration of Street Life that lead to child to streetism. The relations of these variables are supported on the basis of review of literatures.

Independent variable (IV)   **Dependent Variable (DV)**

> Family Background
>
> Socio economic status
>
> Substance Use
>
> Duration of Street Life

Psychosocial & Health Conditions of Street Teenagers
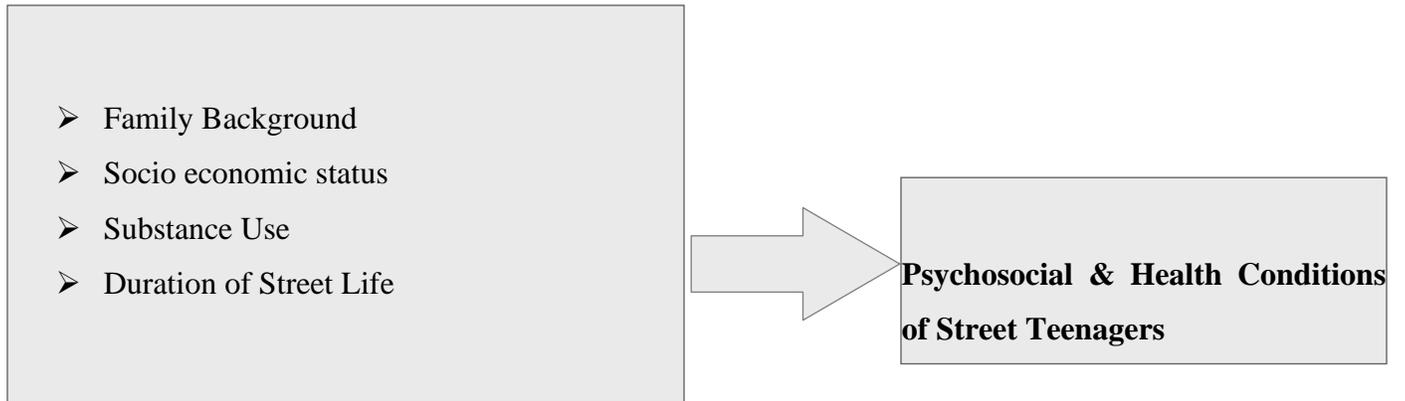
Source: Researcher from Review of Literature

CHAPTER THREE

3. RESEARCH METHODOLOGY

INTRODUCTION

In this chapter, the overall research design and methodology are explained. Hence, the type of research design, population, sample size, and techniques, data source, data analysis techniques, and data gathering tools. It also contained, lastly, ethical issues that have been considered in the study.

3.1 Description of the Study Area

Addis Ababa, including the Yeka sub-city, experiences a subtropical highland climate. This means it has moderate temperatures year-round, with cooler nights and warmer days, and a distinct rainy season. The city's high elevation moderates' temperatures, and its position near the equator contributes to consistent temperatures throughout the year.

The total population of Yeka sub-city in Addis Ababa is 341,355. A community-based study conducted in 2017 found, this figure includes 57,271 females within the age group of 15-24. The study also noted that there were 90,956 households with an average of 3.8 persons per household.

Yeka sub-city in Addis Ababa is characterized by a varied topography, ranging from a low point around the Bole International Airport to elevations exceeding 3,000 meters at Entoto Mountain to the north. This sub-city, located in the northeastern part of Addis Ababa, experiences a subtropical highland climate with moderate temperatures year-round. The terrain features hills and slopes, contributing to a diverse landscape with pockets of green spaces and urban developments.

Yeka sub city, is a rapidly developing urban area characterized by a mix of residential neighborhoods, institutional plots like schools and government offices, and a significant concentration of embassies, making it a prime study area for analyzing urban green space dynamics within an expanding city context; it is known for its dynamic topography and faces challenges related to population growth and infrastructure development, often experiencing issues like lack of adequate housing and basic facilities in certain areas.

In Yeka Sub city around Kebena river, Megenagna terminal area and Lamberet bus station, were a hotspot of numerous street Children though, the researcher chose Yeka Sub city form other sub cities in Addis Ababa to conduct this thesis, in order to address research problems, easily access to necessary resources (to minimize logistic costs and time) and availability of target participants

Yeka Sub City Map
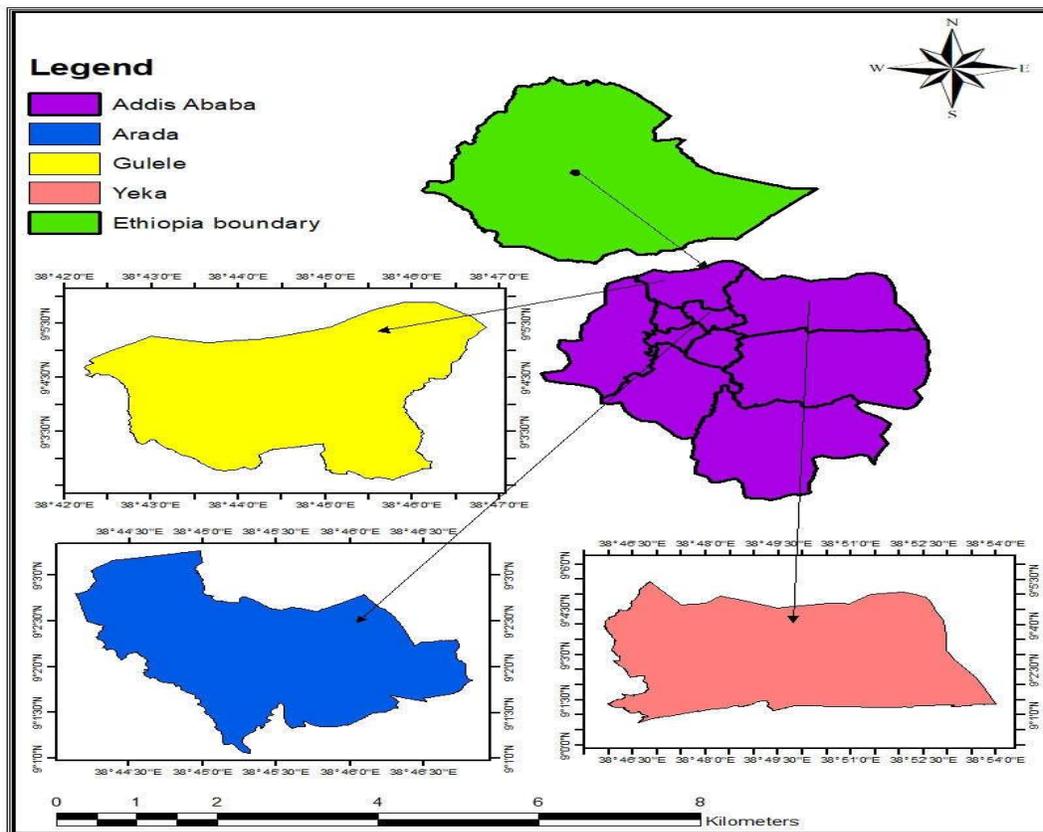
3.2. Research Paradigm, Design, and Approach

1**. Pragmatism paradigm** was used because it was suitable for addressing complex social problems.

2. Research Design

Descriptive research design.

Regarding to the research design, the study employed descriptive research design,

It is used because it is a fact-finding study with adequate and accurate interpretation of the finding. It describes what the reality is. It describes what actually exists within a situation, such as current practices, situations of different aspects of the research. Since the current study would concern with assessing about Psychosocial and Health conditions of Street Teenagers: the Case of Yeka sub-City, the researcher would assumed that the descriptive type of research was the most appropriate method to be used, and concurrent mixed approach to analyze data and obtain adequate information about realities of the study. A mixed methods approach is one in which the researcher tends to base knowledge claims on pragmatic grounds. It employs strategies of inquiry that involve collecting data either simultaneously or sequentially to best understand research problems.

3. Research Approach

The study used a concurrent mixed approach, because mixed methods research combines elements of quantitative research and qualitative research to answer your research question. Mixed methods can help you gain a more complete picture than a standalone quantitative or qualitative study, as it integrates the benefits of both methods. Mixed methods research is often used in the behavioral, health, and social sciences, especially in multidisciplinary settings and complex situational or societal research (Tegan George. 2021)

3.3 Sample Size and Sampling Techniques
3.3.1 Population
Kothari (2004) uses the term "target population" to refer to the intended population covered by a study in a specific geographical area, such as country, region, and town in terms of age group and gender.

Total population Yeka sub-city resident are 488,537 (Male 225,543 & Female 488,537). An estimated annually reported number of street children is about 460 in number but, couldn't get exact number of street citizens due their moveable life from one sub-city to another sub-city. So the researcher chose to assess street teenagers' psychosocial and health conditions, specifically in the context of Yeka Sub city selected district where study targets supposed to live densely.

3.3.2. Sampling Techniques

To conduct this research the researcher was used Non-probability sampling which especially convenient sampling because the number of the street teenagers were not get properly known Accordingly, the target populations of this research paper were 200 street teenagers and also between the ages of 10_ 19 who are found in different areas of Yeka Sub-city.

The targets participants selected for the purpose of this research and distribute questionnaire and collected the required information from the sample of 200, available115 target respondents due to their moveable life style. The study used purposive and Snowball Sampling that involved selecting and participants based on specific characteristics or experiences relevant to the research questions.

3.4 Instruments and Procedures of Data Collection

Questionnaire

To collect the required data, the researcher prepared data collection tools that were structured questionnaires. The questionnaire was adopted from different sources, which were found to be appropriate for the study. The questionnaire method as an instrument of data collection was used because it provides wider coverage to the sample and also facilitates the collection of a large amount of data. The questionnaire contained closed-ended questions with 5 Likert Scale from "Strongly Disagree" =1 to "Strongly Agree" =5, and it was administered by the researcher. The questionnaire was prepared in simple and clear language by avoiding the use of too long statements and use of appropriate punctuation. In addition to this, the questionnaires were translated to the Amharic language for simplicity and to get more facts related to the issue. The instruments will also be designed in a way that can strengthen the viability of the study.

In-depth Interview

As it is stated under the sub topic of type of research, this research is a descriptive type. Accordingly, for realization and successful accomplishment of the study, data was collected from five target participants and two stake holders recorded, edited, organized, analyzed, interpreted and presented to assess about Psychosocial and Health conditions of Street Teenagers: the Case of Yeka sub-City.

3.5 Data Analysis Methods

Since the study is mixed type, the quantitative data analyzed like frequency &percentage which helped the researcher to assess about Psychosocial and Health conditions of Street Teenagers: the Case of Yeka sub-City.

According to Creswell (2007), qualitative data analysis involves three steps. The first one is data management, by preparing or organizing the collected data. This includes transcription, forming a database, and paving for ease of access to data from the database. The second step is data analysis, which is composed of activities like reading the data, memoing, i.e. writing short words or phrases on the side of field notes or the foot of photographs, coding i.e., classifying and interpreting the data from the researcher's perspective or perspectives obtained in literature review. The third and final point is report writing, where the researcher presents his/her findings and accounts in texts or tabular form. By reading the transcribed data and listening to the audio recorded interviews repeatedly, the personal experiences of each research participant is analyzed qualitatively through thematic analysis.

3.6 Ethical Considerations

According to Creswell (2012), "as the researchers anticipate data collectors, they need to respect the participants and sites for the research. In the study, the researcher-maintained objectivity, courtesy, and high professional standards through the scientific process and no falsification, alteration or misrepresentation of data for biased or other purposes. The study was conducted by considering ethical responsibility. This includes providing information to the respondents about the purpose of the study and the use of the information as well. Information obtained is secured in strict confidentiality by the researcher. Respondents' anonymity was kept so that participants would feel free and safe to express their ideas.

CHAPTER FOUR

4. RESULTS AND DISCUSSION

INTRODUCTION

The main objective of this research was to investigate the cause, psycho Social and health conditions of street life among street teenagers in Addis Ababa, specifically at Yeka Subcity. The chapter embraces five themes based on the research questions outlined to be answered in the event of the study. The first section tells about the demographic variables of the participants. The second section involves the level of triggering factors for street life. The third part indicates the psychological impact of street life. The fourth part includes the impact of street life on the Social impact of street children. The last part, part five, involves the Health condition of street teenagers

4.1. Demographic Characteristics of the Respondents

This section presents the response rate and demographic characteristics of the sample respondents. Accordingly, a total of 115 copies of a questionnaire were distributed, and 110 usable questionnaires were returned, providing a response rate of l00%. Respondents' demographic characteristics (respective of age, sex, educational level, religion, and place of birth), which were included in the present study, are summarized in Table 1 below.

Table 1: Demographic Characteristics of the Respondents

No.	Variables	Category	Frequency			
			M	F	Total	Percent
1	Age	A.10-14	6	18	24	21.8
		B.15-19	74	12	86	78.2
		Total	80	30	110	100%
2	Sex	Male	80	_	80	72.7
		Female	_	30	30	27.3
Education		Not Attended at all (Can't Read &Write)	10	10	20	18.2
		Basic	9	4	13	11.8

		Education(can read & write)				
		Primary level 1st Cycle (1-4)	25	9	34	30.9
		Primary Level 2nd Cycle (5-8)	33	7	40	36.4
		Secondary level (9-10)	0	0	0	0
		Senior Secondary School (11-12)	3	0	3	2.7
Religion		Orthodox	26	8	34	30.9
		Catholic	15	8	23	20.9
		Protestant	33	10	43	39.1
		Muslim	6	4	10	9.1
Place of Birth		Rural	72	21	93	84.54
		Urban	8	9	17	15.45

Source: Survey Result, 2025

As demographic data of this finding indicated in table 1 shows;

Most of the street teenagers are under range of 15-19years old, Total 74(78.2%): (Males 67.3%, Females 10.9%) and 10-14 years Total 24 (21.8 °/o): Males 6 (Males 5.5%, Females 16.4%).

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Concerning participant's **Sex**, 80(72.7%) were male and the rest 30(27.3%) were female. Depending on the above analysis, most Males suffer in street life, poor females have better opportunity to employed in domestic worker job than Males so the number of males varies.

Female participants of this study mentioned that they live on the street because of no interest to engage in domestic work, while others don't have Id card and guarantor.

The finding of study implies that, Street children face distinct gender-based risks and challenges, with girls often experiencing greater vulnerability than boys. While both genders face health risks associated with poverty and lack of access to services, girls are disproportionately affected by sexual and reproductive health issues, including sexual abuse, unwanted pregnancies, and unsafe abortions

In line with the participant's **Educational status**, 20(18.2%) were not attended at all (Can't Read & Write), the educational status of 13(11.8%) are Basic Education (can read & write),the educational status of 34(30.9%) are Primary level 1st Cycle (1-4), the educational status of 40(36.4%) are Primary Level 2nd Cycle (5-8)   and 3(2.7%) are Senior Secondary School (11-12) students. here number of students attend grade 9&10 is zero. Street children face significant obstacles in accessing education due to their precarious living conditions, lack of support systems, and emotional trauma. Formal education is often inaccessible, and informal learning opportunities may be limited due to the demands of survival. These challenges can lead to a cycle of poverty, marginalization, and limited future prospects

According to UNICEF,(2025), about 95% of Ethiopians start primary school but only 54% complete it, and just 25% of 15- to 18-year-olds are in secondary school, according to the U.N. Children's Fund UNICEF, which believes Ethiopia can end poverty through quality education.

But enrolment has stagnated as the country grapples with conflict, drought and floods, and millions of children are still out of school. Girls are often kept at home to help with chores or married off while boys mainly work in the fields.

Ethiopia's literacy rate of 52% is below the average of 65% in sub-Saharan Africa, according to the World Bank, which says being able to read is critical for young people to thrive and to reduce poverty and achieve sustainable development.

Depending on the above analysis the researcher find out that, children suffer in street life, which may lead to high diversity of poor country growth, as the young generation is on the street with a very impoverished situation. Also, the situation may be doubled when we get 70% were quit

their education, The above result may also suggest that many children who are suffering on the street dropped out from school and exposed to many problems, such as psychosocial and health conditions.

Regarding the participants' *Religion,* 34(30.9 %) were Orthodox, 23(20.9 %) were Catholic, 43(39.1%) were Protestant and the rest are Muslim.

Based on the above analysis, the researcher would like to indicate that Religious organizations can play a significant role in mitigating street life by providing support, resources, and a sense of community for individuals and families facing hardship. They can offer practical assistance, spiritual guidance, and advocate for systemic changes to address the root causes of poverty and homelessness at their place of origin before children run away from home. In addition to spiritual, emotional support and direct basic needs provision, Religious leaders can advocate for policy changes that address the root causes of poverty and homelessness, such as affordable housing, job creation, and improved social safety nets for it helps to improve economic status of citizens and would brings social stability.

Regarding their place of birth from rural 93(84.54%) and 17(15.45%) were from urban areas.

, out of these respondents 20 haven't attend school even can't read and write,13 of them can write and read,34 participants have attended primary school(1-4) of these 24 greater number were males those got a chance to attend school,40 of them obliged to dropped out of elementary school due to different problems.3 of the participants have attended their higher secondary school education, but now they are here in Addis Ababa by wishing to change their own and their parents life once upon a day. As the summary shows, most of the participants are follower of protestant religion .Among 110, 93(84.5%) were came from Rural areas of Ethiopia mostly from South Ethiopia and Sidama regions and its areas while the rest are from urban area of different regions.

4.2. Causes of Street Life

Table 2: Causes of Street Life

Causes	Frequency	Percentage(%)
Orphanage	50	45.5

Neglect	58	57.7
Hostile Env't	65	59.1
Poverty	110	110
Divorce	28	25.5
Peer pressure	46	41.8
Abuse	74	67.3
Displacement	37	33.6

Source: Survey Result, 2025

As indicated in table 2, 45.5% of participants are respond being orphan or death of one of their parent led them to street life, (57.7) are due to neglect from the family members,(59.1) are tired of hostile environment b/c their parents quarrel always, poverty takes place 110%, divorce 25.5%, peer pressure 41.8, Abuse 67.3%,the rest replied displacement 33.6% as another possible factor for being live on the street.

The study had identified that several factors contribute to street life, including poverty, death of parents, family instability (hostile environment, divorce, displacement), and social issues like abuse and neglect. Economic hardship, particularly the lack of income, is a significant driver, with many people resorting to street life due to job loss or unemployment.

This research funding reveals that loss of parents, quarrel, poverty, work seeking, peer pressure, and divorce, neglect, discrimination, abuse problems are the significant causes for street life. The researches of (28) showed that family breakdown, both rural &urban poverty(110), and displacement were crucial factors that drive children to the street. The other reasons for street life are, limited opportunities for employment, child abuse and neglect, parental conflict, and poor parenting.

However, other researchers somehow argued differently. UNICEF (4) (l99l. 1992, and 1993) stated that the cause of street life in Ethiopia as a result of, war, drought, and engagement in criminal activities. The difference may be due to; at the times of l99l. 1992, and 1993 in the Ethiopian calendar there was war and it may be the cause for street life. And in other parts of the world, for example in studies show that the cause of street life is a natural disaster and growing urbanization, the difference is due to the study area difference(39).

Poverty, family disintegration and rural to urban migration are among the primary reasons for children to live on street.(Gebremaria, & Tsegaye, 2020). In addition to this, according to Mulugeta, urban poverty and lack of educational opportunities are other reasons for the growing number of street children in Addis Ababa (Mulugeta, 2021).

N.B.: Here, the researcher used pseudonyms for respondents participated on In-depth Interview:

The finding from interview the above quantitative findings reveal cause for street life is that:

In relation to this:

Mesele, who participated in an in-depth interview, narrated that:

> *" I was born in Rural area (14 years old), my friend told me while he was came to home town for Meskel holiday celebration looking good that there are plenty of good jobs here in Addis Ababa town. As a result, I quit school from grade 3 and came here, but I eventually found out that there are no jobs at all that is why I end up selling lottery cards on the street."*

This was confirmed by some participants of this study, who described that negative factors such as death of parents,

> *" Eyasu, an interview participant, shared his ideas saying: After I lost my father by death, I was live with my very poor mother,she can't afford for me and my younger's basic needs, I am the first born boy, so I decided to go far away and work to make money so as I change my and my parents life….then… I came from Wolaita to here to Addis Ababa to seek for job opportunity , I dropped out of my grade 5th education, but, things didn't accepted me as my thought and wish, after a long days of searching for daily labor job, I failed on street because I don't know anyone here, employers ask guarantor what I couldn't provide, because of this reason I became hopeless and start to use drugs to forget an environment I am living in."*

A participant named Sitota illustrated his condition as follow: I was born in rural area of Wollo-Wurgessa, I am the only son of my poor mother, I moved from village and came here to Addis Ababa, and I joined the group of friends. We are now living together. I work any work I get like

carrying goods, collecting water bottles, with the money I have saved, I planned to start shoeshine on the street so that I support my mother and give her a better life,

According to Benitez (2011), children favor the life of hardship on the street more than living with abusive families. This was the case with the participant who narrated his expression as follow:

"*My name is Bayu(10 years old), I was born in a rural village near Hawasa, I came to live on the street because of my mother. She is very poor and problematic person. She always quarrels and abuses me*"

While the participants above reported that they left home and joined street life as a direct result of escaping abuse or unfavorable conditions, some reported that they left home because of commission of mistakes that their parents were not able to forgive them for. For example,

As illustrated earlier, children join street life because of unforeseen negative consequences that may result from migration, the need for freedom from familiar control, abuse by parents or Guidant and sometimes as flight for offence they have committed at home. Mulugeta (2000) added that children also go to the street willingly because of seduction by friends who are already living on the street. This was the case for some participants of this study.

Street children are among the poorest of the poor. UNI CEF (2005) indicates that street children across the world face many economic challenges. These challenges include extreme poverty, lack of accessibility to education, food, clothes and shelter and lack of proper economic supports being provided by the public institutions. The participants of this study reported different types of economic problems. These are lack of food, clothes and shelters. They reported that they get it

hard to access food and even if they really get food, it is always not enough and is very poor in term of its quality.

All the five interviewees are mentioned that, their food situation as follow: Food is not enough always for us here. Sometimes if you get breakfast you are lucky enough. In times you may spend the whole day without any food at all.

The participants reported that they use different coping mechanisms to deal with condition of accessing food. Some reported that they engage in remunerable labor to pay for their food while others depend on begging for leftover foods from hotels and restaurants. Yet others reported that they depend on food provided to them by kind people who felt compassionate about their condition. For example, Mesele narrated that

> : "Work is where I get my meal from. I engage in all kinds of work especially on the market days. Whatever I earned from there I use it to buy food because it is not always enough, but whenever there is no any kind of work, I go to restaurants and beg for leftover".

Desta also narrated that:

> "Every morning I go to restaurants and hotels to beg for "Bulle" (yesterday's leftover food) but they don't give it freely. They always tell me to clean their dirt in exchange for Bulle. Even if they give, it is not always. If I am lucky enough and got breakfast that is enough for the whole day".

The participants also reported that they get it hard to access clothes to wear and to cover themselves at nights. They described that they depend on compassionate people and also on clothes discarded in garbage centers to wear. Others also reported that they engage themselves in labor activities to get money to buy clothes for themselves. They also narrated that they use different strategies to cope with lack of clothes. The strategies they use include scavenging from slum areas for discarded clothes, engaging in menial works, begging and sometimes they get help from compassionate religious organizations which help them with used clothes. For example, Sitota, narrated that

> "Getting clothes to wear is very challenging. Sometimes sympathic people give us some clothes for example, a man who saw me on the road gave me this t-shirt I am wearing because the one I was wearing at the time has torn out."

Eyasu added that:

> "Before I was using the clothes given to me by my family, but as I live on the street now, I rely on people who walk by and feel sympathy about my condition. Some of them give me

and other buys me clothes. For example, the jacket I am wearing was given to me by one boy around lamberet bus station."

Key informant interview with officer from Yeka Sub-city Office of Women and Children affairs reported that they are facing some challenges,

Relating to effort to provide street children with basic needs,the officer narrated that:

"As a concerned officer in relation to street citizens I know that they face many challenges when children struggle to survive on street, to solve these social, psychological and health problems, Government had implemented a child re-unification and re- integration project funded by World Bank, held under Urban Destitute Service (UDs- Safety net job)Projects that work by linking street children with different NGOs as basic needs service providers and rehabilitation centers to reunifying and reintegrating them with their respective family. After the child is assessed and his/her family is identified, he/she is provided with some clothes and other school materials and is linked to his family, but those children who were re-integrated went back to street in a very short period . They sell all the materials that were given to them that is why we don't have anything to provide now because we are thinking of using another more effective approach to help them".

Lack of proper shelter is another problem the participants reported to have been facing. They described how hard it is for them to get sleeping place. The participants reported that they use tunnels and main roads of the town as their sleeping place. This was confirmed by the observation that was conducted in the evenings throughout the days of data collection periods.

One participant of the interview narrated that: I sleep with my other friends. We roam the town throughout the night looking for sleeping place and we spend the night wherever we find suitable but most of the time around the main market.

Another added that: I do not have constant sleeping place. Today when I sleep here and someone else or the police came and chase me and my friends out, then we move and search for another places mostly ditches on the road sides.

Abush who was a participant of in-depth interview described his experiences follow:

"I don't have a house to sleep. I always sleep with my friends inside holes and water canals by the road sides. For example, that one on the road adjacent to the lamberet bus station, kebena lake side, and Megenagna areas are our sleeping place now. We have old garbage bags which we carry cartoons and water bottles at day time, collected from garbage plus old sleeping clothes and we are using it now."

We were seven inside there but one of us was taken back home by his brother's friend. During observation, it noted that most of the street children sleep during the night time only, but keep on roaming the town and market areas throughout the day. This could be because of their search for food and possibly because of the temperature that does not permit them to sleep on road side in the day time. Street children are exposed to different health conditions because of their living situation and inability to access proper medical care. According to WHO (2000), the most prominent cause of health problems of street children include drug abuse, poor sanitation and consumption of unsanitary food, sleeplessness and exaggeration of minor illness because of lack of proper medical care. Among the constant health complications that the participants have reported, stress, malaria, headache, stomachache, typhoid, and typhus are the recurring one. They reported that it is hard for them to access proper medical care because of negative attitude against them by the health workers. For example Sitota narrated that:

"Our health situation here on the street is not good. Sometimes I feel ill for example because of malaria and other illnesses but, it is even more difficult because I do not have proper medical care to get medicines. He went further by elaborating that: Stress, Malaria, headache and stomachache are the main health conditions we have been facing. This is because of the poor living condition, nutrition and psychological state we are in."

He elaborated that his only coping strategy is to stay at home sleeping when sick because he has now here to seek medical care. Mesele and Sitota who was also a participant of an in-depth interview narrated that: In most of the times, our street friends contribute and took us to clinic andget medicines when we felt sick, but in a situation where we did not provide anything we suffer for a medicine for a week without any medical treatment. Another participant of Interview, illustrated that: When I am sick, and go to any health center, the health workers disrespect as and insult us because of my dirty clothes. So, I do not like to going to health center.

Some participants reported that they came up with different strategies to cope with health challenges they are facing. Among those strategies is cooperative work in which all of them look into health need of any member of their group by taking him to the hospital in case he does not feel well. This finding is congruent with Thomas (2023) that unveiled street life is combination of various factors orphanage, neglect

4.3. Psychological Challenges of Street Life Perceived

Table 3: Psychological Challenges of Street Life

Variables	Frequency	Percentage (%)
Hopelessness	90	81.8
Helplessness	97	88.2
Anxiety	56	50.9
Fear	98	89.1
Depression	100	90.9
Trauma	95	86.4
Behavioral disorder	54	49.1
Suicidal thought	46	41.8
Low self esteem	71	64.5
Other	0	-

Source: Survey Result, 2025

As indicated in table 3, participants respond Hopelessness as an impact for street life was found to be (81.8%), participants on the Helplessness as an impact of street life was found to be 88.2%), Anxiety(50.9%), Fear took place as high impact on street life was found to be (89.1%),Depression, trauma, behavioral disorder are found to be as 90.9%, 86.4%and 49.1% respectively, suicidal thought 41.8 at last 64.5% chose low self-esteem as psychological challenges on the street life .

Street children highly agree with all the above Psychological challenges which the faced all even the degrees seems difference.

What psychological challenges are you experiencing while living on the street? [Anxiety, Feelings of hopelessness, helplessness, and worthlessness, depression, PTSD, self -esteem, self-confidence, suicidal thought)

Answer for #1, the respondents were said, there are different causes which can lead to street life some of them are, loss of parents, poverty, unemployment, peer pressure, displacement and many other reasons leads into street life.

All of them interviewed participants said that: "when we were with our family we were not smoking, not chewing chat, and we have a good manner but know I we have lost all of the our socially acceptable behavior. we always worry with our self, what will be our future fate and destiny? Who will help us if we are ill, no one? Such questions always disturbed us. Society has a negative attitude to street life they think all of us we are being thief but that is not true; some good boys didn't do such things".

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Informants show that many causes lead to street life. Problems occurred due to lack of money was the major cause that forced to leave their home. One of our informant said, I came here Addis Ababa to seek for job and help my parent because there is no access to get money at my birth place even daily labor work.

In depth interview participants responds as they feel hopeless, helpless ,depressed, miss behaved.

Abush narrated that,

"I am in fear of arrested by policemen suspected by stealing, some time they took us without any problem we did and stay somewhere for more than three weeks. When we come back to our former place we lose our customers, friends also remain with discrimination."

A comprehensive review indicated that street children experience high levels of hopelessness, vulnerability to depression and depressive symptoms. Since street children lack proper capabilities to secure a decent job, they face oppression, torture, insecurity and other problems while living on the streets. This has a detrimental effect on street children's development and often has serious psychosocial consequences, such as distrust in the children, lack of self-confidence and negative interpersonal relationships. Because of their youthfulness, and specifically their lack of social power, children and adolescents are among the most severely affected by the aforementioned adverse circumstances (Ochola, andDzikus, A., 2000).

4.4. Social Challenges of Street Children

Table 4: Social Challenges of Street Children

Variables	Frequency	Percentage
Homelessness	110	110
Discrimination	89	80.9
Labor Exploitation	73	66.4
Physical Abuse	59	53.6
Dropout	79	71.8
Neglect	80	72.7
Other	0	-

Source: Survey Result, 2025

Table 4 indicates that, 110% of participants reply homelessness as main factor as a social problem, discrimination among community in which they live around takes place 80.9%,labor exploitation 66.4%,physical abuse 53.6%, drop out from school 71.8% lastly other 72.7% of the participants are suffering for neglect.

The major social problems that street children face as described by the participants of this study are Sexual abuse, verbal abuse, discrimination, physical abuse, negligence and negative attitudes

of the police and society in general against them.Eyasu, a participant of In-depth interview described that: The street life challenges are diverse and very difficult for us.

As all of the four interviewed participants, he joined street life because of that: "they are living with their very poor   mother only, no one helps them, and another one respond was live with his poor mother and father. So, we came to Addis Ababa to seek for job and give our parents better life. But, respondents said that the impact of street life is so many and it has a great influence on their day to day activities in the street. The impacts include; there is a school dropout, addiction, physical abuse, females are abused sexually, lack of medication, psychological disturbance like the feeling of loneliness and fear, they are observed by others as criminals, and they are excluded from the society.   Food sometimes is not the main problem for us because we can find' Bule' (leftover food from hotels and restaurants).Before coming here I have never heard about sexual rape of male to male or homosexual intercourse. When I heard about it, I was shocked. Once I have also escaped from such incident with the help of my friends. Abush a participant of in-depth interview added that:

> *"People look at us as dirty. They don't see us as human being. They throw dirty water and sometimes urinate on us when we lay down sleeping on the floor at night. Also when it rains in the night, it is always unbearable but even if we go to seek shelter in the shaded areas of hotels and some government institutions, the security guards and polices always chase us away".*

 In addition to this, their rights are violated as they face the risks of violence, abuse and exploitation, health hazards, stigma and discrimination, and psychological problems related to stress, anxiety, and depression, it also their self-esteem is challenged by the experience of humiliation, guilt, and helplessness (UNICEF,2021).

4.5. Perceived Health Conditions of Street Children

Table 5. Perceived Health Conditions of Street Children

Variables	Frequency	Percentage
Sexual Abuse	25	22.7
Substance Abuse	99	90

Injury	56	50.9
Early pregnancy	7	6.4
HIV/AIDS	2	1.8
Chronic Disease	3	2.7
Communicable Disease	97	88.8
Hygiene & Sanitation	110	110
Other	0	-

Source: Survey Result, 2025

Table 5 above indicates that, 22.7% of participants replied as sexual abuse is the problem they face on the street, substance abuse 90% ,Injury 50.9%, early pregnancy 6.4% ,HIV/AIDS 1.8 %,Communicable disease 88.8%,Hygiene and Sanitation 110.

According to UNICEF (2012) female children living on the street are more vulnerable than their male counterparts due to gender-based violence and exploitation. They are exposed to rape and are forced to divert to commercial sex work when other survival options are limited. As a result of both sexual abuse and exploitation, street girls are exposed to various problems such as HIV/AIDS, STDs and unwanted pregnancy (WHO, 2000). Especially because men mistreat female street girls so badly, they do many bad things. As a result, they passed through psychological trauma that lasted for a very long time. I they suffered from womb infection and they may committed abortion..

The analysis of the collected data showed that street children use different coping strategies to deal with life challenges they encounter in their daily life on the street. Some reported that they use escaping as the option to deal with social issues such as abuse while others use different striates. Yet others reported that they use ignorance or acceptance of abuse as a coping strategy.

One participant narrated that: When street children live in a group or when they seem taught, no

one dare to do any sexual assault or advance on them. That is why my strategy to protect each other from those predators is always to keep in a company of my group friends who we are now living together on the street. we never want to go alone.All five interview respondents share ideas narrated that: Sometimes when we are depressed or stressed too much or hungry, because of anything in our life on the street or lack of food, the only method we use to cope with it is

cigarette. I smoke cigarette, chifche or sniffing benzene and it excite us so that we forget any psychological distress we may be experiencing before.

Key informant interview with the Yeka sub city women, social affairs provide a different narration on problems and challenges of street children.

The narration of the interviewed officer is as follow: Children on the street regardless of their age have a strong sense of unity and structure like those of criminal gangs. They are throne causing many social problems being faced here in Yeka sub city for example night robberies, vandalism and thefts.

4.6. Discussion of results based on Interview and Observation on street life

They are found mostly the places where children on the street hang out in Yeka Subcity especially around Lamberet bus station areas. I observe that children on the street turn to many different activities to survive or do many things to maintain their life on the streets. Their activities include begging, collecting garbage like used water bottles, cartoons for selling and carrying goods/luggage. They also, engaged in small business activities such as (sukbedarete) petty trader (peddler), shoe shining, selling lottery, works with taxi drivers and some of them do nothing but they share food with their friends because no one eats alone.

In Yeka sub city, during the night times I observe many children also sleep on the street. I count more than 14 street children's sleep together on the sides of the road. Some of them also group and burn rubbish papers to get heat to relapse from the cold air condition.

During the study, the informants revealed the psychoactive drugs that they often use commonly which include benzene sniffing, smoking cigarettes, chewing "chat

The researcher of this study confirmed that, duration of street life of participants under this study varies considerably, ranging from a six months to four years and the study found that girls spent less on the streets ranged from six month two years than boys. When we see the level of street life in Yeka sub city, the findings show that the prevalence of street life becomes decreasing (because they don't have permanent place so that they move from one sub city to another one due to Corridor development work in the sub city).Intervention and corrective measures were not taken by the government as well as other non-governmental organizations. Researches also

support it for example (10) says that the number of children on the street is increasing and the children are vulnerable to various problems from time to time. Few NGOs are working exclusively with children on the street in Ethiopia, aimed to enable children on the street to return to life in a caring and stable family environment, either with their own family, a foster family or by living independently in the community. Also, they provided them the educational, social, and income- generating activities they require to overcome the economic and socio-cultural factors that pull and push children to the street, reintegrate into society and family life, and to embrace the future. However, still, the situation is uncontrolled.

Concerning with the psychosocial impacts of street life, impacts identified in this study include; there is a school dropout, addiction, physical abuse, females are abused sexually, early pregnancy, lack of medication, behavioral disorder like the feeling of loneliness and fear, According to (25) girls are under fear of face sexual abuse by adults, rape, early pregnancy, and early motherhood – at times as early as 15& 16 years old. Findings of (2) Female children on the street were also found to engage in high-risk behaviors, including, which increased their risk of unsafe sex contracting HIV/AIDS and other sexually transmitted infections. (99) also found that street children are characterized by substance abuse, benzene sniffing, alcoholism, smoking, drugs, chewing chat, and the like. All the above researches findings are consistent with this study.

CHAPTER FIVE

5. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1. SUMMARY OF MAJOR OF FINDINGS

The main purpose of this research was to investigate the causes, psychosocial impact and health condition of street life among street teenagers in Addis Ababa Yeka sub city administration

The study was conducted with the objective of assessing the psychosocial and health conditions of street teenagers in Yeka Sub-city, Addis Ababa This section provides the conclusion of the study which was drawn from analysis of the data gathered from the participants through in-depth questionnaires, interviews, and observation. During the study, it was noted that despite the smaller number of street children reported by Biro of Women and Children Affairs Yeka Sub-city, Addis Ababa, the number of street children in Yeka Sub-city, Addis Ababa city may be higher. However, the exact estimate cannot be determined. As can be noted by sex imbalance of the participants, it was also noted during study that majority of street children in Yeka Sub-city, Addis Ababa city are males some of them migrated from Southern Nations and Nationalities People's Regional State. Almost all of the participants reported that they attended formal education. Interview analysis of the primary data collected revealed that the reasons behind the initiation of participants to street life are violence and abuse at home, death of one or both parents, lack of support in case of orphan hood, poverty (inability to satisfy basic needs) and pressure created upon families due to poverty, family breakdown and family pressure to engage in work, commission of mistake, search for jobs, peer pressure and expectation of positive life as a result of freedom from familial control. The finding of this study according to the participants is inconsistent with previous studies which alleged that children in Ethiopia are pushed to the street in most of the time by poverty at home (MoLSA 2004, FSCE 2003 and UNICEF 2012). The participants of this study reported that they experience different kinds of social problems on the streets. These problems range from verbal abuse, physical abuse, sexual abuse, prostitutions, drug use, discrimination, prejudice and constant chase by the police. According to the female participants, these social problems are more sever to them than their male counterparts. They narrated that this is because of their vulnerability to rape and sexual exploitation. But some research participants who are male also explained that they are vulnerable to sexual assault and forced homosexuality especially by strong elder boys. The participants during in-depth

interviews   reported that they find it difficult to get predictable source of food. They reported that one of the main continuing challenges in their daily street life is getting the food. Yet the participants reported that they use different strategies to get food. Among the strategies they reported to be using include: begging, collecting food from slum areas, begging for left over foods from hotels and restaurants, and engaging in remunerable labor activities to buy food. Participants also reported that they engage on petty street business such as selling lottery cards and shoe shining to serve as secure base for their access to food and other necessities. This is consistent with finding concluded from a study conducted with street children in Nekemte (Azmeraw, 2015).The participants described different coping strategies they use to cope with

social abuses they face on the street. But as it was noted from the analyzation of the interview data, these strategies vary from individual participant to another. The main strategy that most participants reported to be using is flight or acceptance of abuse. Some participants reported that they use ignorance and silence especially when they are verbally or physically abused while others reported that they keep on changing their living environments to escape abuses, yet some participants reported that they use living in a groups as a coping strategy to thwart away abuses such as sexual exploitations. The finding is consistent with different studies on the social problems facing street children in Ethiopia (Adugna, 2006, FSCE, 2003, Girmay, 2007 & Heinonen, 2000).

The participants also reported that they have no clothes. This is what was instantly observed during data collection time because majority of the participants of in-depth interviews were approached wore dirty, smelling and tore out clothes and even some of the participants walk with bare foot. According to the participants, lack of clothes is more challenging for them especially during cold weather. They reported that the clothes they wore during the day are the same clothes they use during the night time. The participants also reported that they use different strategies to

get clothes. Some of them reported that they collect clothes discarded in garbage areas where are others reported that they get clothes from compassionate individuals and religious organizations, yet some of the participants reported that they engage in menial labor to address their clothing needs. The problem of housing and safe sleeping place remains challenge for the majority of the participants of this study. Some of them reported that they sleep in dishes, and tunnels along the

main roads of Yeka Sub-city, Addis Ababa, while others reported that they have no constant sleeping place as a result, they keep on moving and searching for places to sleep. The participants narrated that they use different strategies to cope with the challenges relating to finding a safe place to sleep. Some of them reported that they sleep in rental dormitories in groups where as others reported that they developed friendship with some business owners and security guards of some public institutions in which they are permitted to sleep in verandas. The finding was in consistent with study conducted in Adama where it was concluded that street children constructs plastics and cartoon houses and use it as their sleeping places (Girmay, 2007 & Adugna, 2006).

Among various constants health problems they reported are: stomachache, headache typhoid and typhus. During observation, it was also noted that lack of clothes especially in a cold weather, constant sleeping in areas with poor sanitation and eating habit of the street children where they feed on leftover foods from hotels expose them to be contacted by the diseases they explained.

The research participants also reported that they are not able to access medical services from public hospitals when they become sick because of fear of being discriminated and not treatment well.

The participants of the study elaborated on different coping strategies they use to deal with health problems they are experiencing. Some of them reported that they go to private clinics when they felt sick whereas, others reported that they only stay in their trenches when they felt ill just waiting

To answer these leading questions of the research, the researchers mainly used descriptive research design. The collected data was analyzed through qualitative and quantitative research approach. To generate reliable and valid data, 115 participants are selected by using a snowball sampling technique. Of these, 5 participants were interviewed. To collect the appropriate and the relevant data questionnaire tools are prepared, 5 items that measures information(age, sex, educational level, religion and place of birth of participants, 2 items to measure the causes and duration of street life, and 4 items that measure the Psychosocial impact(income, food, cloth and community relationship & psychological problem they faced) on street life were used, 4 items

that measure health condition of street life and 3 open ended questions to explain how to overcome all the problems on street they suffering for. Apart from this, 5 unstructured interview items were used to generate qualitative data.

After the data has been collected, it was checked, edited, and coded. Then the quantitative data were analyzed by using a table shows frequency and percentage. The qualitative data were analyzed by using narratives and interpretive analysis.

The findings of this research revealed that orphanage (loss of one or both biological parents), neglect, quarrel(hostile environment), Poverty(job seek), divorce, displacement, peer pressure, and Abuse(physical or sexual) are significant causes for street life.

Moreover, the findings indicated that, physical abuse &sexual abuse , psychological disturbance (hopelessness, feeling of loneliness (helplessness), anxiety, and fear), trauma, behavioral disorder, Suicidal thought, low self-esteem, social exclusion(discrimination),addiction, homelessness, school dropout, neglect, injury, early pregnancy, HIV/AIDS, chronic & communicable diseases, psychosocial impacts of street life, malnutrition and lack of personal hygiene and sanitation were the significant psycho social and health problem of street teenagers.

5.2. CONCLUSIONS

There are large numbers of children living or spending most of their days on the street. Several organizations have been trying to help these children, but their approaches are ineffective as a result, many children are increasingly joining the street life. Children living on the street face numerous problems. They are ignored, abused and their needs such as food, clothes, and good-living environment are neglected by those who are supposed to look after them. To recognize and describe the existing conditions of this community groups, the study assessed the psychosocial and health conditions of street teenagers in Yeka Sub-city, Addis Ababa. To achieve the objective of this study, a descriptive research design with a concurrent mixed approach was employed. A convenience sampling technique was used to select 115 target respondents, who participated in both the survey questionnaire and in-depth interviews. Among 115, 110 and 5 were participated in the survey questionnaire and in-depth interview, respectively. The quantitative data analyzed using descriptive statistics like frequencies, and percentages whereas qualitative data analyzed using thematic analysis. The study confirmed that street children face numerous problems which include psychological, health, social and economic problems. The finding of the study indicated that participants joined street life because of the situations such as family conflict, inducement, death of parents and search for opportunities. The participants of the study explained that they are encountering different problems in their street life. These include social abuse, health problems, drug use, and sexual abuse, lack of access to food, clothes, and shelter. The study finding also indicated that street children use different coping strategies such as flight, acceptance of abuse, engagement in remunerable labor activity, begging, scavenging and living in a group. Therefore, this study can serve as baseline information to further conduct another intensive research on other challenges of the street children in Yeka Sub-city, Addis Ababa.

. Accordingly, the data presented by the participants of this study are to some extend consistent with the finding of Azmeraw (2015) about the health condition of street children in Nekemte town. He concluded that typhoid, stomachache, headache, gastric and skin diseases are the main health challenges of street children. But this

research finding differs with Azmeraw (2015) in participants' access to public health services because 68.5% of his study participants reported that they get access to public health services.

5.3 RECOMMENDATIONS

To address the multifaceted problems of street children in Yeka Sub-city, Addis Ababa that

were identified by this study, there is a need for greater effort to be exerted by the government

and other private actors who are engaged in child welfare programs:

- The following recommendations are forwarded based on the finding of this study.
- ☐ There is a need for conduction of more academic and related researches to determine the prevalence and other dimensions of problems that street children are facing in Yeka Sub-city, Addis Ababa which were not uncovered by this research study.
- ☐ The administration of Yeka Sub-city, Addis Ababa needs to actively engage in
- the effort to get children out of street life. This can be achieved by allocating
- enough amounts of financial resources to design and implement effective
- projects aimed at helping street children get out of street life and trace and
- reunite them with their families.
- ☐ The administration of Yeka Sub-city, Addis Ababa and the concerned bodies should open are habilitation center where street children should undergo rehabilitation before they are reunited with their families.
- ☐ They should also facilitate access to education of the street children who are living with their families under poverty. This should be an effective way to help them get out of street life.
- ☐ Bureau of Women and Children affairs should collaborate and advocate to the organizations that are operating in child welfare programs to create a collaborative effort and design programs that will help improve their situation which should include psychosocial education and rehabilitation.

☐ Their intervention plan should include activities designed to help the families of those reunited street children gain access to credit service in order to attain economic independence to help them take over the responsibility for the education of their children after the termination of rehabilitation

5.4. Implication to Social Work

As a social work researcher, here I implicate the following suggestions:

1. Addressing Social Injustice and Promoting Equality:

Social workers are at the forefront of fighting against discrimination and inequality, working to create more justice and equitable societies. This includes advocating for policies that promote human rights, protect vulnerable populations, and address systemic barriers. Social workers play a crucial role in understanding and addressing issues like poverty, homelessness, and racial disparities.

2. Empowering Individuals and Communities:

Social workers empower individuals by helping them access resources, develop their skills, and build confidence in their abilities. They work with communities to identify strengths, mobilize resources, and develop solutions to address local problems. Empowerment involves recognizing and valuing the unique perspectives and experiences of individuals and communities.

3. Enhancing Human Well-being:

Social work aims to improve the quality of life for individuals, families, and communities by addressing various needs, including mental health, substance abuse, and chronic health conditions. This involves providing support, counseling, and other interventions that promote well-being and resilience. Social workers also play a role in preventing harm and abuse, ensuring the safety and well-being of vulnerable populations.

4. Advocating for Policy Change:

Social workers advocate for policies that support social work goals, such as expanding access to resources, strengthening social safety nets, and addressing systemic problems. This can involve engaging in advocacy at local, state, and national levels, working with policymakers to promote evidence-based practices. Advocacy efforts can range from grassroots organizing to lobbying and legal action.

5. Adapting to Evolving Social Contexts:

Social work practice is constantly evolving to address new challenges and opportunities, such as the impact of technology, globalization, and changing demographics. Social workers need to be flexible, adaptable, and committed to lifelong learning to remain effective in their work. This includes embracing innovation and developing new approaches to address emerging social problems.

6. Promoting Sustainable Solutions: Social workers are increasingly focused on promoting sustainable solutions that address social problems in a long-term and holistic manner. This involves collaborating with other stakeholders, promoting community engagement, and developing strategies that address the root causes of social problems. Sustainable solutions prioritize equity, justice, and the well-being of future generations. In essence, social work practice has far-reaching implications that extend beyond individual cases. It shapes policies, promotes social justice, and contributes to the well-being of individuals, families, and communities. Social workers are essential agents of change who work to create a more just, equitable, and sustainable world

5.5 Implication for Future Researcher

The future research on the psychosocial and health conditions of street teenagers should focus on understanding the complex interplay of factors that contribute to these challenges, and developing effective interventions. This includes exploring the impact of street life on mental health, including depression, anxiety, and trauma; studying the prevalence and impact of substance abuse and other harmful behaviors; and investigating the role of social determinants like poverty, violence, and discrimination in shaping street life experiences. Additionally, research should focus on identifying protective factors and resilience mechanisms that help street-connected youth navigate these challenging environments.

Here's a more detailed breakdown of implications for the future research:

1. Expanding the Scope of Research:

Beyond Children: While much research focuses on children, future studies should also investigate the psychosocial and health conditions of adults living on the streets.

Cross-Cultural Comparisons: Research should extend beyond specific geographical locations to better understand the commonalities and differences in street life experiences across various cultures and contexts.

2. Addressing Specific Challenges:

*Substance Abuse***:** Investigate the role of substance abuse in street life, including the factors that contribute to it, the impact on health and well-being, and the effectiveness of interventions.

Mental Health: Conduct research on the prevalence and impact of mental health conditions like depression, anxiety, and post-traumatic stress disorder (PTSD) among street-connected populations.

*Social Determinants:*Examine the influence of poverty, violence, discrimination, and lack of access to basic services on the psychosocial and health conditions of street-connected individuals.

*Protective Factors and Resilience***:** Research should explore the factors that contribute to resilience and well-being among street-connected youth, including positive relationships, social support, and coping mechanisms.

3. Developing Effective Interventions:

Psychosocial Support: Develop and evaluate psychosocial interventions that address the mental health needs of street-connected individuals, such as therapy, counseling, and peer support groups.

Social Determinants: Advocate for policies and programs that address the social determinants of health and well-being, such as access to housing, education, and employment opportunities.

Collaborative Approaches: Encourage collaboration between researchers, policymakers, service providers, and street-connected individuals to develop and implement effective interventions.

By addressing these implications, future research can contribute to a deeper understanding of the complex psychosocial and health conditions of street life, leading to more effective interventions and improved outcomes for street-connected individuals to develop and evaluate interventions that address substance abuse, including prevention programs, treatment services, and harm reduction strategies.

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St. MARY'S UNIVERSITY

SCHOOL OF GRADUATE STUDIES

DEPARTMENT OF SOCIAL WORK

QUESTIONNAIRE PREPARED TO ASSESS THE PSYCHOSOCIAL & HEALTH CONDITIONS OF STREET TEENAGERS IN ADDIS ABABA-YEKA SUBCITY.

Dear participants:

This questionnaire is aimed to gather relevant data in order to investigate psycho-social & Health conditions of street teenagers in Addis Ababa - Yeka Subcity. Your genuine response is vital for the success and reliability of the study.

Thank you for your cooperation! By signing below you agree that you read and understand the information provided above and voluntarily agree to participate in this study.

Part I: Background Information of the Respondents

 (please write on space or circle an alternative as appropriate)

1. Age:___

2. Sex: 1. Male   2. Female

3. Grade/Educational status_____1. Not Attended at all (Can't Read &Write) 2. Basic Education (Read and Write) 3.Primary level 1st Cycle (1-4)   4.Primary Level 2nd Cycle (5-8) 5. Secondary level (9-10) 6. Senior Secondary School(11-12)

4. Religion: 1. Orthodox 2. Catholic   3. Protestant   4.Muslim5.Other

5. Place of birth: 1. Rural   2. Urban

Part II: Items on Psychological, Social and Health conditions of Street teenagers

This section assess issues related to causes of street life, and challenges such as psychological, social and health street teenagers are facing. Please attempt to give your response as per the response each item.

6. In your opinion, what ate the possible causes for being on street (***Select all that apply***)

1. Orphanage(death of biological parents)
2. Parental Neglect
3. Hostile Family Environment
4. Poverty
5. Divorce
4. Peer Pressure
5. Abuse (physical, sexual)
6. Displacement
7. Other (specify)

   _____

   _____.

7. How long have you live on street?
   1. <1year   3. 3-5years
   2. 1-2years   4. >5years

8. What is your way of livelihood (daily activity on Street) (*Select all that apply*)?
   1. Begging /በልሞና
   2. Daily Labor work/ በቀንስራ
   3. Shoeshine /በሊስትሮስራ
   4. Pity Trades (Soft, Gum….)
   5. Don't Work
   6. Other (specify)

   _____

   _____.

9. How do you get food & cloth (what are the possible sources of basic needs on your street life?(*Select all that apply*)
   1. Beginning from Others (Hotels, Individuals)
   2. Collecting from garbage bins
   3. Buying /በመግዛት

4. Other (specify)

_____

_____.

10. Have ever faced psychological problems?

    1. Yes   2. No

    1. If you say "Yes" to Qn.10, what are the psychological problems street teenagers are facing? (*Select all that apply*) Hopelessness

    2. Helplessness

    3. Anxiety

    4. Fear

    5. Depression

    6. Trauma

    7. Behavioral disorders

    8. Suicidal thought

    9. Low Self-esteem

    10. Other (specify)

_____

_____.

11. Have ever faced social problems?

    2. Yes   2. No

12. If you say "Yes" to Qn.12, what are the social problems street teenagers are facing? (*Select all that apply*)

    1. Homelessness

    2. Discrimination

    3. Labor Exploitation

    4. Physical abuse/Harassment

    5. Dropout from School

    6. Neglect

7. Other (specify)

_____

_____.

13. Have ever faced health problems?

    1. Yes   2. No

    2. If you say "Yes" to Qn.14, what are the health problems street teenagers are facing? (***Select all that apply***) Sexual Abuse

    3. Substance Abuse/Addiction

    4. Exposed to sever injury

    5. Early Pregnancy

    6. HIV AIDS and STDs

    7. Chronic disease

    8. Communicable disease

    9. Malnutrition

    10. Hygiene & Sanitation

    8. Other (specify)

_____

_____.

14. If you have ever felt sick before, did you try to access health care services?

    1. Yes   2. No

15. If you say "No",for the above question, is there any problem that prevents you from accessing health care services?

 1. Yes

 2. No

16. If **yes,** for the above question what are/is the problems that prevents you accessing health care services?

_____

_____

_____.

    17. From whom do you get support while you face:

A. Psychological Challenges:

_____

B. Social Challenges:

_____

C. Health Challenges:

_____

APPENDEX 2

St. MARY'S UNIVERSITY

SCHOOL OF GRADUATE STUDIES

DEPARTMENT OF SOCIAL WORK

In-Depth Interview Guide **Questions with Target Participant of the Study**

Dear participant, please give clear answer to the following questions honestly!

,…………………………………………………………………………………

…………………………………………………………………

Section I: Demographic Information of Participants

1. Age:__

2. Sex: 1. Male   2. Female

3. Grade/Educational status_____1. Not Attended at all (Can't Read &Write) 2. Basic Education (Read and Write) 3.Primary level 1st Cycle (1-4)   4.Primary Level 2nd Cycle (5-8) 5. Secondary level (9-10) 6. Senior Secondary School(11-12)

4. Religion: 1. Orthodox 2. Catholic   3. Protestant   4.Muslim5.Other

5. Place of birth: 1. Rural   2. Urban

Section II: Interview Guide Questions

1. What is your view about person living on the street?

2. What psychological challenges are you experiencing while living on the street? [Anxiety, Feelings of hopelessness, helplessness, and worthlessness, depression, PTSD, self - esteem, self- confidence, suicidal though ,)

3. What psychological challenges are you experiencing while living on the street? [Social Isolation, your interaction with the community, lack attention,)

4. What health related challenges are you experiencing while living on the street?

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5. What social problems do you face on the street?(Sleeping place, neglect, job opportunity, education, food & cloth…)

6. What actions do you take to cope with difficulties?

7. From whom do you get support while you face psychological, social and health problems?

St. MARY'S UNIVERSITY

SCHOOL OF GRADUATE STUDIES

DEPARTMENT OF SOCIAL WORK

VERBAL CONSENT FORM FOR KEY INFORMANT INTERVIEWEE

INFORMED CONSENT LETTER

Assessment psychosocial & Health conditions of street teenagers in Addis Ababa - Yeka Sub city.

CONSENT TO PARTICIPATE IN RESEARCH:

I am Hana Belete , a masters of social work student at St. Mary University. I am inviting you to participate in a study I am conducting for my thesis. You were selected as a possible participant because you have specialized knowledge about street children.

PURPOSE OF THE STUDY: This study is about the psychosocial and health conditions of street teenagers in Addis Ababa Yeka sub-city. It is anticipated that this research will generate valuable information on the issue that I will study. which may contribute in improving the psychosocial and health conditions of street teenagers

PROCEDURES:

If you volunteer to be in this study, you will be asked to participate in the study. This should take maximum 80 minutes of your time.

POTENTIAL RISKS AND DISCOMFORTS: There are no known risk anticipated as a result of taking part in this study, the interview will be conducted by ensuring your comfort and needs. Any information gathered will be coded and kept strictly confidential so that you cannot be recognized from it. All documents and computerized information will be securely stored, accessed only by researcher.

POTENTIAL BENEFITS TO SUBJECTS

A direct benefit to participants taking part in this study cannot be assured. However, findings from this study may lead to improvements in practice and contribute to improving the quality of life of street teenagers.

PAYMENT FOR PARTICIPATION: There is no payment for participation.

CONFIDENTIALITY: Any information that is obtained in connection with this study and that can be identified with you will remain confidential.

PARTICIPATION AND WITHDRAWAL: You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer and still remain in the study.

IDENTIFICATION OF INVESTIGATORS: If you have any questions or concerns about the study, or if you would like a summary of the results, please feel free to contact me or my thesis advisor, Dr Bisrat at St, Marry University School of Social Work**:** You may withdraw your consent at any time and discontinue participation without penalty.

Part IV Interview guide for Key Informants

8. What is your view about person living on the street?
9. Which part of the society mostly faced street life
10. What looks like your work experience of street teenagers
11. Can you tell me the overall living condition of street children?
12. What are the Challenges Street teenagers faced?
13. What kind of services are your organization providing for street Children. Do you think street teenagers are happy with those services? What they need?
14. In your, opinion what should the concerned body do to avoid street life.
15. What are your general recommendations about street life.

የቅድስትማርያምዩኒቨርሲቲ

የድህረምረቃጥናቶችትምህርትቤት

የማህበራዊስራክፍል

በአዲስአበባ-የካክፍለከተማየጎዳናላይወጣቶችንስነ-ልቦናእናየጤናሁነታለመገምገምየተዘጋጀ

ውድተሳታፊዎች፦-

ይህመጠይቅበአዲስአበባ   -   በየካክፍለከተማየጎዳናተዳዳሪዎችስነ-ልቦና-ማህራዊእናየጤናሁነታንለመመርመርአስፈላጊመረጃዎችንለመሰብሰብያለመነው፡፡ የእርስዎእውነተኛምላሽለጥናቱስኬትእናስተማማኝነትወሳኝነው፡፡

ስለትብብርዎአመሰግናለሁ!
ከዚህበታችበመፈረምከላይየቀረበውንመረጃአነብበውእናተረድተዉበዚህጥናትላይለመሳተፈቃደኝነትዎ ንእረጋግጠዋል፡፡

ክፍልI፦የትሳታፊዎችዳራመሰረታዊመረጃ

(እባክዎበክፍቦታውላይይፃፉወይምእንደአስፈላጊነቱአማራጮችንክብያድርጉ)

መጠይቅ፡፡

1. ዕድሜ...........

2. ጾታ............

3. ክፍል/የትምህርትደረጃ_____1. በፍፁምያልተማረ (መፃፍእናማንበብአይቻልም) 2. መሰረታዊትምህርት (ማንበብእናመፃፍ) 3. የመጀመሪያደረጃ 1ኛሳይክል (1-4) 4. የመጀመሪያደረጃ 2ኛሳይክል (5-8) 5. ሁለተኛደረጃ (9-10) 6. ክፍተኛሁለተኛደረጃትምህርትቤት (11-12)

4. ሃይማኖት፦ 1. ኦርቶዶክስ 2. ካቶሊክ 3. ፕሮቴስታንት4.ሙስሊም 5. ሌላ

5. የትውልድቦታ፦   1. ገጠር   2. ከተማ

ክፍል II የጎዳናተዳዳሪወጣቶችየስነ-ልቦና፣ማህበራዊእናየጤናሁነታላይያሉጉዳዮች

ይህክፍልየጎዳናህይወትመንስኤዎችን፣የስነልቦና፣ማህበራዊእናየጤናተግዳሮቶችንይዳስሳል፡፡ አባክዎበእያንዳንዱጥያቄመሰረትምላሽዎትንይሞክሩ

75

6. በእርስዎአስተያየት፣ለጎዳናይኑሮምክንያቲሊሆኑየሚችሉነገሮችምንድንናቸው

(መልስሊሆኑየሚችሉምርጫዎችንሁሉይምረጡ)

   1. የእናትእናእባትሞት (የወላጆችሞት)

   2. የቤተሰብችልተኝነት

   3. የቤተሰብ/ጭቅጭቅያለበትቤተሰብ

   4. ድህነት

   5. ፍቺ

   6. የአቻግፊት

   7. ጥቃት(አካላዊ፣ወሲባዊ)

   8. መፈናቀል

   9. ሌሎች (ይግለጹ)

   _____

   _____.

7. በጎዳናይለምንያህልጊዜኖረዋል?

   1. ከ6 ወርበታች   3. ከ3-5 አመታት

   2. ከ1-2 ዓመታት   4. ከ5 ዓመትበላይ

8. የመተዳደሪያመንገድዎምንድንነውወይምበጎዳናይያለየዕለትተዕለትእንቅስቃሴዎት(መልስሊሆኑየሚ
   ችሉምላሽችንሁሉይምረጡ)

   1. ልመና/በልመና

   2. የቀንስራ

   3. በሊስትሮስራ

   4. በጥምአነስተኛንግድ(ለስላሳ፣ሶፍት, ….)

   5. ሌሎች (ይግለጹ)

   _____

   _____.

9. ምግብእናልብስእንዴትያገኛሉ:

በጎዳናይህይወትዎላይየመወረታዊፍላጎቶምንጮችምንድናቸው?(ምላሾችንሁሉይምረጡ)

1. ሌሎችበመለመን (ሆቴሎችን፣ግለሰቦች)
2. ከቆሻሻማጠራቀሚያዎች/ ከቆሻሻገንዳዎችመሰብሰብ
3. በመግዛት
4. ሌሎች (ይግለጹ)

_____

_____.

10. የሥነልቦናችግሮችአጋጥሞትያውቃሉ?

1. አዎ   2. አይደለም

11. ለአስረኛዉጥይቄመልስዎአዎከሆነጎዳናላይኤንደሚኖርዎጠትምንስነልቦናዊችግሮችእጋጥሞዎታል?

ከአንድበላይመመለስይችላሉ

1. የተስፋመቁረጥስሜት
2. ረዳትየማጣት
3. የመረበሽስሜት
4. የፍርሃትስሜት
5. የድብርትስሜት
6. የመጎዳትስሜት
7. የባህሪመዛባት
8. ራስንየማጥፋትሐሳብ
9. ራስንዝቅማድረግ
10. ሌሎች (ይግለጹ)

_____

_____.

12. ማህበራዊችግሮችአጋጥሞታልያውቃል?

1. አዎ   2. አይደለም

13. ለጥያቄቁጥር 12 መልስዎትአዎከሆነበገዳናላይየሚኖሩታዳጊዎችምንማሀበራዊችግሮችይገጥማቸዋል?

ከአንድበላይመመለስይችላሉ

    1. የመኖሪያቤትእጦት

    2. አድልዎ

    3. የጉልበትብዝበዛ

    4. አካላዊጥቃት / ትንኮሳ

    5. ከትምህርትቤትማቋረጥ

    6. መናቅ /ችላመባል/

    7. ሌሎች (ይግለጹ)

    _____

    _____.

14. የጤናችግሮችአጋጥመዋትያውቃሉ?

    1. አዎ   2. አይደለም

15. ለአስራአራተኛዉጥያቄመልስዎትአዎከሆነበገዳናላይየሚኖሩታዳጊዎችምንአይነትከጤናጋርየተያያዙችግ

    ሮችይደርሴባቸዋል? **ከአንድበላይመመለስይችላሉ**

    1. ወሲባዊጥቃት

    2. ለሱስማጋለጥ

    3. ለከፋአደጋማጋለጥ

    4. ያለአድሜእርግዝና

    5. በኤችአይቪኤድስእናሌሎችበግብረስጋግኙኝነትበሚተላለፉበሽታዎችመጋለጥ

    6. ሥርየሰደደ /ሊድኑበማይችሉበሽታዎችመጠቃት

    7. ተላላፊበሆኑበሽታዎችመጠቃት

    8. የተመጣጠነምግብእጥረት

    9. የግልእናየአክባቢንፅህናጉድለት

    10. ሌሎች /ይግለጹ

16. ከዚህበፊትህመምተሰምቶዎትካወቀየጤናእንክብካቤአገልግሎቶችንለማግኘትሞክረውነበር?

    1. አዎ   2. አይደለም

17. ከላይላለውጥያቁመልስዎ ‘’አይደለም’’

ከሆነጤናእንክብካቤካገልግሎትእንዳያገኙየሚከለክልዎችግርአለዎይ?

1   አዎ   2. አይደለም

18. ከላይላለውጥያቁአዎከሆነ᎕

የጤናአጠባበቅአገልግሎትእንዳያገኙየሚከለክሏቸውችግሮችምንድንናቸው?

_____

_____

19. ከዚህበታችየተጠቀሱትችግሮችበሚያጋጥምግዜከማንእርዳታያገኛላችሁ?

1. የስነልቦናተግዳሮት

    _____

2. የማህበራዊተግዳሮቾችሲያጋጥምዎት፡፡-

    _____

3. የጤናተግዳሮቾችሲያጥጋምዎት፡፡-

    _____

በእርስዎአስተያየትበገዳኑሮላይየሚገጥሙችግሮችንይቀርፍዘንድያለዎትተጨማሪአስተያየትምንሊሆ

ንይችላልሃሳብዎንይግለጹ!

የቅድስትማርያምዩኒቨርሲቲ

የድህረምረቃጥናቶችትምህርትቤት

የማህበራዊስራክፍል

የጥናቱዒላማተሳታፊጋርየጥልቅቃለመጠይቅመመሪያጥያቄዎች

ውድተሳታፊ፤እባኮትንለሚከተሉትጥያቄዎችበታማኝነትግልዕመልስስጡ!

....

....

ክፍልI፡የትሳታፊዎችዳራመሰረታዊ መረጃ መጠይቅ፡ዕድሜ...........

20. ጾታ.............

21. ክፍል/የትምህርትደረጃ_____

ሀ. በፍፁምያልተማረ (መፃፍእናማንበብአይችልም

ለ. መሰረታዊትምህርት (ማንበብእናመፃፍ)

ሐየመጀመሪያደረጃ 1ኛሳይክል (1-4)

መየመጀመሪያደረጃ 2ኛሳይክል (5-8)

ሠ. ሁለተኛደረጃ (9-10)

ረከፍተኛሁለተኛደረጃትምህርትቤት (11-12)

22. ሃይማኖት:

ሀኦርቶዶክስ

ለ. ካቶሊክ

ሐፕሮቴስታንት

መ .ሙስሊም

ረ. ሌላ

23. የትውልድቦታ:

ሀ. ገጠርለከተማ

ክፍል II የቃለመጠይቅመመሪያጥያቄዎች

1. ወደጎዳናእንድትወታየገፋፋህንምክንያቶችንልነግረኝትችላለህ?

2. በጎዳናይስትኖር/ሪምንአይነትየስነልቦናተግዳሮቶችእያጋጠሙህ/ሽነው?

3. በጎዳናይስትኖር/ሪከጤናጋርየተገናኘምንአይነትፈተናዎችእያጋጠምህ/ሽነው?

4. ችግሮችንለመቋቋምምንእርምጃዎችንትወስዳለህ/ለሽ?

5. የስነልቦና፣የማህራዊእናየጤናችግሮችሲይጋጥምህ/ሽድጋፍከማንታገኛለህ/ሽ?

6. ለወደፊቱከላይየተመለከቱትንችግሮችለመቅረፍይበቻልዘንድምንእይነትሁነቶችቢኖሩትመርጣለህ/ሽ?

የቅድስት ማርያም ዩኒቨርሲቲ

የድህረ ምረቃ ጥናቶች ትምህርት ቤት

የማህበራዊ ስራ ክፍል

ለቡልፍ፣መረጃ፣ሰጭዎች፣የቃል፣ስምምነት፣ዉል

የዳሰሳ፣ጥናት፣የስነልቦናና፣

ማህበራዊእናየጤናሁኔታንበተመለከተበአዲሴአበባየክፍለከተማየሚኖሩጎዳናታዳጊዎች

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በጥናቱ፡ለመሳተፍ፡የስምምነት፡ዉል፦ ስሜ፡ሀናበለጡ፡ይባላል፡በቅድስትማርያምዩኒቨርስቲ፡በሦሻል፡ ዎርክ፡ትምህርት፡ቤት፡የሁለተኛ፡ዲግሪ፡ተማሪ፡ነኝ፡እኔ፡በማቀርበዉ፡የጥናት፡ፅሁፍ፡ላይ፡ተሳታፊ፡ እንድትሆኑ፡አክብሮት፡እጠይቃለሁ፡፡በዚህ፡ጥናት፡ለመሳተፍ፡የተመረጣችሁበት፡ምክንያት፡ በርእሱ፡ዙሪያ፡ጂ፡እዉቀት፡ስላላችሁ፡ናከእነሶጋርስ፡በስራ፡ምክንያት፡ቀረቢታ፡ስላላችሁ፡ነዉ

የጥናቱ፡አላማ፦ ይህ፡ጥናት፡በአዲስ፡አበባ፡ካክፍለ፡ከተማ፡የሚኖሩ፡ት፡ይጎዳናላይ፡ታዳጊዎች፡የስነ፡ልቦናና፡ ማሀበራዊ፡እና፡የጤንሁኔታ፡በተመለከተ፡ይሆናል፡፡በጥናቱም፡መሰረት፡የጎዳናላይ፡ታዳጊዎች፡የስነ፡ልቦናና፡ የማሀበራዊ፡ድጋፍ፡እንዲሁም፡ይጤናሁኔታም፡ን፡እንደሚመስል፡ለማጥናት፡ይረዳኛል፡ብዬ፡አምናለሁ፡፡

የጥናቱ፡አካሄድ፦በዚህ፡ጥናት፡ለመሳተፍ፡ፍቃደኛ፡ከሆኑ፡ጥናቱን፡እንዲያጠናቅቁ፡እጠይቅዋታለሁ፡፡ ይኸዉም፡ቢበዛከእርስዎ፡ሰዓት፡80፡ደቂቃ፡ይወስዳል፡፡

በጥናቱ፡ምክንያት፡ሊመጡ፡ስለሚችሉ፡አደጋዎች፦በዚህ፡ጥናት፡በመሳተፍዎ፡ምክንያት፡ምንም፡ አይነት፡አደጋይመጣል፡ብዬ፡አልገምትም፡፡ዉይይቱ፡የሚካሄደዉ፡የእርስዎን፡ምቾትና፡ፍላጎት፡በጠበቀ፡ መልኩ፡ይሆናል፡፡ማንኛዉም፡ከዕርስዎ፡የሚገኙ፡መረጃዎች፡በሚስጥር፡ስም፡ተጽፎ፡የእርስዎ፡ማንነት፡ በማይለይበት፡መልኩ፡ሚስጥራዊነቱ፡የተጠበቀ፡ይሆናል፡፡ሁሉም፡በኮምፒዉተር፡የተፃፉ፡መረጃዎች፡ በአጥኝዉ፡ብቻ፡እንዲገኝ፡ተደርገዉ፡ለብቻ፡በጥንቃቄ፡ይቀመጣሉ፡፡

ጥናቱ፡ለነዋሪዎች፡ሊያስገኝ፡ስለሚያስችለዉ፡ጥቅም፦ይህ፡ጥናት፡ለጥናቱ፡ተሳፋሪዎች፡ቀጥተኛ፡የሆነ፡ ጥቅም፡ያስገኛል፡ብሎ፡ማረጋገጡ፡ይከብዳል፡ነገር፡ግን፡ከዚህ፡ጥናት፡የሚገኘዉ፡መረጃ፡ምን፡አልባት፡ በጎዳናይይሚ፡ተዳደሩ፡ታዳጊዎቹን፡የህይወት፡ጥራት፡መሻሻል፡ምክንያት፡ሊሆን፡ይችላል፡፡

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ለጥናቱ፡ተሣታፊዎች፡ስለሚደረግ፡ክፍያ፡-በዚህ፡ጥናት፡በመሳተፎ፡ምክንያት፡የሚያገኙት፡ምንም፡
አይነት፡ክፍያ፡አይኖርም።

ሚስጥራዊነት፡-ማንኛዉም፡ከዚህ፡ጥናት፡የተገኘ፡መረጃ፡ሚስጥራዊቱ፡የተጠበቀ፡ይሆናል።

በጥናቱ፡ሥለመሳተፍና፡ስለማቋዋረጥ፡-   በዚህ፡ጥናት፡ለመሳተፍ፡ወይም፡ላለመሳተፍ፡ምርጫዉ፡
የእርስዎ፡ነዉ።በጥናቱ፡ለመሳተፍ፡ፍቃደኛ፡ከሆኑ፡በማንኛዉም፡ሰዓት፡ካለምንም፡ቅጣት፡ዉይይቱን፡
ሊያቋርጡ፡ይችላሉ።በተጫማሪም፡ለማይስማማዎት፡ጥያቄ፡መልስ፡ያለመመለስ፡ነገር፡ግን፡በጥናቱ፡ሂደት፡
ዉስጥ፡መቀጠል፡ይችላሉ።

ስለ፡ጥናቱ፡አጥኒ፡መረጃ፡ስለማግኘት፡- ጥናቱን፡በተመለከተ፡ማንኛዉም፡ጥያቄ፡ወይም፡ሃሳብ፡ካላችሁ፡
ወይም፡ስለ፡ጥናቱ፡ዉጤት፡ማወቅ፡ከፈለጋችሁ፡እኔን፡ወይም፡ይህን፡ጥናት፡ሳጠና፡የሚረዱኝን፡
በቅድስትማርያምዩኒቨርስቲ፡ክፍተኛ፡አማካይ፡ይሁኑ፡ትንዱ፡ከርብስራ፡ትን፡ማግኛት፡ይችላሉ።ይህንን፡
ስምምነት፡በፊለኑ፡ጊዜ፡ካለ፡ምንም፡ቅጣት፡ማቋረጥ፡ይችላሉ፡

ክፍል I ለቁልፍመረጃሰጪዎችየቃለመጠይቅመመሪያ

1. የጎዳናላይኖሮንበተመለከተየእርስዎእይታምንድንይመስላል?
2. ብዙግዜየትኛዉየማህበረሰብክፍልየጎዳናይኖሮያጥመዋል?
3. የጎዳናይታዳጊዎችንበተመለከተየእርስዎየስራልምድምንይመስላል?
4. የጎዳናልጆችአጠቃላይኑሮሁኔታምንይመስላል?
5. በጎዳናየሚኖሩታዳጊዎችየሚያጋጥማቸውየኑሮተግዳራቶችምንድንናቸው?
6. ይህድርጅትበጎዳናላይለሚኖሩታዳጊዎችምንአይነትአገልግልትይሰጣል?
   በአገልግሎቱልጆቹደስተኛናቸውብለዉይስባሉ? ብዙግዜፍላጎታቸውምንድንነው?
7. በእርስዎአስተሳሰብየጎዳናህይወትለመከላከልሚመለከተውአካልምንቢያደርግይሻላልይላሉ?

8. በእጣቃላይየጎዳናንህይወትበተመለከተለወደፊቱምንአስተያየትይኖሩዎታል?