

PREVALENCE AND FACTORS ASSOCIATED WITH SUBSTANCE
USE AMONG STREET CHILDREN IN JIMMA TOWN, OROMIYA
NATIONAL REGIONAL STATE, ETHIOPIA

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Prevalence and Factors Associated with Substance Use among Street Children in Jimma Town, Oromiya National Regional State, Ethiopia

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Abstract

Background: Street children constitute a marginalized population in most urban centers of the world. According to UN sources there are up to 150 million street children in the world today. World Health Organization estimates that globally, 25- 90% of street children indulge in substance use. Research on street children and their substance use habits in Ethiopia, specifically in Jimma has been limited.

Objectives: To assess the prevalence and factors associated with substance use among street children in Jimma town, Ethiopia

Methods: Cross sectional study was undertaken from March 1-31, 2019. Since children of the street with age of 12-18 were small in number, complete enumeration was done and we had got 312 children of the street. Bivariate logistic regression was carried out to select candidate for multivariable logistic regression analysis with p-value <0.25 at 95% confidence. Multi variable logistic regression were carried out with those candidate variables using backward method and association was declared with p value of <0.05 at 95% confidence level.

Result: Three hundred twelve street children with response rate of 96.2% were included in the study. The life time prevalence of substance use was 122(39.1%) with 95% CI [33.0-45.2]. The current prevalence of substance use was 96(30.8%) with 95% CI [25-36.2]. Age>14 [AOR: 1.97 95%CI:1.00-3.889], attending grade 1-4 [AOR: 0.33 95%CI:0.151-0.737], attending grade 5 and above [AOR: 0.27 CI:0.093-0.756], child whose mother use substance [AOR: 7.78 95%CI:3.00-20.11], child didn't know his maternal substance use status [AOR:5.1 95%CI: 2.19-11.81], child whose sibling use substance [AOR: 2.23 95%CI:1.254-5.63], best friend substance use[AOR: 11.01 95%CI:5.47-25.04] and staying 12-60 months on the street [AOR:3.00 95%CI:1.511-5.96] and staying >5 years on the street [AOR:4.6 95%CI:1.06-19.7] were significantly associated with substance use.

Conclusion and recommendation: The prevalence of substance use among street children in Jimma town was high. Mother and siblings have crucial role in determining substance use behavior of the children. Both governmental and non-governmental organizations working on children of the street should do intervention on Parents and friends since they are role models for the street children. Researchers should do more researches on these neglected groups of children.

Key words: Substance use, street children, cigarette smoking, Khat chawing, drinking alcohol

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Acronym and abbreviations

AIDS-Acquired immune deficiency syndrome

AOR-Adjusted Odds Ratio

CI- Confidence Interval

COR-Crude Odds Ratio

EDHS- Ethiopian Demographic and Health Survey

FSC-Forum on Street Children

HIV- Human Immune Deficiency Virus

JU-Jimma University

NGO- Non-governmental Organizations

SPSS- Statistical Package for Social Sciences

STDs -Sexually Transmitted Diseases

UN- United Nation

UNICEF-United Nations Children's Fund

WHO World Health Organization

Chapter 1: Introduction

1.1 Background

The history of substance utilization is as old as mankind. People have always had a desire to eat or drink substance that settles on them relaxed, stimulated or euphoric. The discovery of fermentation and farming since 6000 BC is when people started to use substances. The first drug to be used was homemade alcohol wine and the level could reach up to 14-16%. It was used in religious celebrations and even children were given it too in their Holy Communion. Other drugs were used for legitimate purposes, medical or scientific purposes (1).

Fast urbanization and large scale migration of individuals to the towns has resulted in the emergence of street children. In the new era young children are exposed to alcohol and drugs, it starts from home (2). The term substance use refers to the use of drugs, alcohol and includes substances such as cigarettes, illegal drugs, inhalants and solvents (3).

The phrase street children has been used to refer to a population of youngsters that, alone or in groups, perform informal activities such as doing odd jobs, begging, wandering, and other behavior necessary for their own or their family's survival (4). Street child is defined as , “any girl or boy, for whom the street has become his or her habitual abode and/or source of livelihood; and who is inadequately protected, supervised, or directed by responsible adults” (5).

The United Nations Children's Fund (UNICEF) classifies children living and working on the street in three categories: 'children of the street', 'children on the street' and 'children from street families.' Children on the street spend a proportion of their time on the street, working to provide an economic contribution to their family, but often return home at night, maintaining familial ties. Children of the street both work and sleep on the streets and have an absence of regular contact with family members. Children from street families live with their families in the street (6).

Levels of high-risk behavior among street children present serious consequences. There are reports of early sexuality, the development of sexually transmitted diseases and other

infectious diseases, unwanted pregnancy, suicide and physical and mental health problems within this population (7, 8). These problems are intensified by frequent or heavy drug use (9).

1.2 Statement of the Problem

Street children constitute a banished population in most urban centers of the world. There are major difficulties in trying to know the number of street children and the magnitude of difficulties they experience. In their marginalized state they constitute a truly "hidden" population who are not covered by nor find place in the national census, educational or health data, largely because they have no fixed address. This problem is further compounded by the fact that they are also a highly mobile population (10).

The nature of continuous exposure to the street and its associated life-styles make street children vulnerable to the use of psychoactive substances. Street children's drug use often commences with alcohol, tobacco and inhalants which are legal and easily accessible in most countries. World Health Organization estimates that globally, 25-90% of street children indulge in substance use (12).

Street children have a greater burden than other poor children who are supervised by adults. The inherent dangers of being in the street situation, economic deprivation and lack of adult protection and inadequate socialization etc., make them extremely vulnerable. Many street children are involved in harmful use of psychoactive substances which can lead to increase the chance of accidents, violence, unwanted pregnancy and unprotected sex (13).

In order to survive street children have been seen to roam the streets of urban areas begging and looking for jobs in order to obtain food and other basic necessities. They usual work in poor conditions, dangerous to their health, and starve some days. Street children survive on the streets through conventional and unconventional ways such as rubbish picking, shoe shining, flower selling, petty crimes, drug abuse, begging, panhandling, prostitution, petty theft; and drug trafficking. They also develop passive and aggressive attitudes, replacing their families with street gangs and experiencing social, sexual, physical and emotional abuse (14).

Millions of kids in the glob are forced to seek survival on the streets of cities (15). They work and live alone without adequate food, shelter, education, affection and social security, leaving them extremely vulnerable with many of their physical, mental and social needs unfulfilled (16). In turn, these marginalized children fall into patterns of drug use in order to cope with their adverse circumstances and to survive on the streets (7).

Furthermore a fundamental problem associated with substance use among street children is the lack of parental or adult supervision while the children are on the street. Thus, these groups of children are vulnerable to a lot of hazards, including the use of psychoactive substances(17)

According to UN sources there are up to 150 million street children in the world today. Chased from home by violence, drug and alcohol abuse, the death of a parent, family breakdown, war, natural disaster or simply socio-economic collapse, many destitute children are forced to eke out a living on the streets, scavenging, begging, hawking in the slums and polluted cities of the developing world (10).

According to the Ethiopian labor and social affairs ministry, some 150,000 children live on the streets in Ethiopia, about 60,000 of them in the capital. However, aid agencies estimate that the problem may be far more serious, with nearly 600,000 street children country-wide and over 100,000 in Addis Ababa (18).

Even if substance use has become a common problem in Ethiopia, most of the studies done mainly focused among schools, college and university students. Research on street children and their substance use habits in Ethiopia, specifically in Jimma has been limited largely to describing the prevalence and types of substances used, even though the number of street children is high. So, the aim of this study is to assess the prevalence and factors associated with substance use among street children in Jimma town. Furthermore, as this study is a part of mega research, it will provide comprehensive information about street children found in Jimma town.

1.3 Significance of the study

In Ethiopia, substance utilization (drinking alcohol, utilizing mastic, smoking cigarette, weed, chewing Khat etc.), were normal phenomenon seen around the street children because of several

reasons. Irrespective of the reasons, addressing substance use problem in this population provides a window in to the lives of these street children and an opportunity to address health and development issues, including HIV/AIDS, other sexually transmitted infection, mental illness, and injury prevention. The finding of this study will be used for better understanding of the problem of substance abuse among the street children in Jimma city so that it can be helpful for planning and doing intervention on the issue of substance use. Furthermore, the findings of this study will be used as input by programmers, policy makers, governmental and non-governmental organizations for planning and decision making processes.

Chapter 2: Literature review

Several countries have reported an increase in this population, especially of youngsters between the ages of 15 and 17. (19-21) Frequent or heavy drug use as well as buying and selling of drugs are common behavior in this population (20, 21).

Investigations of this population in few Latin American countries have been made to investigate the factors associated with substance use. These factors include parental drug use, lack of integration into school activities, difficulties associated with educating children in face of new challenges and changes to the traditional family structure, domestic violence and peer pressure (19, 20, 22, 23).

According to a study in Brazil factors inversely associated with frequent and heavy drug use were: being age nine to 11 years, school attendance; daily time (one to five hours) spent on the streets; not sleeping on the streets; being on the streets for less than one year; maintenance of some family; presence on the streets of a family member; not suffering domestic violence; being female. The findings suggest that being younger, having family bonds and engagement in school are important protective factors that affect drug use among this population (24).

A new study, comparing 27 other studies of drug use in homeless children, indicates that a homeless child is 60 percent more likely to use drugs in his or her lifetime, compared to a non-homeless child. Studies that came from 14 different countries, including Brazil and Nigeria, reported that 47 percent of homeless children use inhalants more than other types of drugs. And, as a result of their drug use, homeless children face seriously adverse mental and physical health issues (25).

Substance use among homeless youth has been found to be influenced by factors such as gender, age, duration of homelessness and social networks (e.g. peer influence). Research has indicated that more males than females use alcohol, marijuana, cocaine and inhalants (i.e. glue) (26-28)

A study which is conducted in Gambia, Mekele, Bangladesh, Iran and Lahore, Pakistan revealed that, Peer influence, easy accessibility, easy affordability, ignorance and poverty, lack of parental

supervision, not fearing adults in the community, unstable home environment, poor academic achievement, curiosity, and pleasure and brevity seeking, to work hard and for long hour were reasons to use substances (7, 29-32).

Studies conducted in Iran, Guwahati city, (Assam) and Mekele showed that the prevalence of substance use among street children were 25.6%, 80.9 and 37.7% respectively (31, 33, 34).

In Iran, the prevalence of smoking, drug abuse and drinking alcohol were 8.9% among boys and 1.4% among girls. About 20.8%, 17.3% and 6.9% of the children had at least used cigarette, alcohol and drug once in their lifetime respectively. And putted age, type of work and being on the street all the time as associated factors and curiosity, enjoying time and pleasure and recreation as a reason for drug and alcohol use among street children (31).

.A study in Jammu region, India showed that almost half of the street children (47.5%) were involved in begging activities with females outnumbering males. Wide variety of the substances were reportedly abused by nearly half of the children studied (46.25%). A very high proportion of males reported substance abuse as compared to females (84.8% versus 15.2 % respectively). Cigarettes and Pan Masala were chief substances abused by the children studied (10% each) (13)

Additional researches in India showed that Almost three-quarter (70 %) of all substance users wanted to stop and about 40% had tried to quit but cannot, due to the associated causes of substance abuse. This study showed the most common reasons for substance abuse by street children were peer pressure (62.1%), experimentation (36.3%) or to boost self- confidence (28.7%). Various Indian Foundations state that children abuse substances for a number of reasons, from curiosity, recreation to cope with stress as personal factors however drug abuse and addiction lead to a complex set of social, medical and economic problems (35). Regarding risk factors, substance abuse was significantly associated with domestic violence, maltreatment of the child, nuclear families, runaway status and working status of the child (36).

A study which was conducted in Accra, Ghana revealed that substance use was relatively high as 12% and 16.2% reported daily use of alcohol and marijuana respectively. There were age and sex differences in substance use among the sample. As compared to males, more females had

smoked cigarettes, used alcohol and marijuana. While alcohol use decrease with age, marijuana use on the other hand increases with age (37).

A study in Nepal showed that the current prevalence rate of drugs use is 20.6% and the overall prevalence of alcohol use among children aged 10-17 is 17.4% for current use, with 21.8% for boys and 11.2% for girls. Exposure of drugs use largely depends on the company of children. The socio-psychological circumstance is much more favorable for drug use for children. More and more street children are exposed to intravenous drug use. Among them about 10% are believed to be exposed to HIV infection. More than 80% street children are addicted to glue sniffing, which is the current trend among street children (38).

A study which was conducted in western Nigeria showed that 53% of the respondents were current psychoactive substance users and the five commonest substances used were kola nut (58.6%), alcohol (43.6%), tobacco (41.4%), marijuana (25.4%) and “sokudaye” (24.9%). Of the respondents who live alone and of those whose fathers work outside of the town, 84% and 57.9% respectively were more likely to be current users at $P < 0.05$. Similarly, low connectedness with mother and friends and low parental presence were significantly associated with current substance use (75.7%, 77.5% and 58.3% respectively at $P < 0.05$). On logistic regression, only low connectedness with mother (OR 2.4, 95% CI 1.194.98) and friend (OR 3.1, 95% CI 1.705.72) predicted current substance use (17).

A study which was conducted in Jaipur City, Rajasthan the study population three most common reasons observed for starting substance use were peer pressure, increase in confidence, and out of curiosity i.e. 31.5%, 21.2% and 19.6% respectively. Rest 10.3%, 9.8% and 4.9% were using them to feel elated, to forget sorrows and to decrease hunger respectively (39).

A study conducted on street children in Mekele by Forum on Street Children (FSC), showed that 18.7% of the children has reported to be addicted to substance use. The proportion of addicted boys was higher than the girls and the time they started to use substance was as early as 10 years age. Most of them were Cigarettes smokers (55.7%) and in the age range of 10-12 years (7, 40).

A study conducted in Brazil on drug use among street children and adolescents revealed that age, sex, duration on the street, and presence of family member had significant association with current substance use of street adolescent children (24).

Another studies conducted in Iran, Guwahati City, Assam, and Dhaka, Bangladesh showed that age, sex, type of work, family substance use, educational status and duration on the street were factors for substance use among adolescent street children (31-34).

A study in Mekele city also showed that age, sex, type of work and family substance use were factors associated with substance use (34).

A meta-analysis done on the epidemiology of substance use among street children in resource-constrained settings by Lonnie E. et al showed that where the children stay at night, having family contact, duration on the street, old age, male sex had an association with substance use (25).

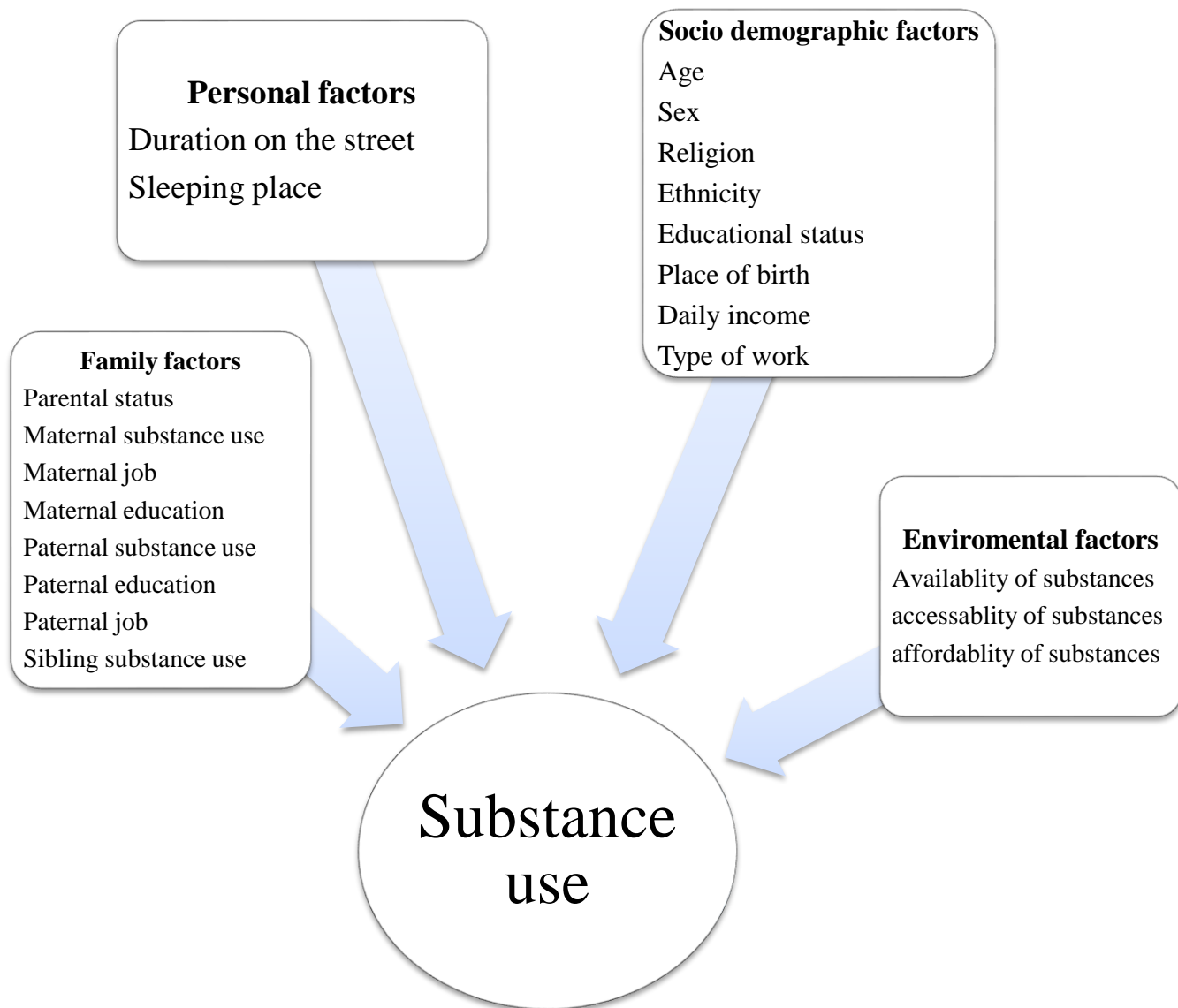


Figure 1 Conceptual framework on determinants of substance use among street children developed after searching different literatures

Chapter 3: Objectives

3.1 General objective

- To assess the prevalence and factors associated with substance use among street children in Jimma town, Oromiya, Ethiopia 2019.

3.2 Specific objectives

- To determine the prevalence of substance use among street children in Jimma town, Oromiya, Ethiopia 2019.
- To identify factors associated with substance use among street children in Jimma town. Oromiya, Ethiopia 2019.

Chapter 4: Methods and materials

4.1 Study area and period

The study was conducted in Jimma town, Oromiya National Regional State, South West Ethiopia from March 1-31, 2019. According to Jimma town administrative office, the town is found at a distance of 352 km from Addis Ababa, the capital city of Ethiopia. According to the 2015 National Urban System Study, the population of the city was 199,575. This makes the city among the 10 top most populous cities in the country. The number of street children found in the city is not known.

Few organizations work to provide essential services to the street children in Jimma town. The biggest and most organized one is Faya Integrated Development Organization (FIDO) which provides comprehensive services ranging from legal aid to medical treatment. The organization has decentralized establishment including thirteen community social workers each at every urban Kebeles and registered community volunteers ranging 20-30 on each Kebeles. These community volunteers work under close supervision from community social workers and have direct contact with the street children.

4.2 Study design

A community based cross sectional study was conducted.

4.3 Population

4.3.1 Source Population

All children of the street in the Jimma town whose age ranges from 12-18 years

4.3.2 Study Population

All children of the street in the Jimma town whose age ranges from 12-18 years who fulfill exclusion and inclusion criteria

4.3.3 Study unit

Study units were individual children of the street.

4.4 Inclusion and exclusion

4.4.1 Inclusion criteria

All children of street found in Jimma town with age of 12-18 years.

4.4.2 Exclusion criteria

Those children of street who have difficulty in understanding the question, auditory or/and verbal dysfunction and stayed for less than 1 month were excluded from the study.

4.5 Sample size and Sampling technique /Sampling procedures

4.5.1 Sample size

Sample size was computed based on single population proportion formula, and using the prevalence of substance use 37.79% taken from the study done in Mekele (34). Z-value of 1.96 at 95% confidence interval and margin of error 5%, non-response rate 10%. Using single population proportion formula, n= 358 after adding the 10% non-response rate, the final sample size was 394.

$$n = \frac{(Z_{1-\alpha/2})^2 * P (1-P)}{d^2}$$

Where n= sample size

N= Total number of study population=365

Z= the standard normal value at 95% CI is 1.96

P= Estimate of the prevalence of drug use, p=37.79

D = margin of error = 0.05

n = the minimum sample size **397**

Since the total number of children of the street was 365, finite population correction formula was used.

$$\text{Final } n = \frac{n}{1+n/N} = \frac{397}{1+397/365} = \mathbf{190}$$

For second objective sample size was calculated by double population proportion formula using Epi info 7.2 for male sex, educational status and duration on the street. During calculation, 95%

CI, 80% power, 1:1 ratio of exposed to unexposed and percent of outcome in unexposed children were used. (Table 1)

Table 1 Sample size calculation for factors associated with substance use.

Variables	% of outcome among unexposed	OR	Confidence level	Ratio	power	Final Sample size	Reference
Male sex	24.6%	2.1	95%	1:1	80	290	(34)
Educational status	31.0%	2.6	95%	1:1	80	162	(31)
Duration on the street	31.4%	0.419	95%	1:1	80	266	(24)

Since the number of children of the street whose age between 12-18 years was small in number complete census were performed and we had got a total of 365 children of the street, of which 37 children were stayed on the street for less than 1 month, 4 children had communication problem and 12 unable to trace back them after the first census. After exclusion of all these children, finally we had got 312 children of street and included in to the study. (figure 2)

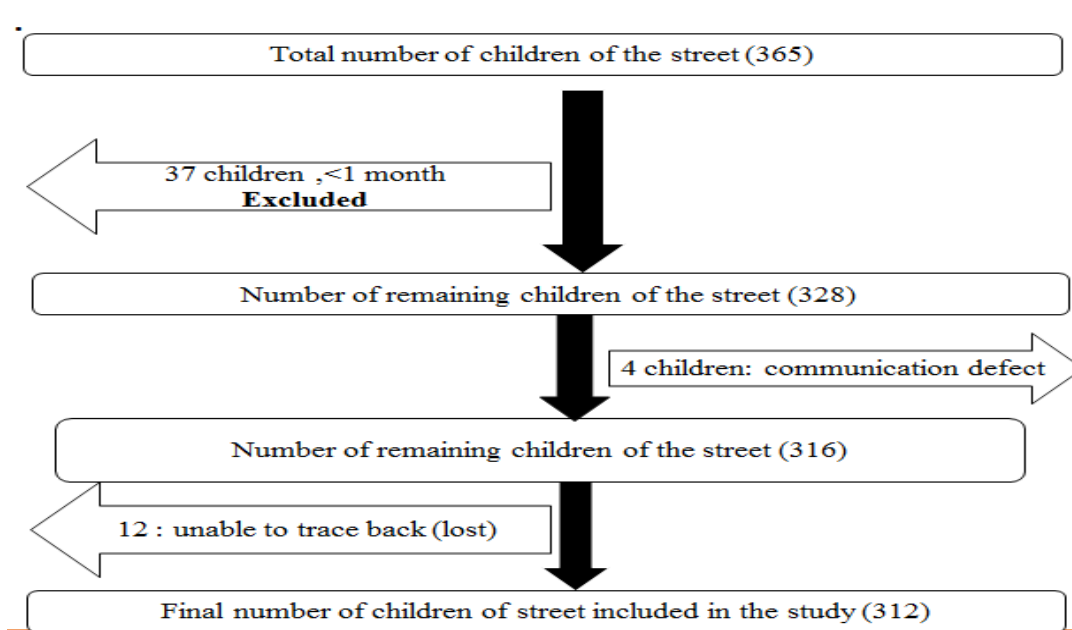


Figure 2 flow chart showing children who were excluded from the study

4.5.2 Sampling technique

Total enumeration of children of street in Jimma town with age of 12-18 years was done and included all 312 children who fulfilled the inclusion criteria.

4.5.3 Sampling procedure

A preliminary survey was conducted all over the urban Kebeles of Jimma town with the help of community social workers and volunteers who were employees of Feya integrated development organization. Registration of all available street children in all corners of the town was made with similar assessment format which contains information to be filled like Name, Nick name, age, sex, friends' name, usual area of residence, duration of stay on the street, any anatomical deformity and any communication difficulties. And with the help of community social workers and volunteer, the children were traced back and transported to Higher 2 Health Center for actual data collection.

4.6 Data collection instrument and Procedures

Since their residence area is noisy it's difficult to undergo the interview. So, study subjects were identified and transported to Jimma Higher 2 Health Center compound for actual data collection.

Data were collected using Interviewer administered structured questionnaires that was prepared after reviewing different published literatures and other guidelines. The data were collected by five health officers, and the principal investigator supervised the data collection process. All data collectors were oriented for one day before the data collection period by the principal investigator on the objectives of the study and how to administer the questionnaires, the issues of verbal assent, the right not to participate in the study, and how to assist the respondents on questions that are not clear during data collection.

4.7 Variables

4.7.1 Dependent variable

Substance use

4.7.2 Independent variables

Socio demographic factors

Age, sex, religion, ethnicity, educational status, place of birth, daily income and type of work

Personal factors

Duration on the street, and sleeping place

Environmental factors

Availability of substances, accessibility of substances and affordability of substances

Family factors

Parental status, maternal substance use, maternal job, maternal education, paternal substance use, paternal education, paternal job and sibling substance use

4.8 Operational definitions

Substance- substances are any non-medical chemicals (including Khat, cigarette, alcohol, shisha... etc.) that affect brain's activity artificially and induce temporary happiness.

Street children: Children who work and/or sleep on the street and aged 12-18 years who has been on the street for at least one month.

Substance use - using one or more substances (Khat, cigarette, alcohol, shisha...) to alter mood or behavior

Ever substance use- using one or more substances (Khat, cigarette, alcohol, shisha...) in one occasion in life time

Current use – using one or more substances with in the last one month

Frequent substance use - is defined as using one or more substances 4 to 19 days a month.

Heavy substance use-the use of a substance more than 20 days in a month is considered to be heavy use (4)

Children on the Street: Those children who primarily engaged in economic activities of street. They are children of either sex falling with the age group of 12-18years working or begging on the street but living with their parents or visiting their parents regularly.

Children of the Street: Children of either sex who are within the age group of 12-18 years and who are both economically and socially engaged in street life. These children live and work on street without any kind of control or assistance from parents or relatives.

Availability – if a substance is available within 5 km radius of respondent’s residence area.

Accessibility – if a substance is easily reached by street children with no physical or legal barrier.

Affordability – if a substance can be bought with only 5 birr or less.

4.9 Data analysis procedures

Data were entered in to Epidata version 3.1 and exported to the SPSS version 23 for analysis. Data exploration was conducted to examine different characteristics of the data and descriptive statistics was used to describe the data depending on its nature. After cleaning data, descriptive statistics such as frequencies, proportions and percentages was done for the categorical variables while, measures of central tendency and dispersion were summarized for continuous data.

After all assumptions of logistic regression like independent observations, no multicollinearity among independent variables, linearity of independent variables and log odds of dependent

variable, large sample size checked, bivariate logistic regression was carried out to select candidate for multivariable logistic regression analysis with p-value <0.25 at 95% confidence. Then, candidate variables were entered in to multiple logistic regressions model using backward method to identify the statistically significant factors for substance use and to control the possible confounders. The degree of association between independent and dependent variables were assessed using odds ratio and statistically significant factors were declared at 95% of confidence interval and p-value of less than 0.05. Hosmer and Lemeshow test was conducted to assess the fitness of the model.

4.10 Data quality assurance

Data collectors were trained on how to collect and handle data. The questionnaire prepared in English was translated into Amharic and was translated back to English to assess consistency. The Amharic version was used while carrying out the interview. Questionnaires were pretested on 5% of the street children in Agaro town prior to actual data collection period. The response rate for pretest was 100%, and some modifications such as correction of typing error, data collection period and number of data collector questionnaires were done based on the findings. After data collection, each questionnaire was given a unique code by the principal investigator. Double entry was done to decrease errors in data entry and five percent of the entered data was re-checked by comparing the entered data with the actual questionnaire. Frequencies will be used to check for missed values and outliers.

Any errors identified at this time were corrected after revision of the original data using the code numbers. The researcher was reviewed filled questionnaires at the end of data collection every day for completeness, consistency and take corrective measure. There was no multicollinearity and interaction among independent variables

4.11 Ethical issues

Ethical clearance was obtained from Jimma University Institute of Health Ethical Review Committee and permission to conduct the study was obtained from Jimma city youth and women affairs. Verbal assent was obtained from the study subjects and the right of the respondents to withdraw or not to participate was respected. Additionally, names of participants were not be used in the study and information obtained from subjects were held confidentially. The purpose of the study was explained to the street children and they were invited to participate voluntarily. The interviews were conducted anonymously and held in a comfortable place where confidentiality could be maintained. For those children with history of substance use, on site counseling on the harmful health and economic effect of substance use was given. After data collection the data was analyzed in anonymous way.

Chapter 5: Result

5.1 Socio demographic characteristics of street children in Jimma town

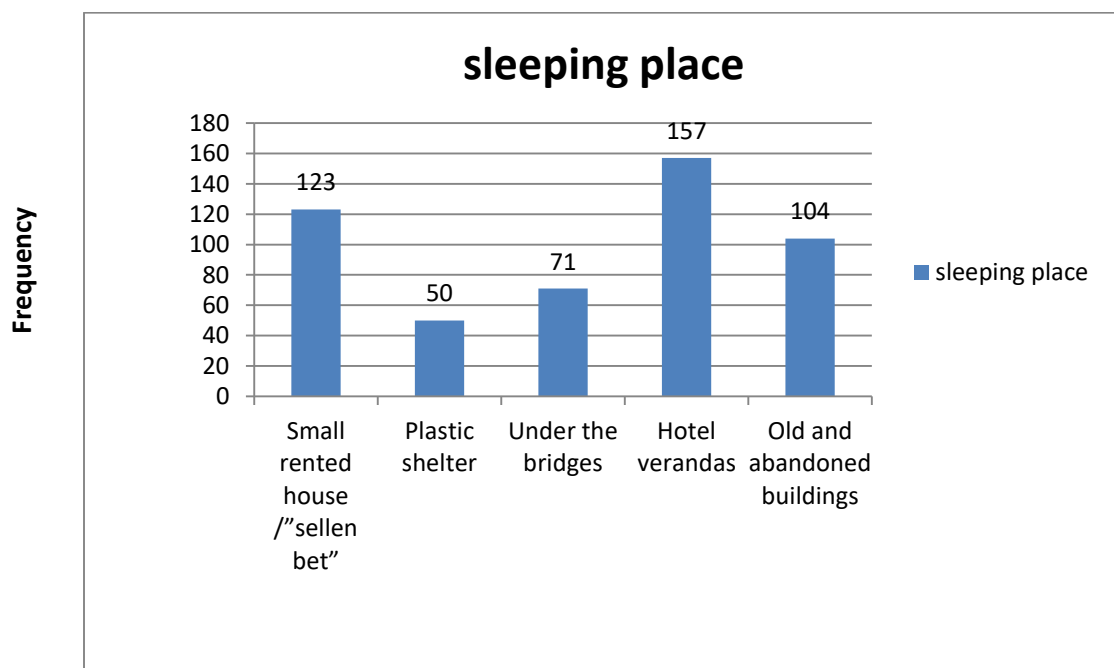
Three hundred twelve children of the street with the response rate of 96.2% were included in the study. The majority (90.1%) of respondents were male. Respondents with age of 12-14 years constitute 61.2% and the median age of respondents were 14 years with interquartile range (IQR) of 2 years. 72.1% of the children were born in rural area and majority of the respondents were Muslim (68.3%) and Oromo (67%). 146(46.8) of respondents completed grade 1-4. The median stay of street children on the street and daily income is 12 interquartile range (IQR) of 17 month and 35 with interquartile range (IQR) of 20 ETB respectively. (Table 2)

Table 2 Socio demographic characteristics of street children in Jimma town, Oromiya, South West Ethiopia, March 2019

Variables	Categories	Frequency (n=312)	Percentage (%)
Sex	Male	281	90.1
	Female	31	9.9
Age	12-14 years	191	61.2
	15-18 years	121	38.8
Birth place	Rural	225	72.1
	Urban	87	27.9
Religion	Muslim	213	68.3
	Orthodox	60	19.2
	Protestant	39	12.5
Ethnicity	Oromo	209	67
	Dawuro	31	9.9
	Amhara	39	12.5
	Keffa	33	10.6
Educational status	Never attend school	88	28.2

	Read and wright	23	7.4
	Grade 1-4	146	46.8
	Grade 5-8	55	17.6
Duration on the street (month)	1-12	171	54.8
	13-60	141	45.2
	>60	14	4.5
Daily income(birr)	≤ 35	171	54.8
	>35	141	45.2

More than half of the respondents sleep on hotel veranda at night and 60.6%, 33.3%, 22.8%, 16% of respondents sleep in small rented house, old and abandoned building, under the bridge, plastic shelter and market place respectively. (Figure 3)



Multiple answers are possible

Sleeping places

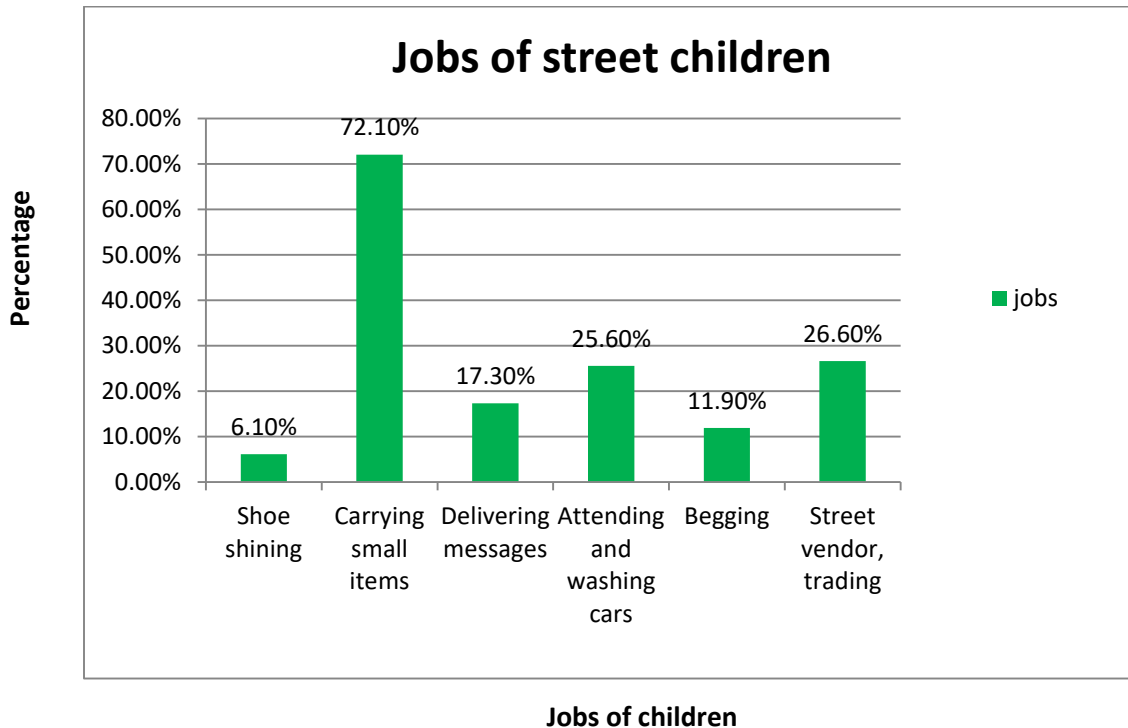
Figure 3 Distribution of place where street children sleep at night, Jimma town, Oromiya, south west Ethiopia, March 2019

41.7% of respondents have lost their natural parent and 52.9% and 40% of respondent's mother and father can't read and write and 44.5% of respondent's father works as a farmer.(Table 3)

Table 3 distribution of family educational and job history of street children in Jimma town, Oromiya, South West Ethiopia March 2019

Variables	Categories	Frequency	Percentage (%)
Parental status	alive	118	37.8
	dead	91	29.2
	Don't know	103	33
Maternal education	Can't read and write	111	52.9
	Read and write	43	20.5
	Primary school and above	56	26.7
Paternal education	Can't read and write	88	44.9
	Read and write	20	10.2
	Primary school and above	88	44.9
Maternal job	house wife	128	61.5
	merchant	42	20.2
	employee	27	13
	other	11	5.3
Paternal job	daily labourer	73	36.5
	private employee	38	19
	farmer	80	40

Majority of respondents 225(72.1%) got money by carrying small items followed by other activities. (Figure 4)



Multiple answers are possible

Figure 4 Distribution of respondents by activities engaged on the street in Jimma town, Oromiya, South West Ethiopia March 2019

In this study 48.7% and 12.2% of respondent's father and mother were substance users respectively. Khat was predominantly used substance by respondent's family. In addition to this 17.4% and 46.5% of respondent's siblings and best friends use substances. Among users 83.3% and 71.5% of siblings and friends use khat respectively. (Table 4)

Table 4 Distribution of substance use among respondent's family in Jimma town, Oromiya, South West Ethiopia March 2019

Variables	Categories	Frequency	Percentage (%)
Paternal substance use(N=312)	yes	152	48.7
	no	64	20.5
	Don't know	96	30.8
Substances used by respondent's father**	cigarette	40	26.3
	alcohol	21	13.8
	Khat	143	94.1
Maternal substance use(N=312)	yes	38	12.2
	no	182	58.3
	Don't know	92	29.5
Substances used by respondent's mother**	Alcohol	17	44.7
	Khat	37	97.4
Sibling substance use(N=312)	yes	54	17.4
	no	173	55.6
	Don't know	84	27
Substances used by respondent's sibling**	cigarette	19	35.2
	Alcohol	17	31.5
	Khat	45	83.3
	mastics	6	11.1
Best friend substance use (N=312)	yes	145	46.5
	no	167	53.5

Substances used by respondent's best friend**	Cigarette	109	69
	Alcohol	37	23.4
	Khat	113	71.5
	Mastics	84	53.2
	benzene	25	16.2

** Multiple answers are possible

According to this study 30.8% of respondents use substances. (Figure 5)

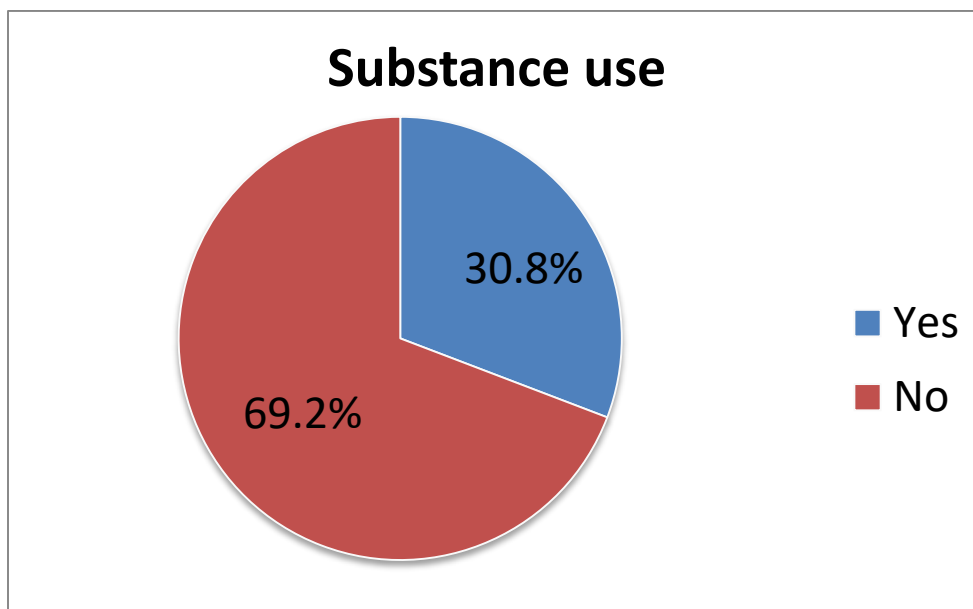
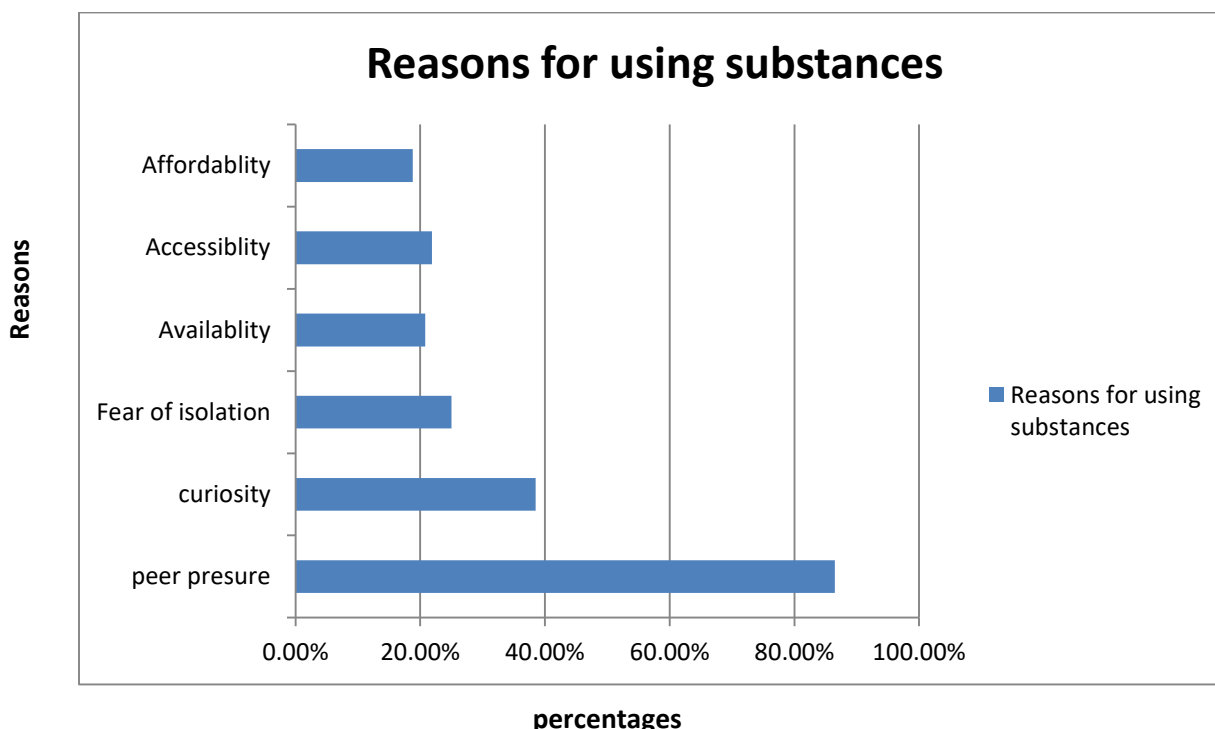


Figure 5 Distribution of substance use by sex among street children, Jimma town, Oromiya, South West Ethiopia March 2019

The study showed that 122(39.1%) of the respondents used at least one substance in their life time. Among those 77(62.6%) were used khat, 14(11.5%) used alcohol, 57(46.7%) used cigarette and 56(45.9%) used mastics. Among current users 63.5% of the respondents currently use khat, followed by cigarette, mastics, alcohol and benzene respectively. (Table 5)

Table 5 Distributions of substances used by street children in Jimma town, Oromiya, South West Ethiopia March 2019

Substance	Ever used		Current use	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Khat	77	62.6	61	63.5
Alcohol	14	11.5	12	12.5
Cigarette	57	46.7	42	43.8
Benzene	8	6.6	4	4.2
Mastics	56	45.9	40	41.7



Multiple answers are possible

Figure 6 Reasons for using substances by street children in Jimma town, Oromiya national regional state, Ethiopia (N=96)

In this study, 61(63.5%) of the respondents used substance occasionally while 35(36.5%) used every day. 28(29.2%) of the respondents were using substances for the last six months. (Table 5)

Table 5 Distribution of frequency and duration of substance use among street children, Jimma town, Oromiya, South west Ethiopia March 2019

Variables	Categories	Frequency(N=96)	Percentage (%)
Frequency of substance use	Every day	35	36.5
	Occasionally	61	63.5
Duration of substance use	<1 month	15	15.6
	1-6 month	28	29.2
	6-12 month	19	19.8
	>12 month	34	35.4

5.2 Bivariate logistic regression of factors associated with substance use.

Among all variables, age, sex, duration on the street, income, educational status, sleeping place (hotel veranda and old and abandoned buildings), child job(delivering message, carrying small items and begging) paternal substance use, maternal substance use, sibling substance use, best friend substance use had p value <0.25. (Table 6)

Table 6 Bivariate logistic regression of factors associated with substance use among street children, Jimma town, Oromiya, South West Ethiopia March 2019

Variables	Categories	Substance use		COR(95% CI)	P value
		yes	no		
Sex	Male	92	189	3.286 [1.117-9.668]	0.031*
	Female	4	27	1	
Age	12-14	49	142	1	0.014*
	≥14	47	74	1.84[1.129-3.001]	
Birth place	urban	26	61	0.944[0.551-1.618]	0.833
	rural	70	151	1	
Religion	orthodox	17	43	1	0.797
	Muslim	64	149	1.086[0.577-2.047]	
	Protestant	15	24	1.581[0.672-3.718]	

Ethnicity	Oromo	61	148	1.00[0.439-2.313]	0.986
	Amhara	15	24	1.53[0.557-4.19]	0.410
	Keffa	11	22	1.22[0.423-3.531]	0.711
	Dawuro	9	22	1	
Educational status	Never attend school	34	54	1	
	Read and write	8	15	0.84[0.325-2.211]	0.735
	Grade 1-4	38	108	0.56[0.317-0.985]	0.044*
	Grade 5-8	16	39	0.652[0.316-1.343]	0.246*
Daily income(birr)	≤ 35	47	124	1	
	>35	49	92	1.40[0.867-2.277]	0.167*
Small rented house	Yes	39	84	1.075[0.658-1.756]	0.772
	No	57	132	1	
Plastic shelter	Yes	13	37	0.758[0.383-1.5.1]	0.426
	No	83	179	1	
Under the bridge	Yes	25	46	1.301[0.743-2.279]	0.357
	No	71	170	1	
Hotel veranda	Yes	54	103	1.411[0.870-2.288]	0.163*
	No	42	113	1	
Old and abandoned buildings	yes	22	82	0.486[0.28-0.842]	0.01*
	no	74	134	1	
Shoe shining	yes	8	11	1.274[0.659-4.356]	0.274
	no	88	170	1	
Carrying small items	yes	75	150	1.571[0.894-2.762]	0.116*
	no	21	66	1	
Delivering messages	yes	8	46	0.336[0.152-0.743]	0.047*
	no	88	170	1	
Washing and attending car	yes	28	52	1.299[0.757-2.227]	0.342
	no	68	164	1	

Begging	yes	7	30	0.488[0.206-1.153]	0.102*
	no	89	186	1	
Street trading	yes	25	52	1.11[0.639-1.929]	0.710
	no	71	164	1	
Parental status	alive	36	82	1.159[0.633-2.121]	0.632
	dead	25	66	1	
	Don't know	35	68	1.359[0.735-2.513]	0.328
Maternal education	Can't read and write	25	86	1	
	Read and write	14	29	1.661[0.763-3.615]	0.201*
	Primary school and above	18	38	1.629[0.796-3.335]	0.181*
Maternal job	house wife	38	90	1	
	merchant	12	30	0.947[0.439-2.045]	0.890
	employee	5	22	0.538[0.190-1.527]	0.244*
	other	2	9	0.526[0.109-2.551]	0.425
Paternal education	Can't read and write	25	63	1	
	Read and write	3	17	0.445[0.12-1.651]	0.226*
	Primary school and above	31	57	1.371[0.725-2.592]	0.332
Paternal job	daily labourer	20	53	1	
	employee	15	23	1.728[0.754-3.961]	0.196*
	farmer	25	64	1.035[0.518-2.067]	0.922
Duration on the street	<12	40	142	1	
	12-60	49	67	2.59[1.561-4.318]	0.000*
	>60	7	7	3.55[1.176-10.716]	0.025*
Paternal substance use	Yes	52	100	3.64[1.614-8.207]	0.002*
	No	8	56	1	
	Don't know	36	60	4.2[1.798-9.809]	0.001*
Maternal	Yes	24	14	7.2[3.383-15.322]	0.000*

substance use	No	35	147	1	
	Don't know	37	55	2.83[1.620-4.929]	0.000*
Sibling substance use	Yes	28	26	3.06[1.627-5.767]	0.001*
	No	45	128	1	
Best friend substance use	Yes	76	69	8.096[4.58-14.309]	0.000*
	No	20	147	1	

COR- Crude odds ratio CI-Confidence Interval *p <0.25

5.3 Multi variable logistic regression of Factors associated with substance use.

Variables from bivariate analysis ($p < 0.25$) were entered and analyzed by multivariable logistic regression. Age, educational status, Maternal substance use, sibling substance use, best friend substance use and duration on the street were found to be significantly associated with substance use (P-value <0.05). (Table 7)

This study showed that the odds of substance use was 2 times (AOR [95% CI] 1.97 [1.001-3.889]) higher among respondents with age of >14 years compared to respondents with age of 12-14 years.

Respondents who attended grade 1-4 were 67% (AOR [95% CI] 0.334 [0.151-0.757]) less likely to use substances compared with respondents who never attended school. Similarly respondents who learned grade 5-8 were 73% (AOR [95% CI] 0.266 [0.093-0.756]) less likely to use substances compared to respondents who never attended school.

This study revealed that those respondents whose sibling used substance have 2 times (AOR [95% CI] 2.23 [1.254-5.63]) more likely to use substances compared to respondents whose sibling don't use substances.

Similarly, respondents whose best friend use substance have 11 times (AOR [95% CI] 11.07 [5.47-25.04]) more likely to use substances compared to respondents whose best friend don't use substance.

Respondents who stayed 1-5 year on the street have 3 times (AOR [95% CI] 3.00 [1.511-5.96]) more likely to use substance compared to respondents stayed less than 1 year on the street. In addition respondents who stayed greater than 5 year on the street have 5 times (AOR [95% CI] 4.6 [1.06-19.7]) more likely to use substance compared to respondents stayed less than 1 year on the street.

Respondents whose mother use substance were 8 times (AOR [95% CI] 7.77 [3.00-20.11]) more likely to use substances compared to those respondents whose mother didn't use substance. Whereas those respondents didn't know their mother's substance use status were 5 times (AOR [95% CI] 5.09 [2.19-11.81]) more likely to use substances compared to those respondents whose mother didn't use substance.

Table 7 Multivariable logistic regression of factors associated with substance use among street children, Jimma town, Oromiya, South West Ethiopia March 2019

Variables	Category	Substance use		COR	AOR	95% CI AOR
		yes	no			
		age	>14			
	12-14	47	74	1.84	1	
Educational status	Never attend school	34	54	1	1	
	Read and write	8	15	0.84	0.86	0.242-3.08
	Grade 1-4	38	108	0.56	0.33	0.151-0.737*
	Grade 5-8 and above	16	39	0.65	0.27	0.093-0.756*

Maternal substance use	Yes	24	14	7.2	7.78	3.00-20.11*
	No	35	147	1	1	
	Don't know	37	55	2.83	5.1	2.19-11.81*
Sibling substance use	yes	28	26	3.06	2.23	1.254-5.63*
	no	45	128	1	1	
	Don't know	23	61	1.07	0.42	0.19-1.302
Best friend substance use	Yes	76	69	8.1	11.07	5.47-25.04*
	no	20	147	1	1	
Duration on the street (in month)	<12	40	142	1	1	
	12-60	49	67	2.59	3.00	1.511-5.96*
	>60	7	7	3.55	4.592	1.06-19.7*

COR- Crude odds ratio AOR- Adjusted odds ratio CI-Confidence Interval *significant factors with p value <0.05

Chapter 6: Discussion

The study assessed the prevalence and factors associated with substance use among street children aged 12-18 years old in Jimma town, Oromiya, southwest Ethiopia. The overall prevalence of substance use was 96(30.8%) with 95% CI [25-36.2]. This result was found to be higher than the prevalence of study conducted among street children in Nepal (41) and Teheran, Iran (31). The higher prevalence in the current study might be as a result of easily availability of substances.

The result was lower than the study done in Mekele (34). The difference might be study conducted in Mekele have smaller sample size. The result also lowers than a studies done in Assam district, India (33) and western Nigeria (17). The difference might be due to different attitude towards substance use, culture of using substances or might be as a result of different socio-economic.

This study revealed that, ever use of substance was 122(39.1%) 95% CI [33.0-45.2]. specifically, 46.7% and 11.5% of the respondents had ever smoke cigarette and drank alcohol respectively. The result is different compared to a study which was conducted in Tehran, Iran (31).

This study showed that the current prevalence of khat, cigarette smoking and drinking alcohol is 63.5%, 43.8% and 12.5% respectively. Alcohol utilization was comparable with a study done in Nepal (41). A study done in western Nigeria revealed that the prevalence of drinking alcohol and cigarette smoking was 43.6% and 41.4% respectively (17). This result also lowers than the study done in Brazil (44) and in Nepal (41). The possible explanation for this inconsistency might be due to different socio-economic status.

This study showed that the odds of substance use was 2 times higher among respondents with age of >14 years compared to respondents with age of 12-14 years. The result was consistent with studies done in Mekele (34) and Brazil (24) possible explanation might be older adolescents exercise more experimentation with substances (6).

Respondents who attended grade 1-4 were 67% less likely to use substances compared with respondents who never attended school. Similarly respondents who learned grade 5-8 were 73% less likely to use substances compared to respondents who never attended school. The result was comparable with a study done Brazil (24). The consistency might be due to schools are one way of getting information about cons of substance use.

This study revealed that those respondents whose sibling used substance have 2 times more likely to use substances compared to respondents whose sibling don't use substances. The result is consistent with a study which was conducted in Mekele city (34) and western Kenya (46). The possible explanation might be siblings are thought to provide substantial reinforcement for anti-social activities like substance use.

Similarly, respondents whose best friend use substance have 11 times more likely to use substances compared to respondents whose best friend don't use substance. This result was consistent with study done in Brazil (24) and western Kenya (46). Possible explanation might be adolescent children use substances to avoid being stigmatized by their friends or to impress them.

Respondents who stayed 1-5 year on the street have 3 times more likely to use substance compared to respondents stayed less than 1 year on the street. The result is consistent with the study which were conducted Brazil (24), Guwahati City, Assam (33) and western Kenya (46). In addition respondents who stayed greater than 5 year on the street have 5 times more likely to use substance compared to respondents stayed less than 1 year on the street. Possible explanation for this consistency might be due to adverse circumstances on the street make children to use substance as a coping mechanism to survive on the street.

Respondents whose mother use substance was 8 times more likely to use substances compared to those respondents whose mother didn't use substance. Whereas those respondents didn't know their mother's substance use status was 5 times more likely to use substances compared to those respondents whose mother didn't use substance. This result is comparable with a study done in

Mekele city (34), Kenya (46) and Guwahati City, Assam (33). The possible reason might be street children are deeply influenced by a people raise them.

Limitation of the study

This study was conducted only using quantitative method and limitation of age categories to 12-18 as a result of ethical challenge can be stated as a limitation of this study. Furthermore, social desirability bias may under estimate the current prevalence of substance use. In order to decrease social desirability bias, reassurance of respondents about the confidentiality of the research was done.

Chapter 7: Conclusion and Recommendations

7.1 Conclusion

The current prevalence of substance use among adolescent street children of Jimma town is high (30.8%). Age, educational status, maternal substance use, sibling substance use, best friend substance use and duration on the street were found to be significantly associated with current substance use status of street children. Family have crucial role in determining substance use behavior of the children.

7.2 Recommendation

Overall, several factors contributed to increased substance use among street children. Because of these factors they may be exposed to the dangerous behaviors, sexually transmitted disease, HIV/AIDS, and unintended pregnancy. Based on the findings of the study the researcher makes the following recommendations. Jimma town women and children office should ensure street children got access for education and since substance use was more common in older adolescents, preventive measures should focus on younger adolescents and rehabilitation services should target older adolescents. Both governmental and non-governmental organizations working on street children should work on returning street children in to their home, also do intervention on Parents and friends since they are role models for the street children. Researchers should do more researches on these neglected groups of children so that it will be helpful to quantify the magnitude of the problem and do interventions.

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**Annex 1: Questionnaire:
JIMMA UNIVERSITY**

Institute of health

Department of Epidemiology

Prevalence and determinants of substance use among adolescent street children in Jimma town, Oromiya, Ethiopia

Structured questionnaires for the assessment of Prevalence and determinants of substance use among street children in Jimma town, Oromiya, Ethiopia

To the data collector, please inform the respondent about the aim of the study as described below.

INFORMED CONSENT SHEET

Dear respondent, my name is _____ and I am Jimma University MPH Student. I am collecting data on substance use and associated factors among street children in Jimma town. The questions ask about substance use like alcohol, cigarette, khat and other as well as your age, gender and so on. Your answer will be looked at by the researchers who are trying to learn more about substance use and associated factors and will be compared with the answers made by young people in the other parts of the world. If this study is to be helpful, it is important that you should answer each question as carefully as possible. All your answers will be kept strictly confidential and we are not asking you your name.

Do you agree to participate? 1. Yes 2. No

If no respect the decision and thank her/him. If yes, continue the interview.

Data collector name _____ signature _____ date _____

Instruction:

This is not a test: there is no right or wrong answers, but please answer carefully. For each question pick the answer that fit you the best and circle on it.

I Socio demographic factors Questionnaire

S.No	Questions	Response category	skip
1.	What is your age?	In (years) _____	
2.	What is your sex?	1. Male 2. Female	
3.	What is your ethnicity?	1. Oromo 2. Amhara 3. Keficho 4. Dawuro 5. Gurage 6. Tigre	
4.	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. others specify ____	
5.	Where you born?	1. urban 2. Rural	
6.	Educational status	1. Never attend school 2. Only read and write 3. 1 -4 grade 4. 5 – 8 grade and above	
7.	Are you currently attending the class?	1. Yes 2. No	
8.	How long have you been living on the street? In months	_____	
9.	Where do you sleep during the night?	1. Small rented house /”sellen bet” 2. Plastic shelter 3. Families house 4. Under the bridges 5. Hotel veranda 6. Old and abandoned buildings 7. Market places 8. Others specify	
10.	What do you do to earn money? [multiple answers are possible]	A) Shoe shining B) Carrying small items C) Delivering messages D) Attending and washing cars.	

		E) Exchange of money for sex F) Begging G) Escorting disables H) Street vendor, trading I) Others specify	
11.	How much money do you get daily? In Birr	_____	
12.	Do your natural parents alive?	1. Yes 2. No 3. I don't know	If yes go to q13
13.	If your answer for question 11 is NO, which one is dead?	1. Father 2. Mother 3. Both	
14.	Which of the following best describes the family you currently live with?	1. Both parents 2. Mother only 3. Father only 4. Sister/brother 5. Friends/peers. 6. Boy / girl friend 7. Alone 8. With relatives 9. Others specify _____	

II family background

S.No	Questions	Response category	skip
15.	What is your father's educational Status?	1. Can't read and write 2. Read and write 3. Primary school only 4. Secondary and above	
16.	What is your father's occupation?	1. Daily laborer 2. Government employee 3. Private employee 4. farmer 5. Street begging 6. Others	
17.	What is your mother's educational Status?	1. Can't read and write 2. Read and write 3. Primary school only 4. Secondary and above	
18.	What is your mother's means of	1. House made	

	livelihood?	2. Merchant 3. Government employee 4. Private employee 5. Street begging 6. Others	
19.	Did your father use substance? (alcohol, cigarette, Khat, other)	1. Yes 2. No	If no go to question no.21
20.	If yes, which substance?	A) Cigarette B) Alcohol, C) Khat D) Mastics E) Benzene(Glue) F) Shisha G) Hashish H) Other	
21.	Did your mother use substance?	1. Yes 2. No	If no go to question no.23
22.	If yes, which substance?	I) Cigarette J) Alcohol, K) Khat L) Mastics M) Benzene(Glue) N) Shisha O) Hashish P) Other	
23.	Did your siblings use substance?	1. Yes 2. No	If no go to question no.25
24.	If yes, which substance?	Q) Cigarette R) Alcohol, S) Khat T) Mastics U) Benzene(Glue) V) Shisha W) Hashish X) Other	

25.	Did your best friend use substance?	1. Yes 2. No	If no go to question no. 27
26.	If —Yes which substance?	A) Cigarette B) Alcohol, C) Khat D) Mastics E) Benzene(Glue) F) Shisha G) Hashish H) Other	

III History of substances use

S.No	Questions	Response category	skip
27.	What types of substances are available around your area?	A) Khat B) Alcohol C) Cigarette D) Glue (benzene) E) Marijuana F) Hashish G) Shisha H) others specify_____	
28.	Have you ever used substances?	1. Yes 2. No	If no go to question no. 30
29.	If yes which type of substances have you used?	A) Khat B) Alcohol C) Cigarette D) Glue (benzene) E) Marijuana	

		F) Hashish G) Shisha H) others specify_____	
30.	Are you currently using substances?	1. Yes 2. No	If no
31.	If yes which substances currently using	A) Khat B) Alcohol C) Cigarette D) Glue (benzene) E) Marijuana F) Hashish G) Shisha H) others specify_____	
32.	How often do you use substances?	1. Every day 2. Occasionally 3. Weekly 4. Monthly 5. Others specify___	
33.	From where did you get money to buy a substance?	A) Parents B) Friends C) Relatives D) Myself E) Other/ specify	
34.	For how long did you use substance?	1. <1 month 2. <6 month 3. <1 year 4. >1 year	

35.	Have you ever used Khat and other substances (cigarettes, alcohol, etc.) at the same time?	1. Yes 2. No	
36.	What pushed you to use these substances?	A) Peer pressure B) Curiosity C) Religion D) Availability of substances E) Accessibility of the substances F) Affordability of the substances G) Isolation H) Lack of supervision I) Family conflict J) Poor academic achievement K) Low follow up at school L) Other specify	

**መጠይቅ: የአማርኛ ትርጉም
ጅማ ዩኒቨርሲቲ
በ ጤና ኢንስቲትዩት
ኤፕሪል ፳፯ ዓ.ም. ዲፓርትመንት**

የ አደንዛዥ እጽ መጠን እና መንስኤዎቻቸው በጅማ, ኦሮሚያ, ኢትዮጵያ በሚገኙ የጎዳና ህፃናት ላይ የሚሰራ ጥናት

ለ ዳታ ሰብሳቢዎች; እባክዎን የጥናቱን ዓላማ ለጥናቱ ተሳታፊዎች ያሳውቁ

ውድ የጥናቱ ተሳታፊ, የእኔ ስም _____ እና እኔ የጅማ ዩኒቨርሲቲ ኤም.ፒ.ኤች ተማሪ ነኝ. በጅማ ከተማ በሚገኙ የጎዳና ላይ ህፃናቶች ላይ ስለ አደገኛ ሱሶች እና ተዛመጅ ምክንያቶች መረጃዎችን እሰበስባለሁ. ጥያቄዎቹ እንደ አልኮል, ሲጋራ, ጫት እና ሌሎች, እንደ ዕድሜህ, ጾታ እና ወዘተ የመሳሰሉትን ስለ አደንዛዥ እጽ አጠቃቀም ይጠይቃሉ. መልስዎ ስለ አደንዛዥ እጽ አጠቃቀም እና ለተዛማጅ ምክንያቶች የበለጠ ለመማር ጥረት የሚያደርጉ ተመራማሪዎችን የሚረዳ ሲሆን በሌሎች የዓለም ክፍሎች በሚገኙ ወጣቶች ከተመዘገቡት ጋር ይታያያሉ. ይህ ጥናት ጠቃሚ ሆኖ ካገኙት እያንዳንዱን ጥያቄ በተቻለ መጠን በጥንቃቄ መልስ መስጠትዎ በጣም አስፈላጊ ነው. ሁሉም መልሶችዎ በጥብቅ ምስጢራዊነት ይጠበቃሉ በተጨማሪም ስምዎን አንጠይቅም.

ለመሳተፍ ፈቃደኛ ነዎት? 1. አዎ 2. አይደለም

አዎ ከሆነ ቃለ መጠይቁን ይቀጥሉ፣ ካለሆነ ግን ዉሳኔያቸውን ያክብሩ
የዳታ ሰብሳቢ ስም _____ ፊርማ _____ ዕለት _____

መመሪያ:

ይህ ፈተና አይደለም: ትክክለኛ እና የተሳሳቱ መልሶች የሉም, ነገር ግን እባክዎ በጥንቃቄ ይመልሱ.

ለእያንዳንድ

ለጥያቄው ምርጡን የሚመጥን መልሱን ይምረጡ እና በሱ ላይ ክብር ያድርጉ **ማህበራዊ እና ስነ ህዝባዊ የተመለከቱ ጥያቄዎች**

ተ.ቁ	ጥያቄዎች	የመልስ አማራጮች	ዝላል
3.	ዕድሜዎ ስንት ነው?	በ (ዓመታት) _____	
4.	. ጾታዎ ምንድን ነው?	1. ወንድ 2. ሴት	
5.	ብሄርህ/ሽ ምንድን ነው?	1. አሮሞ 2. አማራ 3. ከፊቾ 4. ዳውሮ 5. ጉራጌ 6. ትግሬ 7. ሌሎች _____	
6.	ሃይማኖትዎ ምንድን ነው? 1.	1. ኦርቶዶክስ 2. ካቶሊክ 3. ሙስሊም 4. ፕሮቴስታንት 5. ሌላ	
7.	. የት ነው የተወለድከው?	1. ከተማ 2. ገጠር	
8.	ከፍተኛ የትምህርት ደረጃዎ የቱ ነው?	1. ትምህርት ቤት ፈጽሞ አልገቡም 2. ማንበብ እና መጻፍ ብቻ 3. 1 -4 ክፍል 4. 5 - 8 ክፍል	
9.	በአሁኑ ወቅት ትምህርቱን እየተከታተሉ ነው?	1. አዎ 2. አይ	
10.	የጎዳና ሕይወት ላይ ቆይታዎ በወር?	_____ ወር	
11.	ሌሊት የት ነው	1. በአነስተኛ ኪራይ ቤት/ ሰሌን ቤት 2. የፕላስቲክ መጠለያ ውስጥ	

	የምትተኛው/ኚው?	3. በቤተሰቦች ቤት 4. ድልድይ ስር 5. በየሆቴሉ በረንዳ ላይ 6. ባረጁና በፈራረሱ ህንፃዎች ስር 7. በገበያ በታዎች 8. ሌሎች ይጠቀማሉ	
12.	ገንዘብ ለማግኘት ምን አይነት እንቅስቃሴ ያደርጋሉ?	1. ሊስትሮ 2. አነስተኛ ዕቃዎችን መያዝ/ መሸከም 3. መልእክቶችን ማድረስ 4. መኪና መጠበቅ እና ማጠብ. 5. ወሲብን በገንዘብ መለዋወጥ 6. ልመና 7. ዓካል ጉዳተኞችን ማግኘት 8. የጎዳና ላይ ሽያጭ፣ ሱቅ በደረጃ 9. ሌሎች-----	
13.	ከሚከተሉት ውስጥ የትኛው ከእርስዎ ጋር አብሮ የሚኖር ቤተሰብን በተሻለ ሁኔታ ይገልጻል?	ሀ) እናት ለ) አባት ሐ) እናትና አባት መ) ዘመዶች ሠ) ዳደሮች ረ) ብቻ	
14.	በአማካይ በቀን ምን ያህል ብር ታገኛለህ/ ሽ?	_____ ብር	
15.	የተፈጥሮ ወላጆችህ/ሽ በህይወት አሉ?	1.አዎ 2. አይ 3.አላውቅም	አዎ ከሆነ ወደ 18 ይሂዱ
16.	የእርስዎ መልስ አይ ከሆነ፣ የትኛው ነው በህይወት የሌለው?	1. አባት 2. እናት 3.ሁለቱም	
17.	አብዛኛውን ጊዜ ከማን ጋር ነው አብሮ የሚኖሩት ?	1. ሁለቱም ወላጆች 2. ከእናቴ ጋር ብቻ 3. ከ አባቴ ጋር ብቻ 4. ከእህት / ወንድም 5. ከዳደሮች / እኩዮች 6. ከፍቅር ዳደሻ ጋር 7. ለብቻ 8. ከዘመድ ጋር	

		9. ከሌሎች	
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ቤተሰብ ላይ ያተኮሩ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	የመልስ አማራጮች	ዝላል
1.	የአባትህ የትምህርት ሁኔታ ምንድነው?	<ol style="list-style-type: none"> 1. ያልተማሩ 2. ማንበብና መጻፍ ብቻ 3. የአንደኛ ደረጃ ትምህርት ቤት ብቻ 4. ሁለተኛ ደረጃ እና ከዚያ በላይ 5. አላውቅም 	
2.	የአባትህ ሥራ ምንድነው?	<ol style="list-style-type: none"> 1. ጉልበት ሰራተኛ 2. የመንግስት ሰራተኛ 3. የግል ሰራተኛ 4. ገበሬ 5. በመንገድ ላይ ልመና 6. ሌሎች 	
3.	የእናትህ የትምህርት ሁኔታ ምንድን ነው?	<ol style="list-style-type: none"> 1. ያልተማሩ 2. ማንበብና መጻፍ ብቻ 3. የአንደኛ ደረጃ ትምህርት ቤት ብቻ 4. ሁለተኛ ደረጃ እና ከዚያ በላይ 5. አላውቅም 	
4.	እናትህ/ሽ በህይወት ካሉ መተዳደሪያቸው ምንድን ነው?	<ol style="list-style-type: none"> 1. የቤት እመቤት 2. ነጋዴ 3. የመንግስት ሰራተኛ 4. የግል ሰራተኛ 5. በመንገድ ላይ ልመና 	

		6. አላውቅም 7. ሌሎች	
5.	አባትህ አደንዛዥ እጽን ይጠቀም ነበር? (አልኮል, ሲጋራ, ካት, ሌላ)	1. አዎ 2. የለም	መልስዎ የለም ከሆነ ወደ ጥያቄ ቁጥር 7 ይሂዱ
6.	አዎ ከሆነ, የትኛውን?	ሀ) ሲጋራ ለ) አልኮል, ሐ) ጫት መ) ማስቲን ሠ) ቤንዚን ረ) ሺሻ ሰ) ሃሽሽ ሸ) ሌሎች _____	
7.	እናትህ አደንዛዥ እጽን ትጠቀማለች?	1. አዎ 2. አይ	መልስዎ አይ ከሆነ ወደ ጥያቄ ቁጥር 9 ይሂዱ
8.	አዎ ከሆነ, የትኛውን?	ሀ) ሲጋራ ለ) አልኮል, ሐ) ጫት መ) ማስቲን ሠ) ቤንዚን ረ) ሺሻ ሰ) ሃሽሽ ሸ) ሌሎች _____	
9.	ወንድምህና እህቶችህ አደንዛዥ እጽን ይጠቀማሉ?	1. አዎ 2. የለም	መልስዎ የለም ከሆነ ወደ ጥያቄ ቁጥር 11 ይሂዱ
10.	አዎ ከሆነ, የትኛውን?	ሀ) ሲጋራ ለ) አልኮል, ሐ) ጫት መ) ማስቲን ሠ) ቤንዚን	

		ረ) ሺሻ ሰ) ሃሽሽ ሸ) ሌሎች _____	
11.	የቅርብ ጓደኛህ አደንዛዥ እጽን ይጠቀማል?	1. አዎ 2. የለም	መልስዎ የለም ከሆነ ወደ ጥያቄ ቁጥር 13 ይሂዱ
12.	አዎ ከሆነ, የትኛውን?	ሀ) ሲጋራ ለ) አልኮል, ሐ) ጫት መ) ማስቲን ሠ) ቤንዚን ረ) ሺሻ ሰ) ሃሽሽ ሸ) ሌሎች _____	

የአደንዛዥ እጽ ተጠቃሚነትን መሰረት ያደረጉ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	የመልስ አማራጮች	ዝላል
1.	በአካባቢዎ ውስጥ ምን ዓይነት የአደንዛዥ እጾች ዓይነቶች ይገኛሉ?	ሀ) ጫት ለ) አልኮል ሐ) ሲጋራ መ) ቤንዚን ሠ) ማስቲን ረ) ማሪግና ሰ) ሻሽሽ ሸ) ሺሻ ቀ) ሌሎች _____	
2.	እርስዎ ተጠቅመዉ ያዉቃሉ?	1. አዎ 2. የለም	መልስዎ የለም ከሆነ ወደ ጥያቄ ቁጥር 4 ይሂዱ

3.	አዎ ካሉ የትኞቹን?	ሀ) ጫት ለ) አልኮል ሐ) ሲጋራ መ) ቤንዚን ሠ) ማስቲን ረ) ማሪዋና ሰ) ሻሻሻ ሸ) ሺሻ ቀ) ሌሎች _____	
4.	አሁን ላይ አደንዛዥ እጽን በመጠቀም ላይ ነዎት?	1. አዎ 2. አይ	መልስዎ አይ ከሆነ ይጨርሱ
5.	አዎ ካሉ የትኞቹን?	ሀ) ጫት ለ) አልኮል ሐ) ሲጋራ መ) ቤንዚን ሠ) ማስቲን ረ) ማሪዋና ሰ) ሻሻሻ ሸ) ሺሻ ቀ) ሌሎች _____	
6.	አደንዛዥ እጾችን በየስንት ጊዜው ይጠቀማሉ?	1. በየቀኑ 2. አልፎ አልፎ 3. በየሳምንቱ 4. በየወሩ	

		5. ሌሎች ይጠቀሱ ___	
7.	አደንዛዥ እጾችን ለመግዛት ገንዘብ ያገኙት የነበረው ከየት ነው?	U) ከወላጆች ለ) ከጓደኞች ሐ) ከዘመዶች D) በራሴ E) ሌላ ይግለጹ	
8.	አደንዛዥ እጾችን ለምን ያህል ጊዜ ተጠቅመዋል?	1. <1 ወር 2. <6 ወር 3. <1 ዓመት 4. > 1 ዓመት	
9.	አንተ አደንዛዥ እጾችን (ሲጋራዎች, አልኮል, ወዘተ) በተመሳሳይ ጊዜ ተጠቅመህባቸዋል?	1. አዎ 2. አይደለም	

<p>10</p>	<p>እነዚህን አደንዛዥ እጾችን እንድትጠቀሙ ያነሳሳህ/ሽ ምንድን ነው?</p>	<p>ሀ) የእኩዮች ተጽዕኖ ለ) ለሙከራ ሐ) ኃይማኖት መ) በቀላሉ በአከባቢ መኖር ሠ) በተጨማሪም በቀላሉ በአከባቢ መገኘት ረ. የአደንዛዥ እጾች ተመጣጣኝ ዋጋ ሰ) በጉዳዮች መገለጫ ሸ) የቁጥጥር እጥረት ቀ) በቤተሰብ ግጭት በ) ደካማ የሆነ የትምህርት ውጤት ተ) ደካማ የትምህርት ቤት ክትትል ቸ) ሌላ ይግለጹ</p>	
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Annex 2 – preliminary assessment format

የቅድመ ጥናት አሰሳ

የመዝገቢያው ስም _____

ስልክ ቁጥር _____

+251 _____ ቀበሌ _____

ተ.ቁ	የልጁ ስም	ቅጽል ስም	ጾታ	ዕድሜ	የመኖሪያ ሰፈር	የጓደኛ ስም	ምሽት ላይወደ ቤትመመለስ	የጎዳና ላይ ቆይታ	የአካል ስንኩልት
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