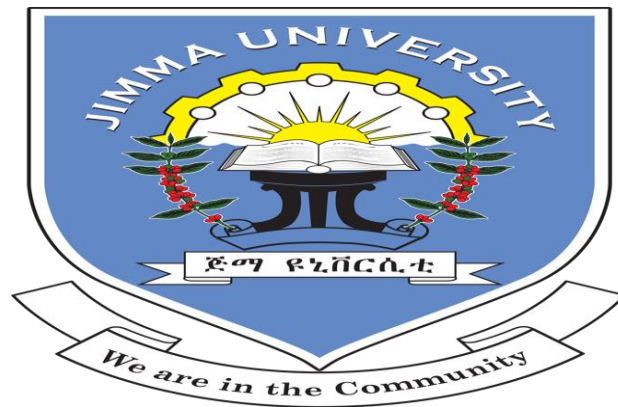


Psychosocial Conditions, Resilience Status and Intervention Strategies of
Street Children in Jimma Town

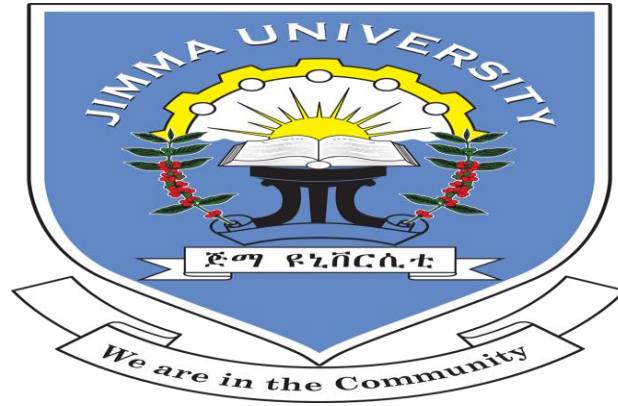
By: Dinaol Urgessa



Thesis to be submitted to Collage of Education and Behavioral Science in
partial fulfillment of the requirement for the degree of Master of Art in
Counseling Psychology at Jimma University

June, 2018
Jimma, Ethiopia

Psychosocial Conditions, Resilience Status and Intervention Strategies of Street Children
in Jimma Town
By: Dinaol Urgessa



Thesis to be submitted to Department Of Psychology in partial fulfillment for the requirement for the degree of Master of Art in counseling psychology

Main Advisors: Getachew Abeshu (PHD)

Aminu Jibril (MA)

June, 2018
Jimma, Ethiopia

Dedication

It is my genuine gratefulness and warmest regard that I dedicate this work to all on street and off street children in Jimma town who faced different psychosocial condition.

Declaration

I Dinaol Urgessa Gita hereby declare that this MA thesis entitled “Psychosocial conditions, resilience status and intervention strategies for street children “ is my original work and was carried out by me for the degree of Master of Arts in counseling psychology under the guidance and advisory of Dr.Getachew Abeshu and Mr. Aminu Jibril collage of education and behavioral science Jimma University, Ethiopia.

The interpretations put forth are based on my reading and understanding of the original work and they are not published anywhere in the form of books, or articles. The other books, articles and websites, which I have used are accordingly acknowledged at the respective place in the text. For this thesis, no degree or diploma or distinction has been conferred on me before, either in Jimma University or in any other University.

Researcher

_____	_____	_____
Name	Signature	Date

The thesis “Psychosocial Conditions, Resilience Status and Intervention Strategies of Street Children in Jimma Town” submitted to Jimma University for the award of the Degree of Master of Art in Counseling Psychology (MA) and is carried out by Dinaol Urgessa under our guidance and supervision.

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Name	Signature	Date

Co-Advisor

_____	_____	_____
Name	Signature	Date

Approval of examination board

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| _____ | _____ | _____ |
| 1. Chairperson | Date | Signature |
| _____ | _____ | _____ |
| 2. Internal examiner | Date | Signature |
| _____ | _____ | _____ |
| 3. External examiner | Date | Signature |

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I found this section the most difficult part to write. This does not mean that the left parts were easier, but for those with genuine ideal and financial support from different areas. I could narrate and reformulate what I cognitively understood and learned from them. For this acknowledgement, I have no reference but my heart that has no capability to think but only to feel. Even though these acknowledgements are formulated with thankfulness and gratitude, I believe that they cannot fully represent my true mark of respect to all of those who have taken part in my academic journey.

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Lists of acronyms and abbreviations

ADHD - Attention Deficit Hyperactive Disorder

AIDS –Acquired Immune Deficiency syndrome

APA - American Psychological Association

CPH - Census of Population and Housing

CRC- Child Right Convention

CSA - Central Statistical Agency

FBO: Faith Based Organizations

FGD-Focus Group Discussion

MoLSA-Minister of Labor and Social Affairs

NCHE-National Center for Homeless Education

NCH- National Center for Homeless

NGO-Non Governmental Organization

OHCHR-Office of the High Commissioner for Human Rights

RTI - Royal Tropical Institute

SAAP - Supported Accommodation Assistance Program

SNNPR-south Nation Nationality and People Region

STD - Sexually Transmitted Diseases

UNICEF - United Nation Children’s Fund

Abstract

The purpose of this study was to explore the psychosocial conditions, resilience status and intervention strategies of street children in Jimma town. Explanatory sequential research design was employed. Of total 965 population of the study, 246 on street and off street teenager street children were target population of this study. Out of these, 137 street children were selected by simple random sampling from four kebele's and the rest seven key informants were selected by purposive sampling technique. Age (13-18) teenagers and length of time they stayed on the street (≥ 3 months) were the study inclusion criteria for street children. To collect data questionnaire, interview guide and FGD probes were used. Pilot study was conducted and at $r = .762$ with little modification final test was administered. Both quantitative and qualitative data were collected and analyzed sequentially. The result of the study depicted that street children encounter various psychosocial conditions and the multiple regression analysis indicated that anxiety significantly predicted resilience status, $b = .297$, $t(109) = 8.418$, $p < .001$. Anxiety also explained a significant proportion of variance in resilience status $R^2 = .388$, $F(112) = 70.86$, $p < .001$. But the rest depression ($b = .118$, $p = .107$), basic social services, ($b = -.018$, $p = .81$), and social support ($b = -.069$, $p = .35$), have no significant contribution to resilience status of street children. Man Whitney U t-test result also revealed male street children are significantly resilient ($Mdn = 65$) than girls ($Mdn = 55$), $U = 597.500$, $p < .001$, $r = -.33$. Moreover, descriptive analysis depicted street children had slow growing moderate resilience status at ($M = 63.03$ $SD = 7.89$). To reach for these children government body reunify and reintegrate without rehabilitation and NGOs reunify after rehabilitate them. However, reunification without rehabilitation could not bring considerable change in the study area. So, concerned bodies have to provide rehabilitation service before reunify these children.

Key terms: *Moral compass, off street children, on street children, psychosocial conditions, resilience status, street children*

CHAPTER ONE

INTRODUCTION

1.1. Background of the study

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 incidence (Elzahne, Alida, &Herman, 2017).The term street children were probably first used by Henry Mayhew in 1851 in his book *London Labour and the London Poor*. Earlier, street-connected children were referred to as homeless children, abandoned children, or runaways (Scanlon, Tomkins, Lynch, & Scanlon, 1998 cited in Dabir, 2018).

By 1922, there were at least seven million homeless children in Russia due to the devastation from World War I and the Russian Civil War(Elzahne, Alida, &Herman, 2017).The enormous problems(psychological, social, physical, and sexual abuses) faced by the street children in the last several years were stated by different scholars in different times and topic of diverse philosophy but for several years they were not in societies' program (Habtamu & Arindam, 2016).

In the 1990s, many children moved onto the streets, with some being from the orphanages, while others being runaways from impoverished families. During the transition period from communism to market economy in the 1990s, social issues of these children were low on the government's agenda however in the 21st century, the numbers of children living permanently in the streets dropped significantly, although more children worked on streets all day, but returned at home to their parents at night (Elzahne, Alida, &Herman, 2017).

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 result of poverty, abuse, torture, rape abandonment or orphaned by AIDS (Kopoka, 2000). The phenomenon of street children in Zimbabwe is not easy look social event. As Grier's paper that looked at the street children in Zimbabwe revealed, from the 1920s to 1950's the street life phenomenon has been the case in many populations that have undergone psychological, social and economic upheaval (Grier, 1996).

Today's children are growing up in an increasingly stressful world. As everyone faces stress at some point, unfortunately it is unrealistic to think that children can be shielded completely from experiencing stress (NCHE, 2013). Children living on the streets are threatened, exploited and exposed to physical, sexual and emotional abuse on a daily basis by the community, the authorities and other street dwellers. This leads to feelings of sadness, fear, anxiety, misery, despair, hopelessness, helplessness and suicide ideation, which in turn lead to drug abuse and criminal activities. In contrast, positive feelings of sympathy for other children living on the streets emerged and these children also displayed perseverance, resilience and a striving for autonomy (Myburgh, Moolla, & Poggenpoel, 2015).

Street children face difficulties while living in the streets and they also develop their own ways to overcome such difficulties as psychological resilience. Since street children lacked proper capabilities to secure a decent job, they faced oppression, torture, insecurity and other problems to survive on the streets (Hai, 2014). Some of them possess structured system with gradual discovery of personal and unique abilities to successfully hard-wearing from adverse conditions-psychological (depression, stress and anxiety) and social (social interaction, basic needs, access to education sexual exploitation,) difficulties (Lugalla and Mbwambo, 1999 as cited in Abdelfatah, 2012).

Similar to other countries, there are approximately 150,000 street children in Ethiopian urban areas, of which 40,000 reside in Addis Ababa. These children are mainly engaged in begging or working in the informal sector to earn their livelihood. Reports show that 70% of these children live in destitute families in slum areas (Ethiopia Country Report, 2014). The study conducted by Shimelis (2015) depicted that street children in Hawassa were vulnerable to wide range of violations of their rights. They were verbally, physically and sexually abused. Their situation became worse by the negative attitude of the general public who were insensitive to their problems. So that, many children are still on the street of Hawassa and looking for help.

Traditionally, research and practice concerning child welfare and outcomes for children has focused on the investigation of risk factors and the design of interventions and services to reduce the impact of such factors. However, risk factors are not the only

predictor of outcomes for children. More recently attention has been focused on how we can develop knowledge in this area to devise interventions that reflect the promotion of resilience as a means of achieving positive outcomes for children (NCHE, 2013). Aligned, Tyler et al. (1991, 1987; cited in Aptekar, 2006), street children are resilient and showed a high degree of autonomy, actively defining their lives in their own terms, highly creative, immersed in a network of caring and supportive friendships. Socialization of street children appeared to be positive but it is being affected by the survival job they are engaged on the street (Manapsall, Alcaraz, Antoquia, & Francisco, 2015).

The present condition of street children necessitates social intervention to address the present problems of street dwellers by ensuring sustainable livelihood options among them (Habtamu & Arindam, 2016). Vulnerable street children in Jimma town are exposed to various social and psychological problems such as little or no access to essential social services such as health, education and housing and they need special attention (Gudina, 2014).

1.2. Statements of the problem

Street children are a term for children experiencing poverty who are living on the streets of a city, town, or village and they differ in age, gender, ethnicity, social class, and these children have had different experiences throughout their lifetimes (Van den Brink, 2015). Relevant literature revealed that there are several socio-economic factors ranging from poverty, lawlessness, alcohol and drug abuse, loss of parents, family breakup, and child abuse contribute to increase of street children (Susan, 2015). Street children come to the street due to push factors like coercion by family, lack of access to education, and the existence of displeasing life in Africa, while in Asia children were pushed by family to beg and act as a day laborer and street vendor to assure the livelihood of their abandoned families (Habtamu & Laha, 2016).

Life on the street is characterized by various psychosocial challenges such as abuse, prostitution, substance abuse, gangsters, crime and human rights violations. Children are often not capable of controlling these injustices against them and therefore they are dependent on other people to act on their behalf and these children lose out on the privileges of a healthy family life and their basic needs are in general not fulfilled.

This has a detrimental effect on street children's development and often has serious psychosocial consequences, such as distrust in people, a lack of self-confidence and negative interpersonal relationships (Boyden and Mann, 2005). Due to their youthfulness, and specifically their lack of social power, children and adolescents are among the most severely affected by those adverse circumstances (Boyden and Mann, 2005).

From south western part of Ethiopia, most people consider Jimma town as a center of trade. Of these people, children are one who assumes to get income to change their life either being hired or in whatever means that do not expose them for any hurtful life condition by migrating to the town. But after they run away from family to the town, the realities of life encountered them are most of the time opposite to what they assumed and these children starting to live street life. Since children who run away first left in Jimma town without return to their family, other children who are living with their family also imagine as previously run away children are in conducive environment. This and other pushing factors lead to the gradual increment of street children in Jimma Town from time to time and now a day there are about 965 on street and of street children whom most of them come from Jimma Zone weredes, SNNPR and Jimma town to the study area. These children are being confronted with harsh realities of psychological and social challenges mostly related to wellbeing and survival across Jimma town streets. For instance, lack of psychological well beings - stress, depression, anxiety, and lack of basic social services such as food, shelter, clothes, illiteracy and other psychosocial difficulties are observed among street children in Jimma town.

So as to curb the hardship situation of these children, even though many NGO's and Jimma town Women and Children Affairs Office intervene by reunifying them to their original family, soon after few days or months these children come back to the town and begin to live street life. Besides, non-governmental organizations operating in the areas offer insufficient support to few children in terms of their coverage. Consequently, a number of children are still in a difficult situation and seek immediate attention. Furthermore some studies were conducted to shed light on the hardship conditions and mechanism to intervene the problem yet the problem could not be solved. Hence, in this study the researcher looked for the areas to do on.

Few previous studies about street children in the study area dealt with health and social problems of street children yet this study was focused to fill the gap in psychosocial conditions of street children. Some relevant studies also focused on coping style and adaptation of street children but this study focus on resilience as center of attention. Moreover, many previous studies stated intervention as part of their recommendation but this study discovered the effectiveness of intervention strategies being provided in the study area as a part of the study.

At the end, this study came up with answers for the following research questions.

1. What are the psychosocial conditions of street life experienced by Street children in Jimma town?
2. To what extent psychosocial conditions contribute to the resilience status of street children in Jimma town?
3. What is the extent of difference in resilience status between male and female street children?
4. What interventions techniques are useful to curb the situation of street life in Jimma town?

1.3. Objectives

1.3.1. General objective

The general objective of the study is to explore the psychosocial conditions, resilience status and intervention strategies for street children in Jimma town.

1.3.2. Specific objectives

The specific objectives of the study are to:

1. Assess psychosocial conditions of street life that faced street children in Jimma town
2. Examine to what extent psychosocial conditions have contribution to the resilience status of street children
3. Identify the extent of the difference in resilience status between male and female street children
4. Discover the intervention techniques useful to minimize street life among street children in Jimma Town

1.4. Significance of the study

This study has much importance for any pertinent bodies that closely work and genuinely concerned for the welfare of street children at countrywide level. Particularly, it has contribution to be evidence for government and Non-Government Organizations (NGO) concerned to work with street children. Since the matter of street children is not concern of few target groups rather it would be an agenda for every society, this study can help as input to lessen the psychosocial conditions that challenge street children.

Moreover, this study can shed light on the role of intervention strategies that government organizations and NGO's used to intervene the challenge of street children. Besides, this study is expected to give clue to what area of intervention should the concerned body should emphasize for it prioritizing degree to which elements of psychosocial aspects confront and contribute to resilience status of street children. It will also provide required input for professionals, further researchers, policy makers, and humanitarian organizations.

1.5. Delimitation of the study

In order to make the study manageable, this study was only delimited to street children 965 on and street children. Moreover, the study was only restricted to psychosocial conditions, resilience status and intervention strategies of street children.

1.6. Limitation of the Study

This study did not come to end without limitations. Of these, due to adult streets instigation, few teenagers were involuntary to take part in the study. Besides, respondents showed little interest for they thought as the researcher come to them to preach them about religion. However the problem was tackled by using moderators who closely work with the children beforehand. Blocked internet connection due to political instability of the country Ethiopia for a given period of time also hindered the researcher to get standardized test. To handle this problem, items were constructed carefully, translated by an expert and pilot study was conducted. Moreover, since most of the respondents were unable to read and fill the questionnaire independently, researcher read each items line by

line and data collection was a little bit protracted. To tackle this problem, the researcher collected the data with data collector.

1.7. Operational definition of terms

Terms that were used in this study were defined in context of this study. These terms are:

Psychosocial conditions: are psychological and social adversities that encounter street children in Jimma town.

Psychological conditions: are psychological situations (depression and anxiety that hinder street children in Jimma town.

Social conditions: social circumstances (basic social services and social support) that confront street children in Jimma town.

Basic social service: is any service basically needed to survive as individual or social that if failed to meet, affect current behavior, future destiny and all others what children want out of life and contributes to social infirmity.

Street children: are male and female individuals whose age is below 18 and who spend full or half of their time either to beg or search for food and money to lead their day to day life yet have no permanent job or income. MoLSA also support this age.

Street life: life that is characterized by spending more time either day or night or both day and night on the street in order to get means by which street children lead one's own life.

Children off street: are children who stay day and night on the street of Jimma Town.

Children on street: are children who stay daytime on the street and go to their families or relatives home to sleep there.

Resilience status: is extent of street children purpose in life ability (mental readiness) to bounce back from street life.

Intervention strategies: is either scientific or traditional ways of regaining street children from hardship circumstances to constructive psychological and social condition.

1.8. Conceptual frame work of the study

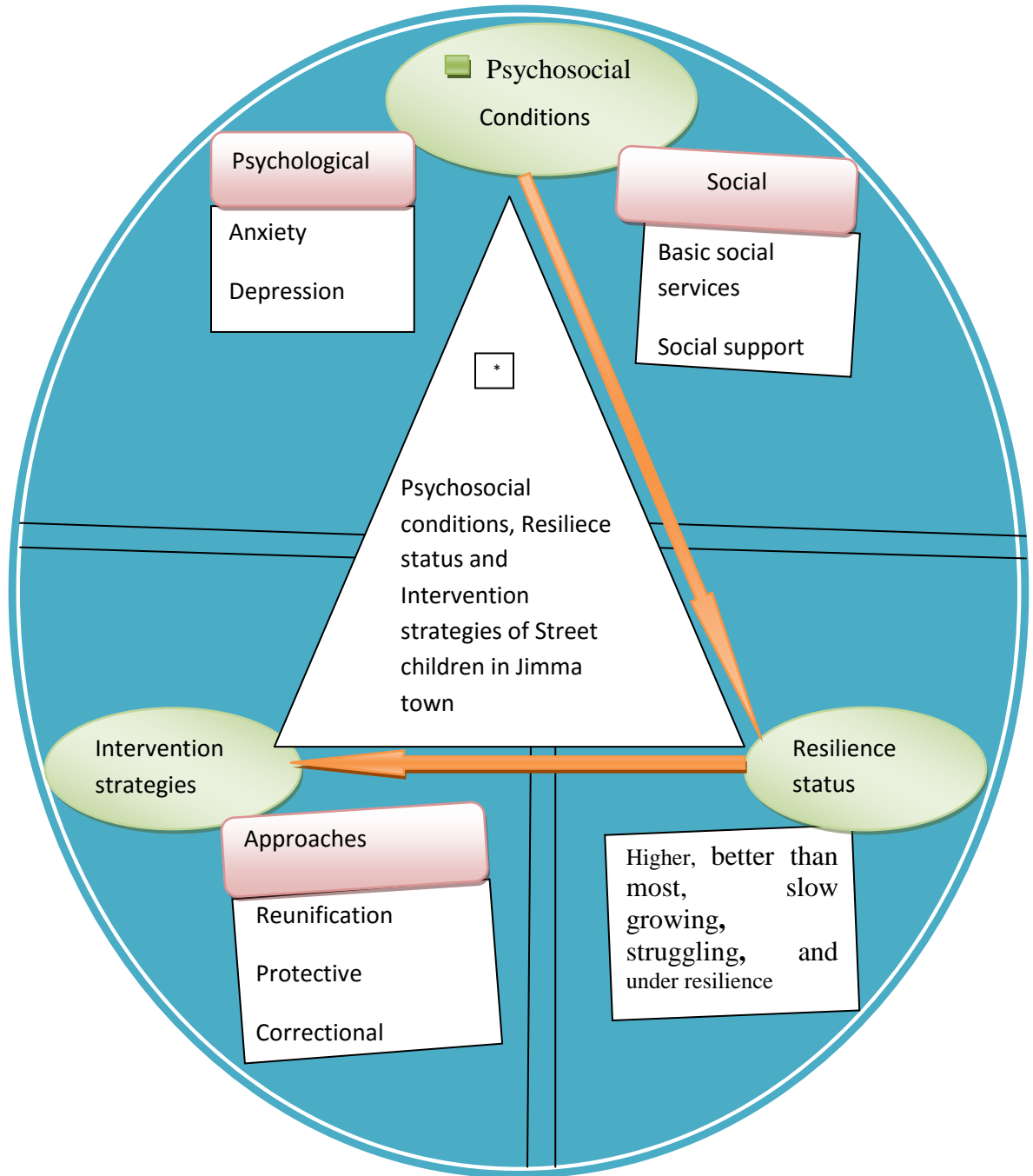


Figure 1: The conceptual frame work of psychosocial conditions, Resilience status and Intervention strategies for Street children in case of Jimma town

Source: Developed by researcher. * Shows accepted by advisor. ■ Indicates starting point of the flow of conceptual frame work.

As figure 1 reveals, the conceptual frame work of the study reveals psychological conditions such as anxiety, depression, and social conditions such as basic social services and social support as independent variables (contributors) of resilience status (dependent variable). Besides, intervention strategies used by both government and nongovernmental organizations were considered in this study.

The conceptual frame work indicates the extents of contribution of psychosocial conditions that can result in different degree of resilience status and the difference in resilience status may shed light on which effective intervention strategies government and nongovernment organizations would implement. This indicates that the effect of anxiety, depression, basic social services and social support on resilience status. On the other way the based on the resilience status the concerned body would undertake intervention for not considering resilience may cause possibility of failure in intervention strategies. So, resilience can affect type of intervention strategies being and to be undertaken. Furthermore, if appropriate intervention strategy is implemented, psychosocial condition can be controlled.

The resilience status (higher, better than most, adequate, struggling, under) adapted from Siebert (2006).

1.9. Organization of the study

The study is divided into five chapters. Chapter one of the study discusses about background of the study, statement of the problem, objectives of the study, significance of the study, delimitation of the study, limitation of the study, operational definition of terms and conceptual framework of the study. Chapter two reviews the international and national literature on street children. This chapter also briefly explores the problem of street children, their resilience status and intervention strategies. Chapter three of this study describe the research design, population of the study, sampling system and sample size, source of data, instruments of data collection, validity and reliability of the study, variables in the study, procedure of data collection and method of data analysis. The analyses of two sets of data (quantitative data and qualitative data) which were generated by the study were presented in chapter four. Chapter five presents conclusion and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1. Street children

The phenomenon of street children is prevalent in both developed and less developed countries and is one among the social problems that has gained international attention currently (Tadesse, 2006). Street children are amongst the most vulnerable and marginalized members of society, often lacking access to food, shelter, health care, security and education (Purna, 2009).

In countries across the world, street-connected children continue to be labeled with derogatory terms referring to their daily activities and life conditions. Of these, sparrows in the modern-day Democratic Republic of Congo parking boys in Kenya, peggy boys in the Philippines, juvenile thieves in Brazil, fruit birds in Peru, children who are happy on the streets in Myanmar, throwaway kids in the United States, those who are uncared for in the former Soviet Union countries, grasshoppers, parasites, or pests in Costa Rica, children of the dust in Vietnam, rag pickers in Bangladesh, glue sniffers in Guatemala scavengers in Nairobi, manhole children in Mongolia. These terms, describing the behavior or living styles or occupations of street-connected children, all have negative connotations.

On a global basis, however, researchers and practitioners in the field are increasingly trying to change such stereotypes or labels, in order to avoid the adverse impact they have on the self-image of these children and society's attitude toward them (Dabir, 2018). Most definitions of street children concentrate on just two characteristics: presence on the street and contact with the family. Therefore, definitions of street children are seen to be incorporating the two groups of children: home based, which refers to children who usually return home at night; and street based, which is used to signify children who remain on the street and have no family support (Dabir & Athale, 2011).

Street children are estimated at about one hundred fifty million in both underdeveloped and industrialized countries today (Manapsall, Alcaraz, Antoqui & Fransisco, 2015). Although the phenomenon of street children is a global one, Latin American, Asian, and African countries are specially affected by the problem more than

any other part of the world. According to Royal Tropical Institute report (2002) stated in FSCE (2003), out of the estimated 100 million children living and working on the streets of the cities of the world, the majority are in developing countries: 40 million in Latin America, 25-30 million in Asia, and 10 million in Africa.

Using UNICEF's estimates of 40 million street children in Latin America, one would assume-if there were no gender differences-that half would be female. If half of those became prostitutes, there would be 10 million prostitutes in Latin America-a figure that is much too high (Aptekar, 2005). Whatever the actual numbers of street children, there is a perception that the numbers of street children in Dar es Salaam is increasing more rapidly than elsewhere in the country, and that this is a particular cause for concern (Purna, 2009). There are approximately 150,000 street children in Ethiopian urban areas, of which 40,000 reside in Addis Ababa. These children are mainly engaged in begging or working in the informal sector to earn their livelihood (Ethiopia Country Report, 2005).

Since Ethiopia is a developing country, its urban areas are challenged by the growing intensity of street children (MoLSA, 1993). But, there is no comprehensive statistical information on street children in Ethiopia. According to some estimate, street children in Ethiopia have become a countrywide epidemic, with over 100,000 of them living and/or working on the streets of Ethiopia's cities and out of them about 2,555 are found in the streets of Hawassa (FSCE, 2003). In (2007) MoLSA in a study supported by UNICEF has also estimated the overall numbers of children on the streets of Ethiopian cities are around 150,000 and about 60,000 of them living in the capital city (UNICEF, 2012).

In general, even though the issue of street children is a global phenomenon in both developed and under developed countries, Latin American, Asian, and African countries are specially affected by the problem more than any other part of the world. Thus, according to various studies, street children in Ethiopia have become a countrywide epidemic, with over 100,000 of them living and/or working on the streets of Ethiopia's cities and problem is observed in different forms such as independent street workers, poor working children returning to their families at night, children of street families who live and work with their families in the street, and who have broken off contact with their families-full time street residents. As a result of their unstable life condition, they are

defenseless against sexual exploitation, disease, malnutrition, illiteracy, abuse, absence of parental protection and security, missing connection with their families, lack of moral and emotional support.

2.2. Psychosocial conditions of street children

2.2. 1. Psychological conditions of street children

Street life influences every facet of a child's life from conception to young adulthood. The experience of homelessness inhibits the physical, emotional, cognitive, social, and behavioral development of children. By the time homeless children reach school age, their homelessness affects their social, physical, and academic lives. Homeless children are not simply at risk; most suffer specific physical, psychological, and emotional damage due to the circumstances that accompany episodes of homelessness (Ellen, 1999). Study review indicated that street children experience high level of hopelessness, vulnerability to depression and depressive symptoms (Woan, Lin & Auerswald, 2013). Study also revealed that some street children expressed pride and happiness. They do not hesitate to talk about their experiences but still, in spite of their joyful personality, they also showed sensitivity and weaknesses, they responded, almost unanimously, that they had a sense of being discriminated, believing that they are socially misfit (Manapsall, Alcaraz, Antoquia, & Francisco, 2015).

Street children have a considerable level of Post Traumatic Stress Disorder (PTSD), anxiety and depression (Thabet, Elhelou & Vostanis, 2017). They may also encounter more subsequent emotional and behavioral problems such as poor peer relations, conduct disorder, depression, and delinquency. Further, children growing up with a parent addicted to drugs or alcohol could develop the same patterns of compulsive behaviors and have several co-occurring issues including neglect, emotional, physical or sexual abuse. When stress is not properly dealt with, it could accumulate in the form of negative emotions, leading to sadness and anger. Sadness, a symptom of depression, can decrease anyone's ability to make smart long-term decisions, including seeking good health and education (Van den Brink, 2015).

Street children are confronted with stressful and traumatic events that they often are too young to understand, leading to severe emotional distress. Homeless children experience stress through constant changes, which accumulate with time. These stressful

changes result in a higher incidence of mental disorders, which become manifested in homeless children's behavior. Despite significantly more incidences of mental illness, less than one-third of these children receive professional help (Ellen, 1999). Half of school-age homeless children experience anxiety, depression, or withdrawal compared to 18 % of non-homeless children. Furthermore, high levels of hopelessness, depression, self-harm and suicide among groups of street children in different parts of the world. The lack of formal measures of mental health is even more surprising considering the wealth of information available on exploitation and trauma experienced by children living and/or working in the urban environment (Graham, 2015)

Homeless children worry about where they will sleep on a given night, and if they have a place to sleep, they are afraid of losing it. Older children worry about being separated from friends and pets, and they fear that they will be seen as different among new peers at school. They also worry about their families: their parents, whose stress and tension is often shared with the children, and their siblings, for whom they see themselves as primary care givers. More than half of homeless children surveyed also said that they worried about their physical safety, especially with regard to violence, guns, and being injured in a fire. One-quarter of homeless children have witnessed violence in the family. Besides, boys often exhibit aggression, while girls exhibit depression and passive or withdrawn behavior. Most often, homeless children exhibit lethargy, extreme indifference at school, and overt anger with their parents (Ellen, 1999).

2.2.2. Social conditions of street children

2.2.2.1. Basic social service

The problem of children living on the street is a global phenomenon. It has created countless problems to millions of children in all parts of the world (UNICEF, 2007). They live a transitory life style and lack basic necessities like food, health care, and a safe place to stay. In the world, street children exist on the margins of society, living in inhumane conditions, suffering from hunger, harassment and physical abuse, deprived of basic services such as education and health care (Vanessa, 2007 cited in Shimelis, 2015). In Philippines, street children come from squatter's areas characterized by overcrowding, substandard housing, and unsanitary dwellings. They suffer from lack of facilities, and

services showing below poverty line, which is a reflection of the real condition of the Philippine society (Manapsall, Alcaraz, Antoqui & Fransisco, 2015).

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. However, dissociation is not a healthy coping style and can have vast detrimental results. Dissociation can have grave consequences for a child's immediate and long-term future (Barnes, Chege, Bustrum, Girgius, Caddell, 2018). Moreover, street children are often exposed to various hazards. Many of them are exposed to the hazards of air pollution, food poisoning and lead poisoning. They are also high at risk of accidents and diseases. At such an early age, they learn that survival is the do-or-die of life (Manapsall, Alcaraz, Antoqui & Fransisco, 2015). On the street they frequently survive by begging, stealing or working in the informal sectors in low paying jobs (Zena and Aneth, 2010). Consequently they faced different challenges while striving for their survival.

2.2.2.2. Social support

The most complex challenge faced by children in the streets is dealing with the perceptions of those around them and the treatment they are consequently afforded. The society also threatens them as outsiders rather than as children to be nurtured and protected. Thus, they are both spatially and socially oppressed, through multiple forms of social control, marginalization, and powerlessness (UNICEF, 2011).

The most complex challenge faced by children in the streets was dealing with the perceptions of those around them and the treatment they consequently afforded (OHCHR, 2011 cited in Shimelis, 2015). Most importantly they suffer from physical, sexual and psychological abuses and become victims of child trafficking for the purpose of labor and sexual exploitation. Their vulnerability to this wide range of problems and hazards represents a major feature of their everyday life. This is also a determining factor in developing their abilities to be able to cope with street life (UNICEF, 2007).

The street children embody one of the most neglected and fast growing minorities and one of the biggest challenging issues in the Philippines. It is for the same reason that the researcher decided to make a study of the physical and psychosocial,

mental and emotional condition of street children in Cavite (Manapsal1, Alcaraz, Antoqui & Fransisco, 2015). Similarly, according to Purna (2009), study conducted in Tanzania revealed street children are amongst the most vulnerable and marginalized members of society, often lacking access to food, shelter, health care, security and education and the numbers of street children in Dar es Salaam is increasing more rapidly than elsewhere in the country, and that this is a particular cause for concern. However according to Nalkur (2009) street children considered that obtaining good advice from adults, having a dependable place to sleep and having time for enjoyable activities are most important, while former street children and school-going children pointed to education-related ambitions as most important

The study further depicted that street children in Hawassa, Ethiopia were vulnerable to wide range of psychosocial challenges, emotional, verbal, physical and sexual abuse and their situation became worse by the negative attitude of the general public who were insensitive to their problems (Shimelis, 2015).

To sum up, street children are exist on the margins of society due to society threatens them as outsiders rather than as children to be nurtured and protected and constantly hurt by rejection, discrimination, and living in inhumane conditions, suffering from hunger, harassment and physical abuse, deprived of basic services such as education health care and exploitation that make them physically and psychologically wounded as they grow up. Thus, they are socially oppressed, through multiple forms of social control, marginalization, and powerlessness. As a result everyday life for a street child can be like living in an enemy territory and at such an early age, they learn that survival is the do-or-die of life.

2.3. Resilience status of street children

Even though the historical notion of resilience entered health science form applied physics to characterize the recovery of patients from physical trauma, somewhat later it was adopted in to psychology first for the study of children of mentally ill mothers. It is now understood to indicate an individual's capacity to recover from, adapt and remain strong in the face of adversity (Boyden and Mann, 2005).

“Progressively, the concept of resilience is used for inanimate objects versus animate beings. For certain inanimate physical objects, such as a soccer ball, resilience refers to

the object regaining its shape after being distorted by some outside force. In other words, a resilient inanimate object that comes under pressure can spring back to its original size and shape without experiencing irreparable damage whereas human resilience is able to withstand or recover quickly from difficult conditions”(Taormina, 2015, P: 36).

The concept of resilience is appealing, but many questions about resilience remain unanswered (Engle, Castle, & Menon, 1996). Study conducted by Berhanu, et al (2017) also suggested that, resilience is a phenomenon which cannot be directly measured but may only be inferred. Ungar (2011) sees resilience as one’s capacity to navigate and negotiate one’s pathways towards resilience promoting resources that the community must be able to provide in culturally meaningful ways.

Resilience is ability to respond adaptively and maintain a high quality of life even after adversity or trauma (Wynsma, 2016). On contrary, Mansi, (2015) suggested that resilience is not adaptability rather it is the positive capacity of people to bounce back to previous state of normality and function more than expected after stress and adversity which encompass making realistic plans, having self-confidence and a positive self-image, developing a communication skills and the capacity to manage strong feelings and impulses. Resilience is an interactive concept that is concerned with the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences and is more than social competence or positive mental health; competence must exist with risk to be resilience (Rutter, 2006).

Resilient people overcome adversity, bounce back from setbacks, and can thrive under extreme, on-going pressure without acting in dysfunctional or harmful ways. The most resilient people recover from traumatic experiences stronger, better, and wiser. Hence, the way different People react to adversity is different from one another. Some are highly resilient whereas some others are better than most. Some people are slow, but adequate, whereas some others are struggling to be resilient and also under resilient (Siebert, 2006).The phenomenon of resilience among street children as a group of at-risk youth goes unnoticed, since they are not typically regarded as resilient (Macalane & Linda 2010). Regarding resilience of homeless youth, few studies have examined the relationship between the perceived resilience and health risk behavior and the result

revealed that perceived resilience was negatively related to suicidal ideation, substance abuse and violence (Oppong, 2015).

According to Tyler et al. 1991, 1987 cited in Aptekar (2006) street children are resilient and showed a high degree of autonomy, actively defining their lives in their own terms. The children were highly creative and immersed in a network of caring and supportive friendships. Socialization of street children appeared to be positive but it is being affected by the survival job they are engaged on the street (Manapsall, Alcaraz, Antoquia, & Francisco, 2015). Thirty four percent of the children in the sample declare feeling better in the street (Guarcello, & Koselec, 2009). Children and adults; even young children who are able to “bounce back” after adversities have more resources within themselves, their families and communities (Reuther & Osofsky, 2013).

Street children are mostly recognized as vulnerable youth who need care and support, and this deficit view ignores the assets and resources that enable them towards resilience. Nevertheless, street children are remarkably resilient (Macalane, & Linda, 2010). These children have hopes and sense of dignity and responsibility to overcome difficult situations, many of them value street life as a learning process, and see themselves as resilient survivors in an environment that is harsh and destructive to their moral beliefs (Shukla, 2005, cit. in Shimelis, 2015). Surviving adversity as well as the development of skills and knowledge, generate confidence (Carver, 1998), but when life is easy, the lack of challenge may result in complacency rather than confidence (Yendork & Somhlaba, 2015). On contrary, Guarcello & Koselec, (2009) suggested that physical and psychological consequences of harsh living conditions on the streets have a negative impact on children’s school attendance and their ability to benefit from schooling.

Street children had various ways of overcoming the challenges, which include drawing on friendship relationships and also avoiding or ignoring some challenges like stigma (Yendork & Somhlaba, 2015). Resilience was found to correlate positively with a stable adult, the presence of a support system, supportive spiritual beliefs, and a lack of self-blame (Wynsma, 2016). The move to resilience is attributed to social support networks on the street that provide not just support but also acceptance, companionship and understanding (Le Roux & Smith, 1998 cited in Ali, 2011).

Street children need to survive and struggle for their own freedom so they ended up on the street. They may have a strong sense of determination and resiliency, however at their young age; they are vulnerable to commit illegal acts due to absence of proper guidance from family, authority figure and their natural harsh environment (Manapsall, Alcaraz, Antoquia, & Francisco, 2015). They also dream to become productive in society in the future while keeping part of their street identity and values. They recognize their own abilities in order to overcome hardship and regret their offensive label, also through their harsh experiences; street children obtain valuable practical skills and survival instincts (Shukla, 2005, cited in Shimelis, 2015). They work hard because they have a goal for their future and they can see the brighter side of life. Despite having a mixed feeling of enjoyment, danger and violence in the street, some street children do not wish to live in the street forever (Manapsall, Alcaraz, Antoquia, & Francisco, 2015). Street children had future hopes, which help them cope with poverty; and they had religious faith (Mashicolo, 2016).

A study conducted by Macalane (2014) showed that the girls had assets or strengths that positively altered their developmental trajectories by combining intrapersonal resilience resources, such as listening to music and having faith, with interpersonal resilience resources, such as having lively support systems, and having access to community-based care and support.

2.4. Intervention strategies

Homelessness often has been the result of insufficient resources; as a result, social service organizations historically have approached the problem from a material perspective of providing food and shelter (Burt, 2002 cited in NCHE, 2013). Most intervention work focuses predominantly on repairing deficits rather than on recognizing and developing strengths and assets (Rutter 1993 cited in NCH, 2007).

In Ethiopia, children welfare responsibilities and overseeing the implementation of various program targeted at mitigating the problem of street children in especially difficult circumstances has been given to Minister of Social and Labour Affairs(MOLSA). Since the economy of Ethiopia is not strong enough to generate resources for the needed social investment, assistance from both local and international

NGOs will be essential to alleviate the various problems connected with destitute children (hope enterprise, 1997 cited in Shimelis, 2015,p:50).

According to a report on the implementation of CRC in Ethiopia (2005), more than fourteen NGOs are involved in addressing the problem of street children throughout the country. A local NGO has been providing transit shelter to protect street girls from being exposed to sexual abuses. The program mainly focuses on provision of temporary shelter, washing facilities, counseling, education and family reunification (country report, 2005 Shimelis, 2015).

One study found that self-regulatory skills predicted school success in homeless children even after controlling for family and adversity variables. Additional recent evidence has shown that homeless children's self-regulation skills predict higher levels of academic achievement and peer acceptance as well as lower levels of Attention Deficit Hyperactive Disorder (ADHD) and externalizing symptoms. It is important to note that recent research has found self-regulatory abilities to be responsive to intervention in low income children, suggesting an important target area for prevention and intervention efforts.³⁰ For instance, a preschool program designed to improve children's self-regulatory skills has been shown to be effective in promoting school readiness in low income preschoolers (Amy, 2013).

Masten (2011) describes two forms of intervention suggested by resilience research. First, interventions can focus on reducing risk. In the case of homeless children, this would include policies that prevent homelessness from occurring in the first place, such as increased public housing. Other examples include programs designed to reduce parent stress in order to help prevent child abuse and hunger relief programs that reach homeless families. Second, interventions can focus on improving the amount or quality of protective factors in the lives of high-risk children. Examples include mentorship programs, school curriculum designed to foster self-regulatory skills, interventions focused on increasing parent warmth and sensitivity, and improving schools in low income areas (Amy 2013).

In general, no matter how the incident of resilience among street children as a group of at-risk youth goes disregarded, because street children are mostly recognized as vulnerable youth who need care and support, this deficit view ignores the assets and

resources that enable them towards resilience. But the thing to be considered is that everyone encounters challenge, and everyone has a degree of resilience; however some children and young people are more resilient than others. Similarly, street children are remarkably resilient and possess an internal locus of control, meaningfulness, ego strength, self-efficacy, confidence, perseverance, problem solving skills and flexibility.

2.4.1. Government and non-government responses to street children

2.4.1.1. Governments responses to street children

While some governments have implemented programs to deal with street children, the general solution involves placing the children into orphanages, juvenile homes, or correctional institutions. Efforts have been made by various governments to partner with non-government organizations.

In Colombia, the government has tried to implement programs to put these children in state-run homes, but efforts have largely failed, and street children have become a victim group of social cleansing by the national police; because, they are assumed to be drug users and criminals. In Australia, the primary response to homelessness is the Supported Accommodation Assistance Program (SAAP). The program is limited in its effectiveness. An estimated one in two young people who seek a bed from SAAP is turned away because services are full (Van den Brink, 2015).

The responsibility for the goals of child survival and development is not assumed action by the government alone. There are many non-government organizations and foundations that are helping and serving street children but the task remains formidable. Everyone owes these children the best they could give and the sincerest concern they are allowed to have. Everyone must take a step together in rebuilding the nation. For the sake of the children who are the future leaders of the country, we have to take a stand, to join hands and look into the issue of street children with more involvement (Manapsall et al., 2015).

2.4.1.1.1. Correctional model

The correctional model is primarily used by governments and the police. They view children as a public nuisance and risk to security of the general public. The objective of this model would be to protect the public and help keep the kids away from a life of crime. The methods this model uses to keep the children away from the life of

crime are the juvenile justice system and specific institutions. In general, in many countries of the world the phenomenon of street children is not only a concern of personal issue specific to street children themselves but also a focus area of government as well.

2.4.1.2. NGO s and public approaches to street children

There are four categories of how societies deal with street children. These are correctional model, rehabilitative model, outreach strategies, and preventive approach to street children (Van den Brink, 2015).

2.4.1.2.1. Rehabilitative model

The rehabilitative model is supported by churches and NGOs. The view of this model is that street children are damaged and in need of help. The objective of this model is to rehabilitate children into mainstream society. The methods used to keep children from going back to the streets are education, drug detoxification programs, and providing children with a safe family-like environment.

2.4.1.2.2. Outreach strategies

The outreach strategy is supported by street teachers, NGOs, and church organizations. This strategy views street children as oppressed individuals in need of support from their communities. The objective of the outreach strategy is to empower the street children by providing outreach education and training to support children.

2.4.1.2.3. Preventive approach

The preventive approach is supported by NGOs, the coalition of street children, and lobbying governments. They view street children's poor circumstances from negative social and economic forces. In order to help street children, this approach focuses on the problems that cause children to leave their homes for the street by targeting parents' unemployment, poor housing campaign for children's rights.

Generally, to intervene with street children problems looking for different philosophies of intervention have been taken by nongovernmental organizations, faith based organizations and public bodies. Some of these are rehabilitative model, outreach strategies, and preventive approach to street children.

CHAPTER THREE

METHODOLOGY OF THE STUDY

In this chapter research design, sample size and sampling techniques, tools of data collection, and procedure of data collection, data analysis and reporting and ethical considerations were discussed.

3.1. Research design

The researcher employed explanatory sequential research design because it helps in triangulation of data and gives freedom to use any of the methods, techniques and procedures associated with quantitative and qualitative research. Quantitative research design was employed as a major approach and also employed first whereas qualitative was employed as a supportive approach and follow quantitative approach.

3.2. Population, sample size and sampling techniques

3.2.1. Population

Total population of the study were 965 street children who are on street and off street of four kebele's (Ginjo Guduru, N=98, Becho Bore, N =249, Hirmata Merkato, N =438, and Bosa kitto, N =107) of Jimma town that were selected purposively based on the availability of street children. The rest number of street children were found in other kebeles of Jimma town (Women and children affairs office, 2010).

3.2.2. Sample size

Of 246 teenagers target population (street children between the age 13 and 18), 137 street children and seven key informants total 144 respondents were selected. For ≤ 250 target populations, at confidence level 95% and margin of error 5%, 132 is possible sample level (Cohen, Mansion & Morrison, 2011). Accordingly, researcher adopted sample size level set by professional researchers.

3.2.3. Sampling system

The study employed probability sampling system which is simple random sampling technique lottery method. Based on inclusion exclusion criteria, children who were selected by fitting the stated inclusion were criteria draw lottery number zero and one. Those who pick number one were included in the study. The purpose to use simple random sampling was that it is bias free, representative, and easy to administer. Of 23

populations of key informants, seven of them were selected by purposive sampling technique because they had trustworthy information about street children.

3.3. Source of data

Sources of data were both primary and secondary sources.

3.3.1. Primary source of data

Primary source of data were participants of the study. These are 144 total participants of the study were source of first hand data.

3.3.2. Secondary source of data

Secondary sources of data were documents and files obtained from Women and Children Affairs Office, Facilitator change NGOs. These documents were list of children name; number of children rerun away over a time after reunification and follow up procedures undertaken during intervention strategies.

3.4. Methods data collection

In this study, questionnaire, interview and focus group discussion methods were employed. Questionnaires and FGD were used for street children whereas interview was used for both street children and key informants. While these methods were employed, close-ended questions, interview guides and FGD probes instruments were used.

3.4.1. Questionnaire

A questionnaire was used as the main instrument of data collection. Items to measure resilience status were adapted from Ryff and Keyes (1995) *6-point purpose in life resilience* scale and changed to 4 point likert scales. Four Likert scale items (Strongly agree, agree, disagree and strongly disagree) were used. Items used to measure psychosocial conditions that address anxiety and depression from psychological aspect and social support and basic social service from social aspect were developed and finally administered for 114 street children after pilot study was done.

3.4.2. Interview

Semi structured interview guide was used as a supplementary to questionnaire that enhanced researcher to get hold of adequate data. The reason why semi structure interview was used is that it allows informants the freedom to express their views in their own terms and also allow two way communications. Ten street children, three key informants from Jimma town women and children affairs office, one key informant from

FC (Facilitator Change NGO) and three key informants from community total 17 respondents were interviewed to explore the meaning, understanding of the problem, children's moral compass and intervention strategy for street children.

3.4.3. Focus Groups Discussion

To obtain street children feeling, practices, opinions, experience and other aspects of street life FGD probes were employed; two groups of total 13 street children that one group with seven members and the left with six discussants was formed. One group of the FGD was formed from male street children and other group was formed from female street children to get detailed information and gender based variation. By asking initial questions and structuring the subsequent discussion, interviewer initiated all discussant to discuss freely their experience about street life in line to the stated objectives.

3.5. Reliability and validity of instruments

Likert scale questionnaire items that provide options which can best supports respondents opinion and interview probes of data collection tools were developed in English language and translated to Amharic and Afan Oromo language by expert. Forward and backward translation was made to minimize meaning differences in the three languages. Then, was evaluated by researcher, peers and finally by advisors whether it was worth to measure the construct it intended to measure or not. The researcher dictated inclusion-exclusion criteria to those children less than 13 years of age and children less than three months after run away that they were excluded from the study since the researcher assumed these children might not gave necessary information that fit research objectives and also they might not be matured enough to express their idea. The questionnaires were filled by data collectors by reading line by line for these children. Four Likert scale items were used. When Likert scales that does not have just one correct answer is used, Cronbach's alpha is the preferable and is more accurate (Korb, 2015). Then after, pilot study was conducted with 30 respondents so as to test the reliability of the questionnaire surveys. At $r= 0.762$ with little modification, final administration of the test was made. So as to ensure the validity of the data obtained through interview respondent validation was made after data has been interpreted and condensed.

3.6. Procedure of data collection

Before any actions of data collection took place, instrument of data collection such as questionnaire survey and interview questions were developed in English language. Subsequently, these questionnaires were translated to Amharic and Afan Oromo language and by an expert and were evaluated. After tools of data collection substantiated, formal letter had been taken from psychology department and pilot study was conducted. Data was collected sequentially. Quantitative data was collected first and qualitative data was followed.

3.7. Method of data analysis and reporting

Data was analyzed both quantitatively and qualitatively. Quantitative data obtained through questionnaires was analyzed using SPSS version 21 software. So as to minimize decision error right through the study, 0.05 alpha levels was used. Psychosocial conditions of street children were analyzed by descriptively statistics test. The contribution of psychosocial conditions to resilience status of street children was analyzed using inferential statistics multiple regression, stepwise regression analysis method. To know the effect size coefficient of determination (R^2) was done. The difference in resilience status between male and female was analyzed by Man Whitney U independent sample t-test. *Cohen's* coefficient (r) was done to know the effect size of difference in male and female resilience status of street children.

Data from interview and FGD was analyzed through discourse method of qualitative data analysis. Hence, it was focused on how street children express themselves verbally in their everyday social life, day to day challenges and their internal assets. The reason why discourse analysis was used is that, street children can either express themselves in a simple and straightforward way or vaguely and indirectly. So that the researcher preferred to refer to the context due to same phenomenon can be described in a number of different ways depending on context.

3.8. Ethical considerations

For the purpose of ensuring professional and ethical conduct, in this research all activities throughout the study were governed for American Psychological Association (APA) principles and ethical standards. Hence, all others work were duly acknowledged.

Permission letter to conduct the study was taken from psychology department and the participants of the study were informed that information they provide would use for only the study purpose and would not result any harm to them. Volunteerism and confidentiality of the study was explained. Respondents in their proper mindset who were able to make decisions of their own were allowed to read the informed consent before they engaged themselves in the study. Non volunteered participants were neither forced nor threatened to join in the study.

CHAPTER FOUR

RESULT AND DISCUSSION

This chapter comprises presentation, interpretation and analysis of data collected from the respondents. The data regarding psychosocial conditions, resilience status and intervention strategies of street children in Jimma town were collected through questionnaire, interview and focus group discussion. Items designed to examine psychosocial conditions and resiliency status of street children was prepared in likert scale form. Psycho social conditions items were prepared in the form of frequency scale; Almost Never=1, *Rarely*=2, *Most of the time*=3, *Always*=4 whereas items for resiliency status were in the form of agreement scale; Strongly disagree=1, Disagree=2, Agree=3, Strongly agree=4. Negatively phrased items psychosocial items (number 15, 19) and resilience status items (number 2, 5, 6, 8, and 15) were re-coded. i.e., if the score is 4 in one of these items, the adjusted score is 1; if 3, the adjusted score is 2 ; if 1, the adjusted score is 4 and if 2, the adjusted score is 3).

The research questions framed the themes along which the analysis is done. Quantitative data was analyzed by SPSS software using descriptive and inferential statistics. The range of mean of frequency type likert scale of descriptive statistics assumed, *Never* =1.00 - 1.75; *rarely*= 1.76 - 2.5, *Most of the time*= 2.51 - 3.25 and *Always* =3.26 - 4.00 (Watrin, 2017). This result was presented in five parts. The first part deals with background information of children on and off the street. Part two deals with information related to the psychosocial conditions of children in the street. Part three deals with psychosocial condition and resilience status of street children whereas part four deals with difference in resilience status between male and female street children. The last part of this study presents about intervention strategies for street children.

4.1. Demographic information of participants

While conducting this study, of the total 151 participants of this study, 137 street children were sampled through simple random sampling whereas the rest seven key informants were selected by purposive sampling technique. Total of 144 respondents at 95.36% valid unit response rate were participated in the study. Of the rest 4.64%, 5 respondents (3.3%) were excluded since they did not fit inclusion-exclusion criteria whereas the rest 2 respondents (1.34%) were not interested to engage in to the study.

Table 4.1: Demographic characteristics of the respondents

S.N	Demographic characteristics of the Participants	Respondents in number	Respondent s in percent
	Age		
	13-18 years	137	95.14
	≥19 years*	7	4.86
	Total	144	100
	Sex		
	Participants** Male	102	70.83
	Female	35	24.3
	Total	137	95.13
	Participants* Male	3	2.08
	Female	4	2.77
	Total	7	4.86
3.	Nature of street life **		
	On street	89	64.96
	Off street	48	35.04
	Total	137	100
4.	Run away round **		
	For first time	103	75.18
	Two and more than times	34	24.81
	Total	137	100
5.	Approaches of research in which they participated		
	Quantitative **	114	79.17
	Qualitative ***	23	15.97
	Qualitative *	7	4.86
	Total	144	100

*Shows key informants. ** Shows street children. *** Shows street children and key informants.

Source: Raw data obtained from respondents

As table 4.1 depicted, of total 144 fully responded participants of the study 137(95.14%) were teenager street children between 13-18 years of ages. The rest 7(4.86%) of them were ≥ 19 years of age who were key informants. So, it is very possible to say most of the respondents of the study were street children between 13-18 years of age.

Regarding the sex of the respondents, 102(70.83%) of them were male and the rest 35(24.3%) were female street children respondents. Of 7 key informants, 3(2.08%) were male where as the rest 4(2.77%) were female key informants. This is evidence for majority of the respondents 105(72.91%) of this study were male respondents, while 39(27.07%) were female participants.

On the basis of the definitional category of the nature of street children in this study, 89 (64.96%) of the participants were on street children where as the rest 48 (35.04%) were off street children. In this study, children who stay daytime on the street and go to their families or relatives home at the night are more in number than children who stay day and night on the street of Jimma Town.

On the other hand in this study, large numbers of street children 103 (75.18%) were street children ran away for first time where as few in number 34(29.83%) were street children run away for two and more than times. This, exemplify that street children who run away for first time are great in number than those who run away for two and more than times.

Moreover, 114 (79.17%) street children were participated in quantitative study where as few in number 23 (15.97%) were participated in qualitative approach. This means large number of the participants was engaged in quantitative research approach with 7key informants.

4.2. Psychosocial conditions of street children

Life on the street is characterized by various psychological aspects. Thus, of psychological facets that street children might face stress and depression were presented in this section.

Table 4.2 Psychosocial conditions of street life that street children experience

No.	Psychosocial conditions	N	Mean	Std. Deviation
1.	Anxiety	114	2.7456	.66870
2.	Depression	114	2.3872	.48556
3.	Basic social services	114	2.4023	.39528
4.	Social support	114	2.1371	.39667

(Never =1.00 - 1.75, Rarely= 1.76 - 2.5, Most of the time= 2.51 - 3.25 and Always =3.26 - 4.00)

Table 4. 2 depicted that street children in the study area experienced anxiety ($M=2.7456$, $SD=.66870$) and depression, basic social services, social support($M=2.3872$, $SD=.48556$), ($M=2.4023$, $SD=.39528$), ($M=2.1371$, $SD=.39667$), respectively. This show that street children encountered anxiety ‘most of the time’ where as they experienced depression, basic social services, social support ‘rarely’.

Data from interview and FGD also revealed that street children experiencing anxiety in the form of uneasiness, fantasizing threatening events and worry. Besides, they reported as they also feel worthless, guilt and hopeless about their life. As these children responded during the interview and FGD, whenever they think about their future they worry about and feel restless about their future that if they dwell long on street their future life would be less bright.

Empirical data also showed that street children are facing harsh full life conditions that have discernible negative impact on psychological, social, physical developments and healthful life aspects of these children. As FGD discussants forwarded their idea, stating that:

Life on the street has nothing to prefer of it. Day in day out, shame, guilt and worry about life is not far apart of us. When we get hungry we eat leftover food called “bule” buying it with five birr from hotels, restaurants and inn. Moreover, we rarely sleep at home by paying 6 (ETB) per night. When we have no money we sleep in ditch, because, the police man and high building custodians hit us if we go to sleep on the verandah. Most of the time in the midnight, we consternate as if the policeman or guarders come to hit us. As a result, when we left without getting money, we sniff mastish-glues-that makes us free from worry about life

and also to forget any of our lost parts of life. Furthermore no matter how it is too heavy, we carry a load so as to get money. In general, street life is very mind-numbing life condition that for if we stay long in this way we will have no bright future.

The interview result further depicted that, street children in Jimma city exposed to wide range of violations of their rights such as prohibited payment for the materials they carried, physical abuse particularly at the end of the day either snatched away or enforced to submit all money they got working and begging on the street during day time to streets adult and gangsters. As the study come crosswise, if street children do not submit money they get by working or begging on the street, streets adult and gangsters cut off children body (face and hands) by surgery blade, putting them at coercion physically.

Moreover, key informants also suggested that after street children sniff glue, they run here and there without watching out for car, motor cycle, and any other movables and even they come and run into the speedy driving car.

4.3. Extent of psychosocial conditions contribution to the resilience status of street children

The contribution of psychosocial conditions to resilience status of street children was examined through multiple linear regression analysis. Predictor variables such as anxiety, stress, basic social service and social support were considered while data was analyzed.

Table 4.3 Regression result of anxiety contribution to resilience status of street children

Model	R ²	B	SE B	B	T	P
(Constant)	.388	1.704	.100		17.087	.000
Anxiety		.297	.035	.623	8.418	.000
Depression				.118 ^b	.276	.107
Basic social services				-.018 ^b	-.236	.814
Social support				-.069 ^b	-.934	.353

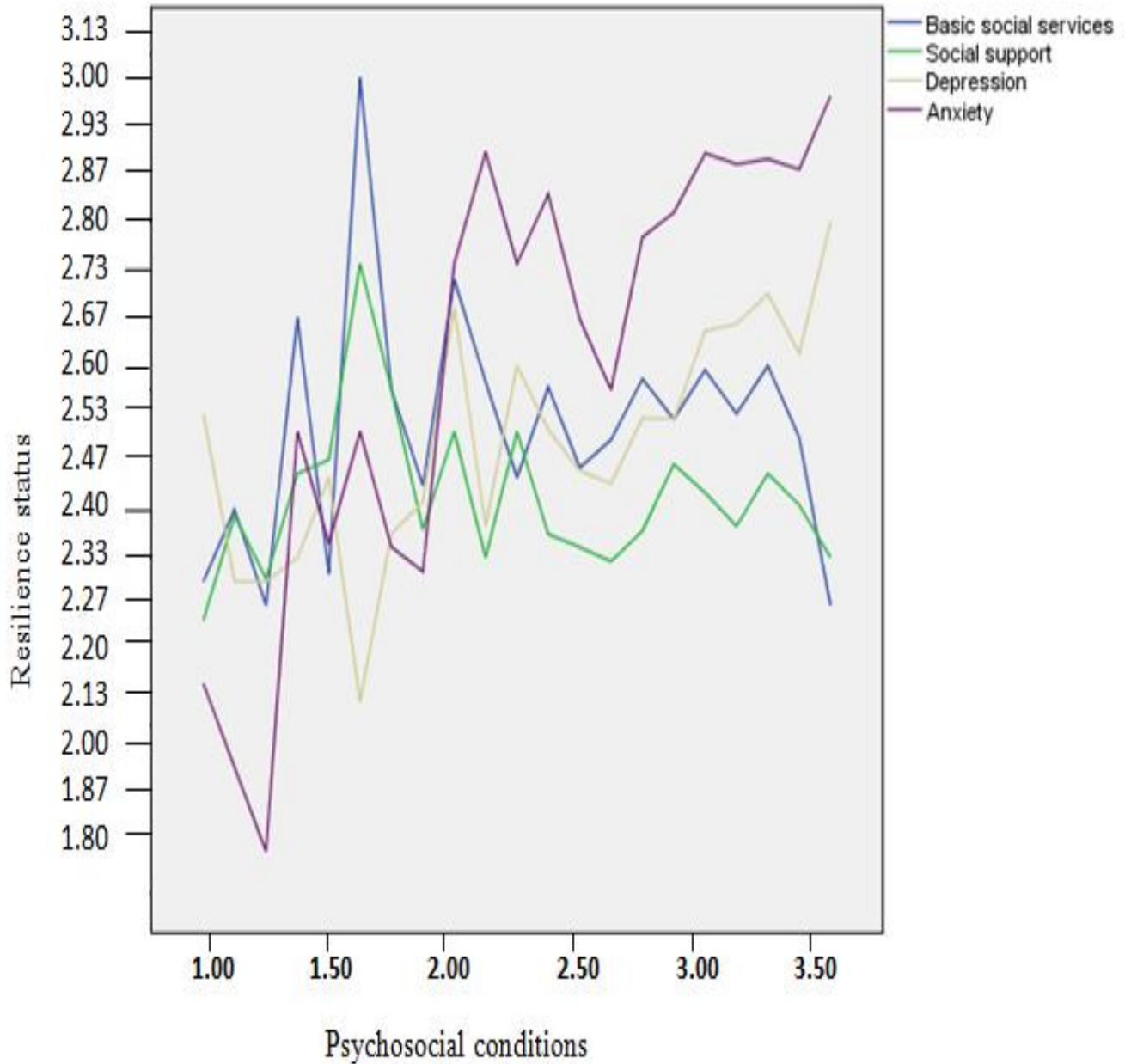
Dependent Variable: Resilience Status

Note: Regression assumptions were tested and all assumptions were fitted.

The results of the regression analysis indicated that anxiety significantly predicted resilience status, $b=.297$, $t(109) = 8.418$, $p < .001$. Anxiety also explained a significant proportion of variance in resilience status $R^2 = .388$, $F(112) = 70.86$, $p < .001$. Thus about 38.8% of the variance in resilience status is explained by anxiety. It also means that 61.2% of the variation is still explained and is attributed to other variables not considered in this study. Hence, for the left amount of contribution researcher deduced that other psychosocial and other facets that did not get considered in this study may contribute to the rest extent of resilience status. Therefore any research undertaking by adding other independent variables could fill the gap.

Data from street children interview also supported that these children get troubled due to policeman and gangsters who hit and cuff and or splint their bodies with surgery blood. In addition to these, these children reported that they worry about their life because money they get by working or begging on the street is not enough to save. Hence, whenever they get sick and left with no money and have no one stand by them they stay in strain till they get well.

Table 4.3 also showed the extent of contribution of depression, basic social service and social support. As the result indicated, depression ($b=.118$, $p=.107$), basic social services, ($b=-.018$, $p=.81$), and social support ($b=-.069$, $p=.35$), have no significant contribution to resilience status of street children.



Source: SPSS output of raw data from respondents

Figure: 2 represented multiple line graphs of psychosocial conditions and resilience status of street children in Jimma Town.

As the graph represented, anxiety has significant contribution to resilience status whereas depression, basic social service and social support has no linearity with resilience status.

4.4. Extent of difference in resilience status between male and female street children

So as to examine the extent of difference in resilience status between male and female street children independent sample t- test was used.

Table 4.5 Mann-Whitney Test
Test Statistics^a

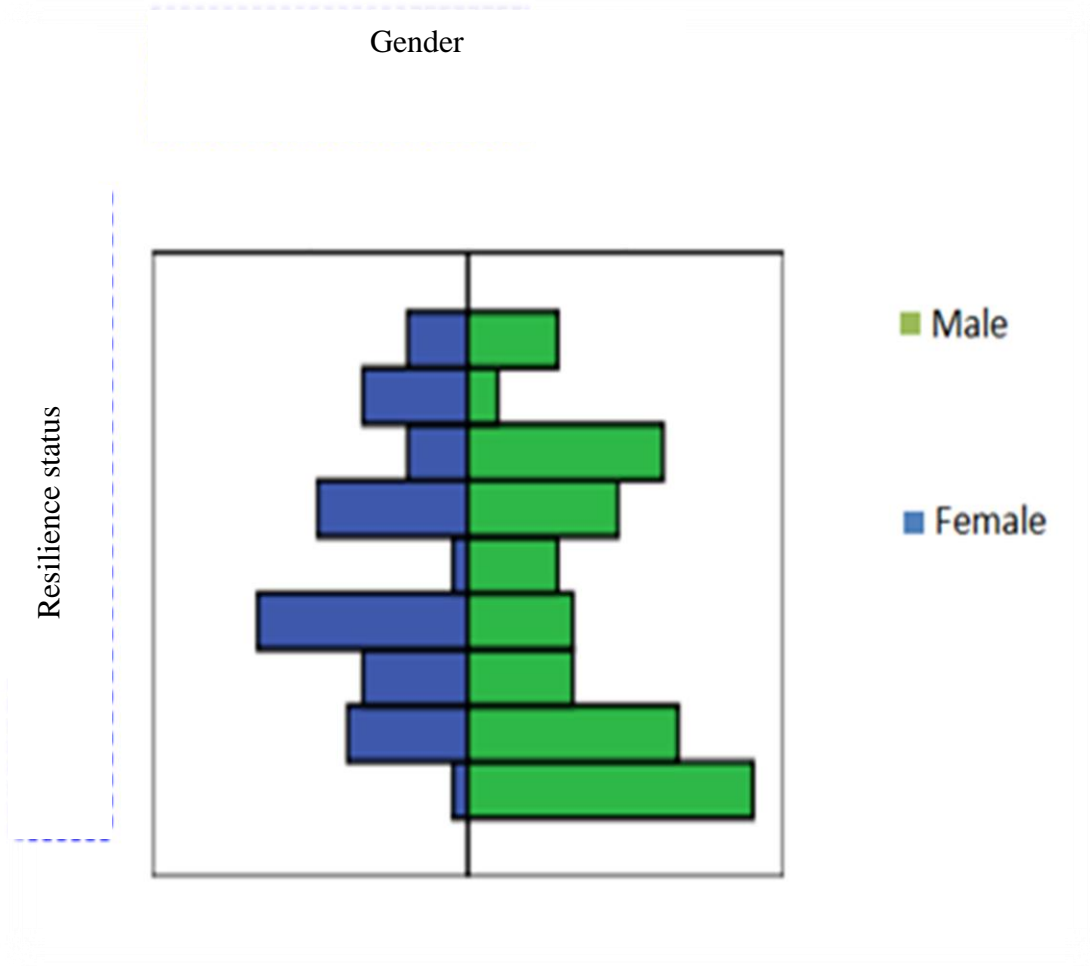
Resilience status	
Mann-Whitney U	597.500
Wilcoxon W	922.500
Z	-3.539
r	.33
Asymp. Sig. (2-tailed)	.000

Grouping Variable: Gender

Note: Due to the assumptions of normality and homogeneity were violated, Mann-Whitney U test data analysis type was employed.

A Mann-Whitney U test was employed to evaluate the difference in resilience status between male and female street children. The results of the test shows significance difference in resilience status between male and female street children that resilience status was greater for male street children ($MdnM= 65$) than for girls ($MdnF= 55$), $U= 597.500$, $p= .000$. There is small difference between male and female street children, $r= -.33$.

Data obtained through FGD probes also revealed that male street children attempt to do things by themselves and have moral compass to change their future and overcome their own problems without waiting for other support, whereas female Street children are looking for others to get support than see the sights of their own internal asset.



Source: SPSS output of raw data from respondents

Figure: Histogram graph represented resilience status of male and female street children.

As the above figure indicates male street children are significantly resilient than female street children, no matter how there is little difference ($r = -.33$) between them. Thus means that there is a significant difference in resilience status between male and female street children in the study area.

4.5. Useful intervention techniques to curb the situation of street life

Street life, as it had been stated and obviously observed has notable adversity on individual and societal life aspects. So as to scrutinize useful intervention strategies of street children, interview was conducted with different part of society and government and non-government organizations. As interviewees from both governmental and

nongovernmental organization suggested, no correctional, outreach, and preventive strategies are being provided in the study area. As these respondents stated:

There are large number of street children in Jimma town who flow from different parts of the region and SNNPR of Ethiopia. For these children imagine Jimma as the center of trade from south west part of Ethiopia, they assume that they can easily change their life. Due to this, enormous numbers of children run away from their families' to Jimma town and when the reality is opposite they fail of their mind's eye. Hence, with no alternative they begin to be partaker of street life. Slowly but surely, they begin to intake various substance such as mastish, alcoholic drinking, khat, different films and even leftover food –local name called “bule”. That is why it is difficult to restore them to their normal position and also reunify and reintegrate them with their families.

As other respondents also suggested, intervening street children is not as easy as assumed, because once these children begin to use various substances they soon get in to addiction. Besides, when working to reunify them the basic challenges and issues that push or pull them to street life are not handled from the grass root. As I result of this, even though, Jimma town women and children affairs office and Oromia region women and children affairs bureau worked to reunify and reintegrate them by providing short term training and informal education after a few period of time they run away again.

The result of interview instrument collected using interview guide was assured that intervention strategy being provided by non-government organization was only rehabilitation and reunification on the side of government and the service is become less with compare to number of street children. Data obtained from the participants of the study also revealed that of total 137 street children, 34(24.81%) of them were run away for two and more than times. Out of 34(24.81%) who rerun away after reunification only 1(2.94%) was street child who was reunified by NGO after rehabilitation whereas the rest 33(97.05) were those who were reunified by Women and Children Affairs Office through informal education. This shows that, large number of children who were reunified through informal education by government organization rerun away after reunification than those children who get rehabilitation service by nongovernmental organization.

4.6. Major findings of the study

The purpose of this study was to examine psychosocial conditions, resilience status and intervention strategies of street children in Jimma town. Descriptive statistics and qualitative study revealed that street children face various psychosocial challenges when they are living on the street. Among these: absence of meeting their basic social service and needs like food, cloth secure sleeping places, and qualitative study also scrutinize lack of access to services such as health, education and recreation, psychological restlessness, anxiety and other psychosocial aspects as a major challenges. Moreover, qualitative study identified street children exposed to physical abuse and substance abuse particularly glue sniffing-local name “Mastish” that has addictive chemical component.

The results of the regression analysis indicated that anxiety significantly predicted resilience status, $b=.297$, $t(109) = 8.418$, $p < .001$ and about 38.8% of the variance in resilience status is explained for by anxiety.

For this study, street children have slow growing but moderate resilience status at ($M=63.03$, $SD=7.89$) according to Siebert (2006) that stated higher resilience status = ≥ 80 ; better than most resilience status = 65-80; slow but moderate resilience status = 50-65; struggling resilience status = 40-50; and under resilience status ≤ 40 .

On the other hand, the result of nonparametric independent sample Mann Whitney U test depicted there is significance difference in resilience status between male and female street children that resilience status was greater for male street children ($Mdn= 65$) than for girls ($Mdn= 55$), $U= 597.500$, $p= .000$, $r= - .33$.

Governmental organization intervene the problem of street children by reunifying them where as nongovernmental organization rehabilitate first before reunify yet number of street children encompassed in rehabilitation and number of street children run away overtime is imbalance. Furthermore, there are no other intervention strategies (correctional, preventive and outreach) being provided.

4.7. Discussion of the study

Base on the major findings of the study, the discussion framed the themes along which the basic research questions were formulated.

Research question one: What are the psychosocial conditions of street life experienced by Street children in Jimma town?

Descriptive statistics and qualitative study revealed that street children face varies psychosocial challenges when they are living on the street. Among these: absence of meeting their basic social service and needs like food, cloth secure sleeping places, and qualitative study also scrutinize lack of access to services such as health, education and recreation, psychological restlessness, depression, anxiety and other psychosocial aspects as a major challenges. Similar to this study, research conducted by Mahderehiwot (2014) showed that street children face infinite challenges when they are living on the street among them meeting their basic needs like food, cloth and finding decent and secure sleeping places, lack of access to services such as health, education and recreation are some of them. A study done by Ayub, Kumat, Shora, (2015) also suggested, there was an apparent lack of organized health and social service for street children. This study therefore is consistent with these findings. Similarly, study conducted by Myburgh, Moolla, & Poggenpoel, (2015) revealed that street children show sadness, fear, anxiety, misery, despair, hopelessness, helplessness and suicidal ideation, which in turn lead to drug abuse and criminal activities.

Moreover, the qualitative part of this study identified street children exposed to physical abuse and substance abuse particularly glue sniffing-local name “Mastish” that has addictive chemical component. Similar to this study, Nasir & Siddiqui (2017) study also depicted a huge majority of the street children are addicted to different types of substances among smoking and glue sniffing are most famous. In line with this study, Gosa (2017) revealed that glue sniffing has immediate and long term devastating health consequences; brain damage, paralysis, kidney and liver failure and eventually gateway drug for other drugs and risky practices, increased HIV/AIDS risk, death are all associated with glue-sniffing.

Research question two: To what extent psychosocial conditions contribute to the resilience status of street children in Jimma town?

According to study conducted by Derivois, Hébert, Amédée, & Karray, (2018) that stated street children experienced multiple traumas such as neglect, maltreatment, psychological, physical and sexual abuse and this children are resilient. Similarly, this study also disclose street children face psychological conditions particularly anxiety that significantly contributed to resilience status, $b=.297, t(109) = 8.42, p < .001$.

Research question three: What is the extent of difference in resilience status between male and female street children?

Even though there are no studies about difference in resilience status between female and male street children found, few studies revealed females are more resilient than males in adversity. Unlike studies for instance Hays (2018) that stated female are more likely than male to survive famines and epidemics this study depicted there is significance difference in resilience status between male and female street children in that resilience status was greater for male street children ($Mdn= 65$) than for female ($Mdn= 55$), $U= 597.500, p < .000, r = -.33$.

On the subject of street children resilience status Derivois, Hébert, Amédée, & Karray, (2018) study revealed street children had a level of resilience between moderate to very high. On contrary, this study depicted street children had slow growing that is considered moderate resilience status at ($M=63.03, SD=7.89$). Similar to this study, Siebert (2006) stated higher resilience status = ≥ 80 ; better than most resilience status = $65-80$; slow but moderate resilience status = $50-65$; struggling resilience status = $40-50$; and under resilience status ≤ 40 .

Research question four: What interventions techniques are useful to curb the situation of street life in Jimma town?

Reunification and reintegration intervention strategy is the mechanism that government bodies used. However it lacks success for children rerun away after reunification. Similar to this study, Riikka (2010) also suggested that reintegrating street children through informal education result in motivational problems, emotional challenges, limited educational opportunities, irrelevance of education and dissatisfaction among children that has no remarkable positive outcome.

Nongovernmental organization implement rehabilitation intervention strategies and number of street children encompassed in rehabilitation and number of street children run away overtime does not fit always. Barnes et.al, (2018) also suggested that current rehabilitation services for street children are often lacking.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

In this chapter major findings of the study come crosswise, conclusion drawn based on the findings of the study and recommendations forwarded for pertinent bodies to work on has been presented.

5.1. Conclusion

It is not most controversial that street life is wearisome living condition particularly for young children who are not capable to have power over the adversary life condition. As this study revealed street children face various psychosocial challenges such as absence of meeting their basic social needs and service like food, cloth, secure sleeping places, depression and anxiety, substance abuse, and labor exploitation. Further, there is also gap between community's attitudes towards street children and street children's attitudes towards community. Street children in community imagination considered as disobedient who do not want to behave in a manner that respect social values whereas community in street children imagination considered as those that do not care for the life and dead set against their success rather than those that friendly treat and concerned for them.

On top of these, street children faced psychological conditions particularly anxiety and it had significant contribution to resilience status than depression and social conditions such as basic social service and social support. Thus, even though these children do not have better access to basic social service and social support; being in unsafe and threat full living environment they had slow growing resilience status. Furthermore, reunification and reintegration are the only intervention strategies being implemented in study area by government organization, whereas rehabilitation is the intervention strategy that non-government organizations used. However, there is lack in intervention strategies that both government and non-government organizations used. From government side, since street children in the study area use addictive substances and also had slow growing resilience status, reunifying these children without building their resilience status or without providing rehabilitation service is not helpful to curb the problem of street life. From non-government side, since number of street children encompassed in rehabilitation and number of street children run away overtime are not matched further intervention is needed.

5.2. Area of further study

Due to different constrictions this study did not address some specific areas that have direct or indirect relation with this study yet they need attention and need to work on by other researcher. These are:

- The magnitude(mild, moderate, sever..) of stress, depression, anxiety and other psychological aspects to resilience status;
- The prospects of street connected children;
- Impact of streetism, glue sniffing and other addictive substance uses; and Further preventive intervention strategy

5.3. Recommendation

Based on the findings of the study the following recommendations were forwarded for concerned bodies to work on.

Women and Children Affairs, social and lobar affairs in collaboration with FC NGO have to work to build resilience status of street children.

Labor and Social Affairs Office in collaboration with Women and Children Affairs Office and NGOs have to strengthen the ability of families to protect and care for their children and also to strengthen community safetynets for vulnerable children and their families.

Human right commission Jimma Twon, in collaboration with Women and Children Affairs, Jimma Police Office and other pertinent bodies has to get consent with Ethio-telecom for street children free call telephone line so as to block the problems of physical coercion, and labor exploitation

Jimma town Women and Children Affairs, in collaboration with Jimma Zone and Wereda Education Office have to work to create mentor relationship at school and dwelling place while reunification and reintegration and build resilience status of street children before reunification so as to curb rerun away of reunified street children as a protective intervention strategies.

Both federal government and Oromia regional state government design child- sensitive counseling career structure through which counselors, psychologists, sociologists and concerned professionals work to make children free from substance abuse and make them productive generation.

Policy makers and Oromia Regional State have to develop comprehensive child protection systems, comprise relevant laws, policies, regulations and services across all social sectors, especially social welfare, education, health, security and justice, as an overarching strategy to safeguard all children, and which promotes a holistic, rights-based approach.

Jimma University community services directorate have to support financially to build resilience status of street children.

Jimma university Department of psychology has to make contribution in terms of counseling in behavior modification.

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Appendix-II: English Version questionnaires

Jimma University Collage of educational and behavioral science

Department of psychology

Objective: My name is Dinaol Urgessa. I am writing about the lives of street children and the problems they face on the streets. The purpose of this questionnaire is only for academic fulfillment of thesis in counseling psychology at Jimma University. So, this study deals about the psychosocial condition, resilience status and intervention strategies of street children in Jimma town. Throughout this study, your dignity is highly regarded. Any information obtained from you will be kept confidential to the end of the study. Thank you for you afford me your time and thought economy.

Direction I: please write the appropriate information that best expresses you.

1. Personal Background Information of the Street Child

Age: <input style="width: 40px;" type="text"/> yrs.	Sex: Male <input style="width: 40px;" type="checkbox"/> Female <input style="width: 40px;" type="checkbox"/>
Present address <input style="width: 180px;" type="text"/>	Place of birth: <input style="width: 150px;" type="text"/>
Ethnicity: <input style="width: 220px;" type="text"/>	Religion: <input style="width: 180px;" type="text"/>

Psycho- social conditions questionnaires

Direction II: This questionnaire is prepared to assess your **psycho- social conditions**. Please indicate the degree of frequency you face (using a score ranging from 1-4) by putting “x” sign at the alternative that you think well fit your feeling.

Almost Never; 1 Often; 2 Most of the time; 3 Always; 4

S. N	Items	Response Alternatives				
		Almost Never (1)	Often (2)	Most of the time (3)	Always (4)	
1.	When I feel hungry I can get food to eat					
2.	I get challenged about where to sleep					
3.	I ashamed when I wear worn out clothes					
4.	I face sunburn and cold difficult					
5.	I eat food three times a day					

6.	Sleeping at verandas, roadside and in the ditch has no difference than sleeping at home				
7.	My friends stand by me during difficult times				
8.	People treat me fairly and as they treat their own children				
9.	People pay me rightly for what I have done for				
10.	I feel secure when I am with my family than on street than with others.				
11.	Whenever I need something, others support enhances me to stop street life.				
12.	Community warn, terrify and ignore me				
13.	People enforce me to make sexual intercourse with				
14.	Money I get from living on the street is enough to lead my life				
15.	I do something people order me even if it is beyond my capability				
16.	I feel worthless about myself				
17.	I be bothered about my future life				
18.	I do not have anywhere to go from street life				
19.	I belief the better is before may way				
20.	I doubt to get out of street life				
21.	I feel guilt about my life on the street				
22.	I feel regular heartbeat and headache				
23.	I fear something happen badly in the future				
24.	I ever had unpleasant event that still haunts me				
25.	I get thought in my head that bother me to do things again and again				
26.	When I am in a situation where people can observe me, I feel nervous and worry that they judge me bad.				
27.	I feel restless with the life on the street				
28.	I feel happy and after a while get sad with my situation				
29.	I get disturbed when I think about myself				
30.	I get lower enjoyment of life when I did not visualize a happy future				

Direction II: This questionnaire is prepared to assess your resilience status. Please indicate your degree of agreement (using a score ranging from 1-4) by putting “x” sign at the alternative that best fit you’re feeling to the following sentences.

Strongly agree; 4 Agree; 3 Disagree; 2 Strongly disagree; 1

S. N	Questions	Response Alternatives			
		Strongly disagree(1)	Disagree(1)	Agree(1)	Strongly agree(1)
1.	I feel I am in charge of the situation in which I live.				
2.	I live life one day at a time and don't really think about the future.				
3.	I think it is important to have new experiences that challenge how I think about myself and the world.				
4.	I have a sense of direction and purpose in life.				
5.	In general, I feel confident and positive about myself.				
6.	My daily activities often seem trivial and unimportant to me.				
7.	I tend to be influenced by people with strong opinions.				
8.	I have confidence in my opinions, even if they are contrary to the general consensus.				
9.	I do not enjoy being in new situations that require me to change my old familiar ways of doing things.				
10.	I enjoy making plans for the future and working to make them a reality.				
11.	I have difficulty arranging my life in a way that is satisfying to me.				
12.	For me, life has been a continuous process of learning, changing, and growth.				
13.	I have not experienced many warm and trusting relationships with others.				
14.	I judge myself by what I think is important, not by the values of what others think is important.				
15.	I gave up trying to make big improvements or changes in my life a long time ago.				

መመርያ

2ይህጥያቁ የስነልቦና እና ሕብረተሰብ ጉዳዮች ሆን ለማወቅ የተዘጋጀ ሲሆን በተደጋጋሚ የሚያጥማ ጭሁላይ በመመርኮዝ በትክክል ሀሳባቸውን የሚገልጽ ምርጫ ክፍታችን በተዘረዘሩት ጥያቄዎች ፊት ለፊት ባለው ምርጫ ሰጥን ውስጥ "x" ምልክት አስቀምጡ።

ሆኖ አያውቅም = 1 አልፎ አልፎ = 2 ብዙ ጊዜ = 3 ሁል ጊዜ = 4

ተ.ቁ	ጥያቄ	የሀሳብ ምርጫ			
		ሆኖ አያውቅም	አልፎ አልፎ	ብዙ ጊዜ	ሁል ጊዜ
1.	ሲርቦኝ የሚባለ ምግብ አገኛለው				
2.	የማድረው በታላቅ ጥቅ እንገራለው				
3.	የተበጣጠሰ ሰልጠኛ ስለሆኑ ስህተት አፍራለው				
4.	ጸሀይ እና ብርድ ይከብዳል				
5.	በቀን ሶስት ምግብ አገኛለው				
6.	ቤት መተኛ ትበረን ዳላይ፣ መንገድ ላይ እና በኢውስጥ ከመተኛ ትይሻለል				
7.	ጓደኛዎቼ በጥገና ላይ ይረዱኛል				
8.	ሰዎች በትክክል ልጆቻቸውን እንደሚንከባከቡት እኔንም ይንከባከቡኛል				
9.	ሰዎች ለሰራው ላቸው ስራ በትክክል ይከፍሉኛል				
10.	ከቤተሰቦቼ ጋር ከመኖር ይልቅ መንገድ ላይ ከሌሎች ሰዎች ጋር ስኖር ነጻነት ይሰማኛል				
11.	ሰዎች የሚያደርጉልኝ ድጋፍ መንገድ ላይ መኖር እንደ አቆም ያዘጋጀኛል				
12.	ሕብረተሰብ ሆኖ ጭቆና ላይ ስለሚገኝ ስራ ላይ ስለሚገኝ ይንቁገኛል				
13.	ሕብረተሰብ ወይ እንደ ሰዎች ስለሚገኝ ይመክሩኛል				
14.	መንገድ ላይ ለምን ሆኖ ገንዘብ ላይ ስለሚገኝ ስራ ላይ ስለሚገኝ				
15.	አቅሜት ለሚቸለው በላይ ቢሆን እንኳ ሰዎች የሚሰጡኝን ስራ እሰራለው				
16.	ጥቅም እንደ ሌሎች አድርገው ራሴን የማየው				
17.	የወደፊት ህወቴ ያስጨንቀኛል				
18.	የጎዳና ኑሮ ትቼ የትም መሄድ አልቻልኩም ብዬ አስባለው				
19.	ከፊት ለፊት መልካም እድል አለብዬ እገምታለው				
20.	ከጎዳና ኑሮ ላይ ወጣይ ላለው ብዬ እጠራጠራለው				
21.	የጥፋተኝን ትስማኝ ይሰማኛል				

22.	ከምኖረው-ከጎዳናኑሮተጠቃሚሆኜአለው				
23.	ወደፊትክፍላንገርጋጥመኛል-ብዬእስጋለው				
24.	አሁንምእየጎዳኝያለከዚበፊትየተከሰተክስተትአለ				
25.	የፈጸምኩትንገንገርእንዳልፈጸምኩሆኖበተደጋጋሚያሰስበኛል				
26.	ሰዎችየሚያዩኝበታስሆንሞጥፎ/የማይረባ/ ልጅይሉኛል-ብዬአስባለው-እጩነቃለውም				
27.	በጎዳናላይየምኖረውኑሮእረፍትአይሰጠኝም				
28.	ስለኑሮዬሁኔታአዝናለው-ደግሞምእደሰታለሁ				
29.	ስለራሴሳስብኝረብሻለው				
30.	ለወደፊትሕይወቴተስፋየሚሰጠኝገንገርሲጠፋውኔ(ሞራል) አጣለው/አዝናለው				

Appendix IV- Afan Oromo Version questionnaire

Afan Oromo Version questionnaires

Universiitii Jimmaa

Muummee barnootaa fi saayinsii amalaa

Damee barnoota xiinsammuu

Gaaffanno

Kaayyoo: Maqaan koo Diinaa'ol Urgeessaan jedhama. Universiitii jimmaatti barataa damee barnoota xiinsammuu kanins ta'e yeroo ammaa kana haalawwan daa'imman karaarraa, sadarkaa jijjiiramaaf qophaa'uummaa isaanii fi karaawwan isaan rakkoo kana keessaa bahuu danda'an irratti qorannoo gaggeessaa jira. Kanaaf, kaayyon qorannoo kanaa dhimma barnootaa jechuunis ulaagaa itti guutinsa barnoota digrii lammaffaa qofaaf yoo ta'u, jalqabaa hamma xumura qoranno kanaatti mirgii namoomaa fi diimokraasii keessan eegamaadha. Odeeffannoo isin naaf kennitan iccitiin isaa ni eegama. Qoranno kana keessatti fedhii hin qabdan yo ta'e hirmaachuu dhiisuu ni dandeessu. Qabeenya yeroo fi yaada keessanii aarsaa naaf gotaniif guddaan isin galateeffadha.

Qajeelfama: I Saanduqa kanaa gadii keessatti yaada qixa sirriidhaan si ibsu barreessi.

A. Odeeffannoo seenaa dhuunfaa ijoollee karaatti bahanii

Umrii: Saala : Dhiira Dub
Bakka dhalotaa Bakka jireenyaa ammaaf
Haala turtii karaairraa Gu qofa Guyyaa fi n
Amantii: Dheerina yeroo daandirra turee
Marsaa gara daanditti bahe/te Yeroo jalqabaaf Yeroo lamaa fi isaa ol

B. Gaaffannoo haalawwan xiinsammuu fi hawaasummaa ijoollee karaatti bahanii

Qajeelfama: II Gaafannoon kun haaloa xiinsammuu fi hawaasummaa keessanii baruuf qophaa'e. Kanafis, sadarkaa baay'ina irra deddeebii wanti kanaa gaditti gaafatamtu haala irra deddeebiidhaan si muudate yookiis muudataa jiru irratti hundaa'iitii fuuldura gaaffichaa qixa filanno kee isa sirrii ta'etti mallattoo "x" barreessi.

Yeroo hundaa ;4 Yeroo baay'ee ; 3 Darbee darbee ;2 Ta'ee hin beeku; 1

T.L	Gaaffanno	Filannoo yaadaa			
		Ta'ee hin beeku	Darbee darbee	Yeroo baay'ee	Yeroo hundaa
1.	Yoon beela'e hunda nyaatan nyaadhu nan argadha				
2.	Bakka bultii dhabee nan rakkadha				
3.	Yeroon uffata cicitaa uffadhee deemu nan leeyya'a				
4.	Gubaan aduu fi qorraa baayee nati ulfaata				
5.	Guyyaatti nyaata si'a sadii nan nyaadha				
6.	Barandaarra, karaa qarqaraa fi bo'ii keessa ciisuun mana ciisuu waliin garaa garummaa hin qabu.				
7.	Yeroo rakkootti hiriyoonna koo na gargaaru				
8.	Namoonni qixa sirrii fi akkaataa ijoollee isaanii kunuunsanitti na kunuunsu				
9.	Namoonni wantan isaaniiif hojjadheef gaii sirrii nuuf				
10.	Yeroon daandii irra namoota biroo waliin jiraadhuu irra caalaa yeroon maatii koo waliin jiraadhu bilisa ta'uun				
11.	Gargaarsi namootn yeroon gargaarsa barbaadetti na gargaaran akkan jireenya daandirraa dhiisuf na				
12.	Hawaasti na ifatu; na sodaachisu; na tuffatus				
13.	Hawaasti ofitti na dhiheessu na gorsus				
14.	Maallaqni ani daandiirra jiraadhee argadhu jireenya koo guyyaa guyyaatiif ga'aadha				
15.	Kan humni koo danda'uu ol yoo ta'eyyuu,hojii namoonni itti na ergan nan hojjadha.				
16.	Ani akka nama fayidaa hin qabneettin of ilaala				
17.	Jireenya daandiirraa dhiisee bakkan deemu hin qabu				
18.	Jireenya daandiirraa dhiisee bakkan deemu hin qabu				
19.	Fuuldura koo carraa gaariitu jira jedheen amana				
20.	Jireenya daandiirraa keessaa bahuuf shakiin qaba				
21.	Jireenya daandiirraa yeroon jiraadhu balleessummaatu natti dhagahama				
22.	Jireenyan daandii irra jiraadhu irraa fayyadamaa ta'eera,ittis nan gammada				

23.	Gara fuulduraatti wanti gadheen na muudata jedheen sodaadha				
24.	Ta'ee yeroo darberraa kaasee hammayyuu na miidhutu jira				
25.	Yaadni irra deddeebiidhaan wanta raawwatame akka waan hin raawwatamneetti natti dhaga'am.				
26.	Haalaa (bakka) namoonni na argan yeroon ta'utti nama badaa akka naan jedhanitti yaadee nan dhiphadha;nan yaadda'as				
27.	Jireenyi karaa irraa boqonnaa naaf hin kennu				
28.	Jireenya koo keessatti miira gammachuu yeroo xiqqoo booda immoo miira gaddaa , dhiphinaa fi aaddootu natti dhagahama.				
29.	Yeroon waa'ee koo yaadu nan jeeqama				
30.	Jireenya koo gara fuulduraa keessatti abdi yeroon dhabu amileen dhaba;nan gaddas				

Qajeelfama III: Gaaffannoo kun kan qophaa’e sadarkaa jijjiiramaaf qophaa’uummaa ijoollee karaarratti bahanii qorachuudhaaf. Kanaafuu, filannoo yaada keessan qixa sirriidhaan ibsu jalatti mallattoo “x” kaa’uudhaan yaada keessan nuuf kenna.

Cimseen walii gala; 4Waliin gala; 3 Waliin hin galu; 2 Tasuma walii hin galu;1

T.L	Gaaffannoo	Filannoo yaadaa			
		Tasuma walii hin	Waliin hin galu	Waliin gala	Cimseen walii gala
1.	Haalli ani itti jiraadhu keessoo kootti cheephoo(of komachuu) natti uumaa jira				
2.	Jireenyan amma jiraadhu jiraadhee darbuu malee waa’ee gara fuulduraa hin yaaadu				
3.	Waa’ee ofii kotii fi addunyaa kanaa akkaataan itti yaadu hubachuuf haalli haaraan na dhamaasu(na hojjachiisu),yoo na muudate gaariidha jedheen yaada				
4.	Jireenyi koo kallattii fi kaayyoo ni qaba				
5.	Yeroo tokko tokko jireenya koo keessatti wantan hojjachuu qabu hunda akkan waanin hojjadheetti natti dhagahama.				
6.	Hojiin koo guyyaa guyyaa dhamaatii duwwaa fi faayidaa kan hin qabne natti fakkaata				
7.	Itti gaafatamummaa jireenya koo guyyaa guyyaa sirriitti nan hooggana/raawwadha				
8.	Jireenya koo keessatti waanan raawwachaa jiruuf miirri gaariin natti hin dhaga’amu				
9.	Namoonni tokko tokko kaayyoo malee umrii isaanii guutuu jooru; ani garuu akkasii miti				
10.	Karoora fuulduraa qabaachuu fi karooricha dhugoomsuf hojjachuu nan gammada				
11.	Waanti hamaa fakkaatu kamuu keessa wanti gaariin akka jiru				
12.	Yoom akka ta’e yoon beekuu baadheyyuu jireenya kootiif wanti gaariin akka ta’u nan amana				
13.	Jireenya koo keessatti wantota ta’an hunda hammeenya isaanii osoo hin taane gaarummaa isaaniin ilaala				
14.	Yeroo hundumaa waa’ee jireenya koo gara fuuldura abdiin qaba				
15.	Jireenya koo sirriiti fooyyessuuf yaaliin yeroo dheeraa gochaa ture nan dhiise				

Appendix-V: Interview guides for street children

Jima University

Collage of Education and Behavioral Science

Department of Psychology

Part One: please tell me freely any aspects of your life on street.

Challenges and Conducive conditions: Probes

I. Psychosocial conditions

(a) Street Children survival

What work do you do on the streets?

Where do you get your food?

Where do you sleep?

(b) Problems on the street

Tell me about the problems that you and others face on the streets

Food, shelter and clothes

labor and sexual exploitation

substance uses and related issues

Social relation

depression, stress, anxiety and related aspects

(c) Substances use

Do you in take drugs? Yes No

What drugs are taken by street children?

Do you sniff glue (Mastish)? Yes No

Why do street children sniff glue (mastish)?

Any other drug street children may use?

Any bullying sexual assault ,criminal act exercised

(d) Support Networks and Public's perception of street children

Who helps you on the streets?

How are you helped by these people?

Why do you think that some people do not like street children?

(e) Aspirations and needs

What type of help would you need?

What do you want to do when you grow up?

II. Resilience conditions

Purposes in life

What do they do when challenges encountered them?

How do they perceive this world and yourself?

Autonomy, environmental mastery, personal growth, positive relations, self-acceptance,

Social moral and moral compass

Societal expectation and personal goal

If “No” why?

III. Intervention strategies

Preventive approach

As your opinion, if what problem is alleviated your future would be bright?

To be a good man what is expected from you and your family?

Do you think that it is necessary to advice, communicate and work with your parents for you to be with them?

Any opinion you want to add?

Reunification

Do you like to go back home? Yes No

Why do you like to go home?

Why don't you like to go home?

Correctional model

How do people treat you when you do something wrong?

Do you remember any time your right is violated by someone?

Yes No

If “yes”, in what manner?

What do you do when people annoy you?

Why?

Outreach strategies

Do you believe that education and training are ways that enhance you to be a man you want o
be? Yes No

If "No" Why?

Do you want training on issues that hurt your life? Yes No

Do you want training on issues that promote your economy? Yes No

Thank you in advance!

Appendix-VI: interview guides for Governmental and NGO
Jima University
Collage of Education and Behavioral Science
Department of Psychology

- I. What are life conditions that children working and living on the street faced?

- II. What measurements are taken by your organization to minimize the street life problem?

- III. What challenges were encountered you while you did so?

- IV. What do you suggest to control these problems?

- V. Tell me if there is something to say regarding psychosocial conditions, resilience status and intervention strategies of street children.

Appendix-VII: FGD probes
Jima University
Collage of Education and Behavioral Science
Department of Psychology

Probes for focus Group Discussion

1. Place _____
2. Date of FGD conducted _____
3. FGD started at _____ h/r and ended at _____
4. Duration _____
5. FG size Female _____ Total _____

Direction: please tell me what you faced and what you know while working and living on the street.

Challenges and Conducive conditions

Probes

I. Psychosocial conditions

Food, shelter and clothes

labor and sexual exploitation

substance uses and related issues

Social relation

depression, stress, anxiety and related aspects

II. Resilience

Purposes in life

Autonomy, personal growth,

Social moral and moral compass

Societal expectation and personal goal

Appendix –VIII Test of Reliability

Reliability

```

/VARIABLES=Ques1 Ques2 Ques3 Ques4 Ques5 Ques6 Ques7 Ques8 Ques9 Ques10 Ques11 Ques12
Ques13 Ques14 Ques15 Ques16 Ques17 Ques18 Ques19 Ques20 Ques21 Ques22 Ques23 Ques24
Ques25 Ques26 Ques27 Ques28 Ques29 Ques30
/SCALE('ALL VARIABLES') ALL
  
```

/ Output Created Comments Input Data Active Dataset Filter Weight Split File N of Rows in Working Data File Matrix Input Missing Value Handling Definition of Missing Cases Used Syntax Resources Processor Time Elapsed Time	01-APR-2018 01:14:46 C:\Users\dinaol\Desktop\reliablitr.sav DataSet1 <none> <none> <none> 30 User-defined missing values are treated as missing. Statistics are based on all cases with valid data for all variables in the procedure. RELIABILITY /VARIABLES=Ques1 Ques2 Ques3 Ques4 Ques5 Ques6 Ques7 Ques8 Ques9 Ques10 Ques11 Ques12 Ques13 Ques14 Ques15 Ques16 Ques17 Ques18 Ques19 Ques20 Ques21 Ques22 Ques23 Ques24 Ques25 Ques26 Ques27 Ques28 Ques29 Ques30 /SCALE('ALL VARIABLES') ALL /MODEL=ALPHA. 00:00:00.00 00:00:00.00
--	--

[DataSet1] C:\Users\dinaol\Desktop\reliability.sav

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.762	30

Appendix I X- Test for regression assumptions

```

REGRESSION
/MISSING LISTWISE
/STATISTICS COEFF OUTS R ANOVA CHANGE
/CRITERIA=PIN(.05) POUT(.10)
/NOORIGIN
/DEPENDENT resilience status
/METHOD=ENTER depression Anxiety basic social service social support
/SCATTERPLOT=(*ZRESID ,*ZPRED).
    
```

Regression

Output Created	06-JUN-2018 18:50:02
Comments	
Input	Data C:\Users\abebe\Desktop\Dinaol Psychosocial.sav Active Dataset DataSet1 Filter <none> Weight <none> Split File <none> N of Rows in Data 114 Working Data File Definition of Missing User-defined missing values are treated as missing. Cases Used Statistics are based on cases with no missing values for any variable used.
Missing Value Handling	
Syntax	REGRESSION /MISSING LISTWISE /STATISTICS COEFF OUTS R ANOVA CHANGE /CRITERIA=PIN(.05) POUT(.10) /NOORIGIN /DEPENDENT resilience status /METHOD=ENTER depression Anxiety basic social service social support /SCATTERPLOT=(*ZRESID ,*ZPRED).
Resources	Processor Time 00:00:00.25 Elapsed Time 00:00:00.30 Memory Required 3364 bytes Additional Memory Required for Residual Plots 216 bytes

Variables Entered/Removed

Model	Variables Entered	Variables Removed	Method
1	Social support, Anxiety, Basic social services, Depression ^b	.	Enter

a. Dependent Variable: Resilience Status

b. All requested variables entered.

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.626 ^a	.392	.370	.25339	.392	17.603	4	109	.000

a. Predictors: (Constant), Social support, Anxiety, Basic social services, Depression

b. Dependent Variable: Resilience Status

ANOVA^s

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	4.521	4	1.130	17.603	.000 ^b
1 Residual	6.998	109	.064		
Total	11.519	113			

a. Dependent Variable: Resilience Status

b. Predictors: (Constant), Social support, Anxiety, Basic social services, Depression

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.807	.186		9.721	.000
1 Depression	.118	.060	-.004	-.044	.107
Anxiety	.299	.044	.626	6.784	.000
Basic social services	.011	.069	.013	.155	.877
Social support	-.059	.068	-.074	-.869	.387

a. Dependent Variable: Resilience Status

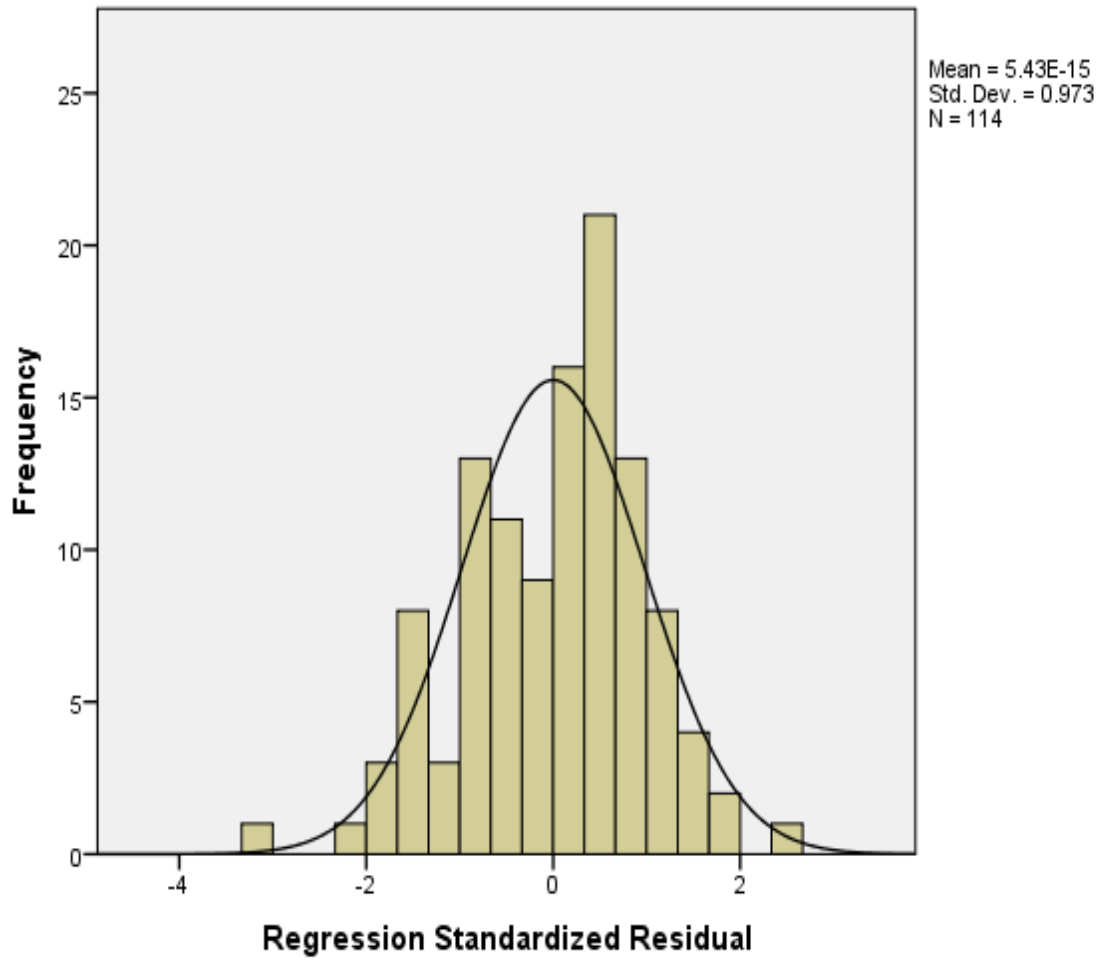
Residuals Statistics^a

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	1.9611	2.8659	2.5205	.20001	114
Residual	-.61492	.61705	.00000	.24886	114
Std. Predicted Value	-2.796	1.727	.000	1.000	114
Std. Residual	-2.427	2.435	.000	.982	114

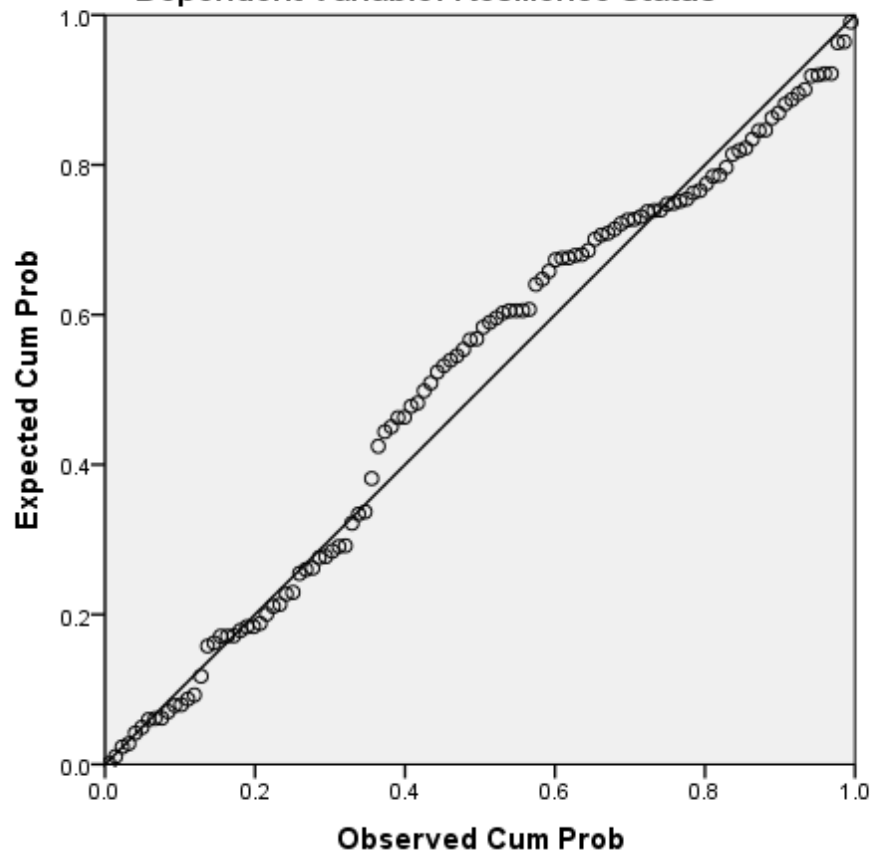
a. Dependent Variable: Resilience Status

Histogram

Dependent Variable: Resilience Status

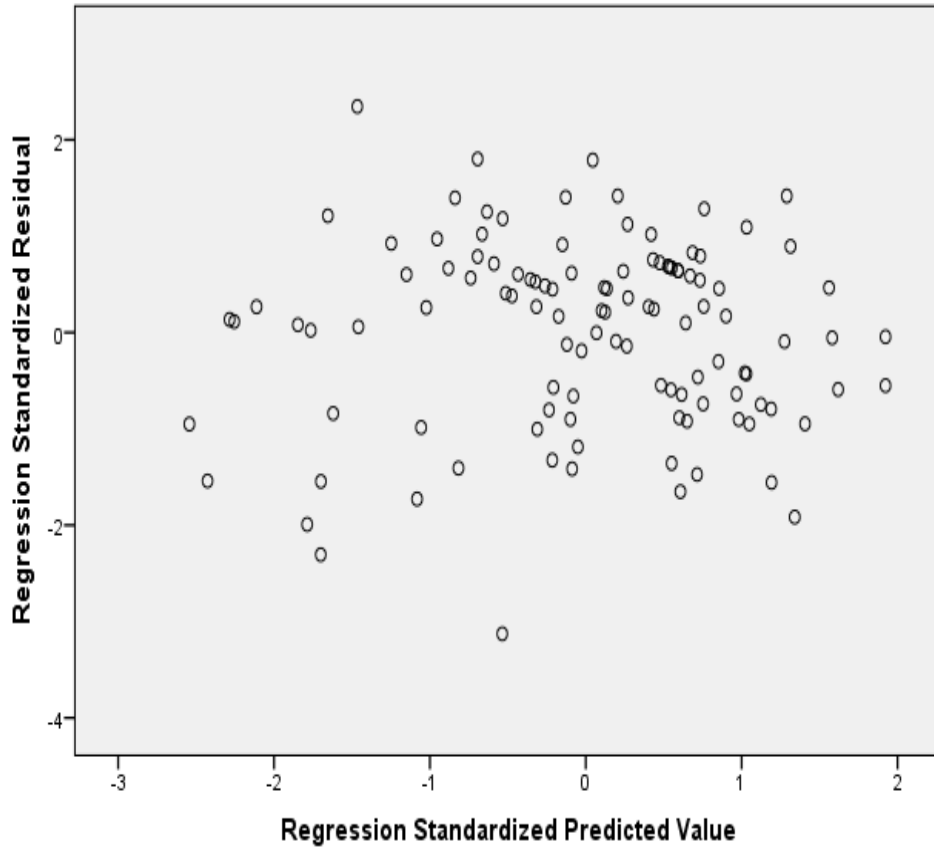


Normal P-P Plot of Regression Standardized Residual
Dependent Variable: Resilience Status



Scatterplot

Dependent Variable: Resilience Status



Appendix –X: Assumption of T-Test

Notes

Output Created Comments Input Missing Value Handling Syntax Resources	28-APR-2018 06:09:39 C:\Users\dinao\Desktop\dinao.sav DataSet1 <none> <none> <none> N of Rows in Working Data File 114 User defined missing values are treated as missing. Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis. T-TEST GROUPS=Gen(1 2) /MISSING=ANALYSIS /VARIABLES=Resilience /CRITERIA=CI(.95). Processor Time 00:00:00.02 Elapsed Time 00:00:00.03
--	---

[DataSet1] C:\Users\dinao\Desktop\dinao.sav

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Resilience	Male	89	64.7908	6.14850	.65174
status	Female	25	56.7968	10.15899	2.03180

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means				Std. Error Difference
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	
Resilience	Equal variances assumed	16.314	.000	4.906	112	.000	1.62941	1.62941
	Equal variances not assumed			3.746	29.109	.001	2.13377	2.13377

Appendix XI-Final test administration descriptive out put

GET

FILE='C:\Users\abebe\Desktop\updated\Dinaol Psychosocial.sav'.

DATASET NAME DataSet1 WINDOW=FRONT.

DESCRIPTIVES VARIABLES=basic social service social support depression
Anxiety/STATISTICS=MEAN STDDEV.

Descriptive

Notes

Output Created	14-JUN-2018 03:24:15	
Comments		
Input	Data	C:\Users\abebe\Desktop\updated\Dinaol Psychosocial.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	114
Missing Handling	Value Definition of Missing Cases Used	User defined missing values are treated as missing. All non-missing data are used.
Syntax	DESCRIPTIVES VARIABLES=basic social service social support depression Anxiety /STATISTICS=MEAN STDDEV.	
Resources	Processor Time	00:00:00.02
	Elapsed Time	00:00:00.03

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Descriptive Statistics

	N	Mean	Std. Deviation
Basic social services	114	2.4023	.39528
Social support	114	2.1371	.39667
Depression	114	2.3872	.48556
Anxiety	114	2.7456	.66870
Valid N (listwise)	114		

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/STATISTICS=MEAN STDDEV.

Statistics

Resilience Status

Valid	114
Missing	0
Mean	63.0377
Std. Deviation	7.89921

Appendix XI-Final Regression out put

REGRESSION


```

/DESCRIPTIVES MEAN STDDEV CORR SIG N
/MISSING LISTWISE
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL CHANGE
/CRITERIA=PIN(.05) POUT(.10)
/NOORIGIN
/DEPENDENT resilience status
/METHOD=STEPWISE depression Anxiety basic social service social support
/SCATTERPLOT=(*ZRESID ,*ZPRED)
/RESIDUALS HISTOGRAM (ZRESID).

```

Regression

Notes

Output Created		06-JUN-2018 18:44:43
	Comments	
	Data	C:\Users\abebe\Desktop\Dinaol
	Active Dataset	Psychosocial.sav
Input	Filter	DataSet1
	Weight	<none>
	Split File	<none>
	N of Rows in	<none>
	Working Data File	114
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics are based on cases with no missing values for any variable used.
	Syntax	REGRESSION /DESCRIPTIVES MEAN STDDEV CORR SIG N /MISSING LISTWISE /STATISTICS COEFF OUTS R ANOVA COLLIN TOL CHANGE /CRITERIA=PIN(.05) POUT(.10) /NOORIGIN /DEPENDENT resiliencestatus /METHOD=STEPWISE depression Anxiety bascsocialservice scialsupport /SCATTERPLOT=(*ZRESID ,*ZPRED) /RESIDUALS HISTOGRAM(ZRESID).
Resources	Processor Time	00:00:01.53
	Elapsed Time	00:00:01.55
	Memory Required	3604 bytes
	Additional Memory Required for Residual Plots	560 bytes

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Anxiety	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Resilience Status

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.623 ^a	.388	.382	.25098	.388	70.866	1	112	.000

a. Predictors: (Constant), Anxiety

b. Dependent Variable: Resilience Status

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.464	1	4.464	70.866	.000 ^b
	Residual	7.055	112	.063		
	Total	11.519	113			

a. Dependent Variable: Resilience Status

b. Predictors: (Constant), Anxiety

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	1.704	.100		17.087	.000	
	Anxiety	.297	.035	.623	8.418	.000	1.000

a. Dependent Variable: Resilience Status

Excluded Variables^a

Model	Beta In	t	Sig.	Partial Correlation	Collinearity Statistics			
					Tolerance	VIF	Minimum Tolerance	
1	Depression	.118 ^b	-.276	.107	-.026	.709	1.410	.709
	Basic social services	-.018 ^b	-.236	.814	-.022	.926	1.080	.926
	Social support	-.069 ^b	-.934	.353	-.088	.995	1.005	.995

a. Dependent Variable: Resilience Status

b. Predictors in the Model: (Constant), Anxiety

Collinearity Diagnostics^a

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions	
				(Constant)	Anxiety
1	1	1.972	1.000	.01	.01
	2	.028	8.368	.99	.99

a. Dependent Variable: Resilience Status

Residuals Statistics^a

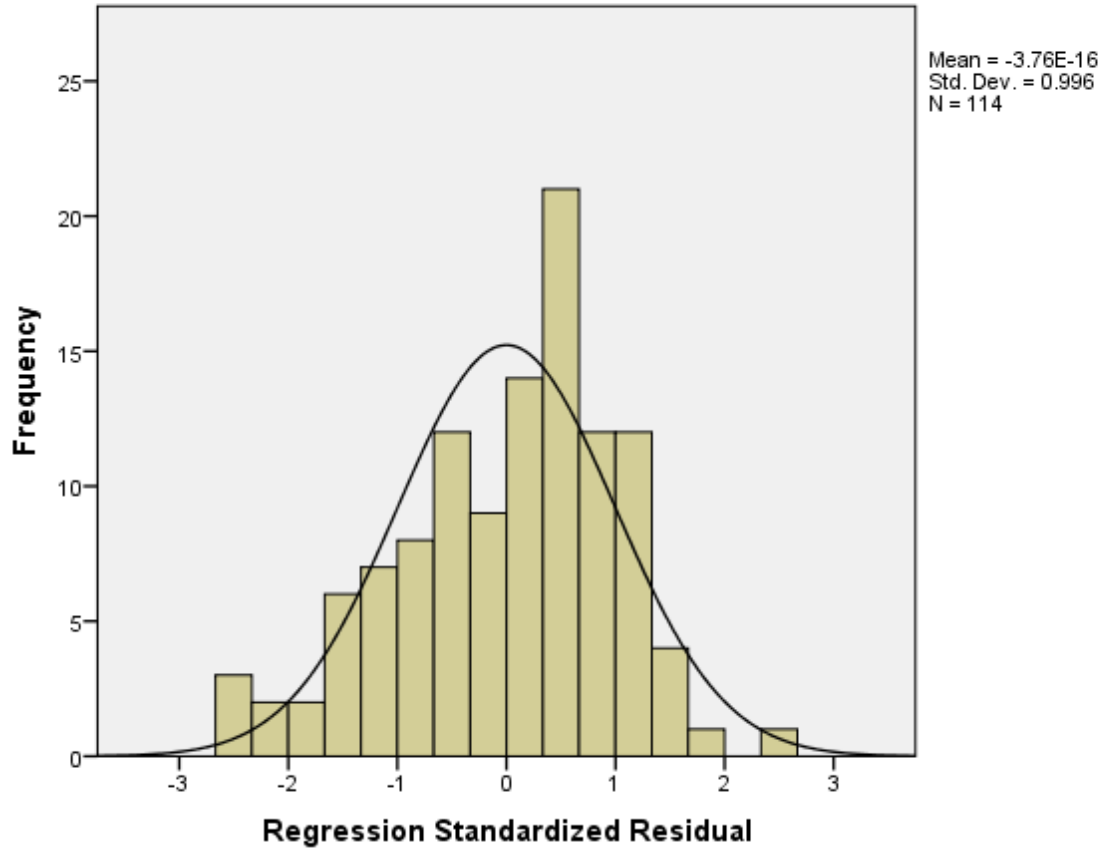
	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	2.0016	2.8562	2.5205	.19876	114
Residual	-.58948	.58969	.00000	.24987	114
Std. Predicted Value	-2.610	1.689	.000	1.000	114
Std. Residual	-2.349	2.350	.000	.996	114

a. Dependent Variable: Resilience Status

Charts

Histogram

Dependent Variable: Resilience Status



Scatterplot

Dependent Variable: Resilience Status

