

Jimma University

College of Social Sciences and Humanities

Department of Sociology

MA Program in Sociology and Family studies

Understanding Socio Economic Situation of Vulnerable Children in Mizan town, South Western
Ethiopia

A Thesis Submitted to the College of Social Science and Humanities Department of sociology in
Partial Fulfilment of the Requirements for the Degree of Master of Arts in Sociology and Family
Studies

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June, 2017

Jimma, Ethiopia

Declaration

I, the one who signed below, declare that this MA thesis entitled “Understanding Socio Economic Situation of Vulnerable Children in Mizan town, South Western Ethiopia” submitted to Jimma University in partial fulfilment of the requirements for the degree of Master of Arts in Sociology and Family Studies is my original work which has not been submitted for any degree at this or another University. All sources of materials used for this thesis have been duly acknowledged. The comments of my advisors and examiners have also been duly incorporated.

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Acknowledgment

First I would like take this opportunity to express my profound gratitude and appreciation to my Principal advisor, Mr. Nega Jibat for his guidance and support throughout the course of this thesis work without getting bored. And thank you for believing in me. I would also like to give my special thanks to my Co advisor Mrs. Diribe Makonene for her constructive comments and guidance.

My heart felt gratitude is also to Bench Maji zone women and children office, school director, teachers, and students of Mizan number 1 elementary school, Mizan town social and labor affairs office who showed great interest and cooperation in the process of data collection.

Then my gratefulness goes to Mickiyas Adane, Adane Tirfe, Workie Zewde and Zerihun Mekuria for their material, emotional and academic support. Finally I would like to thank all my friends especially Kidist, Addisu, Hailu, Biniam, Gashanew and Asayebirhan who were with me guiding, supporting and believing in me in the whole process of the study.

Acronyms

AIDS	Acquired Immuno Deficiency Syndromes
DHS	Demographic and Health Survey
HIV	Acquired Immuno Deficiency Virus
ILO	International Labor Organization
UNAIDS	United Nations Program on HIV/AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

Abstract

The main aim of this study was to understand the socioeconomic situation of vulnerable children in Mizan town, South Western Ethiopia with the objectives of assessing the socioeconomic conditions, identifying major problems that vulnerable children are facing, and pointing out the major coping strategies that these vulnerable children utilize. The living condition of these vulnerable children has been assessed qualitatively by using data collection methods from qualitative research design. 8 in depth interviews, 3 key informant interviews, 2 focus group discussions, observations and case studies were used to collect data. The researcher used narrative type of analysis and the data analyzed as well as presented thematically. The study found that majority of vulnerable children live in impoverished living conditions which expose them to various social, economic, health, and psychological problems. Vulnerable children face problems originated from their socioeconomic situation. The study revealed that socioeconomically disadvantaged children are vulnerable to problems such as food shortage, lack of basic needs, lack of access to education and health services, poor attendance, low academic performance, school dropout, child labor exploitation, child trafficking, sexual abuse, physical harm, social exclusion and discrimination. These vulnerable children found getting very low support and aid from governmental and non-governmental organizations to reduce and alleviate the problems. Majority of the children deny the problem that they are facing and choose living in stressful living condition rather than seeking help to find solution to cope up. On the other hand, some children choose to report their cases to responsible bodies and found seeking help from their neighbor, religious organization, responsible government bodies and other aid and support providing organization to cope up with the problems they are facing. Therefore, providing aid and support for socioeconomically vulnerable children and family to strengthen their socioeconomic capacity, giving special attention to children who are living with HIV and taking measurement to cases of child labor abuse and trafficking recommended based on the finding of the study.

Key words: Mizan town, child, vulnerability, child vulnerability, socioeconomic situation

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CHAPTER ONE

INTRODUCTION

1.1. Background of the study

Vulnerability is a measure of the degree and type of exposure to risk generated by different societies in relation to hazards. Vulnerability is the a characteristic of individuals and groups of people who inhabit a given natural, social and economic space, within which they are differentiated according to their varying position in society into more or less vulnerable individuals and groups (Cannon, 1994). According to WHO (2008) vulnerability can also be defined as the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters.

Children, women, elderly people, malnourished people, and people who are ill or immune compromised, are particularly vulnerable when a disaster strikes, and take a relatively high share of the disease burden associated with emergencies. In addition to this, poverty and its common consequences such as malnutrition, homelessness, poor housing and destitution are major contributors to vulnerability. With approximately one-sixth of the world's population, or almost one billion people, living in extreme poverty and preventable diseases like HIV/AIDS, malaria, and tuberculosis. They claim the lives of approximately 30,000 children each and every day. Family breakdown, separation of children from their parents and the need for child protection and care stem from this poverty and lead to other problems that affect children as well as their families and communities (WHO, 2008).

The HIV/AIDS pandemic, in particular, is unprecedented in the enormity of its impact on children, families, and communities in Sub- Saharan Africa (United Nations' Children's Fund (UNICEF), 2006). HIV/AIDS is reversing many of the hard-won development gains in many countries and leaving populations more vulnerable to poverty, malnutrition, ill health, and mortality (Mishra & Assche, 2008). In the wake of this humanitarian crisis, children, already one of the most vulnerable segments of society, have been forced to bear much of the brunt of the disease. As UNAIDS (2010)

estimated among 16.6 million children under the age of 18 have lost one or both parents because of AIDS, 14.8 million are in sub-Saharan Africa (cited on Gudina, Nega, & Tariku, 2014).

Beyond being orphan, children whose parents are ill with HIV/AIDS might not receive the care and support they require. In extreme cases, roles in the household may be reversed and the children may become their parents' caregivers, often dropping out of school and becoming the breadwinner. As Burrus and Roberts (2012) and Chirtes (2010) witnessed that the risk of school dropout is much higher in families with a low standard of living, which have to deal with poverty and marginalization due to the same factors: low income, low educational abilities of the parents, no workplace, excessive consumption of alcohol, divorce. Particular economic, social, political or cultural circumstances can imply augmented vulnerability for certain children to a variety of abusive and exploitative practices. (Dubowitz & Bennett, 2007).

Not only orphan children are exposed to various social, economic, psychological, physical, sexual and emotional problems, abuse and exploitation. Even if their parents are alive, the poor and the sick families lack time, money and other resources to invest in the physical, health, emotional and social wellbeing of their children that make their children susceptible to various vulnerability factors like labor exploitation, and various physical and sexual abuses. The existence of the parents by itself is not an assurance for a child to get necessary care and protection from various types of vulnerabilities (Gudina, Nega, & Tariku, 2014).

Children and young people are affected by abuse and neglect in various ways. Outcomes of abuse may range from slight symptoms to debilitating and life-threatening conditions. When a child who has experienced abuse which is physical or sexual or neglect has few protective factors such as positive relationships with extended family and friends, the risk of more serious adverse outcomes increases. Risk factors that may contribute to poorer outcomes for children exposed to abuse and neglect include socio-economic disadvantage, social isolation, dangerous neighborhoods, large families and whether the child has a disability which can be said extremely intertwined to each other (Dubowitz & Bennett, 2007).

As a result of the existing low level of socio-economic status of the country which is aggravated by recurrent draught and war, millions of children are deprived of the right with basic needs and survival. The situation is exacerbated by the AIDS pandemic, devastating and deteriorating impact of poverty on the active labor force that can play a significant role in the future socioeconomic development of the nation. In Ethiopia children face various problems like malnutrition, poor hygiene, lack or shortage of proper clothing, essential social services; such as health, education, and shelter. Because of these problems, these vulnerable children have also become exposed to child labor exploitation, child sexual abuse, drug abuse and child trafficking. In our country, 21 percent of urban school children and 64 percent of rural school children reported bruises or swellings on their bodies resulting from parental and guardian punishment. These all experience of trauma and sexual, physical abuse and the like results children with psychological disorder; post-traumatic stress disorder. Death of parents as a result of HIV/AIDS and other disease, poverty, child neglect and abuse can aggravate the problem in interconnected way (Gudina, Nega, & Tariku, 2014 Jibril, 2012 and Missaye, 2014).

Therefore, it is necessary to conduct study and come up with evident data regarding with the alarming issue of child vulnerability in relation to socio economic condition. Hence, this study aimed at investigating and understanding the real socio economic condition of vulnerable children, and challenges they face with their coping mechanisms to these vulnerability factors to realize intensity of their vulnerability in Mizan Town, south western Ethiopia.

1.2. Statement of the problem

Due to its detrimental associated effects, the issue of child vulnerability is becoming to be the hub of academic research and policy analysis related to ways to address it. It has been analyzed by many academics, social and political activists, and policy makers. Looking at the Ethiopian context, as Ethiopian Demographic and Health Survey 2016 reported, about 1 in 20 children do not survive until their first birthday which is an infant mortality rate of 48 deaths per 1,000 live births, while 1 in 15 do not survive until their 5th birthday that is under- 5 mortality rate of 67 deaths per 1,000 live births.

According to research by the Ethiopian Central Statistics Authority (2005), most children in Ethiopia were engaged in various productive and household tasks and activities which are characterized by poor occupational safety, long working hours, very low wages, and a work environment which is hazardous to their health. This is because of extreme poverty, conflict, drought, famine, disease and HIV/AIDS pandemic are having devastating impact on children.

According to DHS 2016 with an estimated population of 90 million, Ethiopia is the second most populous country in Africa. The majority of Ethiopians live in rural areas, creating a backdrop for a large and diverse country that is also home to most of the world's poorest and most vulnerable populations. According to Radeny & Bunkers (2009), Ethiopia has the third largest number of people living with the HIV globally next to South Africa and Nigeria (cited in Endris 2011). In Ethiopia; 1.35 million people are living with HIV, of which 109,133 are children under the age of 15 years (DHS, 2016). Most of the children who are vulnerable have no or little access to basic needs such as food, shelter and clothes. Most of these orphan and vulnerable children because of various factors particularly the orphans live in impoverished and deteriorated environments like dilapidated houses with the poor and the sick relatives, or guardians who are incapable to meet these needs for them. They are incapable to get meals at least three times a day. Besides, poor nutrition, hygiene and polluted environment they often live in expose them to various acute illnesses and diseases. Especially, girls are exposed to child sexual abuse and trafficking which has detrimental effects on their health and wellbeing. In addition death of parents, poverty, unemployment, gender inequality, negative home dynamics and lack of communication with parents cause distress in interconnected ways (Gudina, Nega, & Tariku, 2014).

As to Missaye (2014), majority of children faced physical abuse in the form of being kicked with an object, hitting on their head or face and pinching. They again become victim of physical abuse in the form of burning, twisting ear, pulling hair. They are also exposed to least frequent form of physical abuse was being beaten with a knife. Most children are suffering from psychological abuse through terrorizing in the form of threatening with severe punishment and threatening to leave home.

As cited on Gudina et al, (2014) those children who are vulnerable have been suffering from a lot of evils associated with other vulnerability factors besides the HIV pandemic. Some of the problems they face include hunger, lack of access to health and education, physical and psychological abuse, lack of love and affection and negative communities' attitude towards them (Berry and Guthrie, 2003). These vulnerability might be triggered by other additional factors such as severe chronic illness of a parent or guardian, poverty, hunger, lack of access to services, inadequate clothing or shelter, overcrowding, deficient caretakers, and factors specific to the child, including disability, direct experience of physical or sexual violence, or severe chronic illness (Skinner, 2006).

On the other hand, chronic livelihood poverty in rural areas of the country, which depend upon subsistence farming, leads children to move to urban center to find economic niches in the low paid informal sectors. Reasons for migration could be differ from child to child. The study revealed that 70 % of the respondents left their villages to seek wage employment to help their families, while 30 % of the respondents migrated for other reasons like peer influence, domestic violence, death of parents, escaping early marriage, lack of education and health facilities. Because of these above mentioned pushing factors children forced to leave their place in order to generate income and assist their poor family. This shows how low socioeconomic status which has serious effect on households can aggravate vulnerability and exposure of children to various social, psychological, economical and health related adversities and put huge burdens of assisting family's income on their shoulder (Girmachew, 2009).

Generally, the number of vulnerable children is increasing time to time. This create a huge need for child care and protection service to address the shocking issue of child vulnerability. But still in the study area there is no governmental or non-governmental organization which work on the issue that going to be under study (UNICEF, 2009). In the area which the research has conducted, there is no evident data which shows the magnitude of the problem of child vulnerability. In the town, there is no well-organized support system for the orphans and vulnerable children.

This shows that the issue in selected area need deep investigation to understand problem. Therefore, understanding the socioeconomic situation of vulnerable children is important to take

steps in the hindering of problems of vulnerable children. Hence this study focused on the socio economic situation of vulnerable children by giving emphasis for problems faced by those children who are vulnerable to socio economic challenges. Thus, this study will fill the above mentioned academic and also geographic gaps by contributing to the research pool in the area selected.

1.3. Objectives of the study

1.3.1. General objective of the study

The general objective of this study is to understand the socio economic condition of vulnerable children in Mizan Town, south western Ethiopia.

1.3.2. Specific objectives of the study

The specific objectives of this study are

- ✓ To realize the educational attainment condition of vulnerable children,
- ✓ To identify housing condition of vulnerable children,
- ✓ To recognize the economic condition of vulnerable children,
- ✓ To distinguish the health condition of vulnerable children and
- ✓ To differentiate the social condition of vulnerable children
- ✓ To point out coping strategies of vulnerable children

1.4. Significance of the study

This study intended at understanding the socio economic condition of vulnerable children; exploring challenges that these children are facing and coping strategies of vulnerable children. Thus, it contributes in informing policy makers in designing and implementing policy frameworks to end or minimize child vulnerability because it provides clarity on what the real issues are and a basis for appropriate responses to this issue. The overall findings of the study will provide essential information and contribute to the research pool in the selected area as long as there is no as such concrete data about vulnerable children in the study area. Furthermore, it can serve as baseline information for those academics or researchers who are interested to undertake study on the issue.

1.5. The scope of the study

The scope of this study is limited to the analysis of the socio economic condition of vulnerable children in Mizan town in order to understand the real situation which is being experienced by the children. Attempts made to assess the educational attainment, housing, economic, health and social condition, the underlying problems that vulnerable children are facing and coping strategies of those children. The methodology of this study restricted to qualitative research design by employing focus group discussion, in depth interview, observation, and case study to collect credible and dependable data about the socioeconomic situation of vulnerable children. Spatially this study is delimited to Mizan town, south western Ethiopia. Theoretically scope of this study is limited to political economy approach to vulnerability which give emphasis for sociopolitical, cultural, and economic factors that together explain differential vulnerability of individual and groups to hazards, differential impacts, and, most importantly, differential capacities to recover from past impacts or to cope and adapt to future threats in order to make an effort on identification of factors making children susceptible to several problems such as physical and sexual abuse, labor exploitation, economic and psychological problems, exploring factors that strength and challenges that impede or promote the vulnerability.

1.6. Limitation of the study

It is believed that this study have been done in extensive manner. However some challenges limit this study among these, the major ones are listed. In the process of data collection, the researcher faced few difficulties such as having access to participants of focus group discussion and key informant interview. Especially finding the participants from government sector offices at the same time and place for discussion was tiresome and difficult. To mitigate this challenge the researcher made vigorous effort to conduct interview and discussions with the participants.

Since the research is designed to realize the socioeconomic situation of particular vulnerable children in Mizan town, it is difficult to make overall generalizations with regards to other vulnerable children of the town. In addition, since this study presented the subjective reality of participants some sections are more detailed than others, this is due to the availability of information on the issue. Last but not least, the study primarily used qualitative research methods

and informants and participants selected purposively to obtain rich and thick description about the issue from participants with rich experience, therefore the results will not be generalized and/or representative.

CHAPTER TWO

LITERATURE REVIEW

2.1. The Concept of Vulnerable Children

2.1.1. Vulnerability

The scientific use of ‘vulnerability’ has its roots in geography and natural hazards research but this term is now a central concept in a variety of research contexts such as natural hazards and disaster management, ecology, public health, poverty and development, secure livelihoods and famine, sustainability science, land change, and climate impacts and adaptation. In recent years there has been a welcome growth in the literature on disasters that recognizes the significance of people's vulnerability to hazards, rather than retaining a narrow focus on the hazards themselves (Mitchell, 1998; Hewitt, 1997). It is acceptable that Disaster is the sum result of hazard and vulnerability of people, then it should clearly require us to know as much about vulnerability as we do about hazards. Many hazard specialists also tend to deal in one type of hazard, and to be rooted in a physical science where knowledge or even interest in the social sciences is minimal.

As Cannon (1994) defined vulnerability is a measure of the degree and type of exposure to risk generated by different societies in relation to hazards. Vulnerability is the a characteristic of individuals and groups of people who inhabit a given natural, social and economic space, within which they are differentiated according to their varying position in society into more or less vulnerable individuals and groups. Vulnerability leaves one at risk of exposure to stressful situations. The degree and type of vulnerability however, varies in each context and over time. Vulnerability is mold by risk and stress characteristics such as magnitude, frequency, duration, and scope, to which individuals, households and communities are exposed. Therefore, being vulnerable can be determined by resilience and absolute helplessness.

2.1.2. Child

According to United Nations Convention on the Rights of the Child (UNCRC) & the ILO child is a person under 18 years of age. As indicated in the Declaration, bearing in mind; "the child, by reason of his/her physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth".

2.1.3. Vulnerable Child

Vulnerable child is a person who is under the age of 18 and has no or very restricted basic needs. They might have both parents but the basic right is denied. The definition of their vulnerability felt to reflect certain aspect of their context. We can see this context in terms of different aspects of the child's situation; basic right, child's situation, family situation, and community situation context. Child's basic right include, name and nationality, safe home and community environment, education, family support and care, sufficient food and nutrition, protection from maltreatment, neglect, abuse, shelter, recreational facility, health care and hygiene, and good clothing. In child's condition, any mental and physical handicap, illness which can be HIV or other chronic illness; emotional or psychological problem; not cheerful, dull, not perform in class and school environment can be mentioned. In family and community situation context, caregivers unwillingness to care for children; alcoholic, poor or disturbed parents; handicapped or chronically ill parents; divorced; overcrowded; abusive family condition and risk of being exposed to dangerous situations; inaccessibility of basic services like health, school and play ground; unsafe environment such as informal settlement, lack of toilet; and exposure to crime, gang and drug use as community context can be stated. It is crucial to consider vulnerability partly determined by all aspects of their context even if one component goes wrong the child suffer considerably (Skinner et al., 2006).

2.2. The Concept of Socioeconomic Status

As cited on Bradley and Corwyn (2002), there is a debate between proponents of socioeconomic status as representing class or economic position and proponents of SES as representing social status or prestige. Capital which comprise resources, assets has become a favored way of thinking

about SES because access to financial capital like material resources, human capital such as nonmaterial resources such as education, and social capital that are resources achieved through social connections are readily connectible to processes that directly affect people's well-being. Most social scientists agree that a combination of income and occupational status provides a better approximation to financial capital than either alone.

The concept socioeconomic status summarizes an individual's social class position in society. Several conceptualizations of socio economic status have been used, including material measures of income, occupation, and education as well as gradient focused measures of relative status, relative deprivation, or class differences (American Psychological Association, Task Force on Socioeconomic Status, 2007). In general sense, it is agreed that socio economic status can be represented by income, education, and occupation (White, 1982).

2.3. Socioeconomically vulnerable children

HIV/AIDS is not only an increasing cause of death among adults, infants, and young children, it is also slowly impoverishing and disorganizing families. At every stage of the HIV/AIDS epidemic, most of the social and economic consequences fall on families. In fact, the greatest economic impact of HIV/AIDS comes from the high costs of treatment and the need to assist surviving family members. Families and communities coping with AIDS-related illness and death shoulder a heavy burden, and the epidemic takes its greatest toll at the household and community level. This situation results children to various social, economic, psychological, health and other problems which are highly related with low socioeconomic status (Foster, Levine, & Williamson, 2006).

Ethiopia as one of the poorest countries in the world suffers from socio-economic and political problems that primarily embedded in the extreme poverty in which it has been trapped in its long history. As is the case in many aspects of life in the country poverty plays major role for the ever growing involvement of children in the labor market that is characterized by exploitation and denial of basic rights of the working children.

2.4. Dimensions of socioeconomic vulnerability

2.4.1. Low educational attainment

HIV/AIDS is leaving populations more vulnerable to poverty, malnutrition, ill health, and mortality (Mishra & Assche, 2008). As a result, children have been forced to bear much of the brunt of the disease. UNAIDS (2010) estimated that among 16.6 million children under the age of 18 have lost one or both parents because of the pandemic, 14.8 million are in sub-Saharan Africa (cited on Gudina, Nega, & Tariku, 2014).

Consequently, many children became orphan and also vulnerable to various social, economic, and psychological problems. There are many dimensions to the impacts of HIV/AIDS on children and families. Loss of educational opportunities for many AIDS-affected children can be one among others. Families who decide to keep children out of school do so for a variety of reasons. Children may be needed at home to help care for sick family members or to work in the fields. Children also drop out of school if, because of reduced household income, their families can no longer afford school expenses (Ainsworth & Filmer, 2002). Some children may opt out of school because they are too worried about a parent's condition or because they feel stigmatized by the nature of a parent's illness.

In Ethiopia the main problems of vulnerable children are lack of educational materials and basic needs to go to school because primary school is free. Most of them are unable to start school at appropriate school age, and even if they begin the number of children who drop out later constitute the majority. Besides, they are poor in their academic performance and unable to pass from one class to the next. Lack of basic needs, educational materials and adequate time to study can be identified as the major factors for their poor academic performance (Gudina, Nega, & Tariku, 2014).

The result of previously conducted study As previously conducted research finding by Bekure Nigusie (2016), indicates that these children who are orphan and vulnerable have a problem of understanding subjects like Mathematics, English, Physics and Chemistry. In addition to that, these vulnerable children are characterized by absenteeism, low participation in the class, sleeping in the

class while learning, abhorrence of courses like mathematics and English since they are difficult to them, low test results, repeating classes and school dropout.

Burrus and Roberts (2012) and Chirtes (2010) witnessed that the risk of school dropout is much higher in families with a low standard of living, which have to deal with poverty and marginalization due to the same factors: low income, low educational abilities of the parents, no workplace, excessive consumption of alcohol, divorce.

2.4.2. Economic problem

A study conducted by Yisak (2014) shows that most children worked to improve the economic situations of their families. They demonstrated their agency and value to the family by providing necessary services. Children living in poverty work to ease the economic poverty of their families and they relate closely to the social unit in which they live (Lieten 2008). They showed their self-worth, social responsibility and filial duty. However, the data also reveal that children's capacity to change their own lives and those of their families remained limited. The enactment of their agency was constrained by the structure of family poverty as perpetuated by multiple, protracted and continual shocks. As to Gudina, Nega and Tariku 2014, vulnerable children who have reached working age have no sustainable sources of income. They have little opportunities for vocational training that enables them engage in gainful activities. This is to mean that when they engage in to productive activity to generate income, they engage into jobs which are hazardous to their life and make the susceptible to various physical, psychological and sexual abuses. Because of poverty and economic problem they are more vulnerable to various types of disease due to lack of appropriate nutrition, clothes, houses, hygiene care and their exposure to disease causing polluted environment.

In both rural and urban areas child labor is in one way or another attributable to poverty at local and national level. National Child Labor Survey conducted by the Central Statistics Agency shows the distribution of child work between rural and urban areas and among regions in the country due to the pressure created by poverty. It indicates about 52% of the children were reported to be engaged in productive activities. Girls were mainly engaged in domestic activities such as collecting firewood and water, food preparation, washing clothes while boys were involved in

productive activities like cattle herding, weeding, harvesting, ploughing, petty trading, wage work. The participation rate in productive activities was 62% for boys and 42% for girls. For domestic activities, this figure was 22% for boys and 44% for girls. In rural areas, children were more frequently engaged in productive activities than in domestic activities, whereas in urban areas the opposite was true (Escobal, Ames, Cueto, Penny, & Flores, 2008).

Children who are orphan or vulnerable especially majority of girls are sexually abused at early age either deceived or forced by their perpetrators. Mainly, street girls are victims of repeated rapes. On the other hand, some of them especially girls were being recruited for human trafficking or illegal migration to the Middle East and Sudan and internally to large cities in the country (Gudina, Nega and Tariku, 2014). The study of Yoseph et al (2006) suggests poverty and limited access to social services are among the major push factors while the demand for domestic workers, the prevalence of prostitution and a demand for cheap labor in urban areas are major pull factors. Internal trafficking victims suffer from labor exploitation physical and emotional abuse as well as sexual abuse. The role of child traffickers can also be considered as one major push factor that results in increasing magnitude of induced migration of children into urban areas. Traffickers use the relative opportunities in urban areas especially in Addis Ababa to get access to education as means to cheat the children and quite often their poor parents to traffic them to urban areas where the children end up being laborers in arduous conditions. This shows how economic problem particularly, poverty aggravates the vulnerability of children in multidimensional manner. (Escobal, Ames, Cueto, Penny, & Flores, 2008).

2.4.4. Social problems

In terms of social relation children who are vulnerable because of low income and poverty suffer from lack of social network and support from peer groups and also significant other. According to Ridge (2009), unlike their peers they are face considerable social challenges which are exacerbated by the economic and material constraints that structure and inform their lives. Children attach particular importance to sustaining good friendships and being part of the social groups to which they aspire. Studies have shown that poverty impacts heavily on children's friendships and social relationships and this generates significant anxiety, unhappiness and social insecurity for children (Walker et al., 2008 & Sutton, 2007)

Besides, the above mentioned economic problems children face marginalization and discrimination as a result of their low socioeconomic condition. These section of children who are orphan and vulnerable have little or no time to interact with the significant others including their parents or guardians who play vital role in their socialization. Consequently, they become poor in their social skills and show deviant behaviors which are potentially harmful to the community. As the data obtained from street children revealed that they believe that the community has negative attitude towards them and street children have also see member of the community as potential danger to them (Gudina, Nega, and Tariku, 2014).

As to Missaye (2014), in Ethiopia children face various problems like malnutrition, poor hygiene, lack or shortage of proper clothing, essential social services; such as health, education, and shelter which are highly related to poverty and economic problem. Because of these problems, these vulnerable children have also become exposed to child labor exploitation, child sexual abuse, drug abuse and child trafficking. These all mentioned vulnerabilities causes them a lot of social problem such as discrimination and stigmatization because of their situation. In our country, 21 percent of urban school children and 64 percent of rural school children reported bruises or swellings on their bodies resulting from parental and guardian punishment. These all experience of trauma and sexual, physical abuse and the like results children with psychological disorder; post-traumatic stress disorder. Death of parents as a result of HIV/AIDS and other disease, poverty, child neglect and abuse can aggravate the problem in interconnected way (Gudina, Nega, & Tariku, 2014 Jibril, 2012).

2.5. Theoretical Framework of the Study

Low socioeconomic status presents a chronic stress for children and families that may interfere with successful adjustment to developmental tasks, including school achievement. Children raised in low-income families are at risk for academic and social problems as well as poor health and well-being. Most of the children who are vulnerable have no or little access to basic needs such as food, shelter and clothes. Most of these orphan and vulnerable children because of various factors particularly the orphans live in impoverished and deteriorated environments like dilapidated houses with the poor and the sick relatives, or guardians who are incapable to meet these needs for

them. Because of these all factors these children become vulnerable to various social, economic and health related adversities. (Gudina, Nega, & Tariku, 2014).

Political-economy approach of vulnerability emphasize on the sociopolitical, cultural, and economic factors that together explain differential vulnerability of individual and groups to hazards, differential impacts, and, most importantly, differential capacities to recover from past impacts and/or to cope and adapt to future threats (Philip and Rayhan, 2004).

According to a political economy approach, vulnerability is not simply as a deficit of the resources required to sustain life rather it should be understood in terms of powerlessness. Vulnerability and power are therefore analyzed as a political and economic process, in which a variety of groups and actors play a part (Billon, 2000). The framework give an insight to see other persuasive factors that make most people vulnerable. This is because they have inadequate livelihoods, which are not resilient in the face of shocks, and they are often poor. They are poor because they suffer specific relations of exploitation, unequal bargaining and discrimination within the political economy contributes to being poor. There may also be historical reasons why their homes and sources of livelihood are located in resource-poor areas (Wisner, Blaikie, Cannon and Davis, 2003). When their livelihoods and coping strategies are blocked or undermined or if their group identity political position or material circumstances make them particularly exposed to violence, people become more vulnerable (Billon, 2000).

Therefore, in this study political economy approach of vulnerability is employed as a theoretical framework to understand the socioeconomic situation of these vulnerable children within the framework in order to comprehend their vulnerability. This is in terms of their inadequate livelihood by assessing their educational attainment, housing, economic, health and social condition by identifying the underlying problems attached and their coping mechanisms. This in turn help to ascertain the factors that contribute to their vulnerability with in the assessment of their socioeconomic condition. By applying this theoretical framework it could be possible to describe and narrate differential vulnerability to deferent vulnerable children. With this theoretical framework it could be shown how the livelihood and economic condition of children could affect their social, psychological and health wellbeing. While using this framework by assessing the housing condition of these vulnerable children; the housing environment, the location and other

related factor efforts has made to associate their social and economic system with the vulnerability and shock that they could be exposed. In addition to this the resilient factors which exist for these vulnerable and also the blockage that undermine their resilience could be identified by using the research participants' subjective reality on the issue under the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Background of the study area

The Southern Nations, Nationalities and People's Regional State (SNNPRS) is one of the regional states of the Federal Government of Ethiopia. According to the 2010 Central Statistics Agency Projection, the population of the regions is estimated about 16,441,742 and the region has an area about 109066.6 square kilo meters. Out of the total population, about 1,779,147 live in to towns while the rest live in rural area.

There are 14 Zones, 4 Special Weredas and 22 Town Administrations in the region. The Bench Maji Zone is one of the zones in the Southern Nations Nationalities and people's regional state (SNNPRS). It is located in the South Western part of the region. The Zone has about 720,939 populations. The zone is the home for six ethno-linguistic groups, namely, Bench, Me'enit, Surma, Dizi, Sheko and Zilmamo. The Zone is divided in to ten Woredas; namely, Siemen Bench, Dehub Bench, She Bench, Sheko, Gurra Ferda, Me'enit Goldiya, Me'enit Shasha, Berro, Surma, and Maji. The Zonal town, Mizan Aman is added as the eleventh Wereda (CSA, 2013).

The capital of the Zone is Mizan with about 39,700 of population and about 840 kilo meters from the regional capital of Hawassa. The Bench Maji Zone is bordered with Kaffa Zone in north east, Dehub Omo Zone in the south east and east, sheka zone and Gambella Regional State in the north and South and South Sudan in the West and south.

The Zone has a total area of 19252.70 square kilo meters. The altitude of the Zone varies from arid/semi-arid to high plateaus. It also has considerable forest cover. Besides Omo National Park, which is partly lies in Bench Maji Zone, there are two controlled hunting areas in the zone, namely Guraferda and West Omo controlled hunting area.

The intensity of rain fall in the Zone generally varies from 400 mile meters to 2000 mile meters with altitude. The rain fall is bi-modal the main rain season ("Meher" starting in June and extending to September and the "Belg" or usknent season starts in February and extended to May

and is distributed unevenly throughout the year. The “Meher” season is significantly more important for crop production.

Annual crops such as z’ong (taro/godare), dichi (maize), gach (teff), gos (barley), donq (sorghum) and dac (edible enset) are extensively grown in the zone and z,ong or taro is a dominant perennial crop and it is the main source of food crop for the majority of the people.

According to the 2007 central statistics agency projection, the population of the Bench nationality is estimated about 353,526.

The Bench nationality is one of the six nationalities living In the Bench Maji Zone. They are predominantly live in three Weredas (Dehub Bench, Semen Bench and She Bench) and Mizan-Aman town administration. Moreover, they live in other Weredas of the Zone and outside of the Zone mixed with other ethnic groups such as, in Kaffa Zone in Dacha (Goba-Chara) and Sheka Zone, Yeki Wereda. They are bordered by different groups like the Sheko, Me’enit, and Kaffa etc. Who have their own unique culture language, and history? The Bench people have shared various cultural practices and life styles with the above mentioned peoples (Muluneh and Tadesse, 2013).

3.1.1. Language

On the basis of linguistic analysis, scholars have given the term Omotic for the people who live in the water shade of river Omo. Those people speak related languages belonging to a group known as Omotic (Fleming; 1975, 161), The Bench people speak on of a branch of Southern Omotic language. The people of Bench claim their origin to be from Omotic stock. As the assessment of linguistic distribution suggests that the proto-Ethiopians of the third millennium B.C spoke language derived from a single stock that known as Hamito-Semitic or Afro-Asiatic. Afro-Asiatic was the ancestor of five major language families, named Ancient Egyptian, Berber, Chadic Semitic, and Cushitic (Muluneh and Tadesse, 2013).

3.1.2. Economic Organization of the Bench

The economy of the Bench people is based on the land. The Bench people are predominantly agriculturalists, and also engaged in other kinds of economic activities such as animal husbandry, crafting, hunting and gathering.

3.1.2.1. Farming

The Bench planted and cultivate cereals and root crops. The cereals grow in the Bench area are dichi/maize, donq/sorghum, gos/barley, gach/teff, temp/ Wheat, etc and the root crops dac/ut, z'ong (taro). Fruit that grown in the Bench area are lomi/Limon, mango papa/papaya; burtukan/orange and muz/banana are among others. Spices and stimulants are also growing in the Bench area. The Bench also planted tobacco which is totally consumed by them as a tradition smoking wrapping with paper. In the process of cultivation first they clear the forest. After some days they would collect the grass and dry bushes and burning it.

The traditional tool used for clearing and cultivating field was farming knife (zamu), axe (inchkad) and digging tool (kad) which is produced by local craftsmen (Muluneh and Tadesse, 2013).

In the production process according to elders, the member of a family is divided according to their ability. The responsibility of clearing is given for men. Digging and sowing were carried out with the help of women. Boys and girls participated in chasing away birds, apes and baboons from the farm.

3.1.2.2. Animal Husbandry

According to elders animal husbandry was the most important occupation of the Bench next to cultivation. The Bench used to breed cattle and sheep. Animal rising played pivotal role in the Bench economy. They used for paying tribute, dowry marriage and ritual gifts were among others. Honey also played an important role in the Bench economy (Muluneh and Tadesse, 2013).

3.1.2.3. Handicrafts

Although the majority of the Bench people are agriculturalists, some of them were involved in the crafts. As widely agreed by the informants, in the distant past there were so many types of handicrafts. However, the flourishing period gradually declined. In the distant past the members of Bench nationality were famous in iron making, pottery, wood making, tanning, horn craft, basketry and different tools and ornaments (Muluneh and Tadesse, 2013).

Pottery, wood making, tanning, horn craft, basketry and different tools and ornaments. Pottery was limited to a group of the Band clan. Iron making was performed by some clan like sob. The smith obtained iron by melting the iron ore. Smiths separated the ore with container until the ore smelts. In this process the metal separated from that of non-iron part of the ore. According to elders, after some hours when it became cool the smith broke the container and got the iron (metal). Once the metal is separated, he makes a different tool which is necessary by the society, like digging tool, knife, spear and other materials (ibid).

The elders further reported that, besides pottery and smith the Bench involved in basketry. They made basket (kant), a small basket used as ornament and a kind of strainer from chip of a kind of creeping (p'ir) used to refine local beer. All these were made by the local men and women.

Therefore, this study has conducted in the capital of Bench Maji zone, Mizan town. The study population of this study was socio economically vulnerable children of Mizan town.

3.2. Study design

The main objective of this study was to understand the socioeconomic situation of vulnerable children in Mizan Town: South Western Ethiopia. Therefore, to address the research question and objective I employed qualitative method of data collection as well as analysis. Qualitative research design help the researcher to get in-depth information on the issue under the study.

3.3.Sampling techniques

This study employed non probability sampling technique. From non-probability sampling technique, purposive sampling was utilized to select the participants of the study. The reason behind selection of this technique is that the key informants will give the researcher rich and depth information about the issue under the study. So recruiting participant and informants purposively can help the researcher to get the needed data from the subjects who have direct experience of the issue under the study. This in turn helps the researcher to get more dependable and rich data from those who has experienced socioeconomic vulnerability.

3.4.Sources of data

This study employed both primary and secondary data sources. Primary data gathered from vulnerable children and other key informants' through qualitative data collection methods such as in-depth interview, focus group discussion, case studies and field observation. Secondary data generated from different literatures like journals, articles, official reports, and relevant documents to support the primary data gathered through different data collection techniques.

3.5.Method of data collection

In order to generate valid and intensive data the study employed a combination of methods from qualitative approach. These varieties of methods employed to collect primary information from the participants of the study. These methods were in-depth interview, focus group discussion, case study, and field observation.

3.5.1. In-depth Interview

In this study in-depth interviews used to uncover subjects' real experiences. The reason behind selecting this data collection method was that in depth interview let the subject to narrate the real experiences that he/she is facing in detailed manner.

In-depth interviews were conducted with 8 purposively selected children who are vulnerable to socio economic problem. This is in order to obtain detail and rich information on dimension of

socioeconomic vulnerability that they are facing such as educational attainment, housing, health and social condition. Additionally, key informant interviews were held with 3 key informants including police officers, and local government bodies. Key informants who are capable of providing richer and detailed information about the subject of the study selected purposively. This in turn help to uncover the key informant's information on the underlying problems that most of vulnerable children are facing in the area that the study has conducted. In this study, information endeavored from research participants through the use of semi structured questions.

3.5.2. Focus Group Discussions (FGDs)

In this study focus group discussions were employed to complement the data obtained through other methods of data collection like data obtain on the underlying problems that vulnerable children are facing and major coping strategies of these children in the study area.

Participants were constituted from local government officials, community development workers, and teacher. Accordingly, discussions held with 2 focused groups, each group consisting of 6 participants. In all discussions, an effort has made to let ideas come out of group interactions rather than the influence of some members or the moderator. In order to reduce the influence and to discover variety of information from the participants, the groups were consisting heterogeneous participant who came from different offices who have the experience on the issue under the study.

3.5.3. Case Study

Aiming to generate more in-depth and valid information that fully substantiate the information obtained through the other qualitative methods, case studies of certain children with rich experiences of socio economic vulnerability; the dimension and coping strategy of the children explored and described. Thus, two case studies has been explored and analyzed in order to substantiate data obtained from in depth interview and focus group discussion.

3.5.4. Field Observation

To supplement the data obtained through other methods the researcher utilized observation. Therefore, observations made on issues such as housing, economic, and health condition of vulnerable children.

In general, the selection of participants of the study was depend on the information type that the participants could provide in relation to the socioeconomic situation of these vulnerable children. Therefore the researcher selected participants of focus group discussion and key informant interview based on their exposure to phenomena under the study. Participants who can provide better information on the phenomena selected to participate in to focus group discussions. This is in order to get rich and depth information on the issue. The sample size and number of participants determined based on the data saturation level. When it is believed no new insights about the phenomenon or theoretical category found by adding new cases, the researcher chose not to add another participants.

3.6. Conceptual and operational definition

The following are the operational definition of the terms or concepts used in this study.

Child: is every human being below the age of 18 years

Vulnerability: Vulnerability is the degree to which a person, system or unit is likely to experience harm due to exposure to perturbations or stresses.

Vulnerable child: is a child who is less than 18 years of age and whose survival, care, protection or development might have been endangered due to a particular condition, who is found in a situation that prohibits the fulfillment of his or her rights, and socioeconomically deprived.

Socio economic condition: the educational attainment, housing, economic, health and social condition of a person.

3.7. Methods of data analysis

In this study qualitative research design was employed. So as to address the research questions and objectives narrative approach and thematic data analysis applied from the design. The data gathered in qualitative methods were transcribed as soon as early after the data collection process. Then the transcribed data analyzed, narrated and interpreted thematically. In the process, thematic and narrative analysis used.

3.8. Credibility and dependability of data

To address the issue of credibility and dependability of the data, this study used different mechanisms by providing thick and rich description about the phenomena which includes the researcher interpretation in addition to observed context and processes, member checking which consists researcher restating, summarizing, or paraphrasing the information received from a respondent to ensure that what was heard or written down is in fact correct, triangulation such as utilizing multiple data source; primary and secondary data sources, multiple informants; various key informants who have rich information on the issue under study, multiple methods of data collection within the research design; focus group discussion and field observation.

3.9. Research ethics

The researcher considered ethical issues while collecting and analyzing data. The rights, needs, values, and desires of the informants and participants respected. The purpose of the research articulated verbally and in written form so that they are clearly understood by the informants and participants of the study. This includes how the data will be used in the study. The researcher asked permission from the responsible governmental bodies before starting data collection. The informants' and participants' dignity has been admired in the whole process of the study.

CHAPTER FOUR

FINDING AND DISCUSSION

In this section the findings are presented with qualitative data presentation specifically with narrative data analysis to describe the subjective reality of the study as perceived by participants under the study. In this part of the research, the major findings of the research with their discussions are presented. The major findings are presented based on the data gathered through interviews, focus group discussions, case studies and observations. The findings are gained by using at least one of these tools of data collection. In analysis of data, the interviewees' sayings put directly without writing their names when appropriate. Therefore, the result of the study is presented in a way which answer the research questions and the objectives in different parts. These are personal information of participants, assessment of socioeconomic condition such as educational attainment, housing, economic, health and social conditions, underlying problems and coping mechanisms of vulnerable children in the town. This part of the research also consists the discussion of these major findings in line with previously conducted research findings reviewed in the literature.

4.1. Background information of participants

In this study, as planned in the proposal participant's subjective experience of socioeconomic problems explored through various qualitative data collection methods and tools. The participant's personal background information is presented in a table form as follow.

Table 1: Background Information of Participants

NO	List of participants	Sex	Age	Grade/ education	Status
1.	Child 1	M	17	8	Single orphan

2.	Child 2	M	14	8	Single orphan, HIV positive
3.	Child 3	F	15	7	Double orphan, positive
4.	Child 4	F	12	6	Single orphan
5.	Child 5	M	13	3	Street child
6.	Child 6	M	12	3	Street child
7.	Child 7	F	13	2	Double orphan
8.	Child 8	M	12	4	Street child
9.	Teacher 1	M	42	Degree	HIV/AIDS club chairman
10.	Teacher 2	F	36	Degree	Biology teacher
11.	Teacher 3	F	38	Degree	HIV/AIDS club secretary
12.	Officer 1	M	33	Degree	office of youth, children and women affairs, children affairs
13.	Officer 2	M	32	Degree	office of youth, children and women affairs,

					children project support and follow up expert
14.	Officer 3	F	30	Diploma	office of youth, children and women affairs, women affairs
15.	Officer 4	M	34	Degree	Office of labor and social affairs
16.	Officer 5	F	33	–	Police officer, women and children affairs
17.	Officer 6	M	30	–	Office of labor and social affairs
18.	Officer 7	F	32	–	office of youth, children and women affairs, women affairs
19.	Officer 8	F	30	–	Police officer, case investigator
20.	Officer 9	M	32	–	Police officer, case investigator

Findings are presented from provided information of participants listed above. These participants were selected carefully and purposively in order to fill gaps and meet intended objectives listed under statement of the problem and to answer basic research questions under the study.

4.2. Socioeconomic conditions of vulnerable children

4.2.1. Housing Conditions

In this section of the finding of the research, the housing condition and related problems are presented as follow. Socioeconomically vulnerable children in the town; Mizan who participate in the study as a source of information face challenges related to their housing condition which can further affect their lives. As the information obtained from interviews and observation revealed that these children live in deteriorated and dangerous place for their social and health wellbeing. This is because they live in environment with poor sanitation which later causes them to be exposed to various infected disease. They live in a place where their backyard lacks sanitation which later affect their personal hygiene. As the information obtained from interviews indicate most of these vulnerable children are infected from diseases which resulted from lack of personal hygiene and poor sanitation of their physical environment. A 12 years old girl said *we do not even have well-built toilet and our backyard is messy in Amharic 'koshaha metaya'. It also smells bad so we are in difficulty to protect ourselves from diseases.* As to the observation made on the housing condition of vulnerable children they live in distorted and messy place of the town. *Because of this we are usually exposed to various diseases like common cold or in Amharic 'gunfan', tonsillitis or 'tonsil', typhus and typhoid.* As to the finding of this study, malaria, typhoid, tuberculosis, stomachache, and giardiasis could be seen as a common health problem of these children. In this case the diseases could be associated with the housing condition of the children such as poor sanitation and lack of personal hygiene as well as the low quality of the houses.

The information obtained from focus group discussion and key informant interview also indicates that these vulnerable children particularly street children are highly at risk of health and physical harm. Because of their being homeless they are exposed to several harm and dangers. It is clear that children cannot defend themselves from any danger because they are powerless. *"They cannot even defend themselves from the physical harm that they face in the form of being slapped, kicked*

and pinched by their peers as well as other community members.” The reason behind these problem is their housing condition which is homelessness which makes them host for various physical harms which later affect their health as well as psychological wellbeing. They are vulnerable not only to physical harm and danger but also environmental climate change they suffer a lot from the rising of the sun to the end of the day with coldness. It shows that with the change in the climate condition, they could not even protect themselves from diseases which could be resulted from the weather conditions of the environment they live. Such as respiratory health problems can be taken as a major health problem of these vulnerable children particularly for these street children. *“As most of these street children live in slum area of the urban center of the town, they are exposed to areas with bad smell. They sleep on the sides of Main Street, verandas of café or hotels, and/or places which are sniffy and messy. They could be the host for various harms and problems.”* This endangered and deteriorated housing condition of these vulnerable children makes them less resilient in the faces of shock and health as well as physical hazards.

Besides this, the participant of focus group discussion also revealed that most of these street children take some mechanisms to reduce the effects of the weather conditions of their living environment which can give them a temporary relief but later affect their health condition. Most children who live on the street are exposed to different substance abuse and misuse of alcohols. They use different substances like “khat”, alcohols, and benzene, “mastish” and the like to endure with the cold they feel and to make themselves comfortable with cold weather of the night. This all conditions could make them vulnerable to different health problems like reparatory problems, tuberculosis, Asthma, Pneumonia, and others.

As to the above findings that obtained, it could be show that these vulnerable children could be exposed to health problems because of the inadequate housing, poor hygiene of the environment and their being homelessness. These all interrelated factors make them powerless to protect themselves from the hazard and disaster strikes as well as to keep themselves safe form the problems and hazards that they are facing.

As studies reveal there is high relation between health problems and poor housing condition. The highest risks to health in housing are attached to cold, damp and mouldy conditions. As to the finding of study by Friedman 2010 shows the strongest links between reported illness in children,

and damp and mould principal prevalent illnesses stemming from such conditions are respiratory problems including asthma, aches and pains, 'nerves', diarrhea, headaches and fever and also some attributes of internal air are damaging to health. The finding of this study also similar with the findings of previously conducted study on the social impact of housing condition which shows the strong link between poor housing condition and related health problem. In this study cases these children are also suffering from these health problems result from their poor housing condition.

Beyond the area and their physical environment which make them susceptible to different infectious disease, the house that they live in is devastated and near to be totally demolished. In most of the cases, the houses are exposed to floods and some of the houses' roof are leaked, and not well built. In relation to this one of the participant said:

First we were living in a hut or in Amharic 'sar bet' and it has damaged by accidental fire; then our neighbors supported us by collecting money from the community and build a small corrugated iron roofed house. Now, we are living in that house. In our backyard, there are trees so we are frustrated that one day one of these trees may fall down and damage our home. This is because the house is not well-built which resulted from money problem.

The other participant also revealed that the house that they are living in lacks basic equipment and poorly furnished. This situation causes them to be vulnerable to physical harm and danger. 17 years old single orphan child who live with his mother said:

Our house is not well-built and it has damaged by floods and rain again and again. We tried to repair it by the money we got from the organization which works on HIV affected persons but it could not cover the expense to repair it totally. So we are still living in deteriorated house 'Kushina' which expose us to various hazards. If the weather is sunny it would be better but when rainy season comes we always frustrate because its roof leaks. We always struggle with chill by rain and cold weather.

This child as the same time face challenges on his education. He failed to attend classes properly. This is because of the influence that exerted on him and his parent as well as the stressful conditions that they experience in relation to housing. A study conducted by Friedman 2010 on housing and related problems witnessed the problem of low educational performance, by linking overcrowded

homes, stressed parents, with lack of educational support for children which latter results them dropping out of schools and low progress in schools. Beyond the physical harm, housing problem can be cause for other intertwined problems of educational, health, behavioral, and social encounters.

As information obtained from street children shows, homelessness could be a cause for their criminal behaviors and for them to be offended by criminals. They told me that they are the host of various physical harm and sexual as well as psychological abuse. For the case of street children as to their word finding a good place to live and protect themselves from the harm and hazard that they face was challenging. As the information obtained from the police department of the town witnessed the issue of their homelessness exposed them to various physical attack by their group members as well as the drunkards of the community.

Most of the time, there might be quarrel and disputes among these street children as well as the members of the community. Some street children found beaten and injured severely. This is because they do not have safe haven or a home to live safely. Not only that sometimes they found thieving and stealing. They may become guilty of something and criminal. It is also difficult to find and arrest them because they are geographically mobile from place to place. They do not have a permanent place to live in. Because of this they may become offender beyond their being offended.

The same previous finding found out that there is a link between homelessness and criminal activity that criminal activity can be a factor that contributes to becoming homeless; for young people this can mean being asked to leave the parental home because of their offending behavior, crime can occur because of homelessness for example committing offences such as theft to survive, or offences related to drug-taking and alcohol abuse, to which they turn to soften the traumas associated with being homeless (Friedman 2014).

For the case of street children their housing condition and their homelessness contribute to not only for their health condition but also for their being offended and to be offender or criminality. In general sense the as their living environment and house found in resource poor areas, it may contributes to their vulnerability; health problem, crime, physical harm and other aforementioned problems. Beyond their situation predispose them, it also blocks or undermine their possible

coping strategies to withstand with their vulnerability and disadvantaged condition of living which consequently makes them to become more vulnerable to other related problems and exploitative and violent circumstances.

4.2.2. Educational Attainment Conditions

The children face various challenges in relation to their access to education as well as performance. These challenges range from low educational performance to school dropout. These vulnerable children might face these challenges because of economic constraint, and health problems resides to the individual child and/or his/her parents or guardians. The information shows that they could not attend their education because of lack of basic necessity for their schooling, their engagement in informal work environment to help their parents or guardians as well as themselves, their responsibility to take care of their sick parents and young siblings. These numerous tasks and burdens resides to individual child who is unable to carry these all responsibilities by oneself impacted their educational performance.

As the information obtained through focus group discussion shows vulnerable children lack the basic need and necessities to live as well as to attend their education. For the economic problem they are encountering they are forced to engage themselves in to informal works which expose them to extensive labor exploitation and abuse. They should work for long hours per day to earn the daily financial income. Finding economic niches to assist their parent or guardians and themselves makes them busy and crowded. Subsequently they fail to give needed attention to their education. As one of the participant of focus group discussion said:

Most of vulnerable children lack time and resource to follow their education properly. Majority of them work after and before schooling to assist themselves and their economically poor family. They work in informal income generation activities like selling 'kollo', carrying, cleaning trashes, selling Lomi, selling Mefakia, suk bederete, shoe shining, and being messenger. After they get tired with these all economic activities they could not give the necessary time and attention for their education. They might be absent from school in order to get the needed money to fulfill their daily necessity. Unless they may not even get food to eat and also fail to buy equipment necessary for their schooling.

This condition make them busy and get them to tension and crowdedness. Because of this some of them may lack the time, resource as well as the interest to attend their education. In extreme case some other vulnerable children may be forced to drop out their education and to be full time worker to assist their parents and guardians.

The tension created by the crowdedness resulted from the burdens makes them less concerned about their education and limit them to give needed time and attention for their education. In the case of HIV positive children while there is the economic problem, they are also exposed to problems and stressful conditions resulted from their being HIV positive. Though the above mentioned economic situation is there making them less concerned about their education they also experience the psychological stress which originated from their health condition. On the other hand because of HIV/ AIDS they are susceptible for related health problems. They should also have to take their medication on time and properly. They worry about a lot of issues surrounding them. Such as getting enough meal before taking their medication, getting the medication regularly, necessary treatment and consultation from health professionals as well as care from their parent or guardians. These and the like factors could affect their access to education as well as their performance. One of my informant who is 17 years old and HIV positive said:

I am grade 8 student. I live with my single and sick mother. I could not follow my education properly because of financial constraint. I am forced to take the breadwinning role. I help my sick mother by generating income to fulfill our basic needs like food, cloth and my education expense by myself. Now' I am daily laborer after school. Sometimes, I might be absent from school. The school sometimes ask to fulfill some educational equipment as far as we are grade 8 student. I fail to come up with some home works and assignments because of shortage of time. I am in a tension between school and work. I might not get meal when I go to school and when I come back it would be must to go out for work to get food. So most of the time I feel hungry. My mother was helping me to attend my education until I was in to grade 5 then she became sick and it became difficult for me to attend my education. So I was forced to drop out school. Therefore, to attend my education, I choose to work after school. Then by working I could be able to get access to education. Now in grade 8 it is must to study, attend make up classes and give attention to my education as I

am going to take national exam and pass to proceed in to high school. And I am afraid not to join high school.

In addition, participants of focus group discussion indicated that these vulnerable children as compared to other children they have low academic performance, poor attendance, low participation in extracurricular activities in the school, sleeping in the class room and absenteeism in makeup classes. Children who are orphan because of HIV/AIDS, most of the time they live with relatives or other non-relative guardian. Some of them may get financial aid and support from organizations those work in the issue but the money will not be expend for the intended purpose. The guardians took the money and utilize it for their own consumption. So that the children lack the necessary support from their guardians as well as the originations. Furthermore, these children are crowded with helping their guardians in domestic works by working from after school to midnight. Their guardians only consider that they sent them to school, not the necessary support for their education, time to study as well as to do their home works and assignments. They do not help them in their education. On the other hand, these children are facing the impact of HIV/AIDS. Some children who are HIV positive, could not get meal on time and take their medication. So they are suffering from the illness. One of the interviewed 14 years old child who live with HIV said, *“If I could not get food, I may be forced to take my medication without having meal. At this time, it may cause me extra pain and I start to worry about it and stressed. I cannot concentrate on my education or the issue that the teachers are teaching.”* Because of these and other related factor these children fail to achieve their education.

Additionally, even if they get the courage and support like opportunities to get tutorial class from the school and their teacher in order to help them to improve their performance, these vulnerable children could not attend the makeup and tutorial classes. This is common with children especially who live with non-relative guardian and domestic employers. They cannot even get the necessary support and help from their family. In relation to this one 15 years old HIV positive girl said:

I am grade 7 student. Even if I could not get needed support and guide from my guardians. The school provide tutorial and makeup classes to help us to improve our academic result but I could not attend the tutorial classes. Let alone to attend the makeup classes, because of the work load that imposed on me I could not even attend the regular classes properly.

I usually get late when I got to school. They may force me to be absent from class and to help them with domestic works. I always try to study and do my homework or assignment but most of the time I feel tired with the domestic works and also the medication by itself makes me feel tired and gives me a headache. So I cannot read and study for long hours.

The result of previously conducted study by Bekure Nigusie (2016), support my finding. His finding indicates that these children who are orphan and vulnerable have a problem of understanding subjects like Mathematics, English, Physics and Chemistry. In addition to that, these vulnerable children are characterized by absenteeism, low participation in the class, sleeping in the class while learning, abhorrence of courses like mathematics and English since they are difficult to them, low test results, repeating classes and school dropout.

On the other hand, similar study conducted in Jimma town indicated that vulnerable children face various challenges regards with education. They are unable to start school at proper age, after they begin they constitute majority of children who are absent, work to survival and to support their family, and later on drop out. They also lack basic needs, educational materials and adequate time to study are the major factors for their poor academic performance (Gudina, Nega, & Tariku, 2014).

4.2.3. Health conditions

In this section the health condition of these vulnerable children with the problems related to their living condition are presented. As presented in the housing condition of vulnerable children, the physical environment and their housing condition expose them to acute infectious diseases result from poor personal, environmental hygiene as well as some chronic illnesses. Malaria, typhoid, tuberculosis, stomachache, hearing problem, HIV/AIDS, giardiasis, and epilepsy could be mentioned by the participants. From the above listed diseases most of them are acute diseases which could be preventable as well as cured but because of their economic limitation, their housing condition and the physical environment that they live, they could be suffer from these illnesses. Even if they get the service late, they cannot afford the medication and medical treatment expenses. These conditions aggravate their agony. In addition to that because of the chronic illness like

epilepsy they become exposed to social exclusion and later on they suffer from its psychological impact.

As the interview held with children revealed that they suffer a lot from infectious diseases as they live in impoverished physical and social environment. The house they live and the physical environment that their house located lacks hygiene. As it has been tried to describe in the housing condition of these vulnerable children their living environment is deteriorated and distorted. This condition makes them susceptible for various infectious diseases. Behind their economic incapability to access the medical services on proper time as early as they get ill, they do not get home care and nurturing since most of them are orphan and live with single parent or relative or non-relative guardian who is in tension between breadwinning as well as parenting and lacks time as well as initiation to give necessary care for his/ her child. Above, all the children who participated in this study are neglected since their parent and guardians live in the economically disadvantaged condition. When they are infected by diseases, they cannot get medical treatments even if they get, they could lack finance to buy medication on time.

As studies reveals poverty and inadequate living condition can cause stress and anxiety to the individual or the family which experiences it. Therefore the family; parent/s, relative or non-relative guardian of these socioeconomically vulnerable children live in impoverished living standard struggling with problems originated from poverty can possibly lack time and resource to invest in the nurturing and provision of care for the sick and ill children. The reason behind this is the feeling of anxiety and stress that derived from their economic situation. As 15 years old HIV positive girl stated in the interview:

I am HIV carrier. I do not know my parents at all. I was living with non-relative guardians; they took me here from Amhara region, Gojam. They promised me to raise me as their own child and took me from the orphanage where I brought up since infant stage. After that they began to exploit my labor. I work every day for long to survive in that household. One day the eldest son raped me. I do not even know that they live with the virus. They took me to health service sector then when the result came it is found that I am carrier of HIV. Now I take the medication every time. I get a support in provision of the daily medication of HIV from the organization called 'Biruh Tesfa'. I am usually infected with other related

illnesses like tuberculosis, and so on. Being treated within home would be inconceivable for me. Getting balanced diet besides to the medication is even worse.

As it can be understood from the information obtained the health condition of these vulnerable children could be endangered because of the socioeconomic that their parent or guardian occupied. Their exposure to various harm originated from their being carrier of the virus could be seen from lack of the care needed from their parent or guardian, lack of balanced diet, problem of having meal on time and less provision of medication. These all interrelated factors make the problem even worse.

In case of street children, as the information gathered from street children and police officers shows that, most of the time majority of children who live on street experience physical harm, health problem resulted from contamination of the food they have since they eat hotel and café's left overs. They always focus on having the food rather than the quality. As a result they could be exposed to various diseases. Even after their infection, the bad part is they cannot even afford the medical expense needed to treat themselves in the health care service and to follow the treatments properly. Their condition of lacking enough meal on time make their condition worsen and aggravate the pain. Because of the environment they live is deteriorated most of time they are susceptible to skin diseases. In the time of physical harm they cannot even get immediate first aid and medical treatment. This makes them to suffer from the effects of their physical harm. In all cases these children's health condition is threatened in intertwined manner with their loneliness since they have no one to take care of them and take to health service providers.

As the data obtained from the focus group discussion and documented data about street children from office of women and children affairs, most of them are forced to leave their home and live on street because they are born with the chronic illness epilepsy. As the documented data shows among 164 street children 24 of them are forced to leave their home and community to live on streets far away from their home place because of epilepsy. As the one participant of focus group discussion stated:

Most of epileptic children in the area leave their home and come to religious institution which found far away from their village in search for the place to stay and live by escaping the social exclusion that they were facing. This is because the wrong attitude and

perception attached to the illness. They think that it is transmittable from one child to another. Consequently they segregate these children and stigmatize while the illness needs to be treated and make the host to be cared for. When the discrimination and segregation gets worse they come out from their family and village to live on the street. For that reason most of the time they suffer from the illness after they started to live on the street. Sometimes they get sick and found fainted on the street.

On the other hand, information obtained from interviews and focus group discussions with participants reveal that there are cases of attempts of rape in both sexes. Girls experience rape by their employers as they live with other non-relatives and left their family for domestic work. Then these children suffer from the pain physically as well as psychologically. There are a lot of reported case of rape committed on girls under the age of 18.

There is also the case of homosexual harassment attempted to a boy street child. As the one of my informant who participated in the focus group discussion said “*one street boy experienced three time homosexual rape attempt. He tried to escape by screaming but no one showed up, fortunately he could survive by running away. Then he tried to reside in safe place which have security over their surroundings such as places around police stations, banks and government offices.*”

As the information obtained through key informant interview reveals there is the case of rape on 13 years old girl. The girl is epileptic and socially excluded from her community. When the social exclusion became intense and worse she got lost. Then her parents come to police and report that she get lost. Then polices began to investigate her case. Finally she found raped and living on the street.

As others word reveals some of the children are exposed to physical harm and abuse like pinching, being kicked and slapped by their peers who also live on the street as well as other community members; gangs, drunkards. As it has been observed one of the street children who is 13 years old found beaten on his head with stone. The psychological impacts of child sexual abuse are huge and could integrate crying then laughing, shock, denial, irritability, anger, impaired memory, nightmares, flashbacks, anxiety , post-traumatic stress disorder, loss of self-esteem, loss of security, loss of trust in others/feelings of betrayal, guilt, self-blame, shame, embarrassment, degradation, loss of interest in sex, feelings of helplessness, defenselessness, feeling of

humiliation, social phobia, revenge, fear of another assault, engaging in high-risk behavior, avoiding places, activities or people that remind them of assault. In general sense these vulnerable children are exposed to physical, sexual and psychological harm and abuse which demote their health wellbeing and status.

As a study by Missaye (2014) supports my finding by witnessing intense physical harm as well as punishment in the form of pinching. According to the study, majority of participants faced punishment in the form of burning which is seriously damages their wellbeing, some of them disclosed that they were beaten with a knife or any sharp object and small proportion of participants experienced physical punishment by pulling hair.

Among these vulnerable children, some of them especially girls who involves in domestic works are highly exposed to physical, sexual, and psychological harm and abuse. As the case obtained from police department of the town, 9 years old girl who used to work in a local 'shay bet' by frying biscuit 'koker' experienced intense physical harm. She came to the town with her distant relative for the purpose of generating income to assist her poor mother who live with her stepfather and siblings. After she came the women who brought the girl give her to the owner of local 'shay bet' to employ her. Then her employer began to abuse, bet, kick, and pinch her. They always quarrel with every minor thing. One day she burnt her with the hot oil that the biscuit will be fried. This shows beyond their exposure to labor exploitation, socioeconomically vulnerable children are exposed to various physical harm and abuse which later causes them to be psychologically threaten by their employers.

4.2.4. Economic Conditions

The economic condition of these children could be endangered as a result of various related and interconnected factors. Such as parental death, HIV/ AIDS, and parental separation. As the information obtained from the interviews held with socioeconomically vulnerable children indicates, most of the children forced to leave their home town and place to generate income and assist their parents. As indicated above in the description of other socioeconomic condition of these children, most of them live with their single parent be it father or mother, distant relative or non-relative guardian, domestic work employers.

As to the information obtained from focus group discussion revealed there are many children who are engaging themselves in to informal and exploitative work environment which expose them to various social, psychological, and health problems.

Most of children migrate from the places like wolaita, and kaffa to Mizan to generate income by working domestic and informal works. Boys who come from wolaita work in informal works like selling lottery and suk bederete, girls who come from wolaita work domestic works like being domestic servant or worker and selling 'kollo' and 'lomi'. Even there are some children who have good academic result and left their village and came to engage themselves to these informal works.

In most of the cases, these children engage in informal works which expose them to diverse problems which can affect their lives. Their work and living environment exposes them to various physical, health and economic problem. Most of children are defenseless to labor abuse, physical and psychological harm because of their families' low economic condition. As the data obtained from the interview shows most of the children forced to engage in informal domestic works which aggravate exploitation of their labor in hidden and harsh manner. Children left their home and came to urban centers to make money. They can be brought to the urban center in form of adoption but later on their guardian begin to use them as a house servant by threatening them and exploiting their labor. They limit them to get access to education and provision of basic needs which is required for their healthy growth.

In the cases of street children, they struggle with so many manifestations of economic problems like shortage of food, cloth, lack of educational, and health services. As long as they live on the street they are exposed to various physical and health problems which could be resulted from their endangered living condition. Beyond that they could not even get the necessary care and treatment from health services because they do not have the economic capacity to cover the service expenses as well as to buy and use the prescribed drugs. In relation to economic condition and related problem one 13 years old street child said:

I have been living on the street for 3 years. I have experienced so many things since I came out from my home. I was attending my education when I was living with my parents. But after my parents got divorce and my father left us let alone to attend my education I could

not even get meal properly. I have tried to help my mother by working after class but with that limited financial income fulfilling our basic needs and my educational expense became difficult. I am the eldest of my siblings so I might have to assist my mother by generating income. Then when the problem got worse I chose to leave them and find better way to help myself. But after I came here things became different. No work, I usually face shortage of cloth. If I can get money by carrying bags of passengers around bus station of the town I might have a chance to buy new shoe 'ergendo', but most of the time I get used clothes and shoes from other people around the street that I live. I have also injured on my head. I lost a lot of blood. Even though I could not cover the medical expense someone who have business center around bus station and knows me took me to nearby clinic. If he was not around at the time of accident I might get hurt a lot.

As the information gathered from focus group discussion reveals many children leave their village and go to the place called 'Dimma' which is desert and hazardous to live and especially to find a safe job. The place is known for its high composition of gold. People go there to mine gold and get money. Children also traffic to the place to help people who go there for gold mining. Having this job opportunity in their mind they migrate to this place to search economic niches over there. After they began to work, in the processes of gold mining they become exposed to various physical harm. They might even lose their life there. *"In relation to this one of my informant said: hearing that someone goes to Dimma desert and gets hurt is common."*

As the case report obtained from the police department of the town indicates that there is the case of child trafficking. In 2006 E.C six children were trafficked from the remote and rural area surrounding the town. The broker convinced them that they can support their parents by working in urban centers. He deceived that they can change their lives here in urban areas. After the children came to the town the broker used them as a means of income generating. The children work in informal works like selling 'kollo', local tooth brush 'mefakia', daily labor, 'suk bederete', shoe shining, selling 'lomi', serving in shops as messenger the whole day then they submit the money they get without getting reward they deserve. They never received the wage of their labor.

As to Girmachew 2009, majority of children who are exposed to child labor exploitation and trafficking left their home and village to seek wage employment to help their families. Besides some others are because of other factors.

In the case of street children who participated in the study, their words indicate that they cannot fulfill basic necessities like food and shelter. They could not get meal on time. Even if they get, it is hotel left overs and they might have a chance to be contaminated. If they get the needed money by carrying and engaging in different income generating activities, they would have their lunch and dinner but if they did not get they did not eat and sleep on the street. Besides that, they forced to steal from others to survive. Beyond these they cannot get an opportunity to learn because of the economic problem and housing problem stated above. To these street children the basic problem that also causes them to street life is their economic problem. When their parents separated or one of them is died they began to face problems like lack of basic needs and educational aid and support. Subsequently they decide to go out to live on streets with the hope of getting better. As 13 years old street children told me

I used to live with my both parents until I reached age 11. Then when my parent divorced I tried to continue my education. My mother used to make money by filtering and selling local liquor 'Areqe'. My father got married to other woman and moved to other place. Then the money she get could not cover all the expense that we need to survive. I have 4 other siblings so she could not cover my school expense. Consequently, I could not attend my education because I was usually facing problem in having necessary equipment needed to attend my classes. Finally I decided to leave my home place and live on streets of the urban center. Then after I came out things became different. The dreams and hope that I have has diminished because of what I am facing. I am suffering from shortage of food, if I can I eat twice a day unless most of the time I eat once my lunch by sharing what I get with my friends.

As the interview held with children who live with HIV revealed, they could not take their medication on time because of food shortage. "Sometime I cannot get enough food on time and when I take the medication I get physically tired so for me it would be better not to take the drug

if there is no food.” This shows because of their economic situation they suffer a lot from food, cloth and other necessities shortage.

Economic problem could be linked to various problems which can limit the growth and development of children. Not only that it also make children defenseless to labor abuse and exploitation which later undermine the social, psychological, and health wellbeing of children. Many of the problems and low living standard come to existence because of the economic problem that they are facing. As it could be understood from the aforementioned socioeconomic condition of these vulnerable children the problems that they are facing are interrelated and could demote their health growth and development in interconnected manner. Health problem, behavioral, housing, psychological, social problems resulted because of their exposure to child trafficking, labor exploitation, sexual and psychological abuse created from economic limitation.

4.2.5. Social Conditions

In this section of the study, the social condition and problems are presented and discussed based on the information obtained from the participants of the research. As the participants of the study stated there is a social exclusion and stigmatization especially with children who live with HIV and street children. 14 years old child who live with HIV said:

I live with mother and my father has died to AIDS and now we are living with the virus because of which our neighbors and the community we live in excluded and secluded us. I remember, lately when my mother call them to have coffee with us, they bring their own coffee cup with them to drink with. Besides they warn their children not to play with me. For that reason, other children did not play with me. At that time, we feel lonely and discriminated. But now a days things became different they have enough information about the virus as well as its transmission. But, still I feel bad when they talk about limitations attached to being HIV positive. Especially when they say that “HIV carrier cannot go abroad to live or attend education in known universities and educational centers” I feel very sorry. Sometimes I lost hope to live along. The feeling I have when I take the medication makes me psychologically ill.

As the interview with street children reveals, most of street children are socially excluded and stigmatized. They labeled as thief, delinquent, humbug, rude, disrespectful and so on. This all social exclusion and labeling results them to think themselves like irrelevant also it erodes their hope on themselves. As one 12 years old street children stated:

My mother is dead I and my elder sister and younger brother used to live with my father. Then when got married to other woman. After then our lives became miserable. She began to beat us. Especially she and my elder sister could not live peacefully. They always quarrel and she exploit her. Finally when the conflict became intolerable we left our dad's home and came to the urban center. Now my sister is a domestic worker and I and my brother are living on the street. People do not like us, they consider as thief and bad. The teen boys usually beat us even when something stolen they suspect us.

The children themselves consider the member of the community as dangerous. The study by Gudina, Nega, and Tariku (2014) support my research finding. As stated on the finding orphan and vulnerable children has less interaction with significant others and members of the community. The community considers the children harmful and dangerous to the society as they behave in a deviant manner. And also the children think like the community has negative attitude towards them.

For the case of orphans and street children, they suffer from the feeling of loneliness and lack of parental love since they live with relative or non-relative guardian, domestic employers or street. A 12 years old street child told me that *"I feel sorry and I wish to be like other children who live with their parents when I see a child walking with his/ her mother or father holding their hands."*

A study conducted on the psychosocial wellbeing of orphan and vulnerable children supported the finding of this study finding on social conditions and problems. According to the study, lack of parental love shown and mentioned as common problem of orphan and vulnerable children in addition to the feeling of loneliness since they are orphan and have no one to look for them. Obviously, they lack money to fulfill their basic needs especially meal. Surprisingly, even if the children can have a chance to get money by engaging in different income generating activities, they cannot be served in café, restaurants, or hotels because of the social exclusion and labeling (Sebsibe, Fikadu and Molalign, 2014)

In addition to this, the social problems that they face can aggravate the pain and stress from other intertwined problems. A study by Dubowitz & Bennett (2007), shows how the risk factors contribute to poorer outcomes for children exposed to abuse and neglect include socio-economic disadvantage, social isolation, dangerous neighborhoods, large families and whether the child has a disability which can be said extremely intertwined to each other.

In this study the socioeconomic situation of these vulnerable children has been discussed and narrated. As it could clearly understood these children who are socioeconomically disadvantaged face problems especially physical, sexual, and psychological harm and problem. As many studies conducted on the issue reveals that these all experience of trauma and sexual, physical abuse and the like results children with psychological disorder; post-traumatic stress disorder. Death of parents as a result of HIV/AIDS and other disease, poverty, child neglect and abuse can aggravate the problem in interconnected way (Gudina, Nega, & Tariku, 2014 Jibril, 2012).

4.3. Coping Strategies of Vulnerable Children

In the above sections, the living condition and problems in relation to socioeconomic status of vulnerable children presented and discussed by using the findings of previously conducted studies on similar issues. In this section, the coping mechanisms that these children use to cope up with the problems and impoverished living condition are presented and discussed based on the information obtained from the participants of the study. These socioeconomically vulnerable children try to cope up with the problem they face and the impacts of their conditions. As the information gathered from the participants illustrate that they utilize different mechanisms for different problems that they are facing.

For economic problem that they face which limit them to fulfill their basic need, and access to education, they try to involve in informal works such as daily labor, engaging in domestic work, selling 'kollo', 'lomi', 'mefakia' and other informal domestic works which can aggravate their exposure to physical, sexual and psychological abuses. Even if they are suffering from the impacts, they chose to help themselves by generating incomes from informal and low wage domestic works.

4.3.1. Denial or avoidance coping

Most vulnerable children deny their stress and convince themselves as they are living in a good condition. As the interview with vulnerable children indicate that they cover up the cases and live in obedience to the word and orders of their employer or guardians. This is because they wish a better living rather than causing aggravated abusive or exploitative living condition by revealing their cases. As one of my informant mentioned:-

Children who face violence in home choose to keep silent to protect themselves from further harm and abuse. The reason behind this is they perceive that if they tell anyone about it the issue gets worse. Therefore, they might cover their guardian and domestic employers. Besides this, they obey and work continuously to keep themselves safe from punishments which follow if they refuse to work as their guardian or employers want to. In this manner, vulnerable children cope up with the bad condition of living by ignoring the stresses and threatening conditions.

Most of these vulnerable children who participated in the study mentioned that they are terrorized by the stressful living condition that they are living. Even if they hate their life, they do not want to tell anyone about it and get in to worsen trouble than they are experiencing. As a mechanism to cope up with their living condition they chose to accept the conditions with their limitations and problems unless they are afraid to experience more punishments after they reveal their condition. The word of 15 years old girl who was participant of the research support what is mentioned by the participant of the focus group.

I usually experience physical and psychological violence by my guardians and their children. But I did not speak out about anything. Because I have no one here for me so I tell I will be in big trouble which would have a chance to be worse than before. Therefore, I obey their words and what they want me to do.

As the information from focus group discussions indicates, the utilization of this coping strategy by most of vulnerable children makes the problem even worse and sever rather than reducing the impacts originate from their socioeconomic conditions. This condition also makes difficult for interventions to alleviate the problem and to improve their situation. This denial or avoidance

coping that some children take as a strategy does not solve the problem permanently but temporarily they might get relief from their stress. This condition by itself demotes their psychological health. Because of this they failed to seek validation or help. Consequently this makes them feel isolated with unresolved troubles and insecurity (Wadsworth 2011, Wolff, Wadsworth, & Santiago 2010).

4.3.2. Social support

As participants reported, the community that they live and the social group they belong to support them. These children seek help, aid and support from the community. Most of the time support seekers would be parents of the children. Among the participants of the research, few of them have a social support system. As it could be understood from the discussion of the participants of focus group, some children when they experience intense physical and psychological abuse and become even worse, they choose to reveal it. Beyond that they also go to offices who work on children rights and related issues for help. Through the social support these children get a solution for the challenges they face especially financial, social and psychological aspects of their condition. As one of the participants said:-

While there are a lot of children who prefer to stay in exploitative and abuse households and conditions, some of them choose to reveal and expose their cases to responsible bodies of government or the community elder of neighbors. This is most of the time when their cases getting worse than ever. And they could be able to get solutions. In some cases they could return to their families through relinking programs facilitated by responsible bodies. Still there might be the chance for some children to get back to a condition they were in even after they get a remedy by the society. Most of the time, this is because their economic condition with their parents remain untouched.

As to the information obtained from participants in focus group, it could be said that seeking help from the society can help children to feel free from stress and some stressors external to the family such as social exclusion, discrimination and segregations. Beyond the help provided to the children by interfering in their cases, social supports provide a tangible resource for the family which could later help them to realize the children rights and needs.

As the information obtained from interviewed children shows some children could get aid and support from organizations and the community that they live. Among these help and support financial, material medical, and emotional support could be mentioned by the children. As one 15 years old girl stated: *“after it is known that I am HIV positive I have been getting medical and financial support from local organization so called Biruh Tesfa which work on HIV positives. They were even providing us with food three times a day, but I do not know why but the service is not operating on the issue.”*

As the information gathered through key informant interview and focus group discussion reveals, in the area this study has conducted not well organized social support systems are established. But still with the government sector which have direct concern with vulnerable children efforts has been made to support and aid these vulnerable children. As participant of focus group discussion who came from primary school of the town said:

Lately some efforts were made to support these vulnerable children especially for HIV positive children. Financial and material aids were given but now a days these things are neglected because there is no budget allocated for this purpose. At the beginning we first assist the socioeconomic conditions of these children to prioritize them. There might be letter from their kebele which can show that they need aid. Then the school will provide the materials and finances by finding donor and collecting money from government sectors like finance office, office of social and labor affairs, office of education, office of women and children office, and justice office through clubs established to help these vulnerable children. Because of the budget constraint that we encounter we forced to stop the support.

In a general sense, social support buffer the impacts of low economic status that impoverished the living standard of the children (Blair 2010 & Wadsworth 2011). In addition to this, as it could be understood from the information gathered from focus group children leave their home and choose to live on street to cope up with the situation they are exposed. They also try to seek help and guidance from religious institutions and religious leaders.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1. Conclusion

This study revealed that poverty and its common consequences such as malnutrition, homelessness, poor housing and destitution are major contributors to children's vulnerability. When the family's socioeconomic status become low, children take high share of the impacts and burdens in tragic manner. This situation aggravate the challenges they face by proliferating their stress and tension. These impacts augment the challenges in educational performance, health, economic, social and psychological conditions.

In general sense, vulnerable children in the study area found facing various problems which resulted from HIV/AIDS, parental separation and/or death, and economic problem. Based on this study it could be understood that these vulnerable children who were participating in this research are living in a situation which can make them susceptible for various intertwined problems that could affect their social, economic, health, psychological wellbeing and aggravating their agony. While speaking out the problems is being crucial step in the effort of reducing the economic, social, and psychological impact of their endangered socioeconomic condition, covering up the cases and preferring to cope up with the problem they are facing makes them vulnerable to psychological as well as physical detriment. As to this study, it could also be concluded that the number and magnitude of the problem in the area is increasing time to time alarmingly in a way that needs immediate intervention and remedy. In addition to this, in the area of the study less effort has made to reduce the problem and the impact of socioeconomic vulnerability on children. This condition could exacerbate the burning issue of child vulnerability in interconnected manner.

5.2. Recommendations

Firstly, more efforts should be made to support vulnerable children who are exposed to various social and economic problems because of HIV and parental separation. Particularly, special attention should be given for those children who live with the virus. As far as the basic driving force for child labor and trafficking is economic problem, the local government who work in the issue should provide job opportunities for the families of these vulnerable children in the town.

Secondly, there should be governmental and non-governmental aid and support service providing organizations. Especially community based programs should be designed to support and strength children and family who are socioeconomically disadvantaged.

Thirdly, responsible local government bodies should take measurements to alleviate problem of child labor exploitation and violation of child right through programs designed for this purpose

Finally, further assessments should be made to realize the situation of vulnerable children and to identify the dimension and magnitude child vulnerability in the area in a way suitable for policy and pragmatic intervention.

REFERENCES

Ainsworth, M, and D. Filmer. 2002. Poverty, AIDS, and children's schooling: A targeting dilemma. World Bank Policy Research Working Paper 2885. Operations Evaluation Department and Development Research Group, World Bank, September. Available at <http://www.worldbank.org>

American Psychological Association, 2008. Report of the Task Force on the Implementation of the Multicultural Guidelines. Washington, DC: Author. Retrieved from <http://www.apa.org/pi/>

Bekure Nigusie, 2016. Educational and Psychosocial Challenges of Orphan and Vulnerable Children: The Case of Abyot Ermija Primary School, Addis Ababa. Addis Ababa, Ethiopia

Berry L, Guthrie T 2003. "Rapid Assessment: The Situation of Children in South Africa". The Children's Institute. The University of Cape Town: Cape Town.

Billon P., 2000. The Political Economy of War: What Relief Agencies Need To Know, Network Paper 3 London: ODI

Bradley H. and Corwyn F., 2002. Socioeconomic Status and Child Development. Center for Applied Studies in Education, University of Arkansas at Little Rock, 2801 S. University Ave., Little Rock, Arkansas 72204;

Burrus J. and Roberts R., 2012. Dropping Out of High School: Prevalence, Risk Factors, and Remediation Strategies. R &D Connection: No 18 www.ets.org

Blair C. 2010. Stress and the Development of Self-Regulation in Context. *Child Development Perspectives*, 3, 181–188.

Cannon, T., 1994. “Vulnerability analysis and the explanation of natural disasters”, in A. Varley (ed.) *Disasters, development and the environment*. John Wiley: Chichester.

Chirtes G., 2010. A Case Study in to the Causes of School Dropout. *Acta Didactica Naposensia*: Volume 3, No 4

CSA, 2013. Ethiopia Rural Socioeconomic Survey, Addis Ababa, Ethiopia: Central Statistical Agency / www.csa.gov.et/images/documents/EERS/2005/Report/erss%20survey%20report.pdf

Dubowitz, H., & Bennett, S. (2007). Physical abuse and neglect in children. *The Lancet*, 369, 1891–1899.

Escobal J., Ames, P., Cueto, S., Penny, M., and Flores, A., 2008. *Young Lives: Peru Round 2 Survey Report Young Lives*. Oxford OX1 3TB, UK. ISBN: 978-1-904427-38-4

Ethiopian Central Statistics Authority. 1998. *Population and housing census*. Addis Ababa: ECSA.

Ethiopian Central Statistics Authority. 2005. *Ethiopian demographic and health survey*. Addis Ababa: ECSA.

Ethiopian Demographic and Health Survey. 2016. *Key Indicators Report*. Central Statistical Agency, Addis Ababa, Ethiopia. The DHS Program ICF Rockville, Maryland, USA

- Foster G., Levine C., Williamson J., 2006. *A Generation at Risk: The Global Impact of HIV/AIDS on Orphans and Vulnerable Children*. Cambridge University Press, New York
- Friedman D., 2014. *Social Impact of Poor Housing*. ECOTEC, 1-3 Dufferin Street London EC1Y 8NA United Kingdom
- Girmachew Adugna, 2009. Church as a refuge for marginalized children in urban Ethiopia. *Proceedings of the 16th International Conference of Ethiopian Studies: Trondheim*
- Gudina Abashula, Nega Jibat and Tariku Ayele, 2014. "The situation of orphans and vulnerable children in selected Woredasi and towns in Jimma Zone". *International Journal of Sociology and Anthropology* vol 6 (9). DOI: 10.5897/IJSA2014.0554
- Hewitt, K., 1997. *Regions of Risk: a geographical introduction to disasters*. Harlow: Addison Wesley Longman.
- Jibril Jemal, 2012. The Child Sexual Abuse Epidemic in Addis Ababa: Some Reflections on Reported Incidents, Psychosocial Consequences and Implications. *Ethiopian Journal of Health science* Vol. 22 No. 1
- Lieten, K., 2008. *Children, Structure, and Agency: Realities across the Developing World*. Routledge: New York
- Missaye Mulatie, 2014. Physical and Psychological Child Abuse in Ethiopia: Implications for Intervention. *J Psychol Psychother* 4: 137. doi: 10.4172/2161-0487.1000137

Mishra V. and Assche S., 2008. Orphans and Vulnerable Children in High HIV-Prevalence Countries in Sub-Saharan Africa. DHS Analytical Studies 15. Macro International Inc. Calverton, Maryland, USA

Mitchell, J., 1999. Crucibles of Hazard: Mega-Cities and Disasters in Transition. United Nations Publications.

Muluneh Tefera and Dereje Tadesse (2013).The Ethno-History of the Bench People.SNNPR,State Bureau of Culture and Tourism

Philip D. and Rayhan I., 2004. Vulnerability and Poverty: What are the Causes and How They are Related?. Term paper for interdisciplinary course: international Doctoral studies program ZEF, Bonn

Ridge T, 2009. Living with poverty: A review of the literature on children's and families' experience of poverty. Her Majesty's Stationery Office, St Clements House: Norwich NR3 1BQ.

Radeny S, Bunkers K 2009. "Toolkit for Positive Change: Providing Family-Focused, Results-Driven and Cost-Effective Programming for Orphans and Vulnerable Children" Save the Children Federation Inc., Addis Ababa, Ethiopia."

Sebsibe Tadesse, Fikadu Dereje and Molalign, 2014. Psychosocial Wellbeing of Orphan and Vulnerable Children at Orphanage in Gondar, North Western Ethiopia. Journal of public health and epidimology VOL 6 (10), pp. 293-301, DOI: 10.5897/JPHE2014.0648

Skinner D, Tsheko N, Mtero-Munyati S, Segwabe M, Chibatamoto P, Mfecane S, Chandiwana B, Nkomo N, Tlou S, Chitiyo G. 2006. "Towards a definition of orphaned and vulnerable children". *Aids Behav.*

Sutton, L., Smith, N., Dearden, C., & Middleton, S. (2007). *A child's eye view of social difference*. Joseph Rowntree Foundation: New York

UNAIDS, 2010. *Report on the Global AIDS Epidemic*. Geneva: UN

UNCRC, 1989, "Convention on the Rights of the Child". Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with article 49

United Nations Children's Fund. (2006). *Africa's orphaned and vulnerable generations: Children affected by AIDS* [Electronic version]. New York: UNICEF.

UNICEF. 2004. *A framework for the protection, care and support of orphaned and vulnerable children living in a world with HIV and AIDS*. [Online.]. Available at: http://www.unicef.org/aids/files/Framework_English.pdf. (Accessed on 02/11/08).

Wadsworth M., 2011. Working with Low-income Families: Lessons Learned from Basic and Applied Research on Coping with Poverty-related Stress. *J Contemp Psychother* (2012) 42:17–25, DOI: 10.1007/s10879-011-9192-2 Published online, Springer Science+Business Media

Walker, J. Crawford, J., and Taylor, F., (2008). Listening to children: gaining a perspective of the experiences of poverty and social exclusion from children and young people of single-parent families. *Health & Social Care*, 16: 4, 8.

White, K., 1982. The Relation between Socioeconomic Status and Academic Achievement Article in *Psychological Bulletin*: DOI: 10.1037/0033-2909.91.3.461

Wisner B., Blaikie P., Cannon T., and Davis I., 2003. *At Risk: natural hazards, people's vulnerability and disasters*. Second edition

Wolff B., Wadsworth E., & Santiago D., 2010. Family poverty, stress, and coping. In R. J. R. Levesque (Ed.), *Encyclopedia of adolescence* (pp. 941–951). New York, NY: Springer.

World Health Organization. 2008. *Data and Statistics*. Available online at: <http://www.who.int/research/en>.

Yisak Tafere, 2014. *Children's Experiences of Household Poverty Dynamics in Ethiopia*. Young Lives, Oxford Department of International Development (ODID), University of Oxford, Queen Elizabeth House, 3 Mansfield Road, Oxford OX1 3TB, UK

Yoseph. E., Mebratu.G, and Belete R., (2006). *Assessment trafficking in women and children in and from Ethiopia*. IOM Special liaison Mission: Addis Ababa.

Young Lives, 2008. *Child Labor, Gender Inequality and Rural/Urban Disparities*. Young Lives an International Study of Childhood Poverty; Save the Children UK, London,

Appendix I: Data collection instrument

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Interview guide prepared for Socioeconomically Vulnerable Children

Background Information

1. How old are you?
2. With whom you are living? Single parent/ both parent?
3. Are you attending school? Your grade?

Education related questions

1. Are you attending school regularly?
2. Did you get any support from your parent/s, guardian or significant other?
3. What kind of support you get from them?
4. What common problems are challenging you in achieving school?
5. How you cope up with problems stated?
6. Have you experienced the problem of school drop out?
7. What do you think should have to be taken as measurement?

Housing condition related questions

1. Where are you living now?
2. Tell me about your housing condition and your environment?
3. Tell me about your environment sanitation and related issues?
4. What mechanisms are there to be utilized in order to cope up?
5. What do you suggest to be done in order to alleviate the problems?

Health condition related questions

1. Do you visit doctor regularly?
2. Is there any health care service in your surrounding?
3. Tell me about your health conditions?

Economic and social related questions

1. What economic problems are challenging you?
2. How your economic condition causes you to face other intertwined problems?
3. What social problems are exist in your case?
4. How the community treats you?
5. How is your relation with your teachers and classmates?
6. Do you have friends in your school and surrounding?

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Focus group discussion guide

1. In your area what problems are faced by socioeconomically vulnerable children?
2. Which problems are influential among the listed challenges?
3. What mechanisms are taken as a coping strategy by the children?
4. In your office what measurements are taken to support and alleviate the problems of these children?
5. What do you recommend as a possible measurement to be taken in your area?

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Key informants interview guide

1. In your area what common problems are challenging vulnerable children?
2. How could you describe the situation of these vulnerable children in your area?
3. What coping strategies are utilized by these vulnerable children?
4. What measurements and interventions are taken in your area/ organization?
5. Do you think the measurement taken could make changes to the lives of vulnerable children? How?
6. What do you recommend to alleviate the problem of these vulnerable children?