

Original Article

TRIGGERING FACTORS, RISKY BEHAVIORS AND RESILIENCE OF STREET CHILDREN IN GONDAR CITY, NORTH WEST ETHIOPIA

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ABSTRACT

The main purpose of this study was to examine the triggering factors, risky behaviors and resilience of street children in Gondar city. One hundred ten street children were selected through purposive sampling technique. The data pertinent to the study was gathered through questionnaire and analyzed by using descriptive statistics (percentage, frequency, mean and standard deviation) and inferential statistics (independent t-test and one way ANOVA). The result of the study revealed that children come to the streets for searching job, poverty, parental disintegration, peer pressure, family influence, city life attraction, parental use, school failure and following strangers in order of regularity. Regarding risk taking behaviors, males had statistically significant higher mean scores than females only in criminal acts; children 'of' the streets scored statistically significant higher mean than children 'on' the streets on the overall risk taking behavior including criminal acts, substance use and risk sexual practice. Furthermore, statistically significant difference were observed across the of seven to 10 years, 11-14 years and 15-18 years on the overall risky taking behavior, substance use and risk sexual practice. Generally majority of participants had moderate resilience: where females reported statistically significant higher mean score than males only on access to support and children 'on' the streets significantly higher than children 'of' the streets on the overall resilience, its dimensions and specific components like adaptability, self-efficacy, optimism, trust, tolerance of difference, social comfort, access to support and sensitivity.

Keywords: street children, children 'on' the street, children 'of' the street, risky behaviors, resilience

INTRODUCTION

One of the major social problems encountered by different nations worldwide is the problem of children streetism Cummings [1]. Children 'streetism' is an increasing occurrence throughout the world. Complexity of the phenomenon of street children is considered to be the most important problem facing children today in different countries of the world. For instance, in 1989, UNICEF as cited in [2] estimated that 100 million children were growing up on urban streets around the world.

Later on, though some discrepancy exists, international organizations and other bodies estimate that the global street child population ranges 100 - 150 million children (Defense for Children International Palestine Section [3]. Moreover, the latest estimates put the numbers of these children as high as 100 million [4] and estimated to be 150 million street children in the world [5]. Even if it is difficult to quantify the exact number of street children, the figure is almost certainly runs into tens of millions across the world. It is likely that the numbers are increasing [6]. This clearly points out the extent of the problems of children streetism is increasing rapidly and becoming a problem worldwide from time to time.

The problem is sever in developing countries as result of different factors. In line with this, Panter-Brick and Pare as cited in [7] reported that children living in street situations are an increasing phenomenon in developing countries. Kipke et al. as cited in [8] indicated that 10 million street children are found in Africa alone. For instance, there are one million street children in Egypt; around 300,000 children living and working on the streets across Kenya; an estimated number of 10- 12,000 homeless children in South Africa; and more than 34, 000 street children in Ghana [2].

Ethiopia is one of the countries where child streetism is high. The extent and nature of street children is one of the most serious social problems in urban areas of the Ethiopia [9] and become a countrywide problem today [10]. Thus, there are a large number of

children live and/or work on the streets of different cities of the country like Gondar. According to [9] report revealed that there are about 150,000 children living and/or working on the streets of Ethiopian cities. However, different non-governmental organizations estimated that the problem is far worse, with nearly 600,000 street children and 100,000 of these in Addis Ababa [9]. Even if exact figures are not well known, there are an estimated number of 550 street children living and/or working in Gondar city.

This is due to a combination of pushing and pulling factors that trigger children from their homes to the streets. [11] identified the contributing factors for children streetism according to its priority. These include disagreement with family, search of job, peer pressure, attracted by city life, and school failure, looking for lost relative, and following a stranger respectively. In addition, the study conducted on 200 street children in Dares Selaam by [12] illustrated the major reasons of children for leaving home by rank as family poverty and poor economics, shortage of food in the home, the need to look for a job and earn money, parental separation due to death or divorce, bad relationship with the family, attracted by the city life and loss of both parents.

When things are not like children expected, they are liable to join street life and encountered with much stress and trauma during their lifetimes on the streets. Adversity or risk factors are those stressors which threaten the healthy development of a child [11]. These risk factors often occur with other stressors, and the accumulation of these factors leads to increasingly maladaptive behaviors. Hence, large number of street children engage in high risk activities including substance use (khat, cigarette, marijuana, and hashish); alcohol use; risky sexual behaviors (early sex, unprotected sex, and having multiple sexual partners); and antisocial behaviors (violence, criminal acts and theft) [13]. As these researchers pointed out that the use of substances and alcohol make children get lost control of them and indulge into unprotected sexual intercourse more probably with multiple sexual partners that put children at

risk for teen pregnancy and sexual transmitted diseases. It is also evident that substance use would increase their demand for more money, which in turn may force them to get involved in antisocial activities such as robbery.

There is a general belief that children exposed to adversity and hardships cannot cope and adjust properly compared to adults [14]. However, this is not always the case, the amazing thing is that the resilience that many of these street children demonstrated [15]. Quite a lot of researchers [11,16,17,18] have also found out that regardless of being continuously exposed to adversities to their development within their families and communities or both, a significant proportion of children successfully handle challenges and remain resilient in their life. According to [11] these children are considered as resilient and able to draw on internal and external resources to survive and perform well in their life.

In view of the aforementioned reality, though there are some studies have been conducted in line with the grown concern about the lives and needs of street children at the country level, research is still scant pertinent to the issue of these children. There is no exhaustive and comprehensive study have been conducted targeting to identify street children's triggering factors, risk taking behaviors and resilience skills specifically in Gondar city as far as the present researchers concerned. Given the absence of previous studies in this area, the present study is needed to examine triggering factors, risky behaviors and resilience skills of Gondar city street children in order to fulfill this critical gap in the literature. Hence, the following specific objectives were stated:

- Identify the major factors that trigger children to the streets in order of frequency.
- Examine risky behaviors of street children.
- Determine whether there is statistically significant difference in taking risks among street children across sex, age and type of street life.
- Determine the resilience of street children.
- Check whether there is statistically significant difference in resilience of street children across sex, age and type of street life.

METHODS

Research Design

In order to realize the stated objectives, cross-sectional survey design was employed. For this design quantitative data were collected through questionnaire and analyzed with a combination of both descriptive and inferential statistics.

Study Area

This research is designed to be conducted in Gondar city: the capital of North Gondar Zone with a total number of 21 kebeles. Among these kebeles, this study took place across three specific key sites in the city where street children are known to be densely populated, namely, "Peayasa, Arada and Maraki" area. In each of the three targeted sites of the research coverage, care was taken to avoid overlapping of participants during data collection. The principal investigators followed up all the data collection procedures in order to assure the areas covered and the respondents participated.

Population

There is no consolidate and accurate estimates of the number of street children worldwide and the estimation often vary from one source to another [10]. This is true in Ethiopia, specifically in Gondar city. However, according to Labor and Social Affairs Office of Gondar city, there are an estimated number of more than 550 street children who are found in the city. All of these children were the population of the study. The target population of the study was both children 'of' the streets who live on the street with or without limited contact with their families and those children 'on' the streets who work on the streets ranging from begging to vending during the day and return to their families at night on regular basis; who lived at least six months in city; with no hearing, speech and mental problems; and those whose age is ranging from seven to eighteen years.

Samples and Sampling Techniques

Due to the highly mobile nature of street children and lack of permanent work and residence place, it is not possible to develop a sampling frame. Hence, by considering the minimum number of the population, samples of 110 (20% of the population) street children were drawn from the three research locations using purposive sampling technique. This technique was used for sample selection because only street children who meet the criteria indicated in the above section and those who are willing to participate in the study were selected.

Table1: Profile of Participants (N=110)

No	Variable	Category	N	%
1	Sex	Male	86	78.2
		Female	24	21.8
2	Age	7-10	7	6.4
		11-14	33	30
		15-18	70	63.6
3	Type of street life	Children 'on' the streets	55	50
		Children 'of' the streets	55	50

As it is depicted in Table 1 above, equal number of children from children 'on' the streets 55(50%) and children 'of' the streets 55(50%) constituted a sample with a total of 110 respondents whereof 86(78.2%) males and 24(21.8%) females participated in this study. The mean age of respondents was 14.82($SD= 2.47$), ranging from nine to 18 years old. By and large, most of these children 70(63.6%) belonged to the age category of 15-18. Whereas 33(30%) represent 11-14 years and the rest few 7(6.4%) make up the age ranges of 7-10 years.

Instruments and its Construction

In order to tap pertinent data about the problem under investigation, questionnaire were employed. The questionnaire consisted of four parts: the first part sought background profiles of street children and the second and third parts consist of a list of items that assess triggering factors and risky behaviors of street children.

As far as the fourth part of the questionnaire concerned, it is a resiliency scale for measuring the resilience of children consists of three dimensions: sense of Emotional Reactivity (REA), Sense of Mastery (MAS), and Sense of Relatedness (REL). The concept of these dimensions of the resilience was taken from [19].

The instrument was developed by the researchers after thoroughly review of different relevant literatures. Items indicating the triggering factors of children streetism were constructed on closed ended basis. Thirteen items measuring risky behaviors of children developed on the four point Likert-type scale with responses range from 0 (never) to 3 (always) in which the total score ranges from 0 to 39 where the higher scores indicate high risky behaviors.

Since resilience has multidimensional in nature with no one specific and stand alone definition, so there is no one standardized instrument that has gained wider acceptance among researchers for measuring it [20]. Hence, researchers have developed several tests to measure resilience in the earlier times. For this reason, the present investigators intensively review different literatures and then prepare the content of the resilience scale for this research from these sources. For instance some items measuring resilience were drawn from [19]. Some items assessing sense of mastery were adapted from [21] and [22] whereas some sense of relatedness items taken from [23].

Fifty eight items (i.e. REA= 16 items, MAS= 20 items and REL= 22 items) measuring resilience were structured using the Likert format with five point response scale from 0 (strongly disagree) to 4 (strongly agree) where the total score ranges from 0 to 232, with the higher scores correspond to greater resilience. The responses items written in the negative were reversed before analysis.

In order to determine the scores of the participants, the experience of [14,24,25] was adapted by the present researchers. Hence, according to these researchers, the overall score on the resilience

scale were divided in to three equal parts as low resilience, moderate resilience and higher resilience. Hence, scores categorized as lower resilience (scores from 0- 77), moderate resilience (scores from 78- 155) and high resilience (scores from156-232) in this research.

Piloting and Validation

After the questionnaire properly developed, pilot test was conducted on 15 street children out of the study area in order to check the reliability and validity of the instrument. Cronbach Alpha was calculated to estimate the reliability index of the items and the result revealed that the reliability index of measuring risk taking behavior was 0.87 and for the resilience scale was 0.84. The validity of the instrument was evaluated and commented by two senior psychology professionals in the area. These experts were also requested to judge the comprehensiveness of items included in the instruments. Based on the results of the pilot study and the valuable comments collected from the experts, items of the instrument were corrected for the final version.

Administration

First, the investigators gave training and detailed orientation to the data collectors on the objectives, techniques of data collection, ethical issues for the research and related issues prior to data collection. Data collectors read all the items of the instrument and participants were required to designate about the regularity of their behavior in taking risks and the extent of their agreement or disagreement to the statements of resilience scale items. Investigators were frequently supervising the research assistants throughout data collection to ensure the completeness and consistency of the data. Finally, all data were collected and ready for scoring.

Scoring

After the data collected from the participants, responses were scored. First, researchers checked whether there were skipped items in all respondents' questionnaire. Second, for the sake of simplicity of analysis, items of the instrument was grouped and arranged in relation to the particular objectives that should be addressed. Then, every item was gotten its code and scored. Finally, the consistency of data quality was assured by double data entry.

Analysis

The data were analyzed using descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (independent t-test and one way ANOVA) were employed to see whether there are differences across sex, age and type of street life

in their risky behavior and resilience. In addition, all quantitative analysis was done with the help of SPSS-15.

Ethical Considerations

In the process of investigation, the researchers took all ethical standard of a research in to consideration. Participants of the study first briefed about the purpose and importance of the research, the kind of data to be collected, how it is to be collected and how it will be used. Verbal informed consent was obtained from each study participants after clear explanation about the main purpose of the study. Confidentiality of the data was assured to the participants by making their names anonymous and use of codes instead.

RESULTS

Triggering Factors for Children Streetism

In an attempt to identify the pushing and/or pulling factors of children to be involved in street life, respondents were requested to rate one or more of the main factors in order of frequency. Accordingly, the major reasons given by children leaving their home and come to the street life are presented in Table 2 below.

Table 2: Triggering Factors of Children to come in to Street Life

No.	Factors	N	%
1	Poverty	51	46.36
2	Looking for work	62	56.36
3	Forced by family	15	13.64
4	Parental use	9	8.18
5	Parental disintegration (separation/divorce/death)	38	34.55
6	Attracted by city life	12	10.91
7	Influenced by peers	17	15.45
8	School failure	5	4.55
9	Following a stranger	3	2.73

This research confirms that more than half 62(56.36%) of children come to the streets for the purpose of searching for work. Another significant number of participants 51(46.36%) cited poverty as the pushing factor for their involvement in street life followed by parental disintegration due to separation, divorce and death 38(34.55%). Moreover, participants were also mentioned reasons to leave home on account of peer pressure 17(17.45%), forced by their family 15(13.64%), attracted by city life 12(10.91%), parental use 9(8.18%), school failure 5(4.55%) and following strangers 3(2.73%).

Risky Taking Behavior of Street Children

Table 3: Degree of Risk Taking Behavior among Street Children

No.	Items	Never		Sometimes		Often		Always	
		N	%	N	%	N	%	N	%
1	Criminal acts								
1.1	I carry a knife to attack others	96	87.3	10	9.1	4	3.6	-	-
1.2	I steal others if occasions are favorable	67	60.9	28	25.5	12	10.9	3	2.7
1.3	I cheat my friends/others	70	63.6	31	28.2	5	4.5	4	3.6
1.4	I am bullying and/or physical fights with others								
		57	51.8	30	27.3	19	17.3	4	3.6
1.5	I think about and try killing myself	79	71.8	25	22.7	6	5.5	-	-
	Average	74	67.3	25	22.7	9	8.2	2	1.8
2	Alcohol and Substance Use								
2.1	I drink alcohol and intoxicated	62	56.4	29	26.4	13	11.8	6	5.5
2.2	I chew khat	81	73.6	16	14.5	13	11.8	-	-
2.3	I smoke cigarette	69	62.7	20	18.2	16	14.5	5	4.5
2.4	I use illegal drugs like hashish	85	77.3	18	15.5	7	7.3	-	-
	Average	74	67.5	21	19.1	12	10.9	3	2.7
3	Risk Sexual Behavior								
3.1	I have sex without using condoms and other form of birth control	92	83.6	7	6.4	10	9.1	1	0.9
3.2	I have multiple sexual partners	94	84.5	7	6.4	5	4.5	4	3.6
3.3	I had an unexpected and unanticipated sexual experience	92	83.5	11	10	3	2.7	4	3.6

3.4	I had sex with someone I don't know well	87	79.1	9	8.2	7	6.4	7	6.4
	Average	91	82.9	9	8.1	6	5.5	4	3.6

Average means the sum of the number of 'N' or '%' divided by the number of items

As it is shown in Table 4 above, on average majority of participants never performed risk taking behaviors in all aspects of criminal acts, substance use and alcohol drinking, and risk sexual activities. However, considering the average scores of participants on items, almost one-third of the respondents revealed that they had shown criminal behaviors and taking substances and alcohol sometimes and above whereas the rest 19(17.2%) participants admitted their involvement in risk sexual practice sometimes and above.

In order to see if there is statistically significant difference in taking risks among street children across sex and type of street life, independent sample t-test were employed and one way ANOVA was used for the age category of respondents. The results depicted in Table 3, Table 4 and Table 5 below.

As it is presented in Table 3 above, statistically significant difference was not observed between males and females on the overall score of risky taking behavior, substance use and risk sexual practice in general.

However, there was statistically significant difference between male and female street children in performing criminal acts. That is, the mean score of males in showing criminal acts were higher than females ($t = 3.81, df = 108, p < 0.05$).

Table 4: Risk Taking Behavior of Street Children by Sex

Variables	Male (N=24)		Female (N=86)		df	t
	M	SD	M	SD		
Criminal acts	2.73	2.71	0.58	0.97	108	3.81*
Substance use	2.10	2.68	1.42	2.84	108	1.10
Risk sexual practice	1.09	2.44	1.33	3.29	108	-0.39
Over all risky taking behavior	5.93	6.47	3.33	6.52	108	1.74

*p<0.05

Table 5: Risk Taking Behavior of Street Children by the Type of Street Life

Variables	children 'on' the streets (N=55)		children 'of' the streets (N=55)		df	t
	M	SD	M	SD		
Criminal acts	0.85	1.34	3.67	2.78	108	-6.78*
Substance use	0.42	1.29	3.49	2.91	108	-7.17*
Risk sexual practice	0.55	2.08	1.75	2.99	108	-2.44*
Over all risky taking behavior	1.82	4.11	8.91	6.62	108	-6.75*

*p<0.05

As it is depicted above in table 4 above, the independent t-test confirms statistically significant mean difference was found between children 'on' the streets and children 'of' the streets in their overall

risky taking behavior including all its aspects. That means, children 'of' the streets scored higher mean than children 'on' the streets on the overall risk taking behavior ($t = -6.75, df = 108, p < 0.05$), criminal acts ($t = -6.78, df = 108, p < 0.05$), substance use ($t = -7.17, df = 108, p < 0.05$), and risk sexual practice ($t = 2.44, df = 108, p < 0.05$).

Table 6: Risk Taking Behavior of Street Children by Age Category

Variables	Age 7-10 years (N=7)		Age 11-14 years (N=33)		Age 15-18 years (N=70)		df	F
	M	SD	M	SD	M	SD		
Criminal acts	0.57	0.98	1.97	2.46	2.57	2.70	108(2)	2.251
Substance use	0.86	1.46	1.03	2.02	2.50	2.96	108(2)	4.11*
Risk sexual practice	0.00	0.00	0.00	0.00	1.80	3.12	108(2)	6.55*
Over all risky taking behavior	1.43	2.44	3.00	3.86	6.87	7.32	108(2)	5.74*

*p<0.05

As the result presented in Table 5 above, statistically significant difference were seen among the three age category (seven to 10 years, 11-14 years and 15-18 years) of street children on the overall risky taking behavior ($F(2,108) = 5.74, p < 0.05$), substance use ($F(2,108) = 4.11, p < 0.05$), and risk sexual practice ($F(2,108) = 6.55, p < 0.05$), whereas statistically significant difference was not observed among the three age category of participants in showing criminal acts.

Table 7: Scheffe Post Hoc Test for Risk Taking Behavior by Age Category (N=110)

Age Category (I)	Age Category (J)	
	Age 11-14 year	Age 15-18 year
Age 7-10 years	-1.57	-5.44
Age 11-14 year		-3.87*

*p<0.05

For the purpose of locating the specific groups contributing to significant differences observed among the three age category of participants, Scheffe Post Hoc multiple comparisons was used. Thus, results of Scheffe Post Hoc Test (I-J) in Table 6 above portrayed that

statistically significant difference were existed on participants of age 11-14 years old compared with participants of age 15-18 years old. Meant that street children whose age range from 11-14 years old had significantly less mean score on risk taking behavior than their counter parts of age range from age 15-18 years old.

Resilience Skills of Street Children

Table 8: Degree of Resilience among Street Children

No.	Scores on the scale	Category	N	%
1	0-77	low resilience	17	15.5
2	78-155	moderate resilience	87	79
3	156-232	high resilience	6	5.5

The average score of street children resilience was 109.96 (SD=29.27) out of the maximum score of 232 on the five point scale ranging from zero to four. Majority 87(79%) of participants who scored 78-155 had moderate resilience. Seventeen (15.5%) respondents who scored from zero to 77 were found to have low resilience whereas only 6(5.5%) scored from greater than or equal to 156 and less than or equal to 232 had high resilience.

Table 9: Resilience of Street Children by Sex

Variables	Male (N=24)		Female (N=86)		df	t
	M	SD	M	SD		
1. Sense of Reactivity (REA)	28.78	14.28	30.38	13.07	108	-0.49
Recovery	8.92	4.38	9.67	4.15	108	-0.75
Impairment	11.15	5.42	11.50	5.08	108	-0.28
Sensitivity	8.72	5.64	9.21	5.09	108	-0.38
2. Sense of Mastery (MAS)	43.91	13.03	44.63	13.41	108	-0.24
Adaptability	9.73	3.75	10.25	2.57	108	-0.64
Self-efficacy	15.29	5.26	15.92	5.69	108	-0.51
Optimism	18.88	5.72	18.46	5.88	108	0.32
3. Sense of Relatedness (REL)	35.43	13.75	41.54	15.74	108	-1.87
Trust	7.30	3.19	7.96	3.17	108	-0.89
Tolerance of Difference	6.15	2.50	6.64	3.45	108	-0.75
Social Comfort	7.12	2.81	8.29	3.56	108	-1.69
Access to Support	14.85	8.19	18.67	8.35	108	-2.01*
Over all resilience	1.01	33.47	1.12	38.52	108	0.41

*p<0.05

The independent sample t-test result of Table 8 above revealed that statistically significant differences between male and female was only observed on access to support under REL dimension of the resilience scale. Indeed, female respondents reported significantly

higher mean score than male respondents on access to support ($t = -2.01, df = 108, p < 0.05$). On the other hand, though, the mean score of female participants higher than male participants almost on the overall resilience, its dimensions and specific components except access to support, these differences do not reach statistical significance.

Table 10: Resilience of Street Children by Type of Street Life

Variables	children 'on' the streets (N=55)		children 'of' the streets (N=55)		df	t
	M	SD	M	SD		
1. Sense of Reactivity (REA)	31.82	14.49	26.45	13.04	108	2.04*
Recovery	9.65	4.43	8.51	4.18	108	1.40
Impairment	11.91	5.63	10.55	4.96	108	1.35
Sensitivity	10.25	5.61	7.40	5.06	108	2.80*
2. Sense of Mastery (MAS)	47.65	10.86	40.47	14.13	108	2.99*
Adaptability	10.67	2.97	9.02	3.85	108	2.53*
Self-efficacy	17.07	4.45	13.78	5.68	108	3.39*
Optimism	19.91	4.79	17.67	6.39	108	2.09*
3. Sense of Relatedness (REL)	43.20	14.78	30.33	10.65	108	5.24*
Trust	8.20	3.29	6.69	2.91	108	2.55*
Tolerance of Difference	7.18	2.77	5.33	2.37	108	3.78*
Social Comfort	8.93	2.92	5.84	2.21	108	6.26*
Access to Support	18.89	8.78	12.47	6.50	108	4.36*
Over all resilience	122.67	28.76	84.91	30.02	108	6.65*

*p<0.05

As it can be seen from Table 9 above, the independent t-test result revealed that there were statistically significant differences between children 'on' the streets and children 'of' the streets on the overall resilience ($t = 6.65, df = 108, p < 0.05$) and three dimension of resilience; REA ($t = 2.04, df = 108, p < 0.05$), MAS ($t = 2.99, df = 108, p < 0.05$) and REL ($t = 5.24, df = 108, p < 0.05$). Similarly, statistically significant mean differences were found across all specific

components of MAS: adaptability ($t = 2.53, df = 108, p < 0.05$), self-efficacy ($t = 3.39, df = 108, p < 0.05$), optimism ($t = 2.09, df = 108, p < 0.05$) and REL: trust ($t = 2.55, df = 108, p < 0.05$), tolerance of difference ($t = 3.78, df = 108, p < 0.05$), social comfort ($t = 6.26, df = 108, p < 0.05$), access to support ($t = 4.36, df = 108, p < 0.05$); and only sensitivity ($t = 2.80, df = 108, p < 0.05$) specific components of REA.

Table 11: Resilience of Street Children across Age Category

Variables	Age 7-10 years (N=7)		Age 11-14 years (N=33)		Age 15-18 years (N=70)		df	F
	M	SD	M	SD	M	SD		
1. Sense of Reactivity (REA)	31.00	14.90	27.52	15.97	29.71	13.02	108 (2)	0.34
Recovery	9.29	3.40	8.45	4.85	9.36	4.16	108 (2)	0.49
Impairment	11.57	6.83	11.39	6.25	11.11	4.75	108 (2)	0.05
Sensitivity	10.14	5.34	7.67	5.83	9.24	5.36	108 (2)	1.14
2. Sense of Mastery (MAS)	39.29	13.15	44.06	12.98	44.54	13.17	108 (2)	0.51
Adaptability	10.14	3.29	9.88	3.85	9.80	3.42	108 (2)	0.03
Self-efficacy	12.71	4.11	15.45	5.22	15.68	5.48	108 (2)	0.99
Optimism	16.43	6.65	18.73	5.95	19.06	5.56	108 (2)	0.67
3. Sense of Relatedness (REL)	36.43	19.11	32.33	13.73	38.89	13.86	108 (2)	2.39
Trust	7.71	3.73	7.15	3.19	7.56	3.17	108 (2)	0.21
Tolerance of Difference	6.57	2.23	5.06	2.63	6.79	2.67	108 (2)	4.86*
Social Comfort	7.00	3.61	7.24	3.23	7.49	2.88	108 (2)	0.13
Access to Support	15.14	10.88	12.88	8.10	17.06	7.96	108 (2)	2.93
Over all resilience	98.14	36.83	97.85	36.00	1.07	34.04	108 (2)	0.83

*p<0.05

In an attempt to see whether there were statistically significant differences across the three age category of street children in reference to resilience, its dimensions and sub-scales, one way ANOVA was done. The test resulted that statistically significant differences was observed among street children of age ranging from seven to 10 years, 11-14 years and 15-18 years old only on tolerance of difference under the dimension of REL ($F(2,108) = 4.86, p < 0.05$). However, statistically significant differences were not existed across the three age category of street children on the overall resilience, dimensions and specific components except tolerance of difference.

DISCUSSION

According to the findings of many researchers, there are manifold interconnected triggering (both pushing and pulling) factors linked with economic, family and child related problems for the emergence and increasing number of street children in many towns and/or cities of the world [3,7,8,10,26,27]. Researchers like [7,28] listed out the basic reasons of children for coming to street life without specifying the order of regularity as poverty, large family size, family violence, use and exploitation at home, inadequate parental guidance, family dysfunction and disintegration. This is true for the current research finding conducted on streets children in Gondar city that identified poverty, parental use, and parental disintegration due to separation, divorce and death were the reasons for children involvement in street life. In similar fashion, the present research also discovered additional triggering factors like peer pressure, city life attraction and school failure behind the beginning of street life. Consistent with this finding fascination by social services and independent life of the cities, peer influence [7,26,27] and truancy or idleness from school [8] were reported as the main reasons for coming to the life of streets. Moreover, searching for work, pressure from the family and following strangers were mentioned by participants of this research as the reasons to leave home and involving in to the streets. These reasons were not supported by the past researchers except following strangers as found out by [8]. On the other hand, substance use [7] and urbanization [29] were also identified as the triggering factors for children streetism which are not found in the present investigation.

Coming to put these triggering factors for children streetism in order of priority, the outcome of the present study confirmed that children were coming to the streets for the purpose of searching for work which was the second major reason identified by [11,12]. However, the previous research conducted in various countries revealed that poverty [7,8,10,12] and lack of parental care due to family separation or the death of spouses, divorce, the issue of step parents, lack of responsibility towards the children, and lack of knowledge and skills needed for parenting [26] and disagreement with family [11] were cited as the first and foremost factors for the occurrence of children streetism. But, in the current study parental disintegration due to separation, divorce and death was identified as the third major factors cited by street children followed by peer pressure, family pressure, attraction of city life, parental use, school failure and following strangers in order of frequency. Almost in similar manner [11] illustrated peer pressure, attracted by city life, and school failure, looking for lost relative, and following a stranger in order of priority as the third, fourth, fifth and sixth leading factors.

However, poverty or poor economic status of the family was identified as the second major causal factor in the present research finding which along with [26], reported that family economic problems like unable to fulfill children's basic needs and their education is identified as the second major pushing factor of children to move to the streets. This is possibly because poverty may act as a root cause for pushing children in to the city in order to search for work.

This research finding underscored that the majority of participants never taking risk behaviors related to criminality, substance use and

alcohol drinking, and risk sexual practices in the life of streets. Nevertheless, when one tries to refer the specific details of the present research result, almost one-third of the respondents

admitted to rate their degree of involvement at least sometimes in criminal acts like theft, cheating, physical fights with others, carrying knife to attack others, and think and/or trying to kill themselves. This research result in the degree of street children involvement in criminal activities is somehow differed from research outcome conducted in Peru by [15], stated that 70% percent of street children used weapons in a fight with others. Like a say [29] also reported that majority of street children form gangs and have physical conflicts with each other or with other gangs using weapons and sharp instruments, like blades in their fight of each other.

In reference to the degree of substance use like khat, cigarette and hashish, and alcohol taking and intoxication among street children, majority of respondents in this research were not involved in it. However, several participants rated as similar as to the criminal activity i.e around one-third of the participants sometimes and on wards frequent in taking substances and alcohol. This finding is in one way or another deviating from the previous study conducted by [18], revealed that 60% of street children use drugs and almost half drink alcohol; of these, 81% drink alcohol and half use drugs intermittently. Additionally, [13] also reported that large number of street children engage in high risk activities including substance use (khat, cigarette, marijuana, and hashish); alcohol use; risky sexual behaviors (early sex, unprotected sex, and having multiple sexual partners); and antisocial behaviors (violence, criminal acts and theft). Even if there were a little difference in the rate of practice, the present research is consistent with the past local research outcomes conducted by [8] in Adama, revealed that almost one-third of the participants have admitted that they use one or more of local beers like 'tella', 'arekie' and 'teji', substance use like cigarette smoking and khat chewing intermittently and on wards frequently. In contrary to the current research finding, another investigation illustrated that half of the study participants use habit forming substances like cigarette and khat, and alcohol [10].

Coming to the rate of risk sexual activities among street children, above fourth-fifth (82.9%) of respondents did not involved in risk sexual activities. Excluding this, the rest percentage of participants experienced like sex without using condoms and other form of birth control; an unexpected and unanticipated sexual relationship; multiple sexual partners; and with someone they don't know well at least sporadically. Inconsistent with this result, [30] reported that three-fourth of the participants reported having had sexual intercourse at least once. This is also intensified by [8] study conducted at Adama which indicated that majority of the participants had their first sexual experience before the age of 15, but the rate of condom use were very low and one-fourth of street children in her research also reported that having multiple sexual partners. Generally, according to the current research outcome the degree of risk sexual practice were relatively less in comparison to criminal acts and substance use and alcohol intake. The presence of low prevalence especially on risk sexual activities among street children may be usually underreported because it is considered as a social taboo that creates embarrassment and stigma associated with it. Another possible explanation is that since the data were collected by reading the items to the participants, the presence of the data collector may distort the real response the participants.

Another very important concern for the researchers in this study was examining whether there is statistically significant differences in taking risks among street children across sex, age and type of street life. Hence, statistically significant difference was observed between male and female street children in performing criminal acts. That is, the mean score of males in showing criminal acts were higher than females. However, statistically significant difference was not found between males and females on the overall score of risky taking behavior, substance use and risk sexual practice. Even if, the difference in the mean scores did not reach at statistically significant differences across sex, males were higher on the overall risky taking behavior and substance use and lower risk sexual practice than females. Similar to the current research finding, [8] found out that the prevalence of alcohol and substance were more pronounced among male street children than female counter parts. In strengthening this, [28] also revealed that drug use was found to be associated with sex and street boys were more prominently use than

street girls. Another consistent evidence supporting the present research outcome regarding to risk sexual practice among street children indicated that girls were more likely to have reported having regular sexual intercourse than boys and girls practice sexual intercourse more than twice higher than boys of the same category [30].

Concerning the type of street life this study revealed statistically significant mean difference was found between children 'on' the streets and children 'of' the streets in their overall risky taking behavior including all sub-scales of criminality, substance use and alcohol drinking, and risk sexual practices. In other words, children 'of' the streets scored higher mean than children 'on' the streets on the overall risk taking behavior, criminal acts, substance use and risk sexual practice. In line with this, [13] showed that children 'of' the street are more typically associated with theft, drug sales, prostitution and gang activity street working children of course children 'on' the streets. This could be because of children 'on' the streets living within their family and home are more likely usually supervised and under certain level of parental control in which children learn relatively good and very responsible behaviors than children 'of' the streets.

In an attempt to compare street children in relation to the three age category on risk taking behavior, statistically significant difference were observed among participants of age seven to 10 years, 11-14 years and 15-18 years on the overall risky taking behavior, substance use and risk sexual practice. However, even if there were mean score differences found among the three groups in participating criminal acts, the difference was not reach at statistical significance. Generally the present study finding sharply confirmed by [28] clearly demonstrated that participants who were found under the age category of 15-18 years took more drugs followed by age 10-14 years and under 10 years old. Additionally, [8] reported that drug use was found to be associated with age in which alcohol taking and substance use were more persistent among older street children than younger street children.

The current study has found out that majority proportion of street children had moderate resilience who scored from 78-155 on the scale of resilience followed by those who had lower resilience (score from 0-77) and then by those who were found to have higher resilience (score from 156-232). This finding was almost the direct mirror of one recent research conducted by [14] in Bangladesh highlighting that street children were less likely to be resilient, i.e., most children had moderately low-low, followed by low and then moderately high-high resilience.

On the other hand, [7,15,17] illustrated that the presence of many street children who demonstrated resilience and function successfully despite exposure to adversities and challenges in their life in the streets. Another contrary finding of the previous research by Boyden as cited in [30] suggested that though children exposed to adversities within the family or community, significant proportion of children remain resilient. This could be due to the resilience of street children relates to their development of autonomy through freedom and independence where achieving their independence by living on the streets, these children may develop strong attributes of autonomy and self-reliance according to Richter as cited in [31]. The other possible justification is that there is a strongest peer relationship cohesion existed among street children [31,32] that is a source of physical and emotional support in times of adversity i.e. sharing basic needs and supporting each other and also protecting one another from violence and other physical hardships [32] and largely care for each other, communicate with each other, work cooperatively together, teach each other, and sharing problems with acceptance, understanding and companionship [31].

In order to looking at whether there was sex difference regarding to the overall resilience, dimensions and its specific components, independent sample t-test was employed. Thus, statistically significant difference was not seen between males and females on the overall resilience even if the mean score of female street children higher than male counter parts. However, the previous researchers [25] found out girls are generally more likely to report statistically significant higher resilience than boys.

But, the current research result contradicted with the finding of [32] stated that males are more resilient than female counter parts in which girls have cultural influence and gender stereotypes that make them disadvantaged and limit them to use their survival mechanisms, which lead them generally more vulnerable than boys, and girls are at higher risk of negative outcomes than boys. [33] also added that males reported significantly higher survival skills scores than females.

On the other hand, the result of this study revealed that a statistically significant difference between male and female respondents was only found on access to support under REL dimension of the resilience. Indeed, female respondents reported significantly higher mean score than male respondents on access to support. Though, statistically significant differences were not found, the mean score of female street children higher than male counter parts on the dimensions and specific components of resilience except access to support. This is new to the literature since there is no available previous research findings related to this finding at least to the knowledge of the present researchers.

The current research found out the presence of statistically significant differences between children 'on' the streets and children 'of' the streets on the overall resilience and the three dimension of resilience scales; REA, MAS and REL. This finding seems to be contrary to Greksa et al. as cited in [31] who reported that the absence of significant psychological health differences between street living and home living children.

Similarly, statistically significant mean differences were found across all specific components of MAS (adaptability, self-efficacy, optimism) and REL (trust, tolerance of difference, social comfort, access to support); and only sensitivity sub-scales of REA. In general, children 'on' the streets had statistically significant higher mean score than children 'of' the streets on the overall resilience, the three dimensions and specific components of resilience except recovery and impairment specific components of REA. This may be somehow inconsistent with [18] revealed that children 'on' the street and children 'of' the street scored similarly on activity, adaptability and task orientation.

In an attempt to see whether there were statistically significant differences across the three age category of street children in reference to resilience, its dimensions and specific components, one way ANOVA was done. The test resulted that statistically significant differences was observed among street children of age range seven to 10 years, 11-14 years and 15-18 years old only on tolerance of difference specific components under the dimension of REL. However, statistically significant differences were not existed across the three age category of street children on the overall resilience, dimensions and specific components except tolerance of difference. Supporting this outcome [14] confirmed that there is no difference in levels of resilience as a function of age. Meant, in spite of children stayed longer periods of time on the streets, it does not erode the level of resilience. However, on the contrary, [25] pointed out that the level of resilience significantly decreases with age as they stayed for a longer period of time in the streets.

Limitation

This research is not far from limitations. One such limitation is that the sample size of the study was relatively small in numbers and not representative of street children in the city who were selected using purposive sampling technique, so the generalization is restricted to the participants not for the population. Since the data were collected by reading all the items to the participants, the data collection process may affect the accuracy of the data because the presence of the data collector may distort the response of the participants.

CONCLUSIONS

Searching for work, poverty, parental disintegration, peer pressure, family influence, city life attraction, parental abuse, school failure and following strangers were the triggering factors for children to come in to street life in order of regularity. Though majority of street children had never involved in risky taking behaviors, considerable number of children were shown

criminal behaviors, taking substances and alcohol, and involve in risk sexual practice sometimes and on wards above.

Males perform significantly more criminal acts than females.

Children 'of' the streets involved in overall risky taking behaviors including all specific components of criminal acts, substance and alcohol use, and risk sexual practice more significantly than children 'on' the streets.

Street children of age from seven to 10 years, 11-14 years and 15-18 years were significantly differ on the overall risky taking behavior, substance and alcohol use, and risk sexual practice. Though it was true for criminal acts among the three age category, the difference was not reached at statistical difference.

Most of the participant street children have moderate resilience skills.

Female respondents reported significantly higher mean score than male respondents on access to support under REL dimensions of resilience. Though, the mean score of female participants higher than male participants almost on the overall resilience, its dimensions and sub-scales except access to support, these differences did not reach statistical significance.

Children 'of' the streets had significantly higher mean score on the overall resilience and dimension of resilience (REA, MAS and REL) and across all specific components of MAS (adaptability, self-efficacy, optimism) and REL (trust, tolerance of difference, social comfort, access to support) and only sensitivity specific components of REA except recovery and impairment.

Statistically significant differences was observed among street children of age range seven to 10 years, 11-14 years and 15-18 years old only on tolerance of difference under the dimension of REL. However, the difference on the overall resilience, dimensions and specific components except tolerance of difference was not reach at statistical significance.

RECOMMENDATIONS

It is plausible to recommend for governmental and non-governmental organizations to create work opportunities for children in their own original residence before coming to the streets for searching work and reunite street children with their families where they still exist and improve the economic status of the families of street children by providing support.

To address the problem of street children, interventional practices should be focused on reducing risk taking behaviors and increasing resilience in street children by providing comprehensive life skill trainings especially for children 'of' the streets.

It is also recommended that the next researchers use self-report instruments and large representative sample size that may help for better generalization to the population of the study.

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