



Street Children's Drug Abuse and Their Psychosocial Actualities Synchronized with Intervention Strategies in South West Ethiopia

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Abstract

Today's children in developing countries are growing up in an increasingly stressful circumstance. As consumption of substances is increasing, the age of beginning is falling. Hence, this research examined street children's drug abuse and their psychosocial actualities synchronized with intervention strategies. Explanatory sequential research design was employed. A total of 150 street children and four key informants were selected through simple random sampling lottery method and purposive sampling technique respectively. Questionnaires, interview guides, FGD probes and observation checklist were employed as tools of data collection. The result of the study portrayed that sniffing glue and gasoline were becoming the drugs of choice for most children living on the street. Further, street children faced various psychological and social strains from absence of meeting their basic social needs and services to certain disorders like depression, anxiety, and stress. Government bodies' interventions were limited and inconsistent that only under goes informal education that could not bring considerable change; it lacks solidity and incompatibility with the number of street children runaway over a time in the study area. In conclusion, most of the street children in South west Ethiopia were at adversary peak of drug abuse and psychosocial challenges. Thus, South-West areas Women and Children Affairs Offices, Labor and Social Affairs Offices and NGOs working on these matters ought to take these issues into greater consideration and act accordingly. In collaboration with professionals, they also need to work on drug free child sensitive preventive and rehabilitation counseling and other psychosocial support.

Keywords: Children Drug Abuse; Intervention Strategies; Psychosocial Actualities

1. Introduction

1.1. Background

Children on street are those individuals experiencing poverty and life difficulties on street life (Van den Brink, 2015). Drug abuse is highly noticed in adolescence and adults since the stages are characterized by transition, independence from parents and seeking close ties with peers and friends (UN, 2019). However, in recent years consumption of substances has increased all over the world and the age of beginning of abuse is increasingly falling and its impact became unbreakable. As a result,

street kids struggle to survive is becoming harder due to high levels of drug use which is seen as the hidden epidemic (De Capua, 2013).

Life on the street is characterized by various psychosocial challenges such as abuse, prostitution, substance abuse, gangsters attack, crime and human rights violations and the lack of capable to control these injustices against them has a detrimental effect on street children's development and often has serious psychosocial consequences, such as distrust in people, lack of self-confidence and negative interpersonal relationships (Hai, 2018). Furthermore, children living on the streets are threatened, exploited and exposed to physical, sexual and emotional abuse on a daily basis by the community, the authorities and other street dwellers. This leads to feelings of sadness, fear, anxiety, misery, despair, hopelessness, helplessness and suicide ideation, which in turn lead to drug abuse and criminal activities (Myburgh, Moolla and Poggenpoel, 2015).

The street children embody one of the most neglected and fast growing minorities and one of the biggest challenging issues in the Philippines (Manapsall, Alcaraz, Antoquia and Francisco, 2015). Similarly, (Purna, 2009) the study conducted in Tanzania revealed that street children are amongst the most vulnerable and marginalized members of society, often lacking access to food, shelter, health care, security and education.

Similar conditions appear to be real in Ethiopian context, as of other world, where a number of children congregate on streets of all the towns, be it small or big. Since Ethiopia is a developing country, its urban areas are challenged by the growing intensity of street children (MoLSA, 1993). But; there is no comprehensive statistical information on street children in Ethiopia. Deliberating to some estimate, street children in Ethiopia have become a countrywide epidemic, with over 100,000 population among which most of them are living and/or working on the streets of Ethiopia's cities. And out of them about 2,555 are found in the streets of Hawassa (FSCE, 1993). Street children in Hawassa town of Ethiopia were also vulnerable to wide range of violations- verbally, physically and sexually abuse characterized by worse negative attitude of general public who were insensitive to their problems (Shimelis, 2015).

In curbing these challenging reality exerted on street children, taking all the responsibility for the goals of child survival and development is not action carried on by the government alone but the task remains formidable (Manapsall, Alcaraz, Antoquia, and Francisco, 2015). According to (Masten, 2011) reducing risk and improving the amount or quality of protective factors in the lives of high-risk children are two focus areas of attention for intervention. The first form of intervention includes policies that prevent homelessness from occurring in the first place, through increased services such as public housing. The second forms of intervention include mentorship programs, school curriculum designed to foster self-regulatory skills, interventions focused on increasing parent warmth and sensitivity, and improving schools in low income areas (Amy, 2013).

However, the present condition of street children necessitates social intervention to address the present problems of street dwellers by ensuring sustainable livelihood options among them (Habtamuand Arindam, 2016). Correspondingly, (Gudina, Nega and Tariku, 2014) suggested vulnerable street children in Jimma town are exposed to various social and psychological problems which need special attention from all concerned bodies.

Thus, so as to curb the hardship situation of these children, many NGO's and Jimma Town Women, Children and Youth Affairs Office intervening this actuality by reunifying children to their original family. But, after few days or months, these children come back to the town and begin to lead street life since basic livelihood conditions were not facilitated in the home environment. Besides, non-governmental organizations operating in the areas offer insufficient support to few children in terms of

the massive coverage. Consequently, a number of children are still in a difficult situation and seek immediate attention in and out of the town.

In Ethiopia, few studies were conducted to shed light on the psychological, health and social problems of street children. Besides, some of these previous studies regarded their work at intervention stand points alone as portion of their recommendation.

The current study, however, was conducted to explore street children's drug use, the psychosocial realities they faced and intervention strategies. Thus, the primary objective of this study was to examine street children's drug abuse, psychosocial actualities of these children concurrent with intervention strategies desirable for these children in the study area.

1.2. Objective of the Study

1.2.1. General objective

The general objective of this study was to examine street children's drug abuse and psychosocial actualities synchronized with intervention strategies in Jimma Town.

1.2.2. Specific objectives

The specific objectives of this study were to:

1. identify reasons street children use drug during their street life.
2. examine psychosocial actualities street children face on street.
3. scrutinize whether street children were resilient from drug use or not.
4. identify intervention strategies important to minimize difficulties of street life among street children.

1.3. Significance of the Study

Every individual including children have right to learn and kept safe. Thus, the present study has much importance for policy makers and pertinent bodies genuinely concerned for the welfare of street children at various levels. Moreover, this study shed light on the role that government organizations and NGO's used while intervening the challenge of street children. It also provides required input for professionals, further researchers, policy makers, and humanitarian organizations to make these children drug free and build their resilience.

2. Methods and Materials

2.1. Research design

Explanatory sequential research design was employed. Quantitative research was employed first as a major approach substantiated by qualitative method.

2.2. Population, sample size and sampling techniques

2.2.1. Population

Total population of the study were 1,213 street children who were on street and off street of two kebele's (Becho Bore, Hirmata Merkato, an) of Jimma town and Agaro Twon. Study area were selected purposively based on the availability of street children.

2.2.2. Sample size

Of 261 teenagers target population (street children between the age 10 and 15), 150 street children and 4 key informants total 154 respondents were selected. For ≤ 300 target populations, at confidence level 95% and margin of error 5%, 169 is possible sample level (Cohen, Mansion and Morrison, 2011). Thus for population 261, 148 sample size is appropriate. Accordingly, researchers adopted sample size level set by professional researchers.

2.2.3. Sampling system

The study employed probability sampling system which is simple random sampling technique lottery method. The purpose to use simple random sampling was that it is bias free, representative, and easy to administer. Key informants were selected by purposive sampling technique because they had trustworthy information about street children.

2.3. Methods data collection

In this study, questionnaire, interview and focus group discussion methods were employed. While these methods were employed, close-ended questions, interview guides FGD probes and observation checklists were used.

2.3.1. Questionnaire

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

2.3.2. Interview

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

total 17 respondents were interviewed to explore the meaning, understanding of the problem, children's moral compass and intervention strategy for street children.

2.3.3. Focus Groups Discussion

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

2.3.4. Observation

Non participatory observation was used to understand emotion, experience and over all states of street children after and before sniffing glue and gasoline. The observation was made early in the morning before they inhale either mastish or petrol and afternoon time during they come together in group of three and above individual to sniff it.

2.4. Procedure of data collection

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

2.5. Method of data analysis and reporting

Data was analyzed both quantitatively and qualitatively. Quantitative data obtained through questionnaires was analyzed using SPSS version 21 software. So as to minimize decision error right through the study, 0.05 level of significance was used. Psychosocial conditions of street children were analyzed by descriptively statistics test (*M*, & *SD*). Data from interview, FGD and observation was analyzed through interpretive content method of qualitative data analysis. Verbal expression and behavioral manifestation was categorized, classified and summarized in to purpose and resilience of drug use.

2.6. Ethical considerations

Ethical clearance was received from the Ethical Committee of Research and Postgraduate Coordination Office of the College of Education and Behavioral Sciences of Jimma University. Permission to access the children was also obtained from Jimma Town Women and Children's Affairs Office. Informed consent was obtained from all participants involved in the study. Young people were debriefed and appreciated for their participation and cooperation. Anonymity codes were assigned to all participants' response and all information obtained was kept under strict confidentiality.

3. Results

3.1. Street children reasons to use drug during their street life course

As data obtained through interview and focus group discussion indicated, street children use glue the so called mastish and gasoline for different purpose.

3.1.1. Purpose for mastish /glue/ sniffing

Interview and FGD result revealed that most of the street children experiencing anxiety in the form of uneasiness, fantasizing threatening events and worry. Besides, they reported that feeling of worthlessness, guilt and hopelessness about their fate in life was a challenge. As these children responded during the interview and FGD, whenever they think about their prospect, they worry about and feel restless presuming that as far as dwelling on the street is extended; their future life would be gloomy and disastrous. Thus, they prefer to sniff glue so as to forget the state in which they are living.

The FGD discussants forwarded their idea, stating that:

When people withhold their valuable facial expression and emotional companionship, we mislay internal strength and get down. Hence, it takes much time to recover to our early strength and we stay in disappointed situations. We lose meaning in life. How long (days and years) we exist like that is our great concern. That is the reason why we spent all of the money gained through begging or other activities on “sniffing mastish and other inhalants”. From the time we sniff glue on, we feel energetic; free from worry about what people think of us and how people judge since it avoids our sorrow for a time being. Furthermore, sniffing glue help us to get strength and live in our own world and in our own frame of reference forgetting others style of life.

The reality of using glue and mastish had bad consequences and moribund effect on the thinking and emotional control of these children. The bad feelings, wrong presumptions about self and others, emotional aloofness, sway and erroneous allegation are some of the psychosocial actualities of streetism. If situations were/are not managed early and intervened on the spot, it may lead to self-hurting or property destruction or looting, robbing and stealing of human assets.

3.1.2 Purpose for using gasoline

As street children reported living on the street is full of aversive not only in terms of physical, sexual or psychological abuse. Hunger, sunlight scorch in winter and rain and cold in summer seasons are some of the problems they are facing.

An interviewee reported that:

One of the remarkable and never forgot able every day event is hunger. Unless we have got money working on the street no one afford as daily bread. But if one of our friends get money we never use that money privately. Thus, we send one of our friends to by “Bulle” leftover food amalgamated together. If we have no money to by remnant food, we by petrol or gasoline by little money and we sniff it. Soon, we sniff the gasoline we feel free of hunger. If we get gasoline looking for bread or any other food is not our big deal. But when the gasoline is end up from the bottle or plastic which is called “highland” we decide to look for another alternative Mastish sniffing that make us energetic even when we did not get food throughout a day.

As the participants of the study articulated street children use gasoline as a means of resisting and adapting hunger.

3.2 Psychosocial actualities of street children

Life on the street is characterized by various psychological aspects. In consequence of street life, psychological facets that those children might face were stress and depression which was presented in the following section.

Table 4.1 Psychosocial actualities of street life that street children experience

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

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

Table 4.1 depicted that street children in the study area experienced anxiety ($M=2.74$, $SD=.66$), depression ($M=2.3872$, $SD=.48556$), lack of basic social services ($M=2.40$, $SD=.395$), and ($M=2.13$, $SD=.39$) social support inherently. This shows that street children encountered anxiety ‘most of the time’ where as they experienced depression, basic social services, social support ‘rarely’.

The interview result further depicted that street children in Jimma town were exposed to wide range of violations of their rights when carrying objects and/or materials from place to place like not paid the agreed imbursement for the materials they carried.

Regarding this issues, some of the interviewee suggested that:

At the night, we either got snatched away or enforced to cosign all the money we got working and begging on the street by street adults and gangsters. If we do not give the money we have collected working on the street, streets adults and gangsters scratch or cut parts of our body (face and hands) using surgery blade and put us under physical coercion. On the top of this defiance on us, the owners of temporary rented houses may tolerate us not for more than two or three days; if we are unable to pay them.

Moreover, the key informants suggested that after street children sniff glue, they run here and there without watching out for car, motor cycle, and any other movables and even they violently get to and run into the speedy driving car chasing away or giggling with the other.

Data from street children interview also supported the abovementioned viewpoints stating that these children get troubled due to the hunting done by policemen and gangsters who some of the times hit and cutoff and/or splint their bodies with police twigs and gangsters surgery blood. In addition to these, the interviewed children reported that they worry about their life because the money they secure through different activities from on the street is not enough to save. Hence, whenever they get sick and left with no money; they have no one who may stand by them to assist, where they stay in strain until they get well in the help of creator.

3.3. State of resiliency from drug use

Looking into state of resilience of street children in particular to using drug abuse was explored using interview and FGD. Street children internal strengths, behavioral flexibility, endurance, control and commitment in active problem solving techniques, a sense of control over the situation, positive memories, interpersonal relationships, fresh insights and a sense of purpose, self-efficacy that deal with competent and confident in dealing with stressful events, self-efficacy and resourcefulness that help them to be willing to seek help from others when needed was explored. Their intention and commitment to give up mastish and gasoline sniffing was discussed.

As focus group discussion discussant gave their testimony:

Living on the street by itself has nothing to prefer. The first time we run away of our family is characterized by disorient, fed-up, gloomy days and full of confusion to turn back to family or stay deaf to the challenges and love unlovable. This time is the bizarre time when most of us prefer to engage in sniffing mastish and gasoline as an option less option. Giving up mastish or gasoline sniffing is not as easy as layman think; since it is our last and only means of staying alive when people reject us, when situation hurt us, when there is nothing to look with hope, and when all things look dark. When things go upside down, we never bargain for something better will be happen in the days to come.

Thus, data from the interview, focus group discussion non participatory observation revealed street children had low level of resilience in both turn back to family and also stay free from sniffing mastish and petrol.

3.4. Intervention strategies for street children

As it had been stated and obviously observed, street life has notable adversity on individual and societal life aspects. So as to scrutinize useful intervention strategies for street children, communicating with stakeholders and the beneficiaries seems critical. In doing so, understanding the reality behind street life and conditions that forced these children towards street life and actualities that may face has to be examined. Based on the study so far done, intervention strategies operating for street children were focusing on what has to be done through interview conducted with different part of the society, government and non-government organizations excluding beneficiaries. As interviewees from both governmental and nongovernmental organization suggested, no correctional, outreach, and preventive strategies /were/are being provided in the study area. As these respondents stated:

There are large number of street children in Jimma town who flow from different wereda's of the Jimma Zone and SNNPR of Ethiopia. These children envisaged that Jimma as the center of trade from South West part of Ethiopia; they assume that they can easily change their life after getting to Jimma town. Due to this supposition, enormous numbers of children run away from their families to Jimma town. When the reality stands opposite to their presumptions, they fail of their mind's eye. Hence, with no alternative, they begin to be partaker of street life. Gradually but surely, they begin to partake in various substance use such as mastish, alcoholic drinking, khat and jump to realize what is happening in their environment like watching different films and even searching for leftover food stuff –local name called “bulle”. Do you to these actualities, it is so difficult to restore them to their normal position and also reunify and reintegrate them with their families.

As other respondents also suggested, intervening street children is not as easy as assumed, because once these children begin to use various substances, they soon get in to addiction. Besides, when working to reunify them in the family settings, the basic challenges and issues that push or pull them to street life were not controlled properly from the grassroots. Due to these eventualities, the effort of Jimma Town Women and Children Affairs Office and Oromia Region Women and Children Affairs

Bureau works to reunify and reintegrate street children to family life by providing short-term training and informal education fails after a few periods. Few days after reunification, the children join streets where they run away again and again.

As of the study result obtained through interview intervention strategy being provided by non-government organizations were only rehabilitation and reunification in line with the government strategy; but, the service is incomparable when equated to the number of street children in Jimma town. Data obtained from the participants of the study also revealed that of total 137 street children, 34(24.81%) of them were run away for two and more than times. Out of 34(24.81%) who rerun away after reunification only 1(2.94%) was street child who was reunified by NGO after rehabilitation whereas the rest 33(97.05) were those who were reunified by Women and Children Affairs Office through informal education. This shows that, large number of children who were reunified through informal education by government organization rerun back after reunification than those children who get rehabilitation service by nongovernmental organizations. But, this area is left for further study where the more number of children involved in the study and more stakeholders involve.

As observed from discussants view above, governmental organization intervene the problem through reunifying them to family locations while nongovernmental organization rehabilitate first before reunifying; yet number of street children incorporated in rehabilitation and number of street children run away overtime is imbalanced. Furthermore, there are no other intervention strategies (correctional, preventive and outreach) being provided that may involve beneficiaries' life actualities in to attention when intervention is sought.

4. Discussion

Descriptive methods and qualitative analysis results revealed that street children face various psychosocial challenges when they are living on the street. Among these: absence of meeting their basic social services and needs like food, cloth and securing sleeping places. Similarly, the qualitative study identified challenges faced as lack of access to services such as health, education and recreation, psychological restlessness, depression, anxiety, bad feelings about self and others; and several psychosocial aspects as major challenges. Analogous to this study, a prior study showed that street children face infinite challenges (Mahderehiwot, 2014). Another study also suggested there was an apparent lack of organized health and social service for street children (Ayub, Kumat and Shora, 2015). This study therefore is consistent with these findings. Similarly, study conducted by Myburgh and others revealed that street children show sadness, fear, anxiety, misery, despair, hopelessness, helplessness and suicidal ideation, which in turn lead to drug abuse and criminal activities (Myburgh, Moolla and Poggenpoel, 2015).

Furthermore, the qualitative part of this study identified that street children exposed to physical abuse and substance use, particularly glue sniffing-local name "Mastish". A Prior study also revealed street children are confronted to addictive chemical components of the glue (Derivois, Hébert, Amédée and Karray, 2018). Previous research portrayed that a huge majority of the street children are addicted to different types of substances among smoking and glue sniffing are most famous (Nasir and Siddiqui, 2017). Like this study that shows street children had experiencing glue sniffing, Gosa study also revealed that street children sniff glue and has immediate and long term devastating health consequences; brain damage, paralysis, kidney and liver failure and eventually gateway drug for other drugs and risky practices, increased HIV/AIDS risk, and death (Gosa, 2017).

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

Nongovernmental organization implement rehabilitation intervention strategies and number of street children encompassed in rehabilitation and number of street children run away overtime does not fit always. In line with this study, Barnes and his colleagues also suggested that current rehabilitation services for street children are often lacking (Barnes, Chege, Bustrum, Girgius and Caddell, 2018).

Conclusion and Recommendations

Street children faced psychosocial problems such as absence of meeting their basic social needs and services like food, clothes, secure shelters. They also experienced stress, depression and anxiety. Further, these children use substances particularly sniffing glue which is called “*Mastish*” and gasoline in which they had weak resilience. To reach for these children, government bodies reunify and reintegrate them without proper rehabilitation, a practice which was done through simple informal education. But, NGOs provide rehabilitation services for few street children which is not sufficient and supported by professionals. Even the rehabilitation services provided by these NGOs were incompatible with the number of street children runaway over a time. Hence, reunification without suitable rehabilitation could not bring considerable change in the study area. Thus, Women and children affairs office, Labor and Social Affairs Office, Jimma University Community service directorate and NGOs in the study area need to work on protective model to curb the runaway volume.

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Reference

- Amy, R. (2013). Risk and Resilience in Homeless Children. University of Minnesota: Coffey Hall
- Ayub, T., Kumat, D., Shora, N.,(2015).Psychosocial, demographic, health and educational characteristics of street children.
- Barnes et al.,(2018). Kenyan Street Boys: The Effect of Individual Experiences on Psychological Well-Being. African Journal of Clinical Psychology.Vol. 01(02).Azusa: Pacific University

- Cohen, L., Mansion, L., Morrison, K.,(2011). Research methods in education. 7th edition: New York: Routledge.
- D'Abbs,P., Shaw, G., and Field, E., (2017) The impact of subsidized low aromatic fuel (LAF) on petrol (gasoline) sniffing in remote Australian indigenous communities Substance Abuse Treatment, Prevention, and Policy (2017) 12:38 DOI 10.1186/s13011-017-0121-6.
- De Capua, J., (2013).Drug Abuse is Major Threat to Street Kids.
- Derivois, D., Hébert, M., Amédée, L., Karray, A.,(2018). Multiple traumas and resilience among street children. Haiti: Canada. Psychopathology of survival.
- Ellen, H. (1999). Homelessness and its Effects on Children: A Report Prepared for the Family Housing Fund.
- Ethiopia Country Report (2014). General condition of Ethiopian children: Ethiopia. P; 89.
- FSCE.(1993). Sample Survey on the Situation of street children in Eight Major Towns of Ethiopia: A StudyUndertaken by Forum on Street Children Ethiopia in Collaboration with Pact- Ethiopia and USAID;.PP13-37.
- Graham, P. (2015).The 'street children' of Latin America: vol. 28 no 1p.21.
- Gosa, E., (2017). Glue sniffing street children of Addis Ababa: A New Epidemic Narrative review of the literature; Addis Ababa: Ethiopia.
- Gudina, A., Nega J, Tariku A. (2014). The situation of orphans and vulnerable children in SelectedWoreda and towns in Jimma Zone: *International Journal of Sociology andAnthropology*.
- Habtamu, W., Arindam L. (2016). Livelihood of Street Children and the Role of Social Intervention: Insights from Literature Using Meta-Analysis: Child Development research. India: Burdwan.
- Hai A. (2017). Problems Faced By the Street Children: A Study on Some Selected Places in Dhaka City: Bangladesh: *International journal of scientific & technology research*.
- Joshi, M., and Vankar,G., 2014 Gasoline Abuse in a 10-Year-Old Child with Mental Retardation: A Case Report. Substance Abuse: Research and Treatment 2015:9 5–8 doi: 10.4137/SART.S20148.
- Lovei, M., (1998). Phasing out lead from Gasoline world wide experience and policy implications:World Bank technical paper.
- Manapsal1, P., Alcaraz, A., Antoquia, C., Francisco, B.,(2015). Physical-Psychosocial condition of Street Children in Dasmariñas City: *International Journal of Socialscience and Humanities Research*; 3 (4), pp: 382-402.
- Mahderehiwot, A. (2014). The experience of street children in the rehabilitation program of kirkos sub city: the case of drop in rehabilitation center project (dirc) child space program: Addis Ababa, Ethiopia.
- Masten,S.(2011). Ordinary magic: Lessons from research on resilience in human development.Education; 49(3), 28-32.

- MoLSA(1993). Study on Street Children in Four Selected Towns of Ethiopia. Addis Ababa, Ethiopia.
- Myburgh, C., Moolla, A., Poggenpoel, M.,(2015).The lived experiences of children living of the streets of Hill brow: South Africa.
- Nasir, M., Siddiqui, F. (2017).An analysis of causative factors which push and pull the children out of their home into the street world at Lahore. *International Journal of Asian Social Science: journal homepage*.
- NCH(2007). Resilience in Children and Young People: The Bridge Child Care Development.London.
- NCHE(2013).Resilience and at-risk children and youth: Retrieved from <http://www.serve.org/nche>.
- Purna, S. (2009). Reaching the marginalized- How to approach Inclusive Education. Dares Salaam: Tanzania.
- Riikka, S. (2010). The success and challenges of reintegrating street children through non formal education in Maputo city: Mozambique.
- Shimelis, K. (2015). The Situation of Street Children in Urban Centers of Ethiopia and the Role of NGO in Addressing their Socio-Economic Problems: The Case of Hawasacity.
- UN (2019).Department of economic and social affairs yout.
- UNICEF (2007). Protection and promotion of the rights of children working and/or living on the street.
- Van den Brink, A.,(2015).How poverty affects street children psychologically.
- Woan, J., Lin, J. &Auerswald, C.,(2013). A systematic review health status of street children and youth in low and middle income countries: *Journal of Adolescent health: Washington: America*.

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