

Major Problems in Street Life of People at ‘Risk’, the Case of Selected Areas of Harari Region, Ethiopia

Endris Seid Kassaw*

Department of Psychology, Haramaya University Harar, Ethiopia

Corresponding author: Endris Seid Kassaw, E-mail: endris22@gmail.com/endris.seid@haramyauniversity.edu

ARTICLE INFO

Article history

Received: December 19, 2018

Accepted: January 29, 2019

Published: January 31, 2019

Volume: 7 Issue: 1

Conflicts of interest: None

Funding: None

ABSTRACT

The purpose of this study was to identify the prevalence of major problems in street life of people at ‘risk’, the case of Harari Region, Ethiopia. Participants’ sex, age and level of education were taken to be variables of the study. The researcher used descriptive survey method to study the problem. Study participants were selected using snowball and purposive sampling methods, and data were also collected by using questionnaire, interview, focus group discussion, observation and document review. Data collected through questionnaire were analyzed quantitatively using descriptive statistics; and data collected through interview, focus group discussion, observation and document review were analyzed qualitatively using narration. The study revealed that the prevalence of major problems in the study area were identified as migration (20.6%), begging (15.3%), drug abuse 11.8%), commercial sex work (11%) sexual abuse/harassment (10.4%), human trafficking (10.2%), conflict and aggression (9.2%) and traditional harmful practices (8.8%). Although there were differences in some specific problems, generally, more females than males, as well as more children than youths were faced with problems in street life of people at ‘risk’. Furthermore, more participants having elementary educational background than high school were also faced with problems. Study population, their families, community at large and other concerned bodies are recommended to get trainings and support in areas of conflict management, family education, community based empowerment, vocational education, advancing employment and job opportunity, rehabilitation, community health care initiatives, business education, entrepreneurship and recreational entertainment, psycho social support, and income generation initiatives.

Key words: Prevalence, Problems, Street Life, Peoples at ‘risk’

INTRODUCTION

According to Adams (1995), risk can be considered as both the probability for and the consequences of the happening of an event among individuals or peoples. In the same way, risk refers to uncertainty about and severity of the events and consequences (or outcomes) of an activity with respect to something that humans value (Aven & Renn, 2009). One of the major hazardous phenomenon or social problems encountered by people in different nations worldwide is the risk of street life’. Street children, for example, are a global phenomenon, Asian, African and South American countries are more affected by the problem and it varies from country to country (Lalor 1999); and the phenomenon of street life is an everyday social reality in many countries as far apart as Brazil in Latin America, Nigeria in West Africa and the Philippines in Asia. It is a distinctive urban feature to be as old as the cities themselves (Gichuru, 1993). Street life is a living condition and an adaptive response to stress experienced by all vulnerable population or peoples living in poor conditions in any country. In support of this idea, Kaime and Atterhög

(2012) express peoples of the street life as people who live a public life on the street, frequently they are homeless, refugees, people with psychosocial/health problems, vagabonds, mentally ill, beggars, sexual workers, raped ones, disabilities/disadvantaged ones, poor, migrants, laborers, and the addicted and abused ones all whom often have a transient lifestyle; in addition, Densley and Joss (2000) states that people of the streets regard the street as their home: it is the place where they live, where they work and develop bonds with other people of the streets. The living situation of street is filled with difficulties and often related with drug abuse, violence, crime, family disruption, abandonment, disease, prostitution, and so forth (Debrito, 2014). This indicates that peoples in the life of street face complex living situations and social factors, such as poverty, family violence and unstable living conditions. They are also emotionally and physically vulnerable population.

In this regard, millions of street people around the world live in situations that put them exploitation, abuse, and discrimination while living or work at street. In such a life,

there were approximately 100 million children in 1993 in the world that lived on city streets without care or shelter (World Health Organization 1993), a figure that doubled in a three-year period (200 million in 1996). In support of this figure, UNICEF in (1996) reported an estimated 100 million children worldwide live at least part of their time on the streets. India has the highest number of street children with about 11 million children staying and living in the streets.

Furthermore, in Australia, a country of under eighteen million people, the Human Rights and Equal Opportunity Commission (Burdekin 1989; O'Connor 1989) estimated that between fifty thousand and seventy thousand youth were homeless or in danger of becoming homeless or street life. The same report stressed that homelessness or street life was not merely a condition of being on the streets or the threat of homelessness, but also having a highly mobile life or otherwise lacking security without dependable caregivers.

In a global context, the problem of street children has started and it is increasing dramatically. Although the phenomenon of street life in Africa is originated from colonialism, some countries' report shows that the phenomenon is considered as a recent development starting from early 20th century. For instance, in 1991, there were a record of approximately 200- 300 street children at Dares Salaam, Tanzania; and in 1995, 3,500 street children were also recorded (Bamurange, 1998). In 1975, there were 115 street children in Kenya with an increment of 1,700 in 1990, and 150,000 in 1997.

Some studies in Ethiopia, indicated that there are several thousand youth who are homeless sleeping on the streets of Addis Ababa, and girls constitute a significant number of homeless individuals (Tadesse & Mengistu, 1996). According to the Labor and Social Affairs Ministry, 150,000 children live on the streets in Ethiopia (UN Office, 2008); however, aid agencies estimate that the problem may be far more serious, with nearly 600,000 street children country-wide and over 100,000 in Addis Ababa alone. Baynesagn (2006) confirmed that the number of homeless girls and women in Ethiopia is growing though the government does not have a plan to address the issues of street life or homeless due to yet such problems that most individuals are facing has not been fully studied.

According to the explanation of Lalor (1999), the main problems that drive children to street life were listed as abuses, neglect, family disintegration, parent separation through divorce or death of a parent, remarriage, poverty in families and communities, lack of money, lack of basic necessities such as schooling, the need to work and support themselves and their family, and alcohol. It was also confirmed by report of UNICEF in (2000) that 62% of the people particularly children had left their home because of neglect, lack of supervision and affection and the other 82% them also through abuse whether by family or at work in the cities of Cairo and Alexandria. Veale and Doná (2003) provided reasons on why people spend time on streets and listed some of them as follow; poverty and dysfunctional family environment, family breakdown, divorce, step parenting, domestic violence, beating, rebuke, lack of community support, breakdown of support networks; lack of parental education about child care

and development, conflict in family and stress management skills by the parents, and assorted family problems including abuse as well as desire for consumer good.

Ward and Seager (2010) have also indicated push factors of children for street life, such as situations of abuse, domestic violence or poor family relationships. According to Judith (1994 as cited in Baynesagn, 2006), the unavailability of affordable housing, unemployment, migration, and early childhood experience create potential homeless people. Poverty, family breakdown or instability and peer pressure were also indicated as the main reasons forcing children to the streets (Global Security Organization, 2008).

According to Mokomane and Makaoaes (2015), the causes of children living on the street in Ethiopia has been attributed to a combination of socio-economic factors, such as high levels of unemployment, family poverty, increasing levels of union instability and dissolutions, lack of family support systems, high virus (HIV) prevalence, substance abuse and domestic violence.

Even though there are ever-growing body of researches in the world and in the context of Ethiopia on causes, consequences and other related issue of street life, much of which focuses on street children only through neglecting the other age groups of people since previous studies focus on sub-groups of street people haphazardly, their results fail to show the accurate prevalence of problems in street life of people at 'risk' locally or globally. The gap, particularly, in the context of Ethiopia, has created challenges in having clear understanding of the issue in terms of peoples' socio-demographic variables such as sex, age, level of education and others; and to come up with different early intervention programs which fit the various characteristics of such target groups.

Thus, this study has its own contribution in filling the gap through showing the prevalence of major problems in street life of people at 'risk' only the case of selected areas of Harari Region, Ethiopia.

As the purposes of this study show, the findings will give insights on prevalence problems with the consideration participants' socio-demographic variables like sex, age and level of education. The study findings will give hints for all concerned bodies to make decisions by prioritizing the nature and magnitude of problems in street life of people at 'risk'. in study area. The study enables individuals and concerned bodies to recommend effective intervention programs in making peoples at 'risk' be the members of productive society. The study may further help as a cornerstone for researchers who want to engage in the same area of investigation.

Research Questions

1. What are the major problems in street life of people at 'risk'?
2. Which sex groups of people at 'risk' are highly exposed to problems in their street life?
3. Which age groups of peoples at 'risk' are highly exposed to problems in their street life?
4. What levels of educational differences are observed among people at 'risk' facing with problems in their street life?

METHODS AND DESIGN

Study Area

Harar, - the capital city of Harari Region in Ethiopia, is known as 'the Africa's Mecca' and has been marked by UNESCO as its 1,010th anniversary due to unique heritage. In this place, hyenas were called young priests. And in every new year of the Arabic calendar, people have a porridge feast for hyenas in the four corners of the city. If the hyenas come and accept this offer, people traditionally say that they have a good future otherwise bad. This shows how the people in Harar have lived side by side with hyenas for a century which in turn shows how the city is a sign of living in peace and tolerance for peoples of different ethnicities and diversified cultural backgrounds. The city is considered as the first place where Muslims migrated to from the Arabian Peninsula. Thousands of people from across the country as well as international tourists have come here to celebrate Harar Jugol, - the official name of the ancient walled city. Harar and the Harlaa people are around 7,000 years old, but the city itself was founded over a million years ago. According to the census conducted by statistical agency of Ethiopia (CSA) in 2007 E.C, Harari has a total population of 183,415 though currently it is estimated to have increased to a significantly larger population. Most of the indigenous people of the city live by cultivating cha'at, cash crops, coffee, vegetables, orange, etc. The city is also known in trade and there is high money transaction in the region from other different means of livelihood.

Study Design

This study was conducted to describe problems in street life of people at 'risk' to have clear understanding with respect to prevalence across the various demographic characteristics (sex, age and level of education) of study population through gathering data on the existing situations under the study. To this end, the researcher used descriptive survey research method because employing this method helps to describe the current state of problems as the phenomenon. According to Creswell (1994), the descriptive survey method of research is used to gather information about the present existing condition. It is also used for studies which seek the process of collecting data in order to answer questions concerning the current status of the subject under study (Mugenda & Mugenda, 1999). Since this study focused on prevalence of the existing problems in street life of people at 'risk', the descriptive survey method was chosen as the most appropriate.

Sources of Data

Both primary and secondary data sources were used. The primary data were collected from participants of the study using questionnaire, in-depth interview, focus group discussion and observation. Secondary data were collected through reviewing documents particularly related research works.

Population of the Study

The target populations of the study were all people at 'risk' found in Harari Regional state, Ethiopia. Though it was a

challenge to find the total number of study population due to their mobile nature, it was estimated to be 4,600 people in the region. The estimation was made based on some recorded figures of some institution like Women, Children and Youth Affairs Office, polices stations and care-giving institutions. The population of the study included all people who are vulnerable for the life of the street and have a transient life style. These people were simply perceived as people on the street due to their exposures in street life although they were not defined as people of street. Some of these people lived with other people temporarily, most of them were found in the community or around the streets with a transit life and generally perceived as daily laborers, disadvantaged ones, minorities, beggars, trafficked ones, sexual workers, migrants and house workers. The study did not include people who were actually defined as people of the street.

Sample Size and Sampling Method

Due to the mobile nature and transit life of study population, it was impossible to accurately determine the size of the population. As a base line, the researcher used the estimated total number of study population to determine the theoretical sample size using Slovin formula ($n = \frac{N}{1 + NE^2}$ where n = sample size, N = population size, and E = margin of error with 95 % confidence interval). The researcher used the formula to determine the base line sampling frame ($\frac{4600}{1 + 4600 * 0.05^2}$) and obtain a sample size of 368. However, when the researcher actually went to the study area to select participants, he observed an increased population size beyond previously estimated population size. Then in order to have more confidence on the sampling frame, some adjustments were made through increasing the sample frame from 368 to 518 by adding 150 (almost half of the previous one). From this total number of sampling frame (518), 28 double counts were discarded to determine the final sample size of 490.

Thus, there were 490 participants in the study. Then, 380 and 100 a total of 480 participants were selected using convenient and snowball sampling methods respectively to fill survey questionnaire, while 10 sample participants were selected purposively to be interviewed. In order to conduct focus group discussion 17 additional participants were taken from concerned officials and experts, particularly social workers who worked in the area.

Data Collection Instruments and procedures

The developed survey questionnaire was composed of closed ended and open ended questions first prepared in Amharic having an equal version in Afan-oromo and English. It had two parts. The first part focused on the socio demographic variables; and the second part focused on major problems and their pushing factors in street life of people at 'risk'. These items required participants to choose the information from the given alternatives of each item. In addition, there was also a place under each item where they can write/report if any information they have that are not included in the stated alternatives of each item. For the validity and reliability issue of the questionnaire the following tasks were carefully

designed. Before the administration of the questionnaire for study participants, it was first evaluated by three experts in the study area and by two language editors and thus, their feedback was incorporated in the final version of the instrument. Secondly, the questionnaire was administered for 25 different people who have similar characteristics but being out of the study participants to conduct pilot study and examine its result. As per the examination of pilot study result, amendments were required on clarity of some items by which refinements were made to have the revised survey questionnaire. Finally, the revised survey questionnaire was administered to participants of the study.

For the purpose data triangulation, the researcher used interview and focus group discussion with 10 participants and 17 concerned individuals respectively; and observation on some participants while taking local beer, smoking cigarette, etc. In addition, the researcher reviewed some documents like records, and some research works about information on problems and pushing factors related to the study area.

Method of Data Analysis

The quantitative Data collected through questionnaire were analyzed quantitatively using SPSS (version 23). In the analyses of the quantitative data descriptive statistics like frequency distribution, cross tabulation and percentages were used. Data collected through qualitative means were analyzed through narration to be integrated with the holistic interpretations and analysis of data.

Ethical consideration

Permission to conduct the research was granted by the concerned institutions before the study was initiated. The respondents were made aware of the objectives, participants and the general overview of the study. Instead of facilitating any gifts or offerings, they were informed that the research findings would be used by the stakeholders and policy makers for the betterment of people's quality life system. To this end, the following ethical considerations were taken into account.

1. The participants' dignity and privacy were protected by making them free from physical abuse, verbal abuse and through giving opportunities for mutual relationship rather threatening them as they feel as being studied and considering the researcher as having a powerful information seeker.
2. To keep participant's' language barrier, the researcher allowed them to have explanations of questionnaires in their language using assistance researchers for translations. For participants who had reading difficulties, the researcher prepared questions in audio-record and given to them to listen and respond.
3. The researcher firstly tried to get participant's' full permission orally to make them the study participant while taking samples.
4. The researcher was responsible and highly sensitive in keeping participants' confidentiality during or after investigation in that videos information and recorded evidences are secured and/or protected.

DATA ANALYSIS AND MAJOR FINDINGS

Demographic Variables of Participants

Sex, age, level of education, places where participants were mostly found, and regional places where they formerly originated were taken to be the socio-demographic variables of participants in the study. In this study, the definition of the World Health Organization (WHO) on peoples age classification and the contextual use of this definition in Ethiopian Women, Children and Youth Affairs Office at Harari Region were used as reference for participants' age classifications (i.e participants who were found below age 20 years are *children*, between age 21-35 years are youth, between age 36-65 years are *adults* and above age 65 years are *elders*). Totally there were 490 participants in the study.

As indicated in Table 1, more females 286 (58.4%) than males 204 (41.6 %) were found in the study. In the same table it is possible to observe participants' age as there were more children (56.5%) followed by youths (32%) than adults (10%). The least percentage of participants as per their age was elders (1.4%). Furthermore, in this table, it is possible to find the percentage of participants as per their level of educational background in which most of the participants had an elementary education background followed by those having high school; in a least percentage, there were also participants having degree.

Thus, it is possible to come to a conclusion that there were more females than males, and more children and youth than adults and elders, in addition, more participants had elementary education background than high school and diploma.

In respect to the age and education background of the participants, it is generally possible to conclude that the lower the age group and the lower in educational background the higher the participants responded for the problem under the study which result in the higher prevalence of them in facing the major problems in street life of people at 'risk'.

Table 1. Socio-demographic variables of participants (Sex, age, level of education)

Variables	Percentage of responses		
	Frequency	%	Cumulative %
Sex			
Female	286	58.4	58.4
Male	204	41.6	100.0
Total	490	100.0	
Age			
Children (below 20)	277	56.5	56.5
Youth (21-35)	157	32.0	88.6
Adults (36-65)	49	10.0	98.6
Elders (above 65)	7	1.4	100.0
Level of education			
Elementary	365	74.5	74.5
High school	87	17.8	92.2
Certificate	15	3.1	95.3
Diploma	17	3.5	98.8
Degree	6	1.2	100.0

There were different places where participants mostly work and/or live at the region particularly in Hara City. Table 2 displays those working/living places of participants using the contextual names in the study area.; and out of the total participants high percentages of the participants were mostly found around Jeagol followed by Tsadikan and around Botie, as well around Mobil. The least percentage of participants was also found around Bar College Hotel and around Shewaber. Though it is possible to understand from Table 2 that there were places where large number of people at 'risk' work or live than others, this may reverse at any time due to their the nature of peoples at 'risk' transit life. From a systematic observation, it was possible to understand that the nature of this places were either street or main roads and found the nearby church or Mosque, night clubs and market places, bus stations, hospitals, places of heritage to which tourists or other passengers were found who can give alms and support to people at 'risk'. In addition, from reviewed documents it is possible to understand that although such people had a transit nature of life, they gave priority on some places like around religious institutions, streets which had crowded passersby, traffic lights, bus stations, taxi stops, around fuel stations, around hotels or restaurants, around

Table 2. Socio-demographic variables of participants (Places where participants were mostly found)

Places of work/live	Percentage of responses	
	Frequency	%
Around Jeagol	116	23.7
Around Shewaber	12	2.4
Around Botie	65	13.3
Around Jenela Woreda	69	13.1
Around bus station	33	6.7
Shenkor	39	8.0
Tsadikan	87	17.8
Bar college hotel	12	2.4
Around mobil	57	11.6

Table 3. Socio-demographic variables of participants (regional places where they formerly originated from)

Region/city administration	Percentage of responses	
	Frequency	%
Tigray	18	3.7
Afar	8	1.6
Amhara	50	10.2
Oromiya	191	39.0
SNNP	39	8.0
Gambella	2	0.4
Ethio somale	15	3.1
Harari	106	21.6
A.A	22	4.5
Dire Dawa	39	8.0

café and crowded market places as well as government offices. Furthermore, from many participants interview and focus group discussion, it was confirmed that there are relatively high number of such a people work or live around streets, crowded market places, traffic lights, restaurants and main roads as well as bus stations where they can get more passerby for support of their daily life.

In Table 3, it can be observed that the different regional places in Ethiopia where participants originated were come to the study area- Harar city in Ethiopia. In this table, out of the total number of participants, most of them came from Oromiya followed by Harari and Amhara respectively and the least number of participants also came from Gambela and Afar regional places. Although participants come from different regional places, most of them could speak Amharic language due to taken as a national language in Ethiopia.

Prevalence of Major Problems in Street Life of People at 'Risk'

In order to easily understand the prevalence of problems in the study area, the researcher independently treated issues without creating complexity through merging every detail of the study in one table. Thus, Table 4 shows the prevalence of major problems in street life of people at 'risk'. In such regard, migration (20.6%), begging (15.3%), drug abuse (11.8%), commercial sex work (11%) sexual abuse/harassment (10.4%), human trafficking (10.2%), (9.2%), conflict and aggression (9.2%), traditional harmful practices (8.8%) and others (2.7%) were indicated as the major problems of people to be at risk of street life. Even though problems are indicated here in terms of percentage, data from in-depth interview and document analysis indicates that the problems were highly interrelated and overlap to be over each other. Furthermore, the reports from focus group discussion and observation confirmed that migration, begging, drug abuse commercial sex, human trafficking and sexual abuse were the major problems that leads significant number of people to the risk of street life in the region. In addition, these reports show that poverty, lack of education, war, social welfare, unemployment and homelessness were problems that significantly people face to make their life and/work on the street.

Table 4. The Major problems in street life of people at 'Risk'

Major problems	Percentage of responses	
	Frequency	%
Migration	101	20.6
Begging	75	15.3
Human trafficking	50	10.2
Commercial sex works	54	11.0
Drug abuse	58	11.8
Traditional harmful practices	43	8.8
Conflict and aggression	45	9.2
Sexual harassment	51	10.4
Others (HIV, Theft and deviance)	13	2.7

From Table 4 it can be observed that although relative differences were observed like that of migration and begging, the prevalence of most problems in street life of people at 'risk' were almost the same which can indicate that all problems were widely spread.

Other important issues from the analysis of in-depth-interview and focus group discussion were begging and aggression (or conflicts) which were the pulling factors for migration and drug use, which in turn caused sexual abuse/sexual harassment and human trafficking. Figure 1 presents the prevalence of the major problems in street life of people at 'risk'.

Pushing Factors for Problems in Street Life of People at 'Risk'

Figure 2 shows the major pushing factors of problems in street life of people at 'risk'. Although these problems are highly

interrelated and overlap, they had an effect in various levels of degrees of difficulty. Thus, the longest length of the bar in Figure 2 represents the highly influential pushing factors whereas the shortest length in turn represents the pushing factors that have the lower level of influence on the major problem in street life of people at 'risk'. Thus, these pushing factors can be described in their level of influences as of conflict and aggression with in family or community, family death or divorce, lack of support by family or others, lack of basic needs, unemployment, lack of education or awareness, peer pressure, economic problem, lack of community empowerment initiatives, mental health or related problem, crime or related problem, discrimination, unwanted parenting style, escaping from hard work, violence, using it as a good business, disability issue, threatening and community socio cultural problems.

In addition, in the analysis of documents on pushing factors of problems in street life of peoples at 'risk', it was found

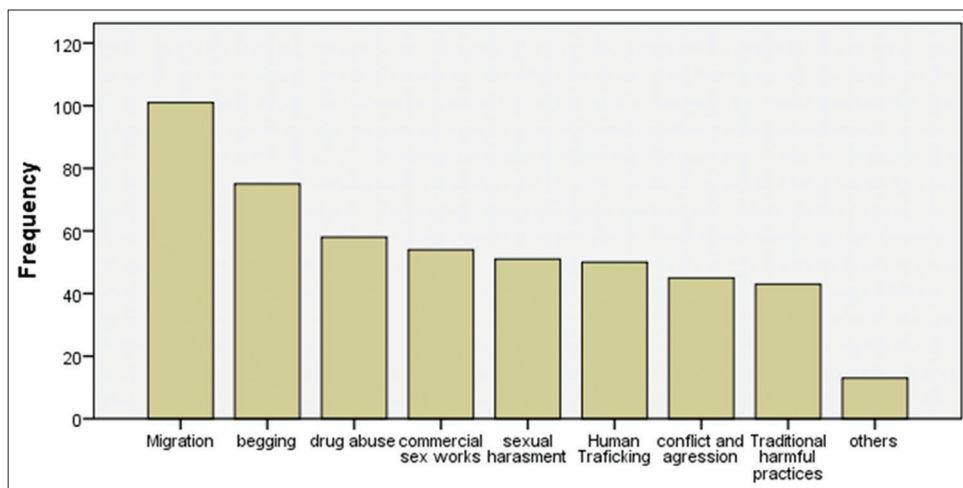


Figure 1. Major problems in street life of people at 'risk'

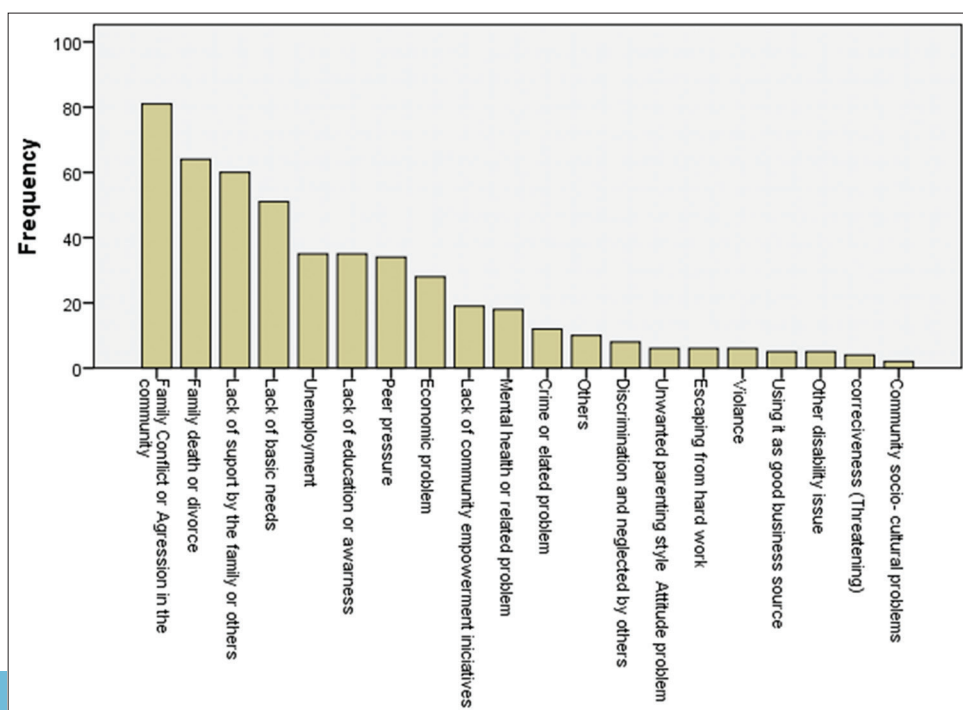


Figure 2. Pushing Factors for Problems in Street Life of People at 'Risk'

that arguing with parents/caregiver through breaking rules set by parents, financial difficulties, alcohol and drug use, seeking freedom, being thrown out of the home. Furthermore, in analysis of the focused group discussion, it was also found pushing factors like lack of shelter and food, family death, absence of work (economic problem), family socio economic problem, lack of money (economic problem), family conflict, health problem, divorce money, food and shelter were indicated clearly by the participants. Some participants in the in-depth reported reasons on pushing factor as the need more money to solve the problem of lack of money, lack of support due to family death, being orphanage, poverty and others which insists them to human trafficking and begging.

Some other participants in depth interview confirmed that peer pressure, depression and anxiety, lack of awareness and disorders/disability issues, family conflict, lack of social and welfare support, lack of educational opportunities, tourism, false or imaginary marriage, declining border controls, governance, crime and governmental corruption constant and increased demand for cheap labor, child maltreatment or exposure to violence in the family, harmful use of alcohol, attitudes accepting of violence and gender inequality and unemployment are listed the major pushing factors for problems in street life of peoples at 'risk'.

The Prevalence of Major Problems in Street Life of People at 'Risk' in reference to Sex

Table 5 shows sex disparity in facing major problems in street life of people at 'risk'. This can be described that out of the total number of participants in migration 53.5% were males and 46.5 were females. Whereas 52% females and 48% males, as well as 56% males and 44% females were found out of the total number people in begging and in human trafficking respectively. Side by side 81.5% females and 18.5% males were found out of the total number of participants in commercial sex work. In addition, 58.6% males and 41.4 females, and 69.8% females and 30.2% males were found out of the total number of participants in drug abuse and traditional harmful practices respectively. Furthermore, out of the total number of participants in sexual harassment, 98% were females and 2% were males. Similarly it is found that 53.35% male and 46.7% females out of the total number of participants in conflict and aggression. In the other way, out of the total number of participants in the study, 58.4% were females and 41.6% were males.

From Table 5, it is possible to understand that more males were faced with problems of migration, human trafficking, drug abuse, and conflict and aggression than females, whereas more females were faced with problems of begging, commercial sex work/prostitution, traditional harmful practices, sexual harassment/abuse and by other related issues than males. Furthermore, it is also come up an understanding that generally in problems in street life of people at 'risk', there was high number of females (58.4%) than males (41.6%).

The Prevalence of Major Problems in Street Life of People at 'Risk' in reference to Age

Table 6 shows the prevalence of problems across the participants' age. For example the table displays that 47.5% children,

Table 5. Prevalence of major problems in street life of people at 'Risk' in reference to sex

Problems in 'Peoples at risk' of street life	Sex	
	Female %	Male %
Migration	46.5	53.5
Begging	52.0	48.0
Human trafficking	44.0	56.0
Commercial sex works	81.5	18.5
Drug abuse	41.4	58.6
Traditional harmful practices	69.8	30.2
Conflict and aggression	46.7	53.3
Sexual harassment	98.0	2.0
Others (HIV, Theft and deviance)	69.2	30.8
Total	58.4	41.6

38.6% youth, 11.9% adults and 2% elders were found out of the total number of participants in migration. In the same way, 72% children, 18.7% youth, 8% adults, 1.3% elder were found out of the total number of participants in begging. In addition, 86% children, 8% youth and 6% adults were involved out of participants in human trafficking; as well as 33.3%, children, 55.6% youth and 11.1% adults were engaged out of participants in commercial sex. Furthermore, out of the participants in drug abuse, 60.3% were children, 32.8% were youth and 6.9% were adults. Side beside, out of the participants in sexual harassment, 56.9% were children, 35.3% were youth and 7.8% were adults. Although there was the interrelation of problems existing at all ages, there were also differences among the various age groups as shown in Table 6.

Table 6 indicated that albeit most of the problems affected almost all age groups of the participants, children were more affected by sexual harassment, begging, human trafficking, drug abuse, traditional harmful practices, conflict and aggression and migration than youth and elders accordingly; and it is possible to observe in Table 6 that high percentages of youths were more affected than percentages of children and adults in participating in commercial sex and other un indicated problems. Furthermore, elders were affected by migration, begging and other unindicted problems only. Finally it is generally possible to say that out of the total number of participants in the study, high percentages of children (56.5%) followed by the percentage of youth (32%) were affected in major problems under the study.

Prevalence of Problems in Street Life of People at 'Risk' in reference to Level of Education

Table 7 clearly displays how the prevalence of problems in street life of people at 'risk' was different with different participants' level of education. I.e. out of the number of participants in migration, begging, human trafficking and drug abuse for example, 73.3% 93%, 84% and 72.4% were participants having an elementary educational back ground and the rest of which have an educational background of either high school or certificate and others accordingly. It is also found that out of the number of participants in commercial sex for example, there were participants having an educational

Table 6. The prevalence of major problems in street life of people at 'Risk' in reference to age

Problems in 'Peoples at risk' of street life	Age			
	Children (below 20) %	Youth (21-35) %	Adults (36-65) %	Elders (above 65) %
Migration	47.5	38.6	11.9	2.0
Begging	72.0	18.7	8.0	1.3
Human trafficking	86.0	8.0	6.0	0
Commercial sex works	33.3	55.6	11.1	0
Drug abuse	60.3	32.8	6.9	0
Traditional harmful practices	62.8	23.3	14.0	0
Conflict and aggression	48.9	37.8	13.3	0
Sexual harassment	56.9	35.3	7.8	0
Others (HIV, Theft and deviance)	7.7	46.2	15.4	30.8
Total	56.5%	32.0%	10.0%	1.4%

Table 7. Prevalence of problems in street life of people at 'Risk' in reference to level of education

Problems in 'Peoples at risk' of street life	Level of education				
	Elementary %	High school %	Certificate %	Diploma %	Degree %
M Migration	73.3	17.8	3.0	4.0	2.0
Begging	93.3	4.0	2.7	0	0
Human trafficking	84.0	10.0	2.0	4.0	0
Commercial sex works	55.6	37.0	1.9	3.7	1.9
Drug abuse	72.4	23.1	1.7	1.7	0
Traditional harmful practices	76.7	14.0	2.3	2.3	3.7
Conflict and aggression	73.3	15.6	2.2	6.7	2.2
Sexual harassment	60.8	23.5	7.8	7.8	0
Others (HIV, Theft and deviance)	76.9	15.4	7.7	0	0
Total	74.5	17.8	3.1	3.5	1.2

background of elementary (55.6%), high school (37%), certificate (1.9%), diploma (3.7%) and degree (1.9%).

From Table 7, it is clearly understood that out of the number of participants in each major problem, high percentages of participants having an educational background of elementary were involved than participants having an educational background of high school and above; and participants having diploma and above were less likely involved in problems than the lower ones. Furthermore, it is observed that the more participants have higher educational background, the lesser number of participants were faced by problems in street life of people at 'risk' and generally high percentages of participants (74%) having an educational background of elementary were affected by problems out of the total number of participants having a higher educational background.

DISCUSSIONS

Demographic Variables of Participants

The demographic variables of the study population considered in this study were sex; age and level of education were used. Thus, in respect to gender, the study found that there were higher numbers of females than males. In this study although the number females and males were compared

through considering all ages of peoples at 'risk', it was associated with the study result that showed girls constitute a significant number of homeless individuals (Tadesse & Mengistu, 1996). Thus, this result of the study is different from a study conducted in Rwanda which reported that a great majority of street children are males with a few number of females (Veale & Donà, 2003). It is also different from Lalor (1999) on his comparative study of street children on different aspect like age, gender, reason for being on the street, etc. has concluded that the majority of the street children are aged between 10 and 14 and most of them are boys.

When the ages of peoples under the study were considered, the study shows that greater numbers of children were affected by the problem. Even though how highest number of children in this study were involved in the risk of street life and it was gotten by comprising of all ages of the participants, it is partly supported by studies like UNICEF (1996) in that they reported an estimated 100 million children worldwide live at least part of their time on the streets. It is partly different from such other findings is the way making comparison among all ages of participants rather than simply taking the available ones.

In terms of participants' level of education, the study shows that out of the total number of participants in the

study, there was a great number of a participant having elementary education. This study was the first to account for peoples' level of education that little had been done on the demographic variables of level of education. Generally, it can also be understood that the lower the educational level of participants, the higher their exposure to the risk of street life; and on the other hand, the higher their educational level, the lower their exposure to the risk of street life.

Places where Participants work or live

There were places where large number of people at risks of street life worked or lived than others although these peoples had a transit life. Those working/living places of participants using the contextual names in the study area were;- around Jeagol, around Tsadikan, around Jeanela Woreda, around Botie, around Mobil, Shenkor and around bus Stations. There were also a small number of participants around the Bar College Hotel and Shewaber. These places were either streets or main roads, found nearby churches or Mosques, night clubs, market places, bus stations, hospitals, places of heritage to which tourists come, places with a large number of passengers and public areas. In addition, many participants confirmed that there were large numbers of peoples at risk of street life work or live around streets, crowded market places, traffic lights, restaurants and main roads.

Regional or City Administration where Participants originally came from

The highest number of participants originally came from Oromiya and Harari, and the lowest number came from Gambella and Afar although they had transit life by which the conclusion may be reversed.

The Major Problems in Street Life of People at 'Risk'

The finding of the study shows that prevalence of the major problems like migration, begging, human trafficking, and sexual abuse, etc. in street life of people at 'risk'. In addition, poverty, lack of education, war, social welfare, unemployment and homelessness were problems that significant number of people face to make their life and/work on the street. Although the finding of this study different in putting the problems in terms of percentage and look them as the problems of all ages of peoples at risk of street life, it seems partly similar to the study of Judith (1994 as cited in Baynesagn, 2006) in indicating problems of the unavailability of affordable housing, unemployment, migration, and early childhood experience create potential street people. These social problems expose individuals to a higher risk of street life. In this respect, other studies confirmed that several factors are blamed for forcing many of children to the streets. Poverty, family breakdown or instability and peer pressure are considered the main reasons forcing children to the streets (Global Security Organization, 2008). The findings of this study is also partly support some of the results of the study indicated for causes for street children in Ethiopia by Mokomane and Makaoaes (2015) in that the causes of chil-

dren living on the street in Ethiopia has been attributed to a combination of socio-economic factors, such as high levels of unemployment, family poverty, increasing levels of union instability and dissolutions, lack of family support systems, substance abuse and domestic violence even their study focuses only children.

Pushing Factors of Problems in Street Life of Peoples at 'Risk'

The result of this study indicated the major pushing factors with their order of prevalence as conflict and aggression with in family or community, family death or divorce, lack of support by family or others, lack of basic needs, unemployment, lack of education or awareness, peer pressure, economic problem, lack of community empowerment initiatives, mental health or related problem, crime or related problem, discrimination, unwanted parenting style, escaping from hard work, violence, using it as a good business, disability issue, threatening and community socio cultural problems.

In addition, the result also shows pushing factors like arguing with parents/caregiver through breaking rules set by parents, financial difficulties, alcohol and drug use, seeking freedom, being thrown out of the home, lack of shelter and food, family death, absence of work (economic problem), family socio economic problem, lack of money (economic problem), health problem, being orphanage, poverty and others which insists them to human trafficking and begging.

Some other pushing factors like peer pressure, depression and anxiety, disorders/disability issues, family conflict, false or imaginary marriage, declining border controls, governance, crime and governmental corruption constant and increased demand for cheap labor, child maltreatment gender inequality and others were found in this study. This finding is similar to the study results on pushing factors of street children by Lalor (1999) where the main factors driving children to leave their home are abuses and neglect, family disintegration, parent separation or divorce, the death of a parent, or remarriage, poverty in families and communities, lack of money, lack of basic necessities such as schooling, the need to work to support themselves and their family, and alcohol. Similarly Veale and Doná (2003) in their investigation of why people spend time on streets reported poverty and dysfunctional family environment, family breakdown, divorce, violence, lack of parental education, and conflict in family (abuse).

The Prevalence of Problems in Street Life of Peoples at 'Risk' in reference to Gender

As the major findings of this study, the result shows that the sex disparity in facing in each of major problems under the study. Thus, more females than males were affected by begging, commercial sex, traditional harmful practices and sexual harassment; and more males than females were affected by migration, human trafficking, drug abuse, as well as conflict and aggression. Unfortunately, no similar study was found which support this finding.

The Prevalence of Major Problems in Street Life of Peoples at 'Risk' in reference to Age

Although the study shows that problems exist at all ages in various levels, there were disparities. For example, more children than others were faced by problems like begging, migration, sexual harassment, human trafficking, drug abuse traditional harmful practices...etc. In the other case, more youths than others were faced by commercial sex; and the elders were also the least in facing problems in street life of people at 'risk'. In this regard, the researcher did not find similar studies in literature. To this end, it is possible to take this result as a unique one.

Prevalence of Major Problems in Street Life of Peoples at 'Risk' in reference to Level of Education

The study result indicated that high percentages of participants having an educational background of elementary were involved in problems of migration, begging, human trafficking, commercial sex works, drug abuse, traditional harmful practices, conflict and aggression, as well as by others than participants having an educational background of high school and above; this further indicated that the more participants have higher educational background, the lesser number of participants were faced by problems in street life of people at 'risk'.

CONCLUSION AND RECOMMENDATION

Conclusion

From the findings of the study, we can found a conclusion about the demographic characteristics (sex, age and level of education) of peoples at risk of street life in Harari Region. In this respect it is possible to conclude that there were more females than males in prevalence of peoples at risk of street life whereas the highest number of peoples at risk of street life was children followed by youths and then elders. For level of education, it is concluded that most of peoples at risk of street life were having an educational background of elementary level followed those having a high school level though there were also some peoples at risk of street life with having an educational background of diploma, certificate and degree. There is a conclusion that put the prevalence of major problems in order as migration, begging, drug abuse, commercial sex work, sexual abuse/harassment, human trafficking, conflict and aggression and traditional harmful practices. In addition the study showed pushing factors listed as of conflict and aggression with in family or community, family death or divorce, lack of support by family or others, lack of basic needs, unemployment, lack of education or awareness, peer pressure, economic problem, lack of community empowerment initiatives, mental health or related problem, crime or related problem, discrimination, unwanted parenting style, escaping from hard work, violence, using it as a good business, disability issue, threatening and community socio cultural problems. The study result shows that greater number of males were faced with problems of migration, human trafficking, drug abuse, and conflict and aggression

than females, whereas greater number of females were faced with problems of begging, commercial sex work/prostitution, traditional harmful practices, sexual harassment/abuse and by other related issues than males. Thus, the finding generally concludes that there was high number of females than males were facing major problems in 'peoples at risk' of street life. In the other respect, the study concludes that greater number children were faced with major problems of sexual harassment, begging, human trafficking, drug abuse, traditional harmful practices, conflict and aggression and migration than youth and elders accordingly to be at risk of street life; Whereas greater percentages of youths than children and adults were faced with problems of commercial sex and others by which they were found at risk of street life. Furthermore, elders were faced with problems of migration, begging and other unidentified problems. The study generally concludes that out of the total number of peoples in the study, high percentages of children followed by the percentage of youth were affected in major problems in 'peoples at risk' of street life than other.

Recommendation

Based on the major findings of the study, the following recommendations are forwarded to enable the development of short and long term prevention and intervention programs for major problems in 'peoples at risk' of street life.

1. In the study, although most of the victims of problems were females and Children, all groups of peoples are vulnerability of street life in which they are insecure at any where they work or live, thus, the government should make effective strategies and ensure their implementation on concerning children rights, wellbeing, sexual violence, drug abuse, education system and awareness. In this respect, all the concerned bodies at all levels should be activated to save the lives of females, children, youth and elders accordingly.
2. The study reveals the major problems in peoples at risk of street life such as conflict and aggression with in the family or community, family death or divorce, lack of support by family or others, lack of basic needs, unemployment, lack of education or awareness, peer pressure, economic problem, lack of community empowerment etc. So that the design and implementation of community based empowerment programs should be realized through focusing in family education, marriage education, child development and parenting styles family health care initiatives, income-generation programs, creation and participation in socio economic initiatives or job opportunities, business education, entrepreneurship and micro financial support, as well as community development initiatives through collaboration with all concerned bodies to address problems of conflict or aggression, family death, divorce, poverty, unemployment, human trafficking and peer pressure
3. In the study children, youths as well as individuals who have low educational background were the most vulnerable to the lives on the street in various form and nature. To these end initiating consecutive child care protection

programs, supportive life skill training, vocational education, family and community based attitude change, rehabilitation, psychosocial support, guidance and counseling, recreational and entertainment initiatives for children and youths should be advanced in protecting them from drug abuse, begging, migration, sexual abuse, conflict, drug abuse, traditional harmful practices, begging and human trafficking.

4. Involve NGOs and CSOs in community mobilization and creation of children and youth protection structures (including the way to and from school) and in general awareness raising and mobilization for the promotion of human and child rights and the abandonment of child labor, child abuse, females' harmful traditional practices, sexual abuse, sexual harassment, drug abuse, mental health and disability issue. Extensive community conversation could be one of the right strategies to create awareness in the society.
5. Advance employment and youth recreational and micro system entrepreneurship programs, job opportunity for youths and adults through encouraging government initiatives and creating linkages with other organizations.
6. Work on community based empowerment in transforming socio-cultural norms, with emphasis in changing attitudes towards drug abuse, migration human trafficking and harmful traditional practices.
7. Rebuilding family and community structures through empowering children and youth as well as adults using attitude change and health care programs by showing the negative aspects of street life.
8. At policy level, regulatory steps are needed to increase awareness of the risks of human trafficking, drug abuse, migration, mental health, violence and conflict among all levels of age accordingly.

REFERENCE

- Adams, J. (1995). *Risk*. London: UCL Press.
- Adler, E., & Clark, R. (2014). *An invitation to social research: how it's done*. Australia: Engage Learning.
- Aven, T. & Renn, O. (2009). On risk defined as an event where the outcome is uncertain. *Journal of Risk Research*, 12 (1) 1–11.
- Bamurange, V. (1998). *Relationships for survival--young mothers and street youths*, Stockholm, Nordiska Afrika-institutet.
- Baynesagn, A. (2006). *Exploratory study of homelessness in Ledeta Sub City of Addis Ababa*. (Unpublished doctoral dissertation), Addis Ababa University, Addis Ababa.
- Creswell, J. (1994). *Research design: Qualitative and quantitative approaches*. Thousand Oaks: CA, Sage
- Debritto, A. (2014). *Street children and the implementation of child protection regulations: comparing Brazil and South Africa*, (Master thesis), Faculty of social sciences, Linneaus University.
- Mokomane, Z. & Makoae, M. (2017). An overview of programs offered by shelters for street children in South Africa. *Child & Family Social Work*, 22(1), 378-387.
- Densley, M. K & Joss, D. M. (2000). Street children: Causes and consequences. *Innovative Treatment Approaches, Work*, 15(1) 217-225.
- Gichuru, F. X. (1993). *Street children: The Undugu experience*. Basic Education Resource Centre, Nairobi, Kenyatta University.
- Global Security Organization. (2008). *Street children in Ethiopia*. Retrieved from <http://www.GlobalSecurity.org>. <http://onlinelibrary.wiley.com>
- Kaime-Atterhög, W. (2012). *From Children of the Garbage Bins to Citizens: A reflexive ethnographic study on the care of "street children"* (Doctoral dissertation), Acta Universitatis Upsaliensis.
- Kumamoto, H. & Henley, E., (1996). *Probabilistic risk assessment and management for engineers and scientists*. IEEE Press.
- Lalor, K. J. (1999), Street children: A comparative perspective. *Child Abuse & Neglect*, 23(8), 759-770.
- Mugenda & Mugenda (1998). *Research methods: Quantitate and qualitative approaches*. Nairobi: Acts Press.
- Tadess, G. A., & Mengistu, G. (1996). Survey of adolescent reproductive health in the city of Addis Ababa, Ethiopian. *Journal of Health Development*, 10(1), 35-39.
- UNICEF. (1996). *The state of the world's children*. New York UNICEF/Oxford University Press.
- UNICEF (1999), *The state of the world's children*, New York.
- UN Office for the Coordination of Humanitarian Affairs. (2008). Ethiopia: Focus on street children rehabilitation project. Irin News. Retrieved from <http://www.irinnews.org>.
- Veale, A., & Donà, G. (2003). Street children and political violence: a socio-demographic analysis of street children in Rwanda. *Child abuse & neglect*, 27(3), 253-269.
- Ward, C.L and Seager, J.R. (2010). South African street children: *A survey and recommendations for services*. 27(1), 85-100.