FACTORS ASSOCIATED WITH THE STREET CHILDREN PHENOMENON IN NGOZI DISTRICT, NORTHERN BURUNDI

MUSENGIMANA EVARISTE

2012-MPH-FEB-RL-012

A POST GRADUATE RESEARCH DISSERTATION SUBMITTED TO THE INSTITUTE OF PUBLIC HEALTH AND MANAGEMENT IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF SCIENCE IN PUBLIC HEALTH OF INTERNATIONAL HEALTH SCIENCES UNIVERSITY

NOVEMBER, 2016

DECLARATION

This research report entitled "Factors associated with the street children phenomenon in Ngozi District, Northern Burundi" is my original work and has not been presented for a degree in any other University or for any other award.

Student's Name: Musengimana Evariste

Reg No: 2012-MPH-FEB-RL-012

Signature _____ Date _____

APPROVAL

This research dissertation entitled "Factors associated with the street children phenomenon in

Ngozi District, Northern Burundi" has been done under my supervision and is submitted with my approval.

Supervisor Name: Juliet Birungi K. Bwete (Mrs.)

Signature: _____Date: _____

DEDICATION

I dedicate this dissertation:

To the Almighty God;

To my beloved family;

To all my friends and relatives;

ACKNOWLEDGEMENT

The success of this research work cannot be solely attributed to the effort of one person, there must be combined efforts to make the exercise a success, and it is therefore on this ground that other people deserve my sincere thanks and gratitude. Honor and glory to God for giving me energy, enthusiasm, health, wisdom and protection during my studies and without his guidance, the completion of the present work could not be achieved.

Heartfelt recognition goes to my supervisor, Juliet Birungi K. Bwete (Mrs.) for her extraordinary guidance, encouragement, advice and motivation throughout my research work. I am grateful to her for tirelessly going through my research work.

Special thanks go to the management of International Health Sciences University for providing me the opportunity to achieve my aspirations. I acknowledge all my colleagues and friends for their encouragement and support towards the achievement of my studies, in particular my research project.

LIST OF ABREVIATIONS & ACRONYMS

AIDS: Acquired Immune Deficiency Syndrome
CCF: Children for Children Future
HIV: Human Infection Virus
IHSU: International Health Sciences University
RNCC: Rwanda National Commission of Children
SPSS: Statistical Package for Social Sciences
UNICEF: United Nations Children's Fund

OPERATIONAL DEFINITIONS

Street children: street children refer to the children who are homeless and those who are not homeless yet who live on street. Otherwise others define street children to child or youth as any boy or girl who has not reached adulthood for whom street has become his or her habitual abode or sources of livelihood and who is not adequately supervised, protected, or directed by responsible adult.

Child: the convention on the right of the child defines a child as all persons below the age of 18. For this study the age bracket is three (03) to fifteen (15) years.

Poverty: the World Bank defines poverty in different ways; it defines extreme poverty as living on less than 1.9 US dollars per day and moderate poverty as living on less than 2 US dollars on day.

Schools: it's an institution organized to provide learning environment for teaching pupil or students under supervision of teachers. Some countries have systems of formal education which is compulsory, for these systems students progresses through a series of school, the names of school vary by country but generally include primary school for young children, secondary school for teenagers and institution where high education is taught commonly called university or University College.

ABSTRACT

This study was about the 'Factors associated with the street children phenomenon in Ngozi District, Northern Burundi.' It was guided by three specific objectives that were set to identify the demographic factors associated with the street children phenomenon, to establish the socioeconomic factors associated with the street children phenomenon and to establish household related factors associated with the street children phenomenon in Ngozi district Burundi.

The researcher adopted a cross sectional survey design employing the use of self administered questionnaires as the primary data collection tool while secondary data was collected through desk review of relevant related documents by doing archives analysis. The data was analyzed using descriptive statistics and chi square test for association by the use Statistical Package for Social Sciences (SPSS) was used to aid in generation of results. The data was presented in form of frequency and percentages under form of tables, pie charts.

Socio-demographic factors such as age of respondents, location, education and family cohesion were statistically significant. i.e. Age (χ^2 =9.280, p-value=0.026); Location (χ^2 =12.237, p-value=0.001); Education (χ^2 =13.637, P-value=0.018) and Family cohesion (χ^2 =19.632, p-value=0.000); Street income availability was statistically significant (χ^2 =15.371, P-value=0.031); Of the household factors, domestic violence with (χ^2 =1.215, P-value=0.0241) and alcoholism in family with (χ^2 =1.454, P-value=0.0228) were statistically significant on the street children phenomenon.

Among the demographic factors, family cohesion was strongly associated with the street children phenomenon; street income availability was strongly associated with the street children. This could have attracted more street children since Burundi ranked as one of the 3rd world countries struggling with poverty; alcoholism in the family was also strongly associated with children ending up on the street. This could be due to lack of care from parents which lead to lack of basic needs.

The government should work together with civil society organizations to create family groups at village level. This would not only bring about development but also get some counseling on how to handle their families which in turn can bring about family cohesion.

The government should put in place a policy to barn all income on the street so that these street children can think of being repatriated with their families.

Also the government can put stringent measures on alcohol use especially on opening and closing of bars.

TABLE OF CONTENTS

DECLARATION	I
DEDICATION	II
ACKNOWLEDGEMENT	III
LIST OF ABREVIATIONS & ACRONYMS	IV
OPERATIONAL DEFINITIONS	V
ABSTRACT	VI
LIST OF FIGURES	XI
CHAPTER ONE	. 1
INTRODUCTION	1
1.1 Background of Study	1
1.2 Statement of the Problem	3
1.3 Objectives of the study	4
1.3.1 Broad objective	4
1. 3.2 Specific objectives	. 4
1.4 Research questions	5
1.5 Conceptual framework	5
1.6 Significance of Study	6
CHAPTER TWO: LITERATURE REVIEW	7
2.0 Introduction	. 7

2.1 The demographic factors of street children phenomenon	7
2.2 Socio-economic factors of street children	. 11
2.3 Household factors of street children phenomenon	. 21
CHAPTER THREE:METHODOLOGY	. 26
3.0 Introduction	26
3.1 Study design	. 26
3.2 Sources of data	26
3.3 Study population	26
3.4 Inclusion criteria	. 27
3.5 Exclusion criteria	. 27
3.4.2 Sample size calculation	. 27
3.4 .3 Sampling procedures	28
3.5 Study variables	28
3.5.1 Dependent variables	28
3.5.2 Independent variables	. 28
3.6 Data collection tools	. 29
3.7 Date collection technique	. 29
3.8 Data presentation and analysis tools	. 29
3.9 Quality control issues	. 29
3.10 Ethical considerations	. 30
3.11 Dissemination of the results	. 30
3.12 Limitations of the Study	. 31

CHAPTERS FOUR	32
RESULTS	32
4.0 Introduction	32
4.1 Demographic factors associated with the street children phenomenon	33
4.2 Socio-economic factors associated with the street children phenomenon	35
CHAPTER FIVE:	40
CHAPTER FIVE:DISCUSSION OF RESULTS	40
5.1 Introduction	40
5.2 Demographic factors of street children phenomenon	40
5.3 Socio-economic factors	41
5.4 Household factors	42
CHAPTER SIX:	44
CONCLUSIONS, RECOMMENDATIONS AND AREAS FOR FURTHER STUDY	44
6.0 Introduction	44
6.1 Conclusion	44
6.2 Recommendations	44
6.3 Area for further study	45
APPENDIX 1.QUESTIONAIRE	46
REFERENCES	49

LIST OF TABLES

Table 1: Demographic Factors Associated With The Street Children Phenomenon In Ngozi	Ĺ
District, Burundi	33
Table 2: The Socio-Economic Factors Associated With The Street Children Phenomenon I	n
Ngozi District, Burundi	354
Table 3: Household Related Factors associated with the street children phenomenon In Ngo	ozi
District Burundi	35

LIST OF FIGURES

Figure 1: The Source Of Income In The Street	. 37
Figure 2: Respondents By The How They Spend What They Earn While On The Street	

CHAPTER ONE

INTRODUCTION

1.1 Background of Study

Street children phenomenon has been a major concern worldwide, UNICEF (2005) estimated 100 millions of children that were growing in urban areas around the world, but it is likely that the number is constantly increasing as the global population grows as urbanization continues apace ((UNICEF, 2005).The problem of street children is found in different parts of the world, UNICEF estimates there were up to 40 millions in Latin American, where only in Aracaju city of Brazil it was estimated to have 14560 of street children, around 18 millions in India and at least 40 millions in Africa (Luka, 2006)

In Pakistan in 2009 it was estimated to host 70.000 of street children with 8.000 street children in Karachi,7000 of street children in Lahore ,5000 street children in Peshawar ,3000 street children in Rawalpindi and 2.500 street children in Quetta. The vast majorities of these are surviving during day on the streets and return to their family's home during night, (Iqbal, 2008)

This trend is also seen in other African countries especially with rapid urban growth, in Nigeria even if the number of street children is not known, UNCEF (2005) reported that over 7.3 millions of school age children in Nigeria were not in school, this big number has its own impact, one of them were on the street in major towns and cities of Nigeria, (Obodadimma ,2005).

In Ethiopian according to social affairs ministry there were around 150,000 children live on the street of Ethiopian among them 60,000 only is found in capital of Ethiopia (Indias Getachew, 2011). On other side, in Cairo and Alexandra in Egypt the rapid situation assessment estimated that they were around 3,000,000 of children on the street; this rapid increasing number of street children in Egypt is said to be the result of political instability that have been observed in recent previous years in this country (Nada, 2010)

As it is being observed the street children phenomenon is an issue that has troubled the countries for many years this has adverse effect on the life of million children as well as on countries development and therefore compromise the future of many countries worldwide.

In many countries street children are likely to be perceived as vulnerable victims, transforming in the public mind into delinquents as their age into youth. (Thomas, 2008) Elsewhere all street children irrespective their age may be held by the state and the majority of society to be deviant criminals. (Mkombozi,2006)

In East Africa it has been also reported to have a big number of street children in Uganda according to consortium of non government organization the number of street children risen to 10.000 in the last few years and marking a 70 percent of increase, in Rwanda in 2016 there was 102.000 of street children (UNICEF 2015), Tanzania account for 437.500 of street children, (Joe.et al 2013), and Kenya was estimated to host more than 300.000 of street children (Awori 2007).

In Burundi UNICEF reported that in 2007 there were 10.000 of street children (UNICEF 2007) it may be for the moment that the number has increased, due to the actually increase of political crisis in Burundi.

The study set out to identify the factors contributing to the increase of this phenomenon; the researcher concentrated on Ngozi District as study area and specifically at Ngozi center since this has a great number of children on the street.

1.2 Statement of the Problem

There is a great number and rapid increase of children in the streets of Burundi especially at Ngozi district (Baybuga, 2004). These Children on the street are exposed to different risks affecting their physical, psychology health and their personal safety, they do not go to school, they do not have nutritious food or quality health care since they live and work on the streets. Furthermore, these street children are exposed to high risk of contracting HIV and STD, (Baybuga, 2004). The situation of being on the Street is a subsequent source of becoming victim a of substances abuse and early sexual activity, their security is threatened not forgetting that they are also a subject of future security issue to the country and they can also be used in drug trafficking.

In 2007 UNICEF estimated that 20,000 of street children in Burundi (UNICEF 2007) but especially in Ngozi district there are no official statistics about exact number of street children and there has been no deep analysis to reveal underlying causes behind this situation. In addition, United Nations convention on the rights of the child adopted by the United Nations general Assembly in 1989 stipulates the basic rights of a child and responsibilities of states to protect children, street children have the same rights as other children.

Some effort have been initiated by government of Burundi such as creating training centers and social reintegration of those children, reducing poverty in many families, this effort has brought a modest progress but it has been limited to Bujumbura and in few provinces. This did not cover the whole country especially in remote areas like Ngozi due to financial constraints.

Despite the good gesture initiated by government and their partners, they are still a long way to go in order to cover the whole country because the situation is not only found in Bujumbura city but it is also observed in other urban areas especially in Ngozi District.

The study was based on determining factors associated with the street children phenomenon in Ngozi District, Northern Burundi.

1.3 Objectives of the study

1.3.1 Broad objective

To establish the factors associated with the street children phenomenon in Ngozi District, Northern Burundi.

1. 3.2 Specific objectives

- To identify the demographic factors associated with the street children phenomenon in Ngozi District, Burundi.
- 2. To establish the socio-economic factors associated with the street children phenomenon in Ngozi District, Burundi.
- 3. To establish household related factors associated with the street children phenomenon in Ngozi Ddistrict Burundi.

1.4 Research questions

1. What are demographics factors associated with the street children phenomenon at Ngozi

District, Burundi?

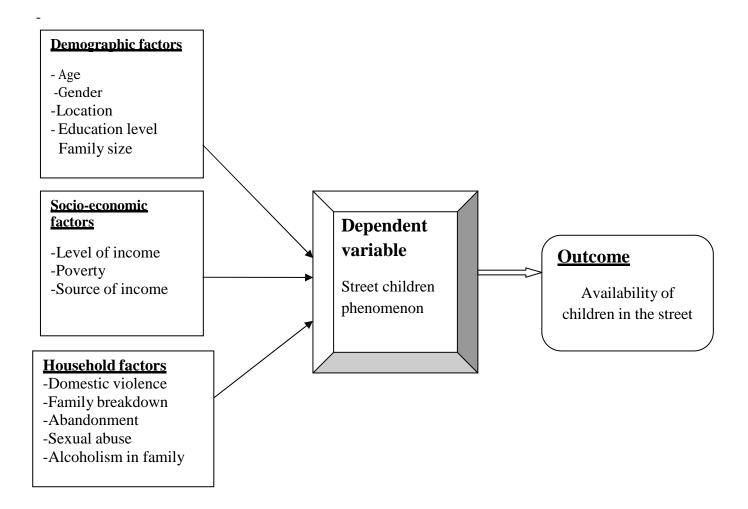
2. What are the socio-economic factors associated with the street children phenomenon in

Ngozi District, Burundi?

3. What are household factors associated with the street children phenomenon at Ngozi District, Burundi?

1.5 Conceptual framework

Independent variables



Street children phenomenon is an occurrence that arises out of economic, demographic and social factors. However in turn the street children phenomenon if not well managed will lead to the alteration of their health and compromising their right to health, if not well addressed this will consequently precipitate them into illicit use of drug, victims of rape, unintended pregnancies and sexual transmitted disease and AIDS.

1.6 Significance of Study

The motivation behind the choice of this topic is not only to fulfill the academic requirements for Masters of Science of Public Health, but also to establish useful information regarding the demographic, socio-economic and household factors associated with the street children phenomenon.

It will be important to the street children since this study will act at their voice to advocate for better services.

This study will also provide some possible solutions to the Ministry of social affairs, Ministry of local government that may influence the policy makers to take the possible actions in addressing this situation. On other hand it will serve as benchmark to the collaborators and to the local community. Furthermore, it will help to describe the factors that push or pull the street children to choose the street life. Therefore, this study will determine what mechanism should be used to address this problem or to sustain the improving children welfare in their families.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter two presents the literature done by other scholars in respect to the research topic. Various literatures from books, journals and online literatures that is related with street children was reviewed. It is arranged in relation with the research objectives, demographic factors associated with the street children phenomenon, socio-economic factors associated with the street children phenomenon and household related factors associated with the street children phenomenon.

2.1 The demographic factors of street children phenomenon

The study by WHO in Lusaka stated that street child has a different meaning from the urban concept. Majority of the identified street children were within the age group 15-17 years while even a child of 9 years was also recruited for the study. Males were also more than females. It has been known especially in the big cities to find children as young as eight years on the streets. However, in the Lusaka study, the proportion of street children between the ages of 12 and 16 years was 60% (WHO, 1995).

Street children can be found in a large majority of the world's cities, with the phenomenon more prevalent in densely populated urban hubs of developing or economically unstable region.

The study in Brazil about demographic structure showed that most of the family in the study area 2/3 of parents had migrate from rural area to Arcaju city and had history of high illiteracy

levels. The majority of street children either 54% were located in age category of 6-16 and some of them had at least one child at 15 year of age, all street children parent stressed the drug abused and peers to play an important role in pulling their children in the street, (Abdelglil, 2003).

Another study in Lagos in Nigeria on characteristics of street children showed that 20% of street children were located in age category of had 6-10, 23.3% between 11-13 and 31.7% in age bracket between 14-17. (Ashimolowo, 2001). This explain in this study that as number age keep growing the number of street children keep also increasing and precipitate more children to be engaged in the street activities such as in trading activities as some of them wanted to participate in supplement of family income.

The results from study on assessment of emerging networks of support for street children in Lagos revealed that the data about education level of street children showed that 26. 7% of street children dropped out in primary school while 26.2% dropped out secondary schools it stipulated also that around 25.5% have completed primary school education while on other side 21.5% didn't have any formal education. (Aransiala, 2009)

It revealed again that the teacher traditional methods such as corporal punishment regarding children discipline can cause development of phobia against school and education and cause high school dropout. (Aransiala, 2009). The statistic on education from Oxfam, UNFPA and Action Aids as it was reported by False showed that there were 7 millions of out of school children in Nigeria, 7 millions in Ethiopia, 39 millions in Sudan, 35 million in Democratic Republic of Congo (DRC) 2,4 millions in Ghana and 1,2 million in Tanzania. (False, 2006)

The study in Kenya about how rethinking on street children phenomenon revealed that 41% of respondent had been enrolled in any school and 41% of participant voluntary dropped out of schools 18% were not in schools because they had difficulties to find school fees the reasons mentioned by children were 41% voluntary dropped out after playing truancy associated with absenteeism while 18% advanced the reason of lacking the school fees (Karanja Stephan, 2013)

In Khartoum, Sudan the study about homelessness among street children showed that the majority of street children interviewed were enrolled in basic education and some of them left schools only 3% had secondary education (Khalafalla, 2011).

This simply shows that if any country doesn't have the well arranged policy inclusive education and education for all to all age school children there are a high rate of school dropout which is the leading cause of street children phenomenon.

Another study on education level of street children showed that the majority of respondents have attained low level of education 95% of boys had never attended school or dropped out of school this seems to be similar with the education status of their parent or guardians of that street children over half of that parents had never been to school, 90% stopped at primary school level while over 70% of parents of low income for non street children were formally educated (Eugene, 2006).

Predisposing factors as argued by author showed that the economy of nation social cultural and education needs affected children to not attend school, rapid population growth uneven economic development resulting in increasing poverty rate in Nigeria that outpace government capacity to provide adequate education, health care and social service (Ukuwa 2008)

Another study attribute the school oriented and education system which have been vague in Nigeria to have a bi influence to school drop out of children the education system that are most alienated from the need of learners as not being able to provide skills that can enable them life in sustainable life,.

According to the children education system is un stimulating, un enjoyable and unchallenging associated with in adequate education infrastructural facilities and poor unqualified and trained teachers which not provide teaching system that are not learner centered (Nguru, 2003). That is why some children drop out because of such unfriendly schools environment and subsequently children run to the street for joining their likes.

The study in Leningrad on school attendance showed that only few were attending on regular basis, the others had already dropped out while out of six participant or 15.9% reported that they had never been to school in last 1-3 years, 34.2% of children who were engaged in prostitution attended school regularly while 439% had practically dropped out of school because they had been to school for over 1 year.

About question if they wanted to return to school the most of the respondents reported that they were no point in going back to normal formal education while 101% of the respondents said that the formal education are only what option they envisaged most of them preferred to received vocational training without general education (Borisava, 2002)

Study on education level of street children revealed that some of participant had secondary school education this represent 46% and a major cause of street children phenomenon in Pakistan was the lack of basic, education success and dropout in schools as result of poverty.

(Somaiyeh Vedadi 2013)Education is an act or process of cultivating and developing someone mentally morally and regulating the characters and principles in order to enable him to become fit for business by systematic institution (Dybicz . 2005).

For those who are using different substances, 95% used chew chat while 75.7% smoke cigarette, the boys are using cigarette at 81% while the girls are using chewing chat at 93.8%, 40.1% reported that were using different substances to avoid depression and 35.5% reported being initiated in substances abuse by peers, 13% stated that were using various substances in order to avoid frustration during sex and stealing (Demelash, 2013).

The Indian found that these street children were associated with drug abuse. Furthermore, the study by Narayan. et al (2013) highlighted the influence of peer pressure to substance abuse. The majority of substances abusers had never went to school(54.4) and the places of initiation as mentioned by study were recreational avenues 49.7% for males and at home for females 36.6% most of the street children were also involved in prostitution, drugs trafficking and robberies (Narayan,2013).

2.2 Socio-economic factors of street children

In terms of using health facilities when had illness the study revealed that 27% of them didn't go for treatment, 39% find drug from private quacks and drug shops (Anjali Gupta, 2012).

The empirical study in Cairo on evaluation of health condition of street children revealed that most of street children had a problem of road accident 44. 9%, violence and beating 14% followed by dog bites at 12% a big number of street children interviewed smoked 74% around

11.2% of children had sexual activities and about 91% of them had genital diseases and 31% reported being pregnant during the time of interview (Eman, 2006).

The street children according to the difficult life experienced are likely to develop psychology problems, the study in Republique Democratique of Congo in order to investigate status and risk factors of street children revealed that most street children around 100% had aggressive behavior in the kind of quarrelling, psychology problems were commonly reported at 83% followed by frustration 77.2% other 60.4% developed fear from police and feeling unhappy 71.3%.

About physical condition the study revealed that almost street children had some physical abnormality 94.1% the commonest problems were underweight about 57.4% teeth decay were found at 58% otherwise the study showed that around 54.5% of children looked depressed while 96% lacked personal hygiene (Amel, 2011).

Talking about severity of street children phenomenon another study in Bolivia showed that over half of street children 53% reported having health problems and the most of complaints were musculoskeletal pain 11.2%, confusion and wounds from violence or self abuse at 8% dental problem 8% followed by different kind of infections and upper respiratory infections with 5.6%.

In addition the same study showed that 83% of street children interviewed reported experienced physical abuse committed by street children, relatives and police force 21%, moreover 20% of children were admitted as result of sexual abuse (Huangl, 2004)

Alcohol consumption was also a big issue as it is reported in the same study, the responses from respondents indicate that almost two-third (64%) were drinking alcohol, furthermore 65% indicated that had have sex after alcohol intake, the girls were most exposed than male at 83.5%

versus 59%. The study also reported that during sex activities 15.3% of street children did not use condom, some of them either 18.5% of participant said that they do not remember to use condom due to heavy intoxication (Demelash, 2013).

Street children are not aware about their health, asking them about the risk of sexual activities which they were exposed to, the surveyed respondent either 30.6% answered that they did not remember anything about the risk. On other hand, the pregnant among female street children was more than half either 70%, among them (59.4%) of these pregnancies ended up in abortion.

Another study in South Africa on magnitude of street children phenomenon showed that some of street children admitted to hospitals were treated for wounds, 34% of respondents had suffered head injuries, 48% were admitted followed by accident, about nutritional status 74% were malnourished while 53% were seriously underfed, on substance abuse 95% of street children were addicted to glue inhalation (Lind, 2002).

The health of street children have been many time showed by different researchers to be a serious issues worldwide that need to be taken by government in collaboration with different stakeholders in Kenya the study showed that the morbidity rate among street children was 46.7%, the most common diseases as it was showed by the study were skin diseases with average of 50.9% followed by upper respiratory infections with the percentage of 12.1%, another big issue as it was showed the study was the drug abuse, the prevalence of drug abuse among street children was 54.5% (Ayaya, 2001).

About diseases symptoms the commonest symptoms among street children were cough 17.7% followed by Pruritus 10.1% rash was 9.8%, headache was found among 8.2% pain in eyes was

found in 7.6%, of children discharges from skin 3.2%, other different symptoms were found among 31.3 of street children. Otherwise the drug addiction was found among those children asking the reason of taking drugs 43.3% reported they have been initiated by friend and peer pressure (Ayaya, 2001).

In Tanzania the study about coping strategy of illness among street children showed that two thirds of street boys either 66% or 69% of girls in the street suffered from fever while 40% of street boys against 31% of street girls suffered from skin diseases during the past three months. Furthermore the results showed that the overall 38% of boys had experienced injuries and accidents in the past three months compared to 16% among street girls the different in gender would be related to the nature of work that the boys are engaged in on the street.

About health seeking behavior the study revealed that the commonest means of seeking treatments when sick were buying medicine at local pharmacy and at local shops this was reported by 46% among the girls and 45% among the street boys (Aneth, 2010).

In 2012 Rwanda the study done by national commission for children (RNCC) reporting about situation of street children revealed that 63.2% of them have ever abused drugs, most of them used cannabis, ganja around 82% followed by glue abused by 43.1%. asking about reproductive health among street children in Rwanda 28% of street children admitted to be sexual active, 66.4% reported to have sex with their friends followed by 18,9% that reported to have sex with sexual workers while 2.6% had sex as a result of rape.

Furthermore the same study showed that the sex activity among street children increased by age, between 6-13% had have sexual activity the rate increase to 31.2% at the age of 14-18 and it

was high among age group 19-21 at 47.2%. About the condom use 25.2% didn't used condom during the sex activities, 27% of sexually active female street children had sexually transmitted infectious diseases compared to 3.4% of sexually active males.

The study in Khartoum Sudan in different places of this town revealed that most of the places where street children are found were the area which were most affected by poverty as it was mentioned by many respondents to be the major cause for children to take street life (Khalafallal, 2011).

In Kenya the study on street children phenomenon showed that the poverty account 43%, it is a leading cause of street children phenomenon that push the children leaving home, this come from the street children interviewed most of these children came from the family with low income (Karanja, 2013).

The findings from Tanzania about street children and street life in urban Tanzania which was interested in investigating how children get their daily needs showed that most of the children interviewed, 88.7% reported that worked informally during the day such as car parking boys, vehicle security guards or other works such as car washer or baggage loaders. Furthermore they said that money they are getting from the jobs are helping them to buy cheap food in shanty hotels while 10.5% reported that their got their daily food in begging in different restaurant while 0.5 reported that they survived by eating leftovers that were collected from hotels and other side some older girls sell sex in order to survive (Ligalla, 2006).

About the reasons for leaving their families and migrate to the street the poverty and poor economics condition are the important causes for leaving home account for 100% while 90%

reported that is due to the lack of food at home and 88% said that want to look for job and earning money outside home village (Ligalla, 2006).

The poverty in the families push some of children to migrate from rural to urban areas as they reported to find means in order to assist they families, they also said that they move to tend to their own personal needs for survival (Ligalla, 2006).

According to children for children's future (CCF) the main causes of children to migrate to the street were poverty at the first level followed by divorce and HIV/AIDS. Poverty may leads to divorce and prostitution because people become desperate due to lack of funds; the children stay for longer period on the street in order to maximize what they are earning such money.

The CCF strongly believed that poverty remains the root causes of children migrate to the street and that familial financial stress lead to alcoholism, child abuse and domestic violence, this time the home environment is not good and cause children to be pushed on the street in order to escape this abuse and earn for living (Hannah, 2005).

In Botswana the study showed that about 80% of street children boys were engaged in car washing, petty trading in order to earn money for daily living (Eugene. et al,1995),the money they gained served as incentive for children to stay on street some children reported that they earn as much as 500 pula on average per day. This explain that the economic issues contribute a lot in pushing vulnerable children from the poor families to leave their families to the street in order o earn their living.

Most of children above of 50% is living in sub-Saharan African and in most African countries live below poverty line, this means that at least 137 millions African children out of estimated 36

millions of children in sub-African lives in poverty over, 40% African children of school age do not attend school and around 111 millions of children under 5 are underweight (Caroline, 2006)

This children poverty is not alone it is associated with whole families poverty, whatever the cause of poverty the effort of this passed through population and had extend to different points and cause abuse from parents and result of alcoholism or poverty induce depression in different families (Caroline, 2006).

Another study in Nigeria showed the loss of parents increased the economic challenges of families and this contribute a lot to the increase of burden of living cost in families provision especially if this happened to the principal breadwinner of families.

This complicated situation of family poverty lead strongly children from those families to adopt the situation of taking option to be engaged in hawking activities to gain the way of living and helping their families. Many authors in different studies showed that big number of children in developing world were found in the street due to the poverty issues and explained that they were on the street in order to work and earn the money because they didn't found sufficient or enough based needs at home.

Furthermore the study in Nigeria on 55 street children under age 15 showed that they were begging for a living and showed again that those children were on street because their families were living in severe poverty and they push these children to the street because they need money for living 80% of respondent in this study showed that they still lived with their families and some of them begged with them (Lewis, 2011).

Another study in Accra, Ghana revealed that the causes of street children were income dysfunctional in family, most of children interviewed argued that they come from very poor families and explained that some parents don't have jobs so that their children must go on the street to sell some things in order to contribute in family income by bring something home.

As Ghana's unemployment rate was 20% and unemployment rate among youths between 20-24 years was around 21%, the families unemployment appeared to compel children to be engaged in economic activities on the street (Emmanuel, 2011).

The findings from Tanzania on factors influencing identification of the most vulnerable children showed that this kind of situation is caused by poverty that affected large number of population in Tanzania overall the proportion of households in Tanzanian lied below basic needs , the poverty line affect about 33.6 percent and the estimated number of population living in poverty had increased to around 12,9 million in 2007, this means that the majority of people didn't had access to health care services and the basic need in families in most cases children are most affected by poverty and are more affected by restricted health services and consequently rush to the street (Godfrey, 2012).

In Kumasi metropolis the study about prevalence of street children showed that both social and economic factors was responsible for street children phenomenon in Kumasi and continue to explain that many street live on the street because of incapacity of their parents to take care of their daily needs. They also stressed that some children are therefore sent to the street by their parents to help or supplement the households income through the money they earn from street work or they took street way by themselves to satisfy their own needs (Debia, 2000)

In Leningrad region the study about children labor revealed that many of street children are engaging in trading activities between 50% and 100% referred to working children given that they attend to private kitchen gardens, they were also engaged in collection of empty bottles ,gathering of mushrooms and berries for sale others in begging that can be classified as works.

Between 10% and 30% of these children were involved in criminal activities such as theft, dealing in drugs and in stolen activities between 10% and 30% of these street children under the age of 18 are involving in prostitution or in production of pornography materials in these study boys are more engaged in criminal activities while underage prostitution on other side is predominated by girls (Borisova, 2002).

Furthermore the study showed that the most of working children (46%) found their first job at the age of 10 to 12 while 20% reported that they began working at the age of 6-9 later reaching the age of 10-11 they were likely to become to be involved in stealing drug dealing or in ferrous metals, the girls were involved or be drown into prostitution at the age between 13and 14 (Borisova, 2002)

Also in another study in Nigeria showed that many children lived on street because of poor income in their families, furthermore explained that Nigeria faced economic difficulties where more than half of the Nigeria population can't afford three square meals a day. They also don't have access to healthcare services, education, and shelter and are facing all problems and indignities that poverty brings due to the poor living conditions. The reasons for taking up to the street life the financial problem come to the first place with an average of 77.2%, death of parent account for 21.6% followed by personal decision which account for 1.3% (Ihejirika, 2013).

In north western state of Pakistan the study showed that the living strategies of street children, 41% of respondent make money from activities such as haulage, carrying loads while other respondent said that they earned money from hawking, 22% bus conducting 20%, and 50% of what are earning are engaged in feeding and in general needs of themselves while 43% keep their belonging to stop owners (Somaiyeh, 2012)

Bangladesh study also revealed that poverty and marginalization made families being vulnerable to economic and social stresses, these engage children in hazardous and exploitative working and become involves in the street life. The majority of street children either 35.3% use scavenger followed by paper and flower seller with the average of 34.7% on other side 14.7 per cent are involved in sex worker, 9.3 per cent are in begging activities while 6 per cent of street children are day laborers and this study showed that these children within their families were living in severe poverty condition (Sarker , 2013).

Children on the street encounter different difficulties, the results of study are showing that the majority of street children 59% reported not having facilities and marginal place for bathing, another 41% said not have any facilities for toilet, bathing and washing clothes under such circumstances children manage to bath once or twice per week at closest water available to them

In this study 78% of respondent were living with either one parent while 22% of participant were not living with their parent (Mathias, 2013).

Many street children were suffering from fever, followed by dysentery because they are always exposing to the dirt, most of them suffered also from cough and throat infection. The common illness many of them suffered from as the study continue to express are skin disease with 38%,

fever 20%, followed by 12% who suffered from cold and 13% of suffered from diarrhea, while 4% suffered from wounds, furthermore 2% had tuberculosis while 12% had different problems such as headaches and body aches.

2.3 Household factors of street children phenomenon

The different studies were carried out on household factors influencing street children phenomenon, the study in Kenya on youth between 15 and 24 showed that were high alcoholic and drugs users in urban areas while in rural area 25-64 years were major users. In agricultural setting 41% were alcohol users, followed by 28% of cigarettes consumers, local brews account for 17% and bhangs at 6.5% these culture of alcohol consumption and drug use in this population mainly influence children in this region to take street life (Bernard, 2013)

In addition the same study showed that 59 % of participants still using drugs and other substances among student. Again the prevalence of alcohol use in different towns of Kenya was high for example the western town has the average of 43.3% followed by Nairobi with the prevalence of 26.8% while Nyanza has 26.8% and the eastern that account 17.2% of alcohol users (Bernard, 2013).

In the family the children in normal family home the consumption of alcohol and other substances were also highlighted in the western at the average of 90% this is followed by Nairobi 89.9% among livestock keepers 97.7% reported have ever used substances and drugs some time in their lives. These findings above also showed how substance use and abuse to be practical social and household problems in Kenya (Bernard, 2013).

In one study in Brazil on street children phenomenon showed that most of house where street children came from about 46% live in the house which did not have sanitary facilities and many of families were headed by single female with the average of 70% and 40% of participant had no biological father who lived with their families (Abdelglil, 2003).,

Amel Abd 2011 in his study showed that the most of children on the street came from second and third birth order 41.6% more of them had more siblings 93.1% with more sisters and brothers ,about one third of street children had stepmothers (33.7%), stepsiblings (33.7%), and 14.9% had stepfathers (Amel, 2011).

About the nature of family of street children an empirical study showed that a big number of street children 76% reported that their father were absent or dead while 88% said that their mothers were alive 265 comprised a number of children whose their families live at distant without their contact these children were living alone (on their own) most of their fathers were unemployed or what they are earning were very less (Anjal , 2012).

About the family size the most of most of street children came from the families ranged between 2-11 members 64% of respondents reported of having 4-5 siblings the number went upto6-9 siblings for about 95% of children 49% of street children indicated having family member of 6-8 while 28% reported having 9-11members in their families (Anjali, 2012).

Talking about family characteristics the findings showed that 84% of interviewed children were from single parents background, divorce was growing phenomenon especially in eastern and those who end up by suffering are children who look alternative life on the street for their living. Different information illustrate that most of children come from large family and choose street life because of social problems in their families while other come from poor and broken homes or orphans.

Around 43% of these interviewed indicate that they did not have parent who still together ,11% reported that their family or parent separated , 35% were single parent , 11% were double orphans, thought 57% said that they did not live with both parent while 5.1% of households without living with guardians (Bernard, 2013).

Talking about household factors, Adebola H (2006) in his study stipulated that some children whose consistently they parents are entrapped by marital discords experienced physical and emotionally distressed , under this circumstances the basic need of those children are neglected hence they may resort to the street life . He also stressed other factors such as polygamous setting remarriage, divorce, separation, violence in the family as one could compel children to turn to the street (Adebola, 2006).

The study by Sorre (2009) showed that 84% of the respondents came from problematic background families under single parenthood, brother and sisters, grandparents, aunts and uncles and these represent vulnerable families characterized by inadequate supply of basic need such as clothes, food, shelter with weak parental control (Sorre, 2009).

In the same study by Sorre showed that out of 324 street children that were asked 273 (84%) were from single parents background as divorce an increasing phenomenon in east African and those who is suffering are children who find eventually alternative on the streets for livelihood.

Bernard Sorre (2013) in his study showed that a significant number of children on the street do not have caregivers in their family, of the 5.2% (57) of families without having guardian ,17 had no caregivers ,these children use to manage their households activities without support of an adult (Bernard S.et.al, 2013). Most of the children experience abuse in different ways during their childhood in most case is done by the people who are well known such as parents, relatives or fellows and end up by taking street life to flee from such kind of violence.

A study on 10.025 women in reproductive age showed that 24% of births were unwanted, this study stressed that negligence becomes an issue as women are forced to give support children they may not have planned before and these lack of responsibility of parent to their children may push some children to take street life (Hardee, 2008).

Further more in Cameroon it was found that 71.4% of street children interviewed come from unstable family background where parents are either permanently or temporally living in or separation or where parental fight and quarrels are frequent. Although in studies from Pakistan illustrate that most children are affected by neglect and physical, verbal and sexual abuse. (Hardee, 2008).

The finding from 505 street children in Karachi illustrated that parental behavior (12.75%), violence (17%) and drug addiction (9.7%) were showed to be an important reason for children leaving home than being forced by economic reason to work and support their family financially (5.9%) (Seleman, 2009).

Ebrahim 2004 referred education as aggregate of all the processes by which adult or child develop the capacities, attitude and behavior which forms positive values to society where he

lives (Ebrahim Z. 2004).Bangladesh study on live and livelihood issues of street children showed that 7 of every 10 children are illiterate and 187 have completed 1-3 years of primary schools, 12.7% of parents have completed 4-5 years of schooling furthermore the interesting result showed that the percentage of street children that have been enrolled have decreased as years of schooling keep increasing (Sarkar, 2013).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents research design, sources of data, study population, sample size calculation, sampling procedures, study variables, ethical considerations, data collection techniques, data collection tools, plan for data analysis, procedures, quality control issues, limitation of study and plan for dissemination.

3.1 Study design

The study was descriptive cross-sectional study. This study collected data at one point of time and there was no further follow-up of respondents.

3.2 Sources of data

Two types of data will be used: the primary data and secondary data. The primary data came from answers the respondents gave in the structured questionnaire as prepared by the researcher and information obtained from interviews conducted by the researcher.

Secondary data was obtained from published literatures and documents related to the research problem from Ngozi district related to street children phenomenon.

3.3 Study population

All Street children aged between three (03) years to fifteen (15) years in district Ngozi living in city centres and market areas in Ngozi district formed the study population for research.

3.4 Inclusion criteria

All street children aged between 3 years and 15 years at Ngozi district available at the day of collecting data

3.5 Exclusion criteria

The street children who were not present at the time of interview or those who refused to participate in the study.

3.4.2 Sample size calculation

The appropriate sample size in our study is determined by three (03) factors such as estimated proportion of variable of interest (the street children phenomenon in our study), the desired confidence level and the acceptable margin of error. In our study design as simple random sampling, the sample size required will be determined by using Kish and Leslie (1965) formula

$$n = \frac{z^2 p q}{d^2}$$

n= required sample size

z= confidence level at 95% (1.96)

p= estimated proportion of respondents this was estimated at 0.4

q = (1-p) it will be 0.6

d= precision at 9% (0, 09) permitted error

$$\frac{n = (1.96^2) x 0,4 x 0,6)}{(0,09)^2}$$
$$\frac{n = 3.841 x 0,24}{0,008}$$

$$n = 0.9218$$

0.008
 $n = 115$

The sample size was 115 street children who participated in the study

3.4.3 Sampling procedures

Since there is no sampling frame for street children in Ngozi also and the exact numbers of street children were not known at the time of study the researcher tried to identify the areas in which they could be found in large numbers.

By nature of study the researcher used a purposive sampling technique and the areas presumed to have large numbers were Ngozi market, at tax park and in quartier Swahili in each of the places the researcher used snowball method in which each successful interviewed respondent was asked to identify another street child until the required number was obtained.

3.5 Study variables

3.5.1 Dependent variables

In this study the dependent variable was the prevalence of street children phenomenon.

3.5.2 Independent variables

The independent variables included demographic factors, socio-economic factors and house-hold factors that may precipitate children into street life.

3.6 Data collection tools

Structured questionnaire were used the study in order to collect the primary data. This tool was both quantitative and qualitative in nature which helped in enriching the study.

3.7 Date collection technique

The researcher used interviewing technique. The researcher interviewed the respondents using researcher administered questionnaire to get the relevant information required.

3.8 Data presentation and analysis tools

Data collected was analyzed in accordance with the research objectives to answer set questions. Quantitative analysis involved first of all the labeling and coding of all data in order to avoid errors like repletion of data. Data was then entered into the computer using (SPSS version 16.0). Findings were summarized and interpreted. During analysis, the use of chi-square test was used to test the association between the dependent and independent variables.

During the analysis, the consideration of level of significance at 5% was taken into consideration in order to confirm the significance of variables.

3.9 Quality control issues

The researcher sought for permission to conduct the study. The researcher also pre tested the study tools at Ngozi District Centre for integration for children. Data was entered in the computer and the PIN was opened and only known by the researcher.

There was also double entry of data to avoid data entry error like repetition.

3.10 Ethical considerations

Gaining consent of the respondents for this study was very important ethical consideration. Each participant was asked to sign a consent form after receiving detailed information about all activities to be involved and the purpose of study, the reasons for why they have been selected as participant in the study so as to enable the selected participant to connect the objectives of the research with that of respondent qualifications.

The researcher also guaranteed the assurance that the participants were allowed to withdraw from the study even without giving any reason and they were not forced to participate.

Confidentiality: participant privacy and confidentiality of their information was observed and prioritised by the researcher and was protected from unauthorised access.

The written permission to conduct the study was obtained from Burundi ethics committee, direction of public health in Ngozi province, and to administration of Ngozi district

3.11 Dissemination of the results

Information that was generated from the study will be presented to t the IHSU especially to the institute of health policy and management in partial fulfillment of requirement for the award of masters of Science in public health degree of international health Science University. It will also

be presented to the district health team in Ngozi district. In addition this will be published through different journals and through scientific conferences.

3.12 Limitations of the Study

Since only one district is involved in this study, the results might not be representative of other districts. This was addressed by avoiding bias as much as possible so that the information obtained can easily be generalized.

CHAPTERS FOUR

RESULTS

4.0 Introduction

This chapter describes the analysis of data followed by the interpretation of the research findings. The findings are related to the objectives that guided the study. Data was analyzed to establish the factors associated with the street children phenomenon in Ngozi District, Northern Burundi. Data was obtained using a self administered questionnaires which were completed by 115 people (n=115) as a sample size of the study. Collected data was analyzed by using SPSS version 20(IBM statistics). Descriptive statistical analysis was used to identify frequencies and percentages of responses given to the entire questionnaire, and also chi square test was used to establish the association between variables under consideration and the street children phenomenon in Ngozi district. All respondents answered all questions therefore percentages reported corresponded to the total number of respondents answering the individual questionnaires.

Variables	characteristics of respondents	Frequencies	Percentage
	3-6	37	32.2
Age categories	7-10	42	36.2
	11-15	36	31.3
Gender	Male	83	72.2
	Female	32	27.8
Location of residence	e Urban	80	69.6
place	Rural	35	30.4
Education level	No formal education	52	45.2
	Primary	33	28.7
	Attended primary but not completed	23	20.0
	Others	7	6.1
Family size	1-3	4	3.5
·	4-6	7	6.1
	7-9	76	66.1
	7-11	28	24.4
Family cohesion	Yes	38	33.0
2	No	77	67.0

4.1 Demographic factors associated with the street children phenomenon Table 1: A table showing demographic factors of street children

The biggest proportion of respondents were between 7-10 years 42(36.6%) compared to the least number of respondents who were in the age bracket of 11-15 years 36(31.3%); the majority of participants were male 83(72.2%) compared to females 32(27.8%); the vast majority lived in urban areas 80(69.6); the biggest proportion of participates did not have formal education 52(45.2%) compared to participants with other level of education 7(6.1%). The family size of the vast majority was 7-8 members 76(66.1%) compared to those who had 1-3 members 4(3.5%);

and the majority did not have family cohesion 77(67%) compared to their counterpart who had family cohesion 38(33%).

-	aphic characteristics of spondents	Frequencies	Percentage	χ^2	P-value
	3-6	37	32.2	10.290	0.036*
Age categories	7-10	42	36.2		
	11-15	36	31.3		
Gender	Male	83	72.2	4.813	0.307
	Female	32	27.8		
Location of	Urban	80	69.6	14.204	0.007*
residence	Rural	35	30.4		
Education level	No formal education	52	45.2		
	Primary	33	28.7	10 407	0.01.4*
	Attended primary but not completed	23	20.0	12.497	0.014*
	Others	7	6.1		
Family size	1-3	4	3.5		
	4-6	7	6.1		
	7-9	76	66.1	2.383	0.666
	7-11	28	24.4		
Family cohesion	Yes	38	33.0	23.792	0.000*
	No	77	67.0		<u>, ,</u>

 Table 2: Demographic factors associated with the street children phenomenon in Ngozi

 District, Burundi

* Level of Significance is p-value < 0.05

Socio-demographic factors such as age of respondents, location, education and family cohesion were statistically significant. i.e. Age (χ^2 =9.280, p-value=0.026); Location (χ^2 =12.237, p-value=0.001); Education (χ^2 =13.637, P-value=0.018) and Family cohesion (χ^2 =19.632, p-value=0.000).

Variables			Frequency	Percentage
	below	200	10	8.7
Street income	201-4	.00	17	14.8
availability	401- 6	500	66	57.4
	700 -1000		22	19.0
	Farming	Mother	20	17.4
Source of income		Father	21	18.3
	Non farming	Mother	25	21.7
		Father	22	19.1
	Others	Mother	70	60.9
		Father	72	62.6

4.2 Socio-economic factors associated with the street children phenomenon

Table 3: Socio-economic factors of street children phenomenon

The majority earned 401-600 66(57.4%) and the greatest number of parents of these street children had other sources of income i.e. mother 70(60.9%) and father 72(62.6%).

Socio- economic characteristics of respondents			Frequency	Percentage	χ^2	P-value
		below 200		8.7		-
Street income availability	201-400		17	14.8	15.371	0.031*
	401- 600		66	57.4		
	700 -10	00	22	19.		
	No					
	Farming	Mother	20	17.4		
Course of income		Father	21	18.3		
Source of income	Non farming	Mother	25	21.7	4.873	0.841
		Father	22	19.1		
	Others	Mother	70	60.9		
		Father	72	62.6		

Table 4: Socio-economic factors associated with the street children phenomenon

* Level of Significance is p-value < 0.05

The observation of the findings from the test of association (chi square test for independence) shows that only street income availability was statistically significant (χ^2 =15.371, P-value=0.031).

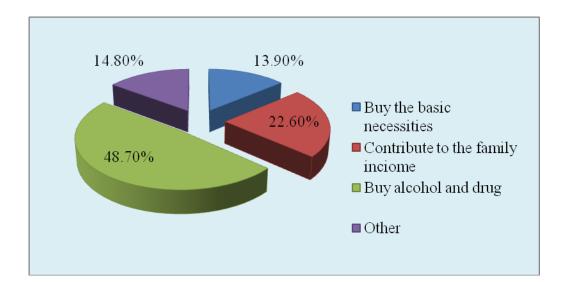


Figure 1: A pie-chart showing utilization of income of street children

Money obtained was spent in buying basic necessities at 13.9%, buying alcohol and drug at 48.7%, contribute to the family income for 22.6%, and other at 14.8% are all the directions of the income available. Fortunately the huge amount is diverted to the consumption of alcohol and drug, the surveyed respondents gave idea that alcohol and drug help them to sleep and the peace of heart.

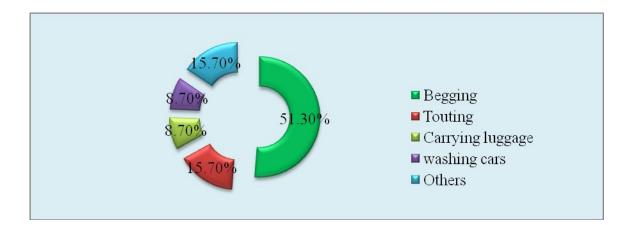


Figure 2: A pie chart showing how the income of street children was being obtained

Money was obtained from begging 59 (51.3%), touting 18(15.7%), carrying luggage and washing cars at 10 (8.7%) and those who are doing other activities were 18 which is equivalent to 15.7%. This inform the researcher that the street children are not there for relaxing because those activities that they are considered by street children as their daily business.

Table 5: Household related factors of street children ph	enomenon in Ngozi District
Burundi	

Variables			Frequency	Percentage
Domestic violence		Yes	92	80
		No	23	20
Family breakdown		Yes	48	41.7
		No	67	58.2
Sexual abuse		Yes	65	56.5
		No	50	43.4
Alcoholism in family	Yes	Father	78	67.8
		Mother	82	71.3
	No	Father	37	32.2
		Mother	33	28.7

The majority had domestic violence 92(80%) compared to 23 (20%); the big number had never experienced family breakdown 67(58.2%) compared to those who experienced family breakdown 48(41.7%); slightly above average had experienced sexual abuse 65 (56.5%) compared to those who had never 50(43.4%); the majority of parents were alcoholics and more so the mothers 82(71.3%) compared to fathers 78(67.8%).

Variables			Frequency	Percentage	χ^2	P-value
	_	Yes	92	80	1.215	0.0241*
Domestic violence	omestic violence No		23	20		
Family breakdown Yes		Yes	48	41.7	12.087	0. 456
		No	67	58.2		
Sexual abuse	Yes		65	56.5	1.994	0. 158
		No	50	43.4		
Alcoholism in	Yes	Father	78	67.8		
family		Mother	82	71.3		
	No	Father	37	32.2	1.454	0.0228*
		Mother	33	28.7		

Table 5: Household related factors associated with prevalence of street children phenomenon in Ngozi district Burundi

* Level of Significance is p-value < 0.05

Of the household factors, domestic violence with (χ^2 =1.215, P-value=0.0241) and alcoholism in family with (χ^2 =1.454, P-value=0.0228) were statistically significant on the street children phenomenon.

CHAPTER FIVE:

DISCUSSION OF RESULTS

5.1 Introduction

This chapter presents the discussion of findings in accordance with the specific objectives while relating the finding with literature from other studies.

5.2 Demographic factors of street children phenomenon

Among the demographic factors, analyzed; age categories, gender, location of residence place, education level, family size and family cohesion.

Among the surveyed respondents, the number of the Male respondents 72, 2% is greater than the Female respondent 27.8%. This indicated that the number of male in the point of having access to basic family education, basic family needs, stability of family in terms of food security, as they said that those are pushing forces to choose the street life are in inequality position compared to their female colleagues.

The demographic variables such as age, gender, location and family cohesion were found to be statistically significant to the street children phenomenon. i.e Age categories (χ^2 =9.280, p-value=0.026); Location of residence place (χ^2 =12.237, p-value=0.001); Education (χ^2 =13.637, P-value=0.018) and Family cohesion (χ^2 =19.632, p-value=0.000).

5.3 Socio-economic factors

Farming activities included all activities related to the daily life based on agricultural industries and non farming activities (trading, teaching, working for someone else) were classified as activities that are remunerated regularly after a certain period of time and among others the researcher included all activities that were remunerated not regularly after a certain period of time but also the workers were given something that can be called wages and they would be gotten occasionally. Majority of street children were from families that had insufficient capacity as they were classified in the categories of others as source of income.

The findings of this study indicate that among the socio-economic factors associated with the street children phenomenon in Ngozi district, Burundi there was street income availability, Poverty (availability of adequate source of source of income for the parents) and source of income.

The findings in this study indicated that money was obtained from begging,touting ,carrying luggage and washing cars and those who were doing other activities were few. This is in line with findings from Tanzania about street children and street life in urban Tanzania which was interested in investigating how street children got their daily needs. This study established that most children interviewed reported that they worked informally during the day such as car parking boys, vehicle security guards or other works such as car washer or baggage loaders (Ligalla, 2006).

It is also in line with a study in Botswana which found out that 80% of street children boys were engaged in car washing, petty trading in order to earn money for daily living (Eugene. et al, 1995). The money they gained served as incentive for children to stay on street some children reported that they earn as much as 500 pula on average per day. This explained that the economic issues contributed a lot in pushing vulnerable children from the poor families to leave their families to the street in order o earn their living.

However the findings in this study contradicts with the same study that sated that reasons for street children leaving their families and migrate to the street was poverty and poor economic conditions forcing them to look for job and earn money outside home village (Ligalla, 2006). The poverty in the families push some children to migrate from rural to urban areas as they reported to find means in order to assist they families, they also said that they move to tend to their own personal needs for survival.

5.4 Household factors

This study established that the majority had experienced domestic violence) compared to those who had never experienced domestic violence; the big number had never experienced family breakdown compared to those who ever experienced family breakdown; slightly above average had experienced sexual abuse compared to those who had never; the majority of parents were alcoholics and more so the mothers compared to fathers.

The study findings are in line with a study in Cameroon which found out that 71.4% of street children interviewed come from unstable family background where parents are either permanently or temporally living in or separation or where parental fight and quarrels were frequent (Hardee, 2008).

This study is also in agreement with the study by Seleman (2009) who carried out a study in Karachi. His study illustrated that parental behavior (12.75%), violence (17%) and drug addiction (9.7%) were found to be important reasons for children leaving home than being forced by economic reason to work and support their family financially (5.9%) (Seleman Khan, 2009).

CHAPTER SIX:

CONCLUSIONS, RECOMMENDATIONS AND AREAS FOR FURTHER STUDY 6.0 Introduction

This chapter presents conclusions and recommendations in line with the specific objectives. It also highlights some areas the researcher would like to be further researched.

6.1 Conclusion

Among the demographic factors, family cohesion was strongly associated with the street children phenomenon.

Street income availability was strongly associated with the street children. This could have attracted more street children since Burundi ranked as one of the 3rd world countries struggling with poverty.

Alcoholism in the family was also strongly associated with children ending up on the street. This could be due to lack of care from parents which lead to lack of basic needs.

6.2 Recommendations

The government should work together with civil society organizations to create family groups at village level. This would not only bring about development but also get some counseling on how to handle their families which in turn can bring about family cohesion.

The government should put in place a policy to barn all income on the street so that these street children can think of being repatriated with their families.

Also the government can put stringent measures on alcohol use especially on opening and closing of bars.

6.3 Area for further study

A further study can be done on repatriating these street children with their families and the possibility of creating home for those without families.

APPENDIX 1.QUESTIONAIRE

A) Instructions

Answer all questions below in spaces provided

Put the tick ($\sqrt{}$) within selected question in the appropriate box

1. Socio-demographic information

- 1. Age bracket a) 3-6 () b) 7-10 () c) 11-15 ()
- 2. Sex a) Male () b) Female ()
- 3. What religion do you belong to? a) Christian () b) Muslim ()
 - a) Other
- 4. Is your father alive? a) Yes () b) No ()
- 5. Why did you go to the street
- 6. How long you have been staying here on the street? a) 1 year () 1 to 3years ()c) 3 to 5 years () over 5 years ()
- 7. Is your mother alive? a) Yes () b) No ()
- 8. Where do you usually sleep? a)In the street () b) At home ()c) Others (specify) ------
- 9. Do have children a) yes () no ()
- 10. If yes how many children do you have a) 1-2 () b) 3-4 ()
- 10. Where do your family leave a) in rural area () b) urban area ()

2. Socio-economic factors

1.	What is your father's source of income?
2.	What is your mother's source of income?

- 3. What is your level of education? a) No formal education () b) primary school () c) attending secondary school () d) Attended school but not completed ()
- 4. What do you do while on the street? a) Begging () b) Touting () c) Carrying luggage () d) washing cars () e) others (specify)
- 5. What is your average income per day while in the street? a) below 200 () a) 201-400 c) 401- 600 () d) 700 -1000 ()
- 6. How do you spend what do you earn while on the street? a) Buy the basic necessities ()b) Buy alcohol and drug () c) Contribute to the family income d) Other
- 7. Have you ever attended school? Yes () no ()
- 8. If yes what is your level of education? a) No formal education () b) Primary school ()c) Attending secondary school ()
- 9. If no why don't you attend school? a) Parent unable to pay () b) Parents died () c) Don't like school() d) Want to work and make money ()
- 10. If possible would want go back to school? Yes () no ()
- 11. If yes what kind of school would you want?

3. Household factors

- 1. How many persons are you at home? a) 1-3() b) 4-6() b) 7-9() 8-10 c) >10()
- 2. Are both parents living together? a) Yes b) No ()
- 3. If not why are they not living together a) One dead () b) Separated ()
- 4. Have you ever experienced domestic violence? a) yes () b) No ()
- 5. If yes what kind of domestic violence have you experienced?
- 6. Does your father drink alcohol? a) yes () b) No ()
- 7. Does your mother drink alcohol? a)Yes () b) No ()
- 8. Do your guardians / parents fight? a) yes () no (), how many time per day () two time /week () more than 3 times per week ()

Please choose one area which presents the reason why most street children are found on the street: whereby -3 means strongly disagree and 3 means strongly agree

Poverty	-3	-2	-1	0	1	2	3
Lack of school fees	-3	-2	-1	0	1	2	3
Hunger	-3	-2	-1	0	1	2	3
Orphan head	-3	-2	-1	0	1	2	3
Desire to have money	-3	-2	-1	0	1	2	3
Overcrowding at home	-3	-2	-1	0	1	2	3
Family disputes	-3	-2	-1	0	1	2	3
Negative peer influence	-3	-2	-1	0	1	2	3
Armed conflict	-3	-2	-2	0	1	2	3

Thank you very much for your time and cooperation

REFERENCES

ABDELGALIL S. et al., 2004. *Household and family characteristics of street children in Aracaju, Brazil.* Archives of disease in childhood, 89(9), pp.817-820.

ADEBOLA, H., 2006.*Strategies of Providing Education for the Street Children in a Market Setting*: Adult Education in Nigeria. Journal of Nigerian National Council for Adult Education (NNCAE), 12, pp.37-43.

AMURY, Z. & KOMBA, A., 2010. Coping strategies used by street children in the event of illness.

ANJALIG., 2012. Social determinants of health: Street children at crossroads. Health, 2012.

APTEKAR L., 1994. *Street children in the developing world*: A review of their condition. Cross-Cultural Research, 28(3), pp.195-224.

ASHIMOLOWO O. et al., 2010. Child Street-Trading Activities and Its Effect on the Educational Attainment of Its Victims in Epe Local Government Area of Lagos State: Journal of Agricultural Science, 2(4), p.211.

AYAYA S. & ESAMAI F., 2001. *Health problems of street children in Eldoret, Kenya:*East African medical journal, 78(12), pp.624-630

AZMERAW Z., 2015. Problem and Coping Strategy of Street Children, the Case of Nekemte Town, Ethiopia (Doctoral dissertation, AAU).

CAMPBELL E. & NTSABANE, T.,1996. *Street children in Gaborone, Botswana*: Causes and policy implications.

DADA O.M.O., 2013. A sociological investigation of the determinant factors and the effects of child street hawking in Nigeria: Agege, Lagos State under survey. International Journal of Asian Social Science, 3(1), pp.114-137.

DE BENÍTEZ S.T., 2011. *State of the world's street children: Research*. London: Consortium for Street Children.

DE ROSA C.J., et al., 1999. Service utilization among homeless and runaway youth in Los Angeles, California: Rates and reasons. Journal of Adolescent Health, 24(3), pp.190-200.

DEBIA G.N., 2000. The prevalence of street children in Kumasi Metropolis and strategies to tackle the problem (Doctoral dissertation).

DYBICZ P., 2005. *Interventions for street children:* An analysis of current best practices. International social work, 48(6), pp.763-771.

GHAI Y. & COTTRELL, J., 2014. *The Legal Profession and the New Constitutional Order in Kenya*. Strathmore University Press.

HABTAMU D. AND ADAMU A., 2013. Assessment of sexual and reproductive health status of street children in Addis Ababa: Journal of sexually transmitted diseases.

HARDEE K. & LEAHY E., 2008. *Population, fertility and family planning in Pakistan: a program in stagnation*. Population Action International p 3(3).

HUANG C. et al., 2004. A comparative analysis of abandoned street children and formerly abandoned street children in La Paz, Bolivia: Archives of disease in childhood, 89(9), pp.821-826.

IHEJIRIKA J.C., 2013. predisposing factors to life on the streets: the case of out-of-school children in nigeria. Educational Research International, 1(1), pp.146-154.

IQBAL M., 2008. *Street children*: An overlooked issue in Pakistan. Child Abuse Review, 17(3), pp.201-209.

KACHOLI G., 2012. Assessment of Factors Influencing Identification of the Most Vulnerable Children in Tanzania: Experiences from Morogoro Rural District (Doctoral dissertation, Muhimbili University of Health Allied Sciences (MUHAS) KINNEY M.et al., 2010. *Sub-Saharan Africa's mothers, newborns, and children*: where and why do they die?. *PLoS Med*, 7(6), p.e1000294.

LUGALLA J.L. & MBWAMBO, J.K., 1999. *Street children and street life in urban Tanzania*: The culture of surviving and its implications for children's health. *International Journal of Urban and Regional Research*, 23(2), pp.329-344.

MEINCK F. et al., 2015. *Risk and Protective Factors for Physical and Sexual Abuse of Children and Adolescents in Africa A Review and Implications for Practice*. Trauma, Violence, & Abuse, 16(1), pp.81-107.

NAMWATA B.et al.,2012. *Categories of street beggars and factors influencing street begging in central Tanzania*.

NARAYAN S., 2013. *Preventing-substance abuse among street children in india: a literature review*:Health Science Journal.

NASRIN S. & RSHED M., 2014. *Life and Livelihood Issues of Street Children*: Evidence from Dhaka City, Bangladesh. Research Journal of Applied Sciences, 9(6), pp.308-313.

OYENIYI A. et al., 2009. An Assessment of the Emerging Networks of Support for Street Children in Nigeria: African Research Review, 3(2).

PATEL V., et al, 2008. *Promoting child and adolescent mental health in low and middle income countries:* Journal of child psychology and psychiatry, 49(3), pp.313-334.

QUARSHIE E.N.B., 2011. *Public's Perception of the Phenomenon of Street Children*: A Qualitative Study of Students and Shopkeepers in Accra, Ghana.

THAPA K., et al., 2009. *Health problems among the street children of Dharan municipality*. Kathmandu University Medical Journal, 7(3), pp.272-279.

UGALLA J.L. & MBWAMBO J.K., 1999. *Street children and street life in urban Tanzania*: The culture of surviving and its implications for children's health. International Journal of Urban and Regional Research, 23(2), pp.329-344.

UNICEF, 2003. The state of the world's children 2004-girls, education and development: UNICEF.

UNICEF, 2005. The state of the world's children 2006: excluded and invisible: Unicef.

USMAN, L.M., 2013. Adult Education and Sustainable Learning Outcome of Rural Widows of Central Northern Nigeria.

VAN ROOYEEN,L.& HARELL, C.G., 2002. Health of the street child: the relation between life-style, immunity and HIV/AIDS-a synergy of research. *South African journal of education*, 22(3), pp.188-192.

VEDADI, S., IQBAL, S.M.J. &MUNEER, S., 2013. Street Children and its Impact on Educational Attainment in North-Western State (Punjab) of Pakistan. *Journal of Education and Vocational Research*, *4*(12), pp.366-372.