INCOME POVERTY AND CHILD STREETISM IN DODOMA AND DAR ES SALAAM, TANZANIA

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A B S T R A C T

Tanzania has been implementing several initiatives to address the challenge of street children in the country. Despite such efforts, the child streetism has become the daily reality and has shown the sign of increasing. This article explores the influence of income poverty on child streetism in urban Tanzania. Specifically, the article focused on analysing the live experiences of street children; and describing the influence of income poverty on streetism of children. The article adopted the descriptive cross-sectional design and involved a total of 56 informants who were purposively selected while the snowballing sampling technique was used in accessing street children. Semi-structured interview, documentary review and observation method were used to collect data. Through thematic and content data analysis techniques this article revealed that street children experienced difficulties in getting

their basic needs and did not easily access health services when they fell sick. Further, child streetism has been largely influenced by income poverty. Hence, the study recommends the following, but not limited to; develop a formal and functional support system to facilitate children on the street to access the educational services. Regarding coping strategies as an emerged issue, street children engaged into begging, unsafe sex and petty income-generating activities such as car wash and bottle collection. They also used self-medication to treat themselves when they fell sick or being left at the hospital buildings or on the street by their fellow street children when the condition got worse. Additionally, they did not have any coping strategy to enroll themselves into the school.

INTRODUCTION

African countries especially the Sub-Saharan countries are faced with extreme poverty (Ward and Seager, 2010; Le Roux, 2016). The rampant poverty in Sub- Saharan Countries has contributed to the problem of street children who do not have an access to education, nutrition, food, shelter, water, sanitation and good health services (Kopoka, 2000). In addition, the consequence of poverty, with reference to income poverty, is argued to be the main cause of street children (World Bank, 2019). This is because income poverty determines the family development level in terms of family's ability to accommodate the basic needs of its members including children (World Bank, 2019). In this regard, family as one of the social support network can be one of the primary contributors of street children in the developing countries (Kopoka, 2000; Seager, 2010).

Streetism refers to a broad term which is used to project the desperate and often harrowing situation of children who are focused on spending most of their lives outside their homes, engaging in menial income generating activities and begging in order to make a living. In Tanzania, according to the Law of the Child Act (2009), a child is a person below the age of 18 years old. Likewise, the International Labour Organization (ILO) convention 182 on the worst form of Child Labour, a child includes anyone under the age of 18 years. However, the Tanzania a Marriage Act of 1971 allows girls to be married at 15 years old while boys can get married at 18 years old. But, for the sake of this study, the Tanzania Law of Child Act (2009) definition on child was adopted (Islam, 2015).
Children on the street are children who work and live on the streets in the daytime but return home at night where they sleep, although some of them

occasionally may sleep on the streets (UNCHS, 2004). In this case the definition is based on the weak family support base where children share the family responsibility for family survival by working on the streets and market places. However, UNCHS definition has been criticized on the ground that it is not common to find children on the street still having links with their families and most children on the streets often sleep on the street (ILO, 2001). Bromley and Meckie (2009) argue that their ties with the family are broken and become homeless. Hence, this study defines street children as any person who is below the age of 18 years and lives independently in the urban streets without a home, any form of adult support or supervision and with little or no family contact (Islam, 2020).

Several global initiatives were conducted to address the challenge of street children in the developing countries including the African Countries. These initiatives include an introduction of Millenium Development Goals and Sustainable Development Goals (SDGs). Despite the implementation of aforementioned global initiatives, the problem of street children is still a daily reality in African Countries (Kopoka, 2000; URT, 2009; De Benitez, 2011). This situation is attributed by absence of comprehensive interventions for addressing income poverty and promoting family development. Interventions regarding income poverty have seen separated which results to limited linkage among income poverty, family development and street children in the developing countries. There is no accurate information regarding the exact figure of street children around the global and the estimated figure differs according to the source. The United Nation's Report argues that the population of street children is estimated to be 100 million worldwide (UNICEF, 2012).Of this figure, 20 million street children are from Africa, 40 million from Latin America and 25 to 30 million are from Asia. Likewise, 25 million are assured to be scattered around the World. Ennew (2004) specifically argues that one million children in Africa are exploited in the streets for commercial purposes.

Various prior empirical studies indicate that poverty is the main cause for the children to move in the streets. Grace (2002) argues that factors that cause children to live in the streets are ingrained in hunger, poverty, family dissolutions, family and neighborhood violence as well as breakdown in supportive community structures. Le Roux (2016) contends that street children are vulnerable to exploitation and abuse because of income poverty. Ward and Seager (2010) argue that a child living in the streets is an indicator of children living in poverty in South Africa. Le Roux (2016) further argues that poverty, abuse, parental alcoholism and family violence are the main motivating factors for children to move in the streets.

In Tanzania, alike, poverty is considered to be the main driver for street children. World Bank (2019) reports that in the period of two years, 10,000 children went into the streets which indicates a rapid increase in the number of street children in Tanzania. The challenge of street children in Tanzania is more historical since then. Saramba (2002) attests that

30,000 children are in Tanzania while Dar es Salaam was leading with 10,000 street children. Mwinyiani (2004) reveals that the population of street children increased to about 40,000.

Tanzania has recently engaged into the middle income country but household income poverty has not been reduced due to relatively high population growth. According to the latest statistics of 2016, the overall Tanzania population stands at 55 million (World Bank, 2019). Increasing income poverty within the households has resulted to an increase in the number of street children. They are deprived of the nurturing and love that should have obtained in the family life (Blackford, Cecio, Jerving, Kim and Syagh, 2008). In addition, street children in Tanzania are seen as threat to a society instead of being viewed as the ones who need help from the society (Corsaro, 2011).

In this case, Tanzania developed a number of National documents to guide Social Welfare Programs including those of children. These documents include the National Guidelines for Economic Strengthening of Most Vulnerable Children Households; The Law of the Child Act of 2009; The Child Protection Regulations of 2013; the Child Development Policy of 2008. Other documents include Safe Family Reunification Guidelines for Child Victims of Trafficking in Tanzania (2016); and Standard Operating Procedures for Protecting, Assisting and Referring Trafficked Children in Tanzania (2016). This indicates that Tanzania is not short of the National Frameworks that protect and promote Children's Welfare but the challenge of having street children still dominates the social dialogues. It is therefore the intention of this article to explore the influence of income poverty on streetism of Urban Tanzania children in Dar es Salaam and Dodoma Cities. Specifically, the article focuses on analysing the live experiences of street children; describing the influence of income poverty on streetism of children.

THEORETICAL LITERATURE REVIEW

The Vulnerability Theory was used to explain the lived experiences of street children and the influence of income poverty on child streetism. Vulnerability is a characteristic of human existence that carries with it the imminent or ever-present possibility of harm, injury and misfortune. In this fact, the Vulnerability Theory explains how vulnerable environment can lead to a certain social consequences of an individual including being in the street. Basing on this theory, children's vulnerability is demonstrated in different ways including being victims of hunger. Children need the daily needs to be satisfied including need for education, food, shelter and clothes. Such unpleasant child's experience is caused by the child's family being rooted in poverty and hunger (Gracey, 2002). Hence, the theory was used to both analyse the live experiences of street children and describe the influence of income poverty, as part of vulnerable environment, on streetism of children. The Vulnerability theory explains the economic and social factors that make children to live in the street. Likewise, the theory was relevant and covers both the lived

experiences of street children in the street and when they were not in the street.

EMPIRICAL LITERATURE REVIEW

Lived Experiences of Street Children

Jeanette and Olsson (2015) conducted a study titled violence against children who have left home, lived on the street and being domestic workers; A study of re-integrated children in Kagera Region, Tanzania. The main objective of this study was to examine the extent of violence against children who have left home in Kagera Region, Tanzania as well as in different trajectory of life i.e. before living home, in the street, as domestic workers and after re-integration. It also examined the residual violence that was still taking place after re-integration and its potential impact on their psychological quality of life. It was a cross sectional study that was carried out in four of the Kagera Districts and used questionnaires and interviews to collect data. The results revealed that there was higher prevalence of violence against children who left home compared to a national average. It was further revealed that, after re-integration, the overall prevalence of violence declined significantly to the same level as a national average showing that re-integration was successful. However, the group still faced violence showed lower psychological quality of life.

Abate, et al (2022) conducted a study with the title stating that health status of street children and reasons for being forced to live on the streets in Harar, Eastern Ethiopia: Using mixed methods. The essence of conducting such study was based on the fact that little is known about the prevalence of streetism, including health conditions. In this fact, the empirical study assessed the health status of street children and determinants of streetism. The cross-sectional design and phenomenological qualitative designs were adopted to 220 street children. Data were collected using interviews and analysed using chi-square test, multiple binary logistic regression and thematic analysis technique.The findings revealed that most street children drink alcohol regularly and, faced with depression and peer pressure and affected with communicable diseases and substance abuse. There is also a statistically significant correlation among health status, socio-demographic characteristics, job presence and drug use.

Fantahun and Taa (2022) conducted a study with a title 'Children of the Street: The cause and consequence of their social exclusion in Gondar City, Northwest Ethiopia. The article examined the root causes and consequences of Social exclusion on street children in Gonder City, North West, Ethiopia adopting the qualitative approach. Data were collected using in-depth interviews, and focus group discussions whereby informants were purposively selected.

The findings revealed that street children's lives were affected by the deprived social relationships, lack of basic needs, acute health and psychological problems. Furthermore, social exclusion denied street

children's rights and opportunities that exist in a society. The findings of this article are relevant to this study because they enhance an understanding on the live experiences of the street children and the contribution of social factors in child streetism. In this regard, the article findings show how social exclusion as a cause to child streetism may lead to several consequences to street children.

Income Poverty and Child Streetism
Chenga and Chamwi (2014) conducted a study on the phenomenon of the street children in Moshi Tanzania. The main objective was to understand the phenomenon of street children and to explore the depth and diversity of street children experiences. Purposive sampling technique was used and data were collected through semi-structured interviews, observation method, and documentary review. The research findings revealed that poverty, rural urban disparity and cultural practices contributed directly or indirectly to the phenomenon of street children. Mandoyu, Gemeda and Genemo (2018) also conducted a study on the causes, consequences and coping strategies of streetism in Shashemane Town. The main objective was to assess the causes, consequences and coping strategies of streetism. Specifically, it focused on the factors that expose children to street life; identification of the challenges faced by street children and assessing the coping strategies of street children. It was a mixed study approach which involved 150 street children who were purposively selected. Data were collected through interviews, questionnaires and focus group discussions and analysed using descriptive statistics and thematic data analysis technique. The results revealed that poverty is one of the causes for child streetism. It also showed that street children encounter several problems such as lack of food, clothes and shelter, education and encounter physical and psychological sexual abuse. Sofiya, Endris, Cidata and Silota (2019) conducted a study titled the causes and consequences of streetism among street children in Harar City, Ethiopia. The main objective of the study was to investigate the life of Harr City Street Children and pushing factors of streetism for children. It was guided by three research questions namely (a) what are the major causes that make children leaving their homes for streets? (b) Do street children use psychoactive substances? (c) What type of psychoactive substance do street children use? It was a mixed study whereby respondents were purposely and randomly selected. Data were collected through questionnaire and interviews, and it applied descriptive statistics and thematic technique for data analysis. It was revealed that the major causes which lead children to live on the streets include, but not limited to, poverty.

RESEARCH METHODS
This study adopted the descriptive cross sectional design and data were collected only once. It was adopted because it can well describe a

population or a subgroup within the population with respect to child streetism and income poverty (Levin, 2006). Furthermore, the cross sectional design was chosen because the design allowed the research to explore multiple variables at one time. The population of this article includes street children who are living in the streets of Dodoma and Dar es Salaam regions. Dar es Salaam was chosen because it makes up over one third of urban population in Tanzania (UN – Habitat, 2009) and leading in terms of the number of street children in Tanzania (URT, 2018). Due to increasing population growth, the Dar es Salaam infrastructure and basic services such as water, and health services are not adequate. The city has relatively high social inequalities and most poor communities are concentrating in urban informal settlements. The Urban informal settlements have been experiencing low level of human capabilities development, poor housing and health conditions among the poor households. Dodoma is the national capital city in Tanzania with the total population of 410,956 people (NBS, 2012) whereby most are females. Its population mainly depends on agriculture and animal husbandry as a source of income while 25% of the population engages in petty businesses. Likewise, the city is experiencing a significant gap between the rich and poor and relatively high poverty rate at 25% which was in accordance to the 2007 Household Budget Survey (HBS). According to the URT and USAID Kizazi Kipya Project (2018), Dodoma is one of the regions which consist of a number of children living and working in the streets (CLWS). Seni (2017) also argues that the begging among street children in Dodoma is the common phenomenon.

Snowballing and purposive sampling techniques were used. Snowballing sampling technique was used to reach children living in the streets of Dodoma and Dar es Salaam. Purposive sampling, on the other hand, was used to sample social welfare officers, ward executive officers, and children who were under children homes or care centres but once lived in the streets. In addition, purposive sampling technique was used to select informants working with children's homes or care centres both public and private. Informants were interviewed in order to gather the qualitative data regarding the objectives of this study and its research questions. Observation method and documentary review were also used as the methods for data collection. Observation method was used by a researcher to observe the lived experiences of street children, in terms of access to services health status, food quality, cleanness of their surrounding environment and their social structured relations. Documentary review was used, under the permission of a child and relevant social welfare officer, to review the historical background and admission reports of street children recording at children's homes or care centres.

Thematic data analysis technique was used to analyse the qualitative data. Brawn and Clarke (2006) contend that thematic data analysis technique provides rich and detailed findings as per each thematic area supported by thematic statements. The researcher focused on six steps when analyzing

the collected data thematically. These steps consisted of data familiarization, development of initial codes, theme searching, identification and classification and report production. Content analysis was also used to analyze the data collected through documentary review.

RESEARCH FINDINGS

The article managed to interview 56 informants from Dodoma and Dar es Salaam regions. In Dar es Salaam, 33 informants were interviewed including 4 social welfare officers, 6 staff of children's homes or care centres and 23 street children. In Dodoma, 23 informants were interviewed including 3 social welfare officers, 5 staff of children's homes or care centers, and 15 street children. In Dar es Salaam, female social welfare officers were 3 while only one (1) male social welfare officer was interviewed. Moreover, 4 staff of children's homes or care centres were female while male staff were only two (2) person. Among 23 street children in Dar es Salaam, 17 children were boys and 6 were girls. In Dodoma, 2 social welfare officers were females and only (1) social welfare officer was male. Furthermore, 3 staff of children's homes or care centres were females and the remaining two (2) were males. In the case of street children, 9 children were boys and the remaining 6 children were girls.

Considering educational level, all social welfare staff and staff from children's homes or care centres had a Bachelor Degrees particularly in the three fields of social work, community development and sociology. In addition, out of 38 street children, only 11 children managed to accomplish the primary school education while 7 children had no formal education at all and 20 children attended the primary school education but failed to accomplish it. In terms of age, 11 street children aged between 15 and 17 years old; 25 street children aged between 10 and 14 years old and 2 children aged between 7 and 9 years old. The following themes were summarized from the collected qualitative data: lived experiences of Street Children; and Influence of income poverty on streetism of children.

Lived Experience of Street Children

Street Children had unpleasant experience regarding their welfare and the negative perception of the society. They hardly had three meals a day with no clean clothes and accommodation. Regarding, accommodation, they normally shifted from one place to the other depending on the circumstances and change of whether. One informant argued that "I normally have a single meal for the entire day for more than six months now. I used to go one of the restaurants to ask for food residuals but later they chased me away on the ground that I was scaring their customers…"

It is also almost impossible to access health services when they got sick because they have no money to accommodate the costs. Majority of street children agreed to frequently suffer from Tuberculosis, Malaria, Cholera, Coughs and flue. Similarly, they also mentioned other sexually transmitted

diseases including HIV/AIDS and gonorrhea. Despite having suffering from such diseases, they did not have proper consultations from medical practitioners and the society had been avoiding them because they were considered to be a threat.

Furthermore, they had little capacity to resist peer pressure which made them to engage into drug abuse and other illegal activities. Peer pressure was found to influence street children to participate in illegal activities because they considered to be the only means of their survival. The situation became worst in the case of street child-headed household where by s street child had the responsibility to take care of his/her siblings or/and parents. For instance, one informant stated that "I decided to engage into drug abuse because my colleagues threatened to chase me away if I would not engage into it and I had nowhere to go". The other child contended that he engaged into theft and robbery because he had no option on where to stay and he had to contribute something to a group. These were the case of a street child who was living in the streets and depended on others for basic needs including accommodation despite the fact that it was in the street.

Moreover, the female informant stated that in everyday she has to sleep with at least three men to earn a certain income which was collected by their 'street group leaders'. It was surprising that they had their own leaders and structures which show their reporting and hierarchical relations. Sexual, physical and psychological abuses to street children were their daily experience. The following case presents more details:-

Eriana (not a real name) is a girl aged at 15 years old and lives in the street. She ran away from her home located in Mtwara Region three years ago and ended up at Temeke Municipality in Dar es Salaam. Her main source of income is prostitution which means that she has engaged into early sex. There is a time that she sleeps with three men a day in order to satisfy her basic needs i.e. food and shelter. However, the amount that she receives from the perpetrators, 70% of it is handed over to their leader while 30% is for her. More surprisingly, she has so far aborted 6 pregnancies and never tested for sexually transmitted diseases.

Despite the fact that children who live and work on the streets have such unpleasant experiences, street children's who were taken by children's homes and care centres had quite a different experience. They were provided with all basic needs and sent either to school or vocational training. They did not experience any sort of abuse i.e. psychological, physical or sexual abuse. Mentors were assigned to each child for guidance and counseling meanwhile the re-integration efforts are conducted in accordance with the national guidelines.

Street children were asked on their places of origin which was revealed to come from 15 regions of Tanzania mainland. These regions included Geita, Kilimanjaro, Morogoro, Tanga, Sumbawanga, Dar es Salaam, Tabora, Musoma, Mwanza, Dodoma, Mbeya, Shinyanga, Singida, Kigoma and Iringa. Most of them came from Mwanza, Dodoma and Mbeya and

aged between seven (7) to Seventeen (17) years old. Majority did not complete the primary school education and had no communication with their families. It was also found that majority of street children, regardless of the location smoke cigarettes followed by glue sniffing and marijuana.

The results also revealed that mob violence mainly focus of physical violence. It was revealed that mob violence includes ransacking premises and domestic houses, theft, murder, and robbery. Furthermore, the violent acts were associated with drug and sexual abuse. The results further revealed that intra-violence among street children was a common phenomenon. Intra-violence occurred when a member in the group of a street child was suspected to disclose confidential information to the relevant authorities or go against the rules of the group.

Generally, the results revealed that theft, robbery, drug abuse, rapping, intra-violence and being hired for revenge as the common mob violence performed by youth criminals. For instance, one of the informants contended that "we are capable of doing any kind of crime and sometimes we distribute drugs. Apart from stealing, robbery including armed robbery, we engage in breaking people's houses to steal television set, radio and other expensive properties. In the process we even cause death or injury to the property owner or the family members". Influence from their fellow children was also the social factor that promoted children's engagement in mob violence. Some of the street children considered criminal fellow as their mentors or role models and believed that some of their role models lived luxurious life because illegal activities were highly paying. It was further found that in the mobs, there were well-defined structures with well-defined responsibilities, one of them being increase the number of members. For instance, one of the informants argued that "I was convinced by my friend to join the criminal activities because he was able to buy food and, nice clothes and shoes. Then he told me if I want to be like him, I should join their 'team'……."

The findings of this study in summary showed that street children had unpleasant experience in terms of their welfare and negative perceptions of the society. They were considered as thieves and not trustworthy. Additionally, they hardly had three meals with no proper accommodation. They also suffered from communicable diseases including Tuberculosis, Malaria, Cholera, Coughs and Flue. Sexually transmitted diseases including HIV/AIDS and Gonorrhea were the additional challenges. Despites all challenges, they had limited access to health services. Furthermore, they had little capacity to sustain peer pressure, which made them to engage in illegal activities and substance abuse, coupled with physical, sexual and psychological abuse.

The findings of this study are supported by several prior empirical studies. Edris and Sitota (2019) argue that Street Children engage in substance abuse including benzene stffing, smoking, chewing chat and use of plastics. Abate, et al (2022) attest that street children drink alcohol, and regularly faced with depression and peer pressure, communicable diseases

and substance abuse. Amury and Komba (2010) argue that street children frequently experience illness and injuries despite the fact that they have limited access to health services.

Focusing on health status of street children, Chowdhury (2017) state that street children are also frequently abused psychologically and sexually and suffer from accident injury, skin infection, hepatitis and sexually transmitted diseases. Likewise, Reza and Henly (2018) argue that street environment is characterized by illness, violence and poverty. Irawati et al (2021) attest that street children live under the unsuistable bridges and vacant land.

Sanjay et al (2019) also say that street children are vulnerable to all types of sickness, exploitation and abuse, and deprived, neglected and denied of their rights. Street children are also socially susceptible and vulnerable to their environment (Stephen and Udisi, 2016; Reza and Bronfield, 2019 and Nega et al 2021) and experience poor quality of life (Darragh, 2019). It is even supported by other prior empirical studies (Bhukuth&Balleth, 2015); Jerome, 2015, Kabede, 2015; Fikre, 2016) which state that street children are underprivileged in social relations, access to resources and human rights. However, the findings of this study further stated that street children had their own leadership structure with clear hierarchical relations and reporting structure. For instance, they were required to meet the daily stated sum of money from begging activity to their leaders and obey other orders. In this case, street children were more vulnerable to sexual, physical and psychological abuse practiced by their group leaders and sometimes threatened when they want to go back to their normal life i.e. quit from the street.

The findings of this study are supported by the vulnerability theory, which states that vulnerable environment can lead to certain consequences. The findings of this study showed that the street children had unpleasant experience associated with psychological, physical and sexual abuse which arises from their engagement into vulnerable environment i.e. being in the street. Likewise, the findings of this study are supported by the Ecological Theory which among others recognizes the influence interdependent and connected systems with individual environment. These systems are said to determine the lived experiences of a person (Crawford, 2020). In relation to the Ecological Theory, the study findings revealed that street children had their own system with clear responsibilities, rules and principles that guide their day-to-day life. These systems even influenced their development and experiences they encountered in the street. The findings showed that there were clear leadership structure, which provided order, and rules that belong to the group.

Le Rows (2016) argues that street children suffer from exploitation and abuse while Corsaro (2011) contends that they are considered as threat to the society and hence lack social support. Blackfowardet al (2008) indicate that street children are deprived of nurturing and love which were supposed to be provided by their families. Additionally, Jeanette and

Olsson (2015) in support of the findings of this study, argue that street children experience high prevalence of violence. Regarding economic activities, Mandoyu, et al (2018) support that street children engages into shoe shinning, petty trading and carrying of goods. Mandovu, et al (2018) further argue that street children lacks food, clothes, shelter, education and normally encounter physical and psychological sexual abuse.

The findings of this study also revealed that street children engaged into drug abuse due to peer pressure and sexual abuse and it was their daily reality. It is even supported by Sofiya, et al (2019) who attest that street children engage into drug abuse such as benzene sniffing, and smoking marijuana and hashish. Mandoyu, et al (2018) argue that street children normally experience physical and psychological sexual abuse. Notwithstanding such alignment with prior empirical studies, the findings of this study have further showed that street children have their hierarchical structure associated with their own leaders. These leaders are the ones provide orders and directives to their fellow street children.

Income Poverty and Street Children
Income poverty among the households was found to be the main contributor of child streetism. Inability of the family to meet the children's basic needs including food, shelter and clothes, education and health needs influenced and pushed children to go to the street. Most street children largely mentioned lack of food and shelter as push factor for them to become street children. Interviewed street children stated that they hardly had a meal in their families and felt like they would die if they decided to stay their homes. Moreover, lack of food taught children to become beggars and beg for food in the neighboring communities, which motivated them to become fully street children. One informant stated that "I began to beg for food to our neighbors which gave me an experience to become a street child" (A boy, 14 years old). Lack of shelter as one of the income poverty indicator contributed to child streetism. A child who was born by homeless parents was likely to become a street child. The findings showed that children born by the homeless parents had no opportunity for education, proper family care and in most cases, they were taught to beg as their career. For instance, the contacted informant argues that "I managed to visit one of the homeless families that had four children who were all of them in the street begins as a means for their survival" (Male informant, Social Worker).

Inability to access education is one of the income poverty indicators that influenced child streetism. It is theoretically agreed that children who are in schools are less likely to become street children because schools played as the functional social support networks. However, inadequate financial capacity of families to accommodate education expenses contributed to child streetism. This was due to the fact that most interviewed street children were either did not go to school at all or dropped schools in early years of their studies due to inadequate family income. Furthermore, the findings revealed that children who were under

children's homes (i.e. childcare institutions) and sent to school did not go to the street. This finding indicated that children who were integrated with their fellow children in the education system were less likely to become either children in the street or street children. This was justified by one of the informants who argued that "I cannot go back to the street because I am now finishing my primary school education" (A girl, 14 years of age, child under Children homes). The following case provides details on the influence of income poverty to child streetism:-

Informant 4 is a 15 years old boy coming from Dodoma. He ran away from home and, lives and works on the street. He also comes from a poor family which consists of his mother and three (3) brothers while their father left home three years ago. He started to live on the streets of Dodoma and met his friends who told him to migrate to Dar es Salaam because life is not so hard. However the reality is completely different. He further said that he failed to accomplish his primary education because his mother could not afford to pay for his school uniforms and other needs.

In this case, Hassan has been in the street since 2019 and engaging into picking and collecting iron steel, washing cars in the queue and sometimes stealing and begging. He also sleep under the bridges such as under Ubungo Flyover; unfinished buildings as well as at the bus stand. He also smoke cigarettes and glue sniffing. Regarding the sanitary conveniences, whenever he has money he pays TZS. 200 for public toilets but in most cases, he looks for private places to comfort himself.

From this case, it indicates that income poverty is more severe to children who depend on single parents or guardian. Most households led by single parents or guardians, either due to family separation or death, experienced more severe income poverty and whose children usually go to the streets. One informant argued that "Children living and working on the streets are led by different factors including family separation, (income) poverty and abuse but (income) poverty is the main cause and more experienced in a single parent/guardian households" (Social Worker, Female). Other informant contended that "They (single parent's households) are very poor families that cannot afford taking them to school and provide other basic needs…..". It is also supported by the following case of street children in Dar es Salaam who came from Mbeya region: Dumayoz Kilwagikinaz2 (Not a real name) is 16 years old and did not complete his primary school education because of family's income poverty. He was living with his grandmother ever since he was 10 years old and experienced an extreme poverty. The house is not habitable especially during rainy seasons with no doors and windows. He normally had a single meal in the entire day with no money to access health services when he fell sick. He never met his parents since he was 10 years old and his biggest fear being in the street is to be arrested by the Police because they sometimes steal and being raped by other older street children because they normally do that to others. The study also assessed the combined influence of income poverty and family development on child streetism in Dodoma and Dar es Salaam regions. The results revealed that

majority of street children got into that situation after experiencing income poverty which resulted into inaccessibility to education, health services, shelter, food and habitable accommodation. In the situation whereby societies have negative perceptions towards street children, income poverty and limited family support to carter for children's needs and associated by low development level at the family level turn out to be the main drivers.

It was supported by one of the informants who argued that "There is no good relationship between the societies and street children because they are taken as thieves and children with no manners". Despite the fact that the statement shows inadequate participation of the communities in re-integrating a street child to the society, it also indicates the unique family role in protecting children to enter into the streets. It is also supported by a street child who said "I did not go to school because it is about 30 km from where we live in our rural village and my parents could not afford to buy me a bicycle…"(Child, male). The results also revealed that there is a connection among income poverty, peer pressure and child streetism. It was found that children who experienced extreme income poverty and lack proper guidance were more likely to engage into a street for this survival. In this case, parental, guardian or community guidance to children living in vulnerable environment was one of the key drivers of a child not to go into a street. The following case provides more details: Mgunduzi was a 15 year Street Child in Dar es Salaam who came from Singida region. At home, I stayed with my father, mother, aunt, grandparents, brothers and sister under one house of three rooms. It is the family that experiences extreme poverty with no hope of getting even a single meal per day. He met his fellow children in Singida who advised him to go to Dodoma to look for a green pasture and he did so. He lived and worked on the streets of Dodoma for six months before going to Dar es Salaam after being influenced by other street children he met in Dodoma.

In summary, the findings revealed that income poverty was the main cause of child streetism. Lack of family capacity to meet children's basic needs such as faced, shelter, clothes, education and health needs resulted into child streetism. However, lack of food and shelter as income poverty indicators were said to be the main push factors that contribute to child streetism. Street children who were born in the homeless family mostly mentioned lack of shelter. The findings of this study are supposed by several prior empirical studies. For instance, Edris and Silotal (2019) argue that poverty in one of the push factors that contribute to child streetism. Diriba (2015), with reference to poverty as a push factor, contend that children who are born by parents who engage into low income generating activities are likely to become street children. Likewise, Diriba (2015) argues that poverty is the main cause of child streetism, which is in support with the findings of this study. Dutta (2018) also came up with similar findings that poverty is the main cause of child streetism which was also mentioned by other prior empirical studies (Sam, 2016;

Byegon, et al 2021, Chowdhury, 2017, Bhukuth& Ballet, 2015). In support of the findings of this study, Strobbe, et al (2010) attest that the family with a male household who sick whose children are likely to be in the street. However, Strobbe et al (ibid) argue that educational level, age and employment status of a parent/guardian has insignificant influence on child streetism. This is true because it depends on the willingness of a parent or guardian to carter for the need of his/her children. Hence, children are likely to do anything in order to survice (Kwaku, 2019) which also include going to the street.

The article findings are also supported by the vulnerability theory. The theory shows how vulnerable environment including poverty may lead to a certain social consequence. According to this theory children's vulnerable is explain in different ways including being victims of hunger and homelessness, which is considered an identity of a vulnerable population. In this case, the findings of this article also shows how vulnerable environment i.e. poor family lead to child streetism. It shows lack of food, shelter, clothes, education and health services lead to child streetism. It further showed that children who were born in the homeless family were also likely to become street children. In this regard, the findings of this study show how vulnerable environment for a child may lead to a certain social consequence (child streetism).

The findings of this study are also supported by several prior empirical studies. For instance, World Bank (2019) supports that income poverty is the main cause of street children while Ward and Seager (2010) argue that street children are an indicator of poverty. Other studies including Chenga and Chamwi, (2014); Lemoyan, (2015); Mandoyu, et al., (2018) also link poverty and street children. However, the findings of this study revealed that children who are cared by single parents experienced a severe income poverty which forced them to go to the street.

While acknowledging that income poverty is the main cause of street children, there are children whose households are living below the poverty line but still do not go to the street. This situation is attributed by the existence of social and family support especially from relatives and community members. Meanwhile, this study acknowledges that income poverty contributes to the challenge of street children in the communities but there are other factors to consider such as the family and community support systems.

Emerged Issue: Coping Strategies among Street Children

Coping strategies also emerged in the cause of interviewing informants who participated in this article. Coping strategies that were adopted by street children have been classified into two groups i.e. those that were related with income generation and the ones related with health/sickness. Regarding income generation, street children got involved in begging, collecting bottles and iron steel, and car wash. These are common legally accepted income generating activities which street children got involved into. But whenever they missed such unacceptable child labour, they got

involved themselves into stealing and robbery under the influence of drug abuse especially to male children. In the case of female children, they got involved into begging and sex in exchange of money.

Regarding sickness, most street children used their little amount of money to buy medicines without proper consultations of medical practitioners. One of the informant argued "in most cases we buy medicines from the pharmacy using the little amount of money we have" (Street child, male and 15 years of age). In other circumstances, they had to steal in order to assist their fellow street children to get medicines without even exactly knowing the diseases. In case the situation gets worse, they simply leave their fellow street children at the hospital while others were left in the street to get assistance from good Samaritans or children's homes/care centres.

Without help from children's homes or care centres, children had no any coping mechanism to enroll themselves into the education system. With limited support from the community, street children depend on children's homes and care centres. Children's homes and care centres either facilitate for family reunification and make follow-up if it is safer for a child. In most cases, street children who looked for assistance from a children's home or care centre were admitted because they had no communication with their parents. However, majority of admitted street children ran away from the children's homes or care centres because they were not used to such environment. The following Case provides more details: XYZ (not a real name) is a children's home which deals with children living and working on the street. It provides temporary shelter to children and traces child's family for re-unification and continuously monitors the wellbeing of a child. It also provides children's rights and needs such as education, health and shelter. Additionally, vulnerable children do other activities such as general cleanness, sports and games. Children who had been received at the home/centre included the street children coming from poor families or live and work in the street due to family separation; abuse at the family or school level; death of parents and family negligence.

Despite the fact that the centre is located in Dar es Salaam, most children were from Mbeya, Singida, Kigoma and Kahama who turned to be street children in Dar es Salaam. It has been also receiving street children from rich families, but not the majority, who were pushed away from home by other factors other than poverty. The main challenge that the centre has been facing is the relatively high turnover of street children at the centre.

The findings of this study are supported by several prior empirical literature. For instance, Amury and Komba (2010) argue that street children adopt self-medication in case they fall sick. In addressing economic challenges, they engage into high risk behaviours including unsafe sex. Flasorgbor and Flasorgobor (2015) mention several coping strategies including hawking goods on busy streets, carrying heavy

loads/luggages, begging and scavenging. The same researchers also argue that street children mostly opt for self-medication or using herbal medicines in case they fall sick. Gunu (2021) has the same arguments but added that street children form networks to address challenges they face in the streets and protect themselves. It is supported by Lawuo (2015) who contends that they join into a gang groups to protect themselves and engaging into illegal activities. Likewise, Mohamed, Mohamed and Hassan (2018) reveal that street children engage into begging, washing cars and shop windows, collecting plastic and cans from wastes, selling paper tissues and shining shoes.

Chowdhury (2017) also revealed that street children play games and roaming around to watch video and cinema for leisure. Likewise children are commonly associated with acts of violence and crimes as a means of survival (Stephen and Udisi, 2016; Rexa& Bromfield, 2019; Atwar&Engkus, 2020; Nega et al 2021). In support of study findings, street children experience violence and perform dirty jobs, dangerous and demanding (Darragh, 2019; Rexa and Bromfield, 2019). On the other hand, Scheper Hughes and Hoffman, (2016) argue that street children work extraordinarily hard and under difficult conditions to maintain themselves and their families. While recognizing the researchers' interests on the coping strategies adopted by street children, the study findings revealed that street children have no any coping strategy to enroll themselves into the education system. In this case, children's homes and family re-integration/re-unification are important strategies towards enrolling street children into educational system.

The findings revealed that street children gets involved in begging, collecting bottles and iron steal, child labour, stealing and robbery under the influence of drug abuse and sex exchange for money. They also used local shops or pharmacies to buy medicine without consulting medical professionals. The mentioned coping strategies adopted by street children were learnt from their fellow street children and followed the instructions of their group leaders on how to cope with the situation. These findings are supported by the Social Learning Theory. According to this theory,behaviors are learned through observation, imitation and positive reinforcement. The theory further points out that, individual behaviours are determined by environment, social, personal and behaviour elements. In this case, the theory is supported by the Social Construction Approach. According to the Social Construction Approach, a great deal of human life exists through social and interpersonal interactions. The approach deals with the influence of the aforementioned interactions on the communal and individual life and it does not deny the influence of genetic inheritance. It states that apart from inherited and developmental aspects of humanity, all other aspects of humanity are created, mainly trained and destroyed through individual and social interactions with others overtime. The Social Construction Approach is an approach that explains how children's and childhood knowledge is constructed, by whom, why and the purpose that it serves (Norozi and Moen, 2016). The proponents of the

Social Construction Approach expounds that reality in social affairs is a social knowledge which guides individual behavior considering the different views (Norozi and Moen, 2016). In this case, the approach can be considered as a theoretical perspective that explores the ways in which the reality is negotiated in everyday life through people's interactions and sets of discourses (James and James, 2008). In this case, the Approach was used to explain the first objective of this study.

The Social Learning Theory also includes argument put forward in the Bronfenbrenner's Ecological System Theory. According to Bronfenbrenner, child development is examined within a system of relationships that form his/her environment (1992). The theory uncovers complex layers of environment each of which influences child development. The theory argues that child development is consequently fueled by the interaction among factors in the child's maturing biology, his/her immediate family or community environment and societal landscape. Changes in any layer make differences throughout other layers.

Four layers were identified in the theory which includes microsystem, mesosystem, macro system and chronosystem. The microsystem contain structures that are closest a child which include child's interactions with his/her immediate surroundings. These structures include family, school, neighborhoods or childcare environment (Paquette and Ryan, 2001). In this case, the theory was used to explain the third objective of this study. Hence, the study adopted the Social Learning Theory because it widely explains factors that influence child development and behaviour and supported by the wide range of theoretical literature. It also includes other variables such as environment, personal and behaviour elements which have not been covered by other theoretical literature. Basing on this fact, its application in this study is relevant. For instance, street children engage in mob violent behaviours not only through learning from their peer groups but also by observing from other people they admire (role models) in the community they live.

Using Social Learning Theory, a researcher examines how street children engage in mob violence and analyse the root cause of such behaviours through social learning process especially an influence from peer groups and the contribution of personal and environmental elements. The theory was also used to explain the coping strategies of street children including social, health and economic coping strategies.

CONCLUSIONS

This article analysed the lived experience of street children. It was revealed that street children experience difficulties in getting food and normally shift from one place to another in search for accommodation. It is also difficult for them to access health services and heavily relying on self-medication. They frequently suffer from tuberculosis, malaria,

cholera, coughs, flue and sexually transmitted diseases. Some of them engage into drug abuse and illegal activities (i.e. mob violence) and majority did not complete the primary school education. Similarly, intra-violence among street children is a daily reality especially when a street child is suspected of disclosing confidential information to the relevant authorities or goes against the group. It is therefore important to develop a social support system to street children who are outside the children's' home care.

The article also intended to describe the influence of income poverty on child streetism. Income poverty was found to be the main contributing factor to child streetism. Furthermore, income poverty is more severe to families led by single parent particularly single mothers. Some of children decide to go to the street in order to feed their families including providing food to their siblings. Furthermore, income poverty has also an influence on the accessibility of education, health services, shelter food and habitable accommodation by the family members. In this case, income poverty also determines family development level which ultimately influences child streetism. Income poverty within a family was also found to have an influence on child's ability to sustain peer pressure. A child that whose family suffers from income poverty can hardly sustain a peer pressure to go to a street. Hence, addressing household poverty through economic empowerment programmes is of vital importance. Additionally, children must be educated and guided on how they can sustain peer pressure.

This article focused on Dodoma and Dar es Salaam. However the study was qualitative in nature hence it was difficult to generalize the study findings in other areas. Furthermore, being a qualitative study, it was not possible to establish the statistical significance of the influence of income poverty on child streetism. Despite such limitations, the study will still provide useful information on influence of income poverty and family development on child streetism and street children lived experiences and coping strategies. In addition, the study was conducted in urban areas which are considered to be the recipients of street children. It did not focus on rural areas where children migrate from on their way to urban areas in search for better life. It is important to conduct a similar study in rural areas in order to explore more factors which contribute to child streetism. It is likely that even rural areas may have street children despite the fact that they are poor.

This article further analysed the coping strategies of street children as an emerged issue. In most cases, street children engage into begging, collecting bottles and iron steel and car wash. Specifically, female street children are also engaged into sex in exchange for money. Regarding sickness, they mostly use self-medication without having medical prescription. When the situation gets worse, they simply leave their fellow street children either at the hospital or on the street to get assistance from good Samaritans or children's homes/care centres. Additionally, they do

not have any coping strategy to enroll themselves into the education system.

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