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Psychosocial Challenges and Hopelessness of Children Living in Alternative Care: Case of SOS Children's Villages Rwanda

Uzziel Manirareba[1], Emmanuel Biracyaza[2,3], & Eugene Rutembesa[1]

[1] University of Rwanda, College of Medicine and Health Sciences, School of Medicine and Pharmacy, Department of Clinical Psychology, Kigali, Rwanda

[2] Centre for Interdisciplinary Research in Rehabilitation of Greater Montreal (CRIR), Québec, Montreal, Canada

[3] School of Rehabilitation, Faculty of Medicine, Université de Montréal, Québec, Montreal, Canada

Correspondence: Uzziel Manirareba, University of Rwanda, College of Medicine and Health Sciences, School of Medicine and Pharmacy, Department of Clinical Psychology, Kigali, Rwanda. E-mail: manirarebauzziel@gmail.com

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Abstract

Homelessness among street children is a global public health issue, particularly in low- and middle-income countries where many children live on the streets. Alternative care is an essential strategy for improving the well-being of these at-risk children. However, there is a dearth of evidence concerning hopelessness and its contextual determinants among street children in Rwanda. Therefore, this study aimed to explore the degree of hopelessness among children in alternative care settings, emphasizing the contribution of SOS Children's Villages Rwanda in promote health of this population. Convergent mixed-methods were employed with 200 children from SOS Children's Villages. Quantitative data were analyzed using descriptive and inferential statistics via Statistical Package for Social Sciences version 22. Data were gathered through a socio-demographic questionnaire and the Hopeless Children Scale (HCS), as psychometric instrument. For qualitative data, focus group discussions involving 8 to 10 participants were conducted, audio-recorded, and transcribed verbatim, followed by thematic analysis. The study found that 69.1% of participants were male, with the HCS demonstrating an internal consistency of α=0.78. A majority (61.2%) lacked both parents. The results indicated a high incidence of hopelessness, with 90.3% of participants experiencing severe hopelessness, 7.5% experiencing moderate hopelessness, and only 2.2% exhibiting hope. Despite receiving critical support such as basic needs from SOS Children's Villages, the children's expectations for the future, particularly regarding effective family reintegration, remained predominantly negative. Vulnerable children endure substantial psychosocial challenges that influence their levels of hope. To improve the psychosocial well-being of street children, SOS Children's Villages, in collaboration with national and international partners and policymakers, should implement comprehensive health strategies that address not only the children but also involve their families. The development of these appropriate approaches based on our results would contribute to an achievement of sustainable and effective reintegration for street children.

Keywords: Street children, Alternative care, vulnerable children, Hopelessness, Hopelessness Scale for Children, psychometric test

1. Background

The global surge in the number of street children—now reaching tens of millions—continues to be a widespread issue across various regions, presenting significant public health challenges that hinder child development and well-being, particularly in developing countries(Aptekar, 1994; Mahderehiwot, 2014; Stark, 1988; Woan et al., 2013b). Key factors contributing to this increase include the low socio-economic status of diverse families, shifts in interpersonal relationships, and family dysfunction (Cumber & Tsoka-Gwegweni, 2016; Hai, 2014; Kayiranga & Mukashema, 2014; Mahderehiwot, 2014). With over ten million street children worldwide, this phenomenon is a psychosocial concern on a global scale (Cumber & Tsoka-Gwegweni, 2016). Hopelessness among these vulnerable children is a serious issue, directly leading to mental disorders such as disorganized behavior, low self-esteem, and anxiety, which can result in depression. Depression remains one of the leading factors contributing to higher rates of morbidity and mortality globally(Woan et al., 2013b). In low- and middle-income countries (LMICs), homelessness among street children is

particularly common, exposing them to various psychosocial effects that lead to different handicaps (Kazdin et al., 1986). Previous studies have indicated that without effective psychological therapies, street children may develop suicidal thoughts and attempts, which are significant health concerns in LMICs (Marshall, G.N., M.A. Burnam, P. Koegel, 1996). To survive, street children often engage in illegal activities to earn money, which negatively affects their health and social interactions. This hampers their psychological well-being, impacts their ability to form attachments, diminishes their future aspirations, and can lead to additional mental health issues (Kolkata, 2014). Research has shown that adolescents who become street children due to factors like poor parent-child interactions or low socio-economic status in their families suffer from significantly poor living conditions and a higher degree of hopelessness(Duyan, 2005). Prior studies have documented a negative relationship between quality of life and a sense of hopelessness, especially among street children (Hussian & Sharma, 2016).

Street children are individuals, male or female, under the age of eighteen for whom the streets have become their regular place of residence or source of livelihood, and who lack adequate protection, supervision, or guidance from responsible adults (Cumber & Tsoka-Gwegweni, 2016). Additionally, the United Nations Children's Fund (UNICEF) defines street children as those living in difficult circumstances, representing a minority population that has long been under-represented in health care. Street children are divided into two overlapping categories: those with no family contact who rarely return home, and those who sleep at home but spend their days on the streets, seeking safety in such environments(Kaime-Atterhög & Ahlberg, 2008b). These children face numerous health challenges, including struggles to access food, safety, employment, shelter, and medical care, all of which contribute to their sense of hopelessness (Iravani et al., 2014; UNICEF, 2011). Emotionally well-regulated children typically exhibit positive moods, optimism, empathy, and pro-social behaviors toward peers (Zeman et al., 2010). However, street children, due to their hopelessness, often develop pessimistic and aggressive behaviors. Their circumstances are frequently linked to extreme poverty, urban expansion, and rapid industrial growth. Poverty in urban areas, coupled with changing social norms, has unsettled family cohesion, leading to family breakdowns and pushing more children onto the streets (Pare, 2003).

Street children often experience suicidal behaviors and thoughts due to the deep sense of hopelessness they endure. Some tragically die from self-harm with the intent to end their lives, stemming from their involvement in delinquent activities and the neglect they face from their families or communities(Hills et al., 2016). Earlier studies confirmed that suicidal thoughts, ranging from a vague desire to die to detailed plans, severely harm their health (Kaslow, 2014). Further, providing hope for street children is vital, as their mental and behavioral health during childhood significantly impacts their well-being throughout life (APA, 2019). Therefore, The hopelessness they experience is a significant risk factor for psychological disorders, including anxiety, phobias, low self-esteem, depression, and even more severe mental health issues (Duyan, 2016; Worku et al., 2019). This hopeless state often drives them to substance abuse and other harmful behaviors. Research conducted in sub-Saharan Africa, including countries like South Africa, the Democratic Republic of Congo (DRC), Ghana, Uganda, Kenya, Tanzania, and Ethiopia, shows that while street children display resilience, they are also prone to suicidal thoughts, engage in high-risk behaviors like unprotected sex, and suffer from high rates of substance abuse. Additionally, they are often physically abused and stigmatized due to their homelessness(A Mudingayi et al., 2011; Aptekar & Ciano-Federoff, 1999; Asante et al., 2015; Hills et al., 2016; Kaime-Atterhög & Ahlberg, 2008a; McAlpine et al., 2010; Seager & Tamasane, 2010; Young, 2004). Previous scholars have highlighted the multiple traumas street children endure, such as neglect, maltreatment, and physical, psychological, and sexual abuse. These factors significantly diminish their resilience. Street children frequently experience anxiety [22], and research shows that those with street life experience or other dangerous conditions suffer from more psychological disorders than their peers without such backgrounds(Worku et al., 2019). Despite still being children in need of quality care and protection, they face daily hardships in their struggle for survival.

Rwanda, a country marked by rapid development and urbanization, has also seen a rise in the loss of cultural and social values. The issue of street children in Rwanda presents unique challenges and is considered a significant public health concern. Studies indicate that about half of these children sleep on the streets, finding it to be their most comfortable environment (MIGEPROF, 2005). This lifestyle often becomes a survival mechanism, helping them cope with stressors from their families and communities. Each street child has specific reasons for being in this situation, often linked to economic growth, sexual abuse, war or genocide, physical and mental abuse, extreme poverty, domestic violence, and the erosion of traditional values(Schurink & Tiba, 1993; World Health Organisaton, 2019). Major depression is a common issue among children and young adults on the streets, affecting their physical, emotional, and social development (Clark et al., 2012). A study exploring the persistence of street children in Rwanda despite various strategies aimed at combating the issue found that factors such as poverty, lack of food, family violence, inadequate shelter, deprivation of education, and poor upbringing contribute to the continued existence of this problem in the country (Kayiranga & Mukashema, 2014).

In Rwandan society, the status of being a street child is often viewed as a form of deviance and delinquency rather than

recognizing it as a manifestation of a hopeless life situation. The daily conditions faced by street children are a contentious issue among researchers, who debate the health implications. Alternative care is one solution to address the phenomenon of street children, but some of these children, having endured sexual violence from peers or adults, require targeted interventions to address their traumatic experiences. Moreover, some children choose to live on the streets due to family violence and mistreatment. Risk factors contributing to this include a family history of depression, parental conflict, poor peer relationships, inadequate coping skills, and negative thought patterns (Clark et al., 2012). Among the children rehabilitated at SOS Children's Villages, many have been rejected by their families and see the streets as their home and source of livelihood, finding sustenance and safety in their street community (WHO, 2019). There are children in this group who have no other possessions except their community of street children, particularly those born to delinquent mothers, often engaged in prostitution. Tracing the family or relatives of these children is challenging. Street children and youth delinquency represent significant issues in contemporary Rwandan society (National Commission for Children, 2012; NCC, 2019). A recent report of Ministry of Gender and Family Promotion stated that the street children conditions in Rwanda are similar to those faced by street children globally. Children in these situations face severe violations of the rights established under the 1989 International Convention, including rights to education, health, protection, food, and parental care (Assembly, 2010; SOS Children's Villages International, 2018). Additionally, 37% of admitted street children have turned to drug use, with 43% aware of drugs and having witnessed drug use among their peers. Cheap substances like glue, petrol, gas fumes, tobacco, and cannabis are often used to escape their harsh realities, cope with their dire circumstances, and sometimes even engage in criminal activities, which contributes to their classification as juvenile offenders (MIGEPROF, 2005; Muluzi, 2003).

An Inter-NGO Programme on street children and youth defines a street child as anyone under the age of 18 for whom the street—broadly defined to include unoccupied buildings and wastelands—has become their primary residence or means of livelihood, and who lacks adequate protection, guidance, and supervision from responsible adults (UNICEF, 2001). Research in Rwanda indicated that many children meet these criteria. Attard (2018) suggests that individuals typically form attachment relationships with caregivers, seeking proximity to them when distressed, unwell, or afraid. These attachment dynamics are often linked to variations in caregiving sensitivity. However, this pattern does not apply to street children and those in alternative care, who instead develop attachments to different caregivers (Assembly, 2010; Iravani et al., 2014).

Despite the wealth of research on the general conditions of street children, there remains a significant gap in studies specifically addressing children in alternative care settings, such as those at SOS Children's Villages. The existing literature does not provide a thorough examination of how alternative care influences hopelessness and mental health outcomes for former street children. Furthermore, there is a lack of data on the long-term psychological effects of alternative care, especially regarding how various support mechanisms within these settings affect the children's sense of hopelessness. Existing studies often neglect critical risk factors contributing to hopelessness, such as the effectiveness of psychosocial support and the impact of pre-existing trauma. Hence, filling these gaps is essential for designing targeted interventions and assessing current policies aimed at improving the wellbeing of children in alternative care. To date, there is a noticeable shortage in evidence about understanding of how alternative care settings impact hopelessness and overall mental health among rehabilitated street children in Rwanda. This study aims to address this gap by exploring the levels of hopelessness among children in alternative care at SOS Children's Villages. It hypothesizes that the children in alternative care experience noteworthy levels of hopelessness, which adversely affects their quality of life. The research will offer valuable insights into the resilience and psychological needs of these children, thereby aiding in the development of effective strategies to promote their health and wellbeing.

2. Methods

2.1 Study Design

A cross-sectional convergent mixed-methods study was conducted to assess hopelessness among street children and other vulnerable children in alternative care, focusing on the impact of interventions provided by SOS Children's Villages Rwanda on their psychosocial health.

2.2 Study Population and Settings

The study included 134 children aged 7 to 17 receiving various interventions at SOS Children's Villages Rwanda. As part of the global SOS Children's Villages International network, SOS Children's Villages Rwanda has been operating independently as a non-governmental development organization since 1979, when it established its first village in Kigali. Currently, it manages four Children's Villages across Rwanda, offering home-based care supported by a team of 343 staff members and a central office in Kigali. Their services encompass education, health, childcare and protection, family strengthening, and advocacy.

Since 2016, SOS Children's Villages Rwanda has also included street children in its programs. The World Health

Organization identifies children under 18 as particularly vulnerable and in need of protection, and this study specifically targeted street children aged 6-18 years. This population is considered vulnerable due to their loss of parental attachment, which adversely affects their psychological state (Murekezi, 2016; UNICEF, 2018). The children in this study are no longer living on the streets but have been admitted to SOS Children's Villages from rehabilitation transit centers where they were temporarily housed after being removed from the streets. The SOS family-like care model provides alternative care for children lacking adequate parental support (SOS Children's Villages International, 2018; Assembly, 2010). Consequently, this study focused on children aged 7-13 years receiving health interventions at SOS Children's Villages. Only those who voluntarily agreed to participate and could communicate verbally were included; those who did not meet these criteria were excluded.

2.3 Procedures and Sampling

The study utilized consecutive and purposive sampling techniques to include both street children and other vulnerable children in alternative care settings. For the quantitative component, a combination of simple random sampling (SRS), purposive sampling, and consecutive sampling was employed to ensure a diverse and representative sample. The qualitative component relied solely on consecutive sampling, with data collection continuing until saturation was reached, meaning no new information emerged from the interviews (Baker et al., 2018). The Hopelessness Scale for Children (HSC) was used to assess hopelessness levels among both groups. This scale, originally in English, was translated into Kinyarwanda to ensure cultural and linguistic relevance. Currently, SOS Children's Villages Rwanda provides comprehensive care and support to 652 children and young people, demonstrating its commitment to addressing the needs of vulnerable populations in the region (Ministry of Gender and Family Promotion, 2012).

The study was reviewed and approved by the Institutional Review Board. After getting an ethical approval, the administrative staff of SOS Children's Villages provided authorization to conduct this study in their centers. Participants were informed about the research, including its purpose and potential benefits. Given that the participants were minors, informed consent was not directly obtained from them; instead, they provided assent, and their guardians from the centre provided informed consent. Confidentiality and voluntariness were strictly maintained throughout the study. Psychological support was available for any participants experiencing emotional distress, with clinical psychologists from SOS Children's Villages Rwanda providing necessary care.

2.4 Materials for Data Collection

2.4.1 Data Collection for Quantitative Methods

The approach that this research is relied on is quantitative and qualitative methods. Tools for quantitative data was socio-demographic questionnaire and family related questionnaire that included the variables such as age, sex, education, orphanhood, street living status, suicidal attempts, and knowledge of biological parents or co-parenting.

The psychometric instrument used was Hopelessness Scale for Children (HSC), which is a 17-item instrument. The Hopelessness Scale for Children (HSC) is a 17-item psychological assessment tool designed to measure hopelessness in children and adolescents. It evaluates aspects such as negative expectations for the future and feelings of helplessness. Each item is rated on a 3-point scale: "true," "sometimes true," or "not true" (Spirito et al., 1988). The HSC is highly regarded for its psychometric qualities, including strong internal consistency and test-retest reliability, demonstrating good validity in differentiating between children with and without symptoms of hopelessness. Scores range from 0 to 7, with higher scores indicating greater levels of hopelessness or negative future expectations. The HSC is effective in measuring feelings about the future, loss of motivation, and future expectations. Research indicates that the HSC has excellent internal consistency ($r=0.97$) and is considerably associated with depression, self-esteem, and social behaviors (Thurber et al., 1996a). Children scoring at or above the 67th percentile (≥ 7) are considered to have high hopelessness, while those at or below the 33rd percentile (≤ 4) are categorized as having low hopelessness. High hopelessness is linked to increased depression, lower self-esteem, poorer social behaviors, reduced academic performance, and higher risks of suicidal ideation and attempts (Kazdin & et al, 1983; Perczel Forintos et al., 2010; Spirito et al., 1988).

2.4.2 Data Collection for Qualitative Method

Qualitative data were gathered through three Focus Group Discussions (FGDs), with all sessions recorded with participants' consent. Each FGD conducted in each SOS village started with open-ended questions to delve deeply into participants' perspectives, using progressively guided questions to keep discussions aligned with the study's goals. The conversational style of the interviews allowed participants to share detailed insights about their experiences. Interns at SOS Villages took comprehensive notes during data collection. The recorded interviews were transcribed verbatim in Kinyarwanda and then translated into English. The translators performed the back-translation to ensure accuracy. Data analysis occurred concurrently with transcription, with transcripts reviewed multiple times to ensure accuracy and rigor. Each FGD lasted between 55 minutes and 1.5 hours. Three FGDs were conducted in SOS Villages located in

Nyamagabe, Kacyiru, and Byumba, each involving eight participants. The FGDs, facilitated by the study investigators, sought to provide a thorough understanding of the experiences of street children undergoing rehabilitation. The study participants chose not to review the transcriptions but requested to receive a summary report of the findings.

2.5 Data Analysis

The researchers conducted statistical analyses using version 24 of the Statistical Package for the Social Sciences (SPSS), focusing on descriptive statistics. Descriptive analyses included computing means, standard deviations (SD), medians, variances, skewness, kurtosis, and assessing normal distribution. For analytical purposes, Pearson correlation, Cronbach's Alpha, and t-tests or z-tests were employed. In the study, children scoring at or above the 67th percentile (scores ≥7) were classified as experiencing high hopelessness, while those scoring at or below the 33rd percentile (scores ≤4) were categorized as having low hopelessness. The analysis revealed that children with high hopelessness scores were significantly associated with depression, lower self-esteem, diminished self-related social behaviors, and poorer academic performance as reported by their parents. Additionally, high hopelessness scores were linked to increased suicidal ideation and attempts.

For qualitative analysis, interviews were transcribed verbatim and anonymized to eliminate identifying details. Thematic analysis was used to systematically and rigorously examine the transcripts, involving several critical steps: organizing, condensing, refining, and analyzing the data. Conceptual units were organized into sentences or paragraphs derived from interview statements, with initial or open codes extracted accordingly. To trace statements back to specific interviews, the authors noted the interview numbers associated with each statement. After conceptual units were extracted, these statements were restructured based on participant information and reviewed multiple times to develop the themes. So, one researcher thoroughly reviewed each transcript, while a second researcher checked a sample of transcripts to verify anonymity, transcription accuracy, and contextual integrity. Both authors who aggregated relevant data for each proposed theme performed initial coding and theme identification. One researcher resolved any discrepancies in theme categorization, enhancing analytical rigor and minimizing potential bias. The research team convened to achieve consensus on the final themes, collaboratively naming and defining them. The interpretative phase involved presenting the findings with illustrative quotations to support each theme, highlighting insights gained from the data.

3. Results

3.1 Research Findings for Quantitative

The research data are organized into two main sections. The first section presents descriptive findings, while the second explores the relationship between family characteristics and hopelessness, particularly in relation to experiences of street living. The study sample comprised 134 adolescents, including 93 males (69.4%) and 41 females (30.6%), aged between 10 and 15 years, with a mean age of 11.8 years (SD=1.8). Descriptive data indicate that many of the street children come from socioeconomically disadvantaged backgrounds. Common issues among these children include parental loss due to death or abandonment, family conflict, inadequate housing, substance abuse, financial difficulties, domestic violence, poor family relationships, and parental unemployment. The results also showed that a significant number of street children left their families due to socio-economic factors, lack of parental care, and other familial or environmental issues. Additionally, 15.7% of the study participants reported experiencing suicidal ideations **(Table 1).**

Table 1. Descriptive analysis of the subjects

Characteristics	Number (n=134)	Percentage
Sex		
Male	93	69.4
Female	41	30.6
Child age		
7-9years	13	9.7
10-12years	71	53.0
13-15years	50	37.3
Child with both parents		
No	82	61.2
Yes	52	38.8
Child with one parent		

Yes	91	67.9
No	42	31.3
Full orphan/child separated with parents		
No	101	75.4
Yes	33	24.6
Suicidal ideation		
No	113	84.3
Yes	21	15.7
Higher hopelessness		
No	74	55.2
Yes	60	44.8
Child with unknown parents		
No	120	89.6
Yes	14	10.4

The findings reveal that the majority of participants (69.1%) were male. In terms of age distribution, a significant proportion (53%) were between 10 and 12 years old, and 67.9% lived with only one biological parent. Additionally, 24.6% of the participants were full orphans (separated from both parents), while 10.4% had unknown biological parents (Table 1). The results also include the mean, standard deviation, median, and observed minimum and maximum scores for the Hopelessness Scale for Children (HSC). The average score was 9.6 (SD=2.4, median=9, variance=6). The total HSC scores exhibited a bimodal distribution, with 16% of cases endorsing all six items as "Some of the time" and 26% as "All of the time." As summarized in Table 2, the mean total score was 3 (SD=2.4), closely aligning with the median. The distribution of total HSC scores was nearly normal but slightly flattened, with Skewness=0.4 and Kurtosis=0.5 (Table 2).

Table 2. Descriptive analysis of the scale

Scale	Mean	Standard deviation	Median	Variance	Kurtosis	Skewness
HSC	9.6	2.4	9	6	0.5	0.4
Items Hope	6.3	1.9	7	1.5		
Items hopelessness	1.8	1.8	1	3.2		

The internal consistency and inter-correlations of all study variables are detailed, with Cronbach's Alpha used to assess the reliability of the scales administered. The Hopelessness Scale for Children (HSC) administered to adolescents from SOS Villages yielded a Cronbach's Alpha of 0.6, which meets the acceptable threshold of 0.6 for internal consistency. The mean score on the HSC was 9.9 (SD=2.5, median=9). The scoring range was categorized as follows: scores from 0 to 3 are considered normal, 4 to 8 indicate mild hopelessness, 9 to 14 denote moderate hopelessness, and scores above 14 represent severe hopelessness. The results revealed that nearly 90.3% of participants exhibited high levels of hopelessness, 7.5% showed moderate hopelessness, and only 2.2% demonstrated low hopelessness regarding their future (Table 3).

Table 3. Item means and variances

Types	Mean	Minimum	Maximum	Range	Max / Min.	Variance
Item means	0.57	0.17	1	0.82	5.7	0.12
Item variances	0.13	0.01	0.25	0.24	33.2	0.01

In our statistical analyses, we meticulously examined the item means and variances to gain a comprehensive understanding of the data distribution. The mean score for individual items was 0.57, with a range spanning 0.82, and a variance of 0.12. These statistics indicate a moderate level of variability in item scores, reflecting diverse responses among participants. For item variances, we observed a mean of 0.13, with a range of 0.24 and a variance of 0.01. This low variance suggests a relatively consistent spread of responses across the items, with minimal fluctuation in the variability of scores. The detailed examination of these metrics enhances the robustness of our analysis by providing a clearer picture of response patterns and variability within the dataset (Table 3).

Table 4. The HSC: Items, Scoring Key, and Item-Total Score Product-Moment Correlations

Key	Items	Item-total score correlation
False	1. I want to grow up because I think things will be better	**r=0.74****
	3. When things are going badly, I know that they will not be bad all of the time	**r=0.74****
	4. I can imagine what my life will be like when I am (10years old)	**r=0.197***
	5. I have enough time to finish the things I really want to do.	**r=0.262***
	6. Somebody I will be good at doing the things I really care about	**r=0.74****
	7. I will get more good things in life than most other kids	**r=0.737****
	11. when I grow up, I think I will be happier than I am now	**r=-0.026,p=0.76**
	16. I will have more good times than bad times	**r=-0.25, p=0.337**
True	2. I might as well give up because I cannot make things better for myself	**r=0.169, p=0.052**
	8. I don't have good luck, and there is no reason to think I will when I grow up	**r=0.325****
	9. All I can see ahead of me are bad things not good things	**r=0.266***
	10. I don't think I will get what I really want	**r=0.398*****
	12. Things just won't work out the way I want them to	**r=0.394*****
	13. I never get what I want, so it's dumb to want anything	**r=0.246***
	14. I don't think I will have any real fun when I grow up	**r=0.384****
	15. Tomorrow seems unclear and confusing to me	**r=0.314****
	17. There is not use in really trying to get something I want, because I probably won't get it.	**r=0.314****
	****p<0.05; **p<0.01; ***p<0.001.***	

To assess the children's responses to the psychometric tool, we conducted a detailed analysis using several correlation statistics. The Coefficient Alpha for the HSC was 0.6 ($p < .001$), reflecting an acceptable level of internal consistency. This level of reliability aligns with recommendations from previous studies, affirming that the HSC is a dependable measure for evaluating hopelessness among the children in this study. Further support for the tool's validity was provided by analyzing item-total score correlations. We found that items 2, 11, and 16 had significant correlations, underscoring their relevance to the overall scale. Moreover, all other items were also significantly correlated with the total scores of the scale. This comprehensive correlation analysis reinforces the robustness of the HSC in capturing the nuances of hopelessness among the participants (Table 4). The results from the psychometric analysis revealed that street children face profound hopelessness for both males and females (Figure 1). These children are often burdened by complex issues stemming from dysfunctional family environments, experiences of abuse from adults or gangsters, and feelings of insecurity due to interactions with authorities. Additionally, the children reported significant distress related to their daily struggles, including poor health conditions.

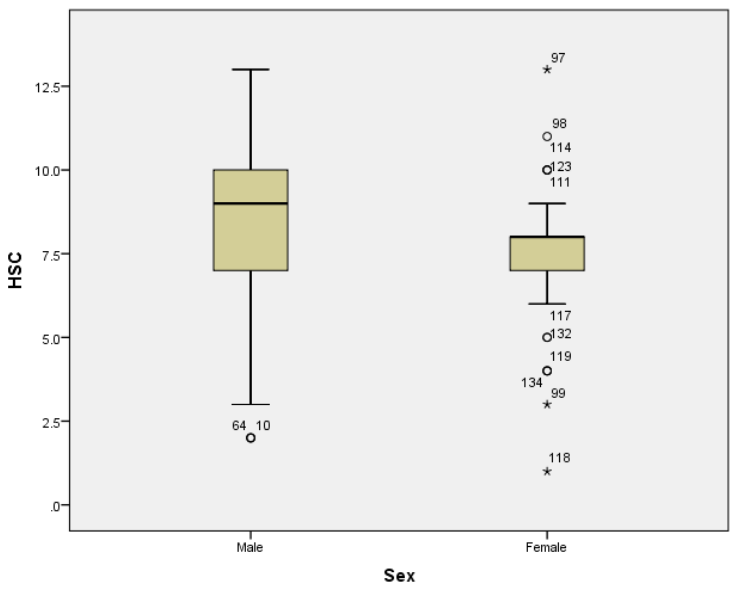

Figure 1. Level of hopelessness among participants by gender

Figure shows a plot of medians comparing hopelessness scores between males and females among street children. Males present a higher median hopelessness score than females, though both groups experience hopelessness. The x-axis represents gender (male and female), and the y-axis shows hopelessness scores. The plot highlights the difference in median scores while emphasizing the overall high levels of hopelessness in both genders.

The results demonstrated a normal distribution for both male and female groups, as the data points consistently aligned with the trend line. This alignment suggests that the distribution of scores in both groups adheres to a bell-shaped curve, characteristic of normal distribution. The broad adherence to the trend line across both genders confirms that the scores are symmetrically distributed around the mean, reinforcing the robustness and reliability of the data **(**Figure 2**).**

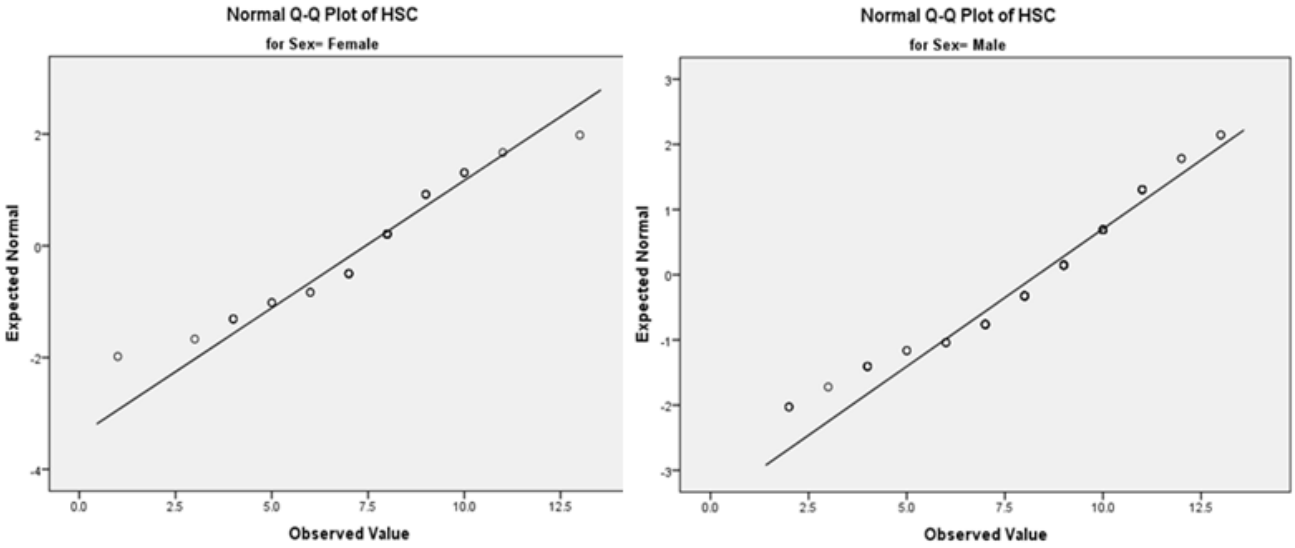

Figure 2. Normality tests of HSC by gender

This figure displays scatter plots for both male and female groups, with data points closely aligned with the trend line, indicating a normal distribution. The scores for both groups follow a bell-shaped curve, symmetrically distributed around the mean. The consistent adherence to the trend line across genders highlights the robustness and reliability of the data, confirming a normal distribution for each group.

The study examined gender differences in hopelessness levels among street children to assess how these levels varied between males and females. The Kolmogorov-Smirnov and Shapiro-Wilk tests were utilized to evaluate the normality of the data. Both tests indicated significance values greater than 0.05, confirming that the data followed a normal distribution. Indeed, the analysis revealed a significant difference in the levels of hopelessness between male and female street children. Specifically, males exhibited a higher level of hopelessness, with a median score of 9, compared to females, who had a median score of 8. The statistical significance of this difference was found to be less than 0.001 and 0.05, respectively. However, the effect size was small, with a correlation coefficient of r = −0.33, indicating that while the difference is statistically significant, its practical impact is modest (Table 5).

Table 5. Gender difference in hopelessness

Tests of Normality							
Sex		**Kolmogorov-Smirnov[a]**			**Shapiro-Wilk**		
		Statistic	**df**	***p-value***	**Statistic**	**df**	***p-value***
	Male	0.16	93	<0.01*	0.93	93	<0.01*
	Female	0.21	41	<0.01*	0.92	41	0.006*

a. Lilliefors significance correction *(p<0.01)*

Descriptive analyses of the Hopelessness Scale for Children (HSC), stratified by sex, revealed noteworthy differences between male and female participants. The results indicate that male street children exhibited higher levels of hopelessness compared to females. Specifically, the mean score for males was 8.3 with a standard deviation of 2.4, whereas females had a lower mean score of 7.4 with a standard deviation of 2.2 2). This suggests a more pronounced sense of hopelessness among male street children. Further analysis presented the overall mean HSC score being 8.3 (SD = 2.4) and a median score of 9 (Table 6). The scores on the HSC varied widely, ranging from a minimum of 2 to a maximum of 13. These results underscore a significant variation in hopelessness levels, with males showing a higher average score, reflecting a deeper sense of despair and negative outlook on their future compared to females (Table 6).

Table 6. Descriptive analyses of HCS by gender of the participants

Sex	Statistical parameter	95% Confidence intervals	Statistic	Standard error
Male	Mean		8.3	0.25
	95% Confidence Interval for Mean	**Lower limit**	7.8	
		Upper limit	8.8	
	5% Trimmed Mean		8.4	
	Median		9	
	Variance		5.6	
	Std. Deviation		2.4	
	Minimum		2	
	Maximum		13	
	Range		11	
	Interquartile Range		3	
	Skewness		-0.8	0.6
	Kurtosis		0.6	0.45
Female	Mean		7.4	0.3
	95% Confidence Interval for Mean	Lower limit	6.7	
		Upper limit	8.1	
	5% Trimmed Mean		7.5	
	Median		8	
	Variance		4.8	
	Standard deviation		2.2	
	Minimum		1	
	Maximum		13	
	Range		12	
	Interquartile Range		1	
	Skewness		-0.6	0.4
	Kurtosis		1.6	0.7

3.2 Results from Qualitative Methods

The findings highlighted several critical factors contributing to the plight of street children and their subsequent placement at SOS Children's Villages, which provides alternative care. Key factors included extreme poverty, which resulted in the lack of basic necessities, inadequate co-parenting or parental care due to being full or partial orphans, and the absence of one or both biological parents. Additionally, family breakdowns, including divorce and domestic violence, further compounded their difficulties. These adverse circumstances have a profound impact on the children's outlook on their future, exacerbating their sense of hopelessness. For instance, one street child articulated the connection between financial deprivation and hopelessness as follows:

"I find that the lack of financial support and extreme poverty in our families discourages us from having any hope for the future." (Female, 15 years old, from the poorest family).

Many of the participants also detailed the harsh realities and ongoing harassment they encountered after leaving their families and resorting to living in ditches. These experiences underscore the severity of their situation and its impact on their outlook for the future. The lack of financial resources and the ensuing homelessness forced them into vulnerable and precarious living conditions. Without the stability and safety of a home, these children face not only physical deprivation but also the constant threat of violence from those in positions of authority. Living in such dire conditions exacerbates their sense of hope, as they struggle with the daily challenges of finding food, shelter, and safety. The fear of being targeted and abused by law enforcement further compounds their distress. This continuous cycle of abuse and neglect contributes to a profound sense of despair, making it incredibly difficult for these children to envision a hopeful future. The systemic issues they face, including extreme poverty, lack of support, and frequent harassment, all play a major role in perpetuating their feelings of hopelessness and undermining their chances for a better life. A 15-year-old orphan described:

"*When we have no money, we sleep in ditches because the police and building guards beat us if we try to sleep on balconies. Often, in the middle of the night, we stay on edge, fearing that the police or guards will come and hit us*."

The findings indicate a significant relationship between children from families experiencing severe relational and communicative issues and their levels of hopelessness. These children often face both physical and emotional abuse, whether while living on the streets or within their families, which intensifies their sense of despair. Social work practitioners play a crucial role in addressing these challenges and providing support to mitigate the impact of such traumatic experiences. Some participants presented impact of unresolved family conflicts on their outlook. They explained that despite the promise of eventual reintegration with her family, the persistent and unresolved intra-family

conflicts lead her to doubt the potential for a better future. Their current environment, where they feel cared for and supported, is perceived as more stable and nurturing compared to the tumultuous situation she expects to return to. This reflection highlights the deep emotional scars left by their past experiences and the critical need for continued support and intervention to address these issues and improve her overall well-being. A 13-year-old partial orphan shared:

"*I was told that eventually, I would be reintegrated into my family. However, the persistent and unresolved conflicts within my family continue to deeply affect me. I fear that returning home may not bring me more happiness than I find here at this institution, which feels like a nurturing and supportive environment. The instability and ongoing issues at home make me question whether a better future outside this supportive setting is possible*."

The factors contributing to children becoming street dwellers are identified as primary contributors to the development of mental health conditions, such as anxiety and depression. Many of these children experience profound feelings of worthlessness, guilt, and hopelessness regarding their future. During the group discussions, it became evident that the children frequently express deep concern and anxiety about what lies ahead. Their worries about the bleak prospects of a future spent on the streets contribute to a pervasive sense of restlessness and despair. One participant shared their personal struggle, reflecting on the impact of growing up without adequate parental care and an unknown father:

"*Having grown up in a family that did not provide any parental care and with my father being unknown, I find that my future seems unclear and confusing to me*," shared by a 13-year-old male from a divorced family.

Regarding their sense of hopelessness, the children expressed a pervasive belief that their lives lack value or potential. This irrational thinking fosters deep-seated feelings of shame, guilt, and worry about their future. The negative self-perception and internalized stigma associated with their circumstances significantly impact their outlook on life. One participant articulated this sentiment profoundly:

"In my life, I bear the stigma and shame of not knowing my biological parents. Despite receiving basic necessities at the center, I see my future as problematic. I genuinely feel unlucky and struggle to believe that things will get better as I grow older," expressed by an 11-year-old female full orphan.

Although they have hopelessness, they also demonstrated that there is an improvement for their better future due to various interventions provided by SOS village. They showed that it provided for them the basic needs such as school materials; food, shelters, clothes and other that make them human being different from how they were before being reintegrated. A subject said:

"I've never known my biological parents. The grandparent who adopted me abused me before I came to this rehabilitation center. How can I hope for a better future if I were to return to that family?"(Female, 13-year full orphan)

The results showed that children who lived on street had faced psychosocial problems including those related to discomfort towards their future life, awkwardness in relation to reintegration within family, threatening events and worries about their struggles in living. Besides, they reported that these children from the SOS villages also feel worthless, guilty and hopeless about their lives. As these children responded during the Focus Group Discussions, whenever they think about their future, they worry and feel restless about their future that if they had been living on street, their future life would be less bright due to unhealthy behavior. FGD discussants forwarded their idea in this way:

"*Life on the street has nothing to prefer of it. Day in and day out, shame, guilt and worry about life is not far apart of us*."(Male aged 11 years, from divorced family)

The harsh realities faced by street children are often underscored by their daily struggles for survival and the constant threat of violence. One participant, reflecting on their experiences, described the dire circumstances that compel them to endure significant hardship and insecurity:

"*When we're hungry, we often eat leftover food from hotels, households, and restaurants. Without money, we have no choice but to sleep in ditches, as policemen and building custodians will beat us if we try to rest on verandas or balconies. We often lie awake at night, fearful of being attacked by police or guards. This constant worry, coupled with the trauma from adult abuse, leaves us feeling burdened. Despite the hardships, we carry heavy loads to earn money,"* a male aged 15 years said.

The following statement poignantly encapsulates the overwhelming sense of hopelessness and desolation experienced by street children. This reflection highlights the severe psychological toll that prolonged street life inflicts on young individuals:

"*In general, street life is very mind-numbing life condition that for if we stay long in this way we will have no bright future."* (Females aged 14 years)

The data from the interview also highlighted that children lived in street situation who are rehabilitated at SOS village

in Rwanda survived different kinds of violations of child's rights such as denial of payment for the needed materials they carried and physical abuse. When street children leave their families because of the families burdens and then go in urbanization (cities such as in Kigali) for searching for the basic needs at their age of vulnerability, the streets adult and gangster's abuse them. Indeed, the people in charge of security also emotionally and physically abuse them by beating them. In general, street life conditions are very harmful against children as this environment is not child friendly and this may have negative impact future.

"*When my mother fell seriously ill and was hospitalized, I took care of her. After she passed away, I returned home only to find out she had died. Feeling hopeless about my future, I decided to live on the streets. There, I was introduced to smoking by other street children, and I was beaten and coerced into theft. After being caught by the police, I was taken to the Gikondo center. A few days later, Fidesco came to pick me up, and eventually, SOS Children's Village came for me. I lived there for several months*," expressed by A 13 year-male, full orphan rejected by the extended family.

An interviewed street child expressed:

"It is because our parents have no financial reasons for affording to us to our education and self-reliance."(Martin, aged 11years, family with lack of co-parenting)

The data from interview further identified that street children in SOS villages learned diverse behaviors and skills in which their parents and other families did not provide for them. It is in that regard they testified that the SOS village provides for them the parents for caring for them on behalf of their biological parents. A 20 year male from the families in conflicts articulated:

The lack of co-parenting leads me to believe that my future is bleak. I feel that our parents lack the commitment to provide us with the proper education and care that we need." (Male, from the families in conflicts, aged 20years)

The participants expressed that in their daily experiences related to street children, they faced the challenges that remain the source of their hope. These experiences caused them to get develop low self-esteem and discouraged about their better future. They found that their future is negative and worse than present:

"*The first time I walked down the street I picked up the metals on the ground and picked up the piece of recharge of motorcycle and then my colleagues grabbed me and beat me…. From that time, I remain unable to do things as well as most other people*" (A male aged 14 years, partial orphan)

The family characteristics and family relations were found to lead to the hopelessness. In this study, the hopelessness conditions among children and young adults, the findings revealed that they tend to score higher if they had been physically abused and neglected by parents, close family individuals, or other caregiver. Furthermore, if the child is beaten at the street instead of being understood, they are physically abused before being reintegrated or rehabilitated. Children who have history of sexual abuse are much more likely to score high on hopelessness test rather than other non-abused children.

"*I am the only child in my family. My parents separated, and my mother later married someone else. A few years later, she passed away, and I was left without a home. I ended up living on the streets for survival and went to Nyabugogo to join other street children. Shortly after, I was taken to the Gikondo rehabilitation center, and SOS Children's Village came to pick me up*," said by a 13 year male with unknown biological parents.

Children need parental care and parental affection because affection and attachment symbolize both child security and protection with comfort feeling that are important elements to shape children's family and social belonging. For the children who do not know the affection or appropriate attachment to their parents, it is difficult for them to develop a hope for future. Another participant expressed:

"*Even though I lived with my parents, I lost hope for the future because I never felt their love. My father would come home drunk, and my mother struggled to provide for us with the little money she earned from casual work. This situation made me resent my father deeply, and I still feel that my progress is limited because of these experiences*," said by a 14 years female who is partial orphan.

Contributions of SOS interventions to wellbeing of street children

Despite the abundant barriers and pervasive feelings of hopelessness experienced by the street children, the participants acknowledged the significant positive impact of the interventions provided by the SOS Village rehabilitation center. Their statements reveal a multilayered picture of struggle and hope:

"*SOS helps us explain our problems. It brought us caregivers whom we share our health challenges and then understands us and assists us for our better life."*

(Male aged 12 years, full orphan, single)

The results indicated that the street children develop two main feelings including being abandoned and the feeling of the abandoner in the context of making sense and meaning out of their lives. To be in these difficult conditions due to diverse factors mainly lack or poor parental caring has negative impact and this may also affect their rehabilitation from the SOS villages. Although they encounter these experiences, they also testified that they got humanization due to the interventions benefited from SOS villages. A 12 year-aged female expressed:

"*Personally, SOS has been a great help to me by providing educational opportunities. I had stopped studying before, but now I'm back in the 2nd grade. While I didn't get everything I wanted, I am now able to ask my parents for help to obtain what I need."*

A majority of the participants highlighted the transformative impact of the SOS Village rehabilitation center on their lives, particularly in terms of behavioral and lifestyle changes. One young boy reflected on how the support and structure provided by SOS Village have positively altered his daily habits and overall outlook. A 11-aged male testified:

"*SOS has helped me by stopping my bad behavior. I used to be on the street, but now I don't steal anymore. I used to smoke, but I've quit. I wasn't going to school before, but now I am. I used to sleep on the floor, but now I sleep on a mattress*."

A participant testified that the centre provide for them the parents who provide for them the basic needs including parental caring, food, drink, clothes and sleep well. For the participants, they got the parents who know their responsibilities and this make them secure. The participants shared the testimony:

"SOS Village gave us foster parents, sought out white people to help us, and provided for our livelihood. I see how SOS has been helping us where we were not studying but we are still learning and succeeding." (Female aged 13years)

Many participants shared how SOS Village has profoundly impacted their lives by providing a supportive and structured environment. One 15-year-old boy described the ways in which the village has been instrumental in his development:

"The way SOS village helps us has given us parents to nurture us to have good morals, to give us a place to sleep, to give us the schools we attend for changing our abnormal behaviors and irrational thought." (Male aged 15 years)

Our results showed that the centre that rehabilitated them provided for them what they lacked. After lacking the parental care and basic needs, they become street children that impacted their current life. A participant testified that they receive the basic needs in they did not access before joining their colleagues at the centre. A 14-year male stated:

"I see how SOS supports us by providing essential needs like food, love, and clothes, which are crucial for our education and survival. It helps homeless children and makes us feel cared for, just like other children who have supportive families."

4. Discussion

The current data reveal that hopelessness may be evaluated among the children with different life histories for exploring their level of hopelessness and the factors associated with it. The scale for children has been proved to have satisfactory internal consistency. The internal consistency coefficient in the sample included in the study was lower than that found in the previous.(Kazdin et al., 1986; Thurber et al., 1996b) The results confirmed that there was a high prevalence of high hopelessness among street children at SOS villages. The results revealed that low socio-demographic status for the families of the street children leads to hopelessness. The children from the families that experience low or lack of co-parenting, unknown of genetic parents and alcohol and drug use had greater risk to develop hopelessness than the other children.

In concur with the evidence from the prior studies conducted in sub-Saharan African countries,(A Mudingayi et al., 2011; Asante et al., 2015; Kaime-Atterhög & Ahlberg, 2008a; McAlpine et al., 2010; Seager & Tamasane, 2010) the results from this study revealed that the factors of hopelessness including low socio-economic status for their families (such as lack of basic needs in their families including food), lack of co-parenting due to being full or partial orphans, children without one or both biological parents, the breakdown of families or divorce, and domestic violence develop hopelessness that lead them to being street child. These socio-economic and family characteristics worsen their level of hope for their future. The results revealed that many children had low self-esteem and negative expectations and attributions toward oneself and the future. These results are in line with prior study that indicated low socio-economic status and poor parenting predict hopelessness and street children.(Kazdin et al., 1986) In concur with preceding studies,(Aptekar, 1994; Mahderehiwot, 2014; Stark, 1988) the results from this study suggested that there is a relationship between children who come from problematic families in terms of relationships and communications with serious problems and who suffer physical and emotional abuse while living either on the streets or with their families and their levels of hopelessness, with implications for social work practice.

The results for this study revealed that street children develop greater rate of hopelessness, vulnerability to various

psychosocial problems such as worry about the violence they face, family conflicts, anxiety about lack of co-parenting and attachment, depression related loss of the beloved parent. The results of this study are in line with prior studies that indicated that street children who are brought into rehabilitation centres have a greater rate of hopelessness associated with depression, anxiety, poor school performance and social problems.(Worku et al., 2019) As street children always face proper ways and capabilities to find a source of incomes, they face problems related to oppression and discrimination, physical abuse, poor security in their poor living conditions on the streets. These results were supported by the prior studies.(Hai, 2014; Woan et al., 2013a) This may have tremendous consequences on street children's physical development, emotional aspect and mental health conditions and therefore, has serious psychosocial effects, like mistrust among children, low self-esteem, poor self-efficacy and problems in relationships. Depending on the stage of development of each street child or adolescent, they tend to face challenge related to lack of social network and economic resources. These results are in line with the previous studies.(Boyden & Mann, 2005)

Other researches demonstrated that there were apparent insufficient social support and health services in both government and civil society for children who live on streets, which also impact on their hope and future dreams. They also presented sadness, miserable life conditions, low self-esteem, and despair, which in turn lead to hopelessness. These results are supported by the previous findings.(Woan et al., 2013a) These highlighted negative behavior and emotions can also interfere with the level of hope and resilience status of these children who are rehabilitated at the SOS Children's village.

Apart from the current study, other studies also mentioned that a large majority of children in street situation had history of addiction of different kinds of drugs such as cannabis, smoking, alcohol, glue and other psycho-stimulants.(Hai, 2015) Street children experienced multiple traumas such as loss of motivation, worse future, feeling helplessness, neglect, and these multifaceted factors highly reduce the hope for the future and lessen their self-esteem of these children. These results are in live with the previous studies.(Thurber et al., 1996b) However, other findings revealed that female children were found more resilient than young boys in circumstances of life. There is therefore, gender difference in resilience within different cultures that may be explained by socio-cultural persipective.(Worku et al., 2019) The results revealed that there was a significant difference in hopelessness occurrence among the street children at SOS villages between male and female street children, in which hopelessness is higher among male street children than females. These results collaborated with preceding studies conducted in Africa.(Cumber & Tsoka-Gwegweni, 2016; Duyan, 2016)

5. Study Strengths and Limitations

The study had several notable strengths. Firstly, the tools used were validated and standardized before data collection, ensuring their reliability and accuracy. Secondly, data collection was conducted by trained psychologists who were well-versed in the psychometric tools and worked under the supervision of the main investigator. Thirdly, the results suggest that the psychometric properties of the HSC are reasonably sound, indicating that the scale may be useful in future research involving children and adolescents. Additionally, the use of triangulation methods was strength, as it provided richer, more comprehensive data. Besides, this study contributes to knowledge transfer since it offers a deep understanding of the psychosocial issues faced by street children and the efficacy of interventions provided by SOS Children's Villages. It underscores the importance of holistic support models in fostering resilience and improving the quality of life for these vulnerable children.

However, the study faced several limitations. One significant limitation was the exclusion of street children under the age of 10 and those over 17, which resulted in a limited sample size and potentially reduced the generalizability of the findings. Additionally, the research did not explore the specific reasons behind the children's departure from their families or residential areas, leaving a gap in understanding the broader context of their experiences. The focus was narrowly limited to the psychometric measures of hopelessness, without integrating other relevant factors such as depression, anxiety, parental monitoring, parent-child attachment, and suicidal ideation. Furthermore, the study's quantitative analysis was constrained by a small sample size, which may affect the statistical power of the results. Lastly, the study design did not facilitate the collection of data from the biological parents of the children, which could have provided valuable insights into the familial background and its impact on the children's experiences.

In conclusion, street children face a myriad of psychosocial challenges, including inadequate parental care, insufficient psychosocial support, and unmet basic needs such as food, clothing, and shelter. They also struggle with psychological issues stemming from a lack of co-parental care, exposure to domestic violence, weak parental attachment, identity crises, and substance abuse. These multifaceted problems contribute to a pervasive sense of hopelessness that often persists even after they are rehabilitated in SOS Children's Villages. Despite these difficulties, street children develop coping mechanisms that enhance their resilience, often in the face of significant adversity. SOS Children's Villages address these challenges by providing a comprehensive bio-psychosocial support system. This support includes

nurturing parental care, a stable and loving environment, health services, educational opportunities, and emotional and psychosocial support aimed at building the children's competence and sense of belonging. The holistic approach of SOS Children's Villages enables these children to perceive the facility as a surrogate family, offering a sense of security and belonging that they previously lacked. The concept of a "loving home for every child" reflects the organization's commitment to creating an alternative family environment for those who have been separated from their biological families. Based on the positive outcomes observed, we strongly recommend this model as an effective remedy for addressing the complex needs of street children.

For future researchers, we suggest further exploration into the long-term effects of such interventions on street children's psychological and social development, including longitudinal studies to track their progress over time. Policy-makers are invigorated to support and scale up similar comprehensive support models, integrating them into national child protection strategies to ensure that all street children receive the necessary care and support to rebuild their lives effectively. Based on the results found, additional studies are highly in need to assess whether there is correlation between hopelessness and psychopathology in the course of delinquency and deviance as well. Further studies should focus on assessing the impact care for hopeless children with history of street life in course their development. This study reveals that providing and strengthening the psychosocial interventions should be prioritized in order to reduce the occurrence of hopelessness that results in suicidal behavior are recommended. Lastly, these policies would contribute to restoring psychological and social wellbeing of the street children and develop an effective and sustainable reintegration for the street children.

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Authors' Contributions

UM was instrumental in the conceptualization of the study, led the data collection and analysis for quantitative methods, and was responsible for drafting the manuscript. EB provided supervision for the study, was involved in conceptualizing the research, led the manuscript drafting process, and was responsible for editing and approving the final manuscript. All authors made significant contributions to the data analysis for qualitative methods and the overall research conception. Additionally, they were involved in the research administration and contributed to the qualitative analysis of the study. Each author reviewed and approved the final manuscript.

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Collected data used in this study are available from the main investigator who is corresponding author of the current research project. He may share the dataset when requested.

Competing interests

No competing interest was disclosed by the authors of this study.

Informed consent

Obtained. Consent to publish was obtained from the research participants and their guardians as well as the SOS Children's Villages who provided the authorization to conduct the current study.

Ethics approval

The Publication Ethics Committee of the Redfame Publishing.

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References

American Psychiatric Association (APA, 2019). *APA Resolution on Child and Adolescent Mental and Behavioral Health* (Issue February). American Psychiatric Association.

Aptekar, L. (1994). Street Children in developing World: A review of their condition, Cross Cultural Research. *The Journal of Comparative Social Science*, *28*, 195-224. https://doi.org/10.1177/106939719402800301

Aptekar, L., & Ciano-Federoff, L. (1999). Street children in Nairobi: Gender in mental health. *New Dir Child Adolesc Dev*, 35-46. https://doi.org/10.1002/cd.23219998505

Asante, K., Meyer-Weitz, A., & Petersen, I. (2015). Correlates of psychological functioning of homeless youth in Accra, Ghana: a cross-sectional study. *International Journal of Mental Health Systems*, *3*(9), 1. https://doi.org/10.1186/1752-4458-9-1

Assembly, U. N. G. (2010). *Guidelines for the Alternative Care of Children, UN document A/RES/64/142*. *53*(53), 1–23.

Baker, S., Waterfield, J., & Bartlam, B. (2018). Saturation in qualitative research : exploring its conceptualization and operationalization. *Quality & Quantity*, *52*(4), 1893-1907. https://doi.org/10.1007/s11135-017-0574-8

Boyden, J., & Mann, G. (2005). Children's risk, resilience, and coping in extreme situations. *Handbook for Working with Children and Youth: Pathways to Resilience Across Cultures and Contexts*, *January 2005*, 3–26. https://doi.org/10.4135/9781412976312.n1

Clark, M. S., Jansen, K. L., & Anthony Cloy, J. (2012). Treatment of childhood and adolescent depression. *American Family Physician*, *86*(5), 442-448.

Cumber, S. N., & Tsoka-Gwegweni, J. (2016). The health profile of street children in africa: A literature review. *Journal of Public Health in Africa*, *6*(2), 85-90. https://doi.org/10.4081/jphia.2015.566

Duyan, V. (2005). Relationships between the sociodemographic and family characteristics, street life experiences and the hopelessness of street children. *A Global Journal of Child Research*, *12*, 445-59. https://doi.org/10.1177/0907568205058603

Duyan, V. (2016). *Relationships between the sociodemographic and family characteristics , street life experiences and the hopelessness*. 445-459. https://doi.org/10.1177/0907568205058603

Hai, A. (2014). Problems Faced By The Street Children: A Study On Some Selected Places In Dhaka City, Bangladesh. *International Journal of Scientific & Technology Research*, *3*(10), 45-56.

Hai, A. (2015). Problems Faced By The Street Children : A Study On Some Selected Places In Dhaka City , Bangladesh. *International Journal of Scientific & Technology Research*, *3*(10), 45-56.

Hills, F., Meyer-Weitz, A., & Asante, K. O. (2016). The lived experiences of street children in Durban, South Africa: Violence, substance use, and resilience. *International Journal of Qualitative Studies on Health and Well-Being*, *11*. https://doi.org/10.3402/qhw.v11.30302

Hussian, A., & Sharma, M. L. (2016). Quality of Life and Hopelessness among Adolescent Rag Pickers of Delhi , India. *Universal Journal of Psychology*, *4*(2), 93-98. https://doi.org/10.13189/ujp.2016.040204

Iravani, M. R., Salimi, S., Mohsen, S., Soltani, K., & Basity, S. (2014). A social work study on family patterns and street children. *Management Science Letters*, *4*, 1167-1170. https://doi.org/10.5267/j.msl.2014.5.013

Kaime-Atterhög, W., & Ahlberg, B. (2008a). Are street children beyond rehabilitation? Understanding the life situation of street boys through ethnographic methods in Nakuru, Kenya. *Child Youth Serv Rev*, *30*, 1345-1354. https://doi.org/10.1016/j.childyouth.2008.04.003

Kaime-Atterhög, W., & Ahlberg, B. (2008b). Are street children beyond rehabilitation? Understanding the life situation of street boys through ethnographic methods in Nakuru, Kenya. *Child Youth Serv Rev*, *30*, 1345-1354. https://doi.org/10.1016/j.childyouth.2008.04.003

Kaslow, N. J. (2014). Suicidal Behavior in Children and Adolescents. *American Psychological Association*, 1-30.

Kayiranga, G., & Mukashema, I. (2014). Psychosocial Factor of being Street Children in Rwanda. *Procedia - Social and Behavioral Sciences*. https://doi.org/10.1093/nq/s10-I.7.126-f

Kazdin, A. E., & et al. (1983). Hopelessness, depression, and suicidal intent among psychiatrically disturbed inpatient children. *Journal of Consulting and Clinical Psychology*, *51*(4), 504-510. https://doi.org/10.1037/0022-006X.51.4.504

Kazdin, A. E., Rodgers, A., & Colbus, D. (1986). The hopelessness scale for children: Psychometric characteristics and

concurrent validity. *Journal of Consulting and Clinical Psychology*, *54*, 241-245. https://doi.org/10.1037//0022-006X.54.2.241

Kolkata, C. (2014). A Study on Socio- Educational and Rehabilitation Status of Street. *IOSR Journal Of Humanities And Social Science*, *19*(7), 65-102. https://doi.org/10.9790/0837-197365102

Mahderehiwot, A. (2014). *The experience of street children in the rehabilitation program of kirkos sub city: the case of drop in rehabilitation center project child space program*.

Marshall, G.N., M.A. Burnam, P. Koegel, G. S. and B. [16] B. (1996). Objective life circumstances and life satisfaction: Results from the Course of Homelessness Study. *Journal of Health & Behavior*, *37*, 44-58. https://doi.org/10.2307/2137230

McAlpine, K., Henley, R., & Mueller, M. (2010). A survey of street children in Northern Tanzania: How abuse or support factors may influence migration to the street. *Community Ment Health J*, *46*, 26-32. https://doi.org/10.1007/s10597-009-9196-5

Ministry of Gender and Family Promotion (MIGEPROF, 2005). *Republic of Rwanda Prime Minister ' S Office Strategic Plan for Street* (Issue November). Kigali, Rwanda

Ministry of Gender and Family Promotion (MIGEPROF, 2012). *National Survey of Institutions for Children in Rwanda*. Kigali, Rwanda.

Mudingayi, Lutala, P., & Mupenda, B. (2011). HIV knowledge and sexual risk behavior among street adolescents in rehabilitation centres in Kinshasa; DRC: gender differences. *Pan African Medical Journal*, *10*. https://doi.org/10.4314/pamj.v10i0.72233

Muluzi, B. (2003). *Republic of Malawi National Policy on Orphans and Other Vulnerable Children*. *53*(February), 1689–1699. https://doi.org/10.1017/CBO9781107415324.004

Murekezi, A. (2016). *Prime Minister's Instructions* (Patent No. Official Gazette n^{o} 47 of 21/11/2016).

National Commission for Children. (2012). *The Situation of Street Children in Rwanda : Prevalence , Causes and Remedial Measures* (Issue March).

NCC. (2019). *A Comprehensive Assessment of the Street Children Phenomenon in Rwanda*. Retrieved from https://ncc.gov.rw/fileadmin/templates/document/FINAL-Comprehensive_Assessment_-Street.pdf

Pare, M. (2003). Why have street children disappeared? - The role of international human rights law in protecting vulnerable groups. *International Journal of Children's Rights*. https://doi.org/10.1163/092755603322384001

Perczel Forintos, D., Sallai, J., & Rózsa, S. (2010). Adaptation of the beck hopelessness scale in Hungary. *Psihologijske Teme*, *19*(2), 307-321.

Schurink, E., & Tiba, M. (1993). Street Children as a world phenomenon. In W. Schurink (Ed.), *Street Children*. Human Sciences Research Council. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/66756/WHO_MSD_MDP_00.14_Module1.pdf;jsessionid=6E3F6E4F5269FDC036173E7F858FF5D7?sequence=2

Seager, J., & Tamasane, T. (2010). Health and well-being of the homeless in South African cities and towns. *Develop S Africa*, *27*, 63-83. https://doi.org/10.1080/03768350903519358

SOS Children's Villages International. (2018). *SOS Care promise how SOS Children's villages ensures the best care for children and young people*. SOS Children's Villages International.

Spirito, A., Williams, C. A., Stark, L. J., & Hart, K. J. (1988). The Hopelessness Scale for Children: Psychometric properties with normal and emotionally disturbed adolescents. *Journal of Abnormal Child Psychology*, *16*(4), 445-458. https://doi.org/10.1007/BF00914174

Stark, L. J. (1988). The Hopelessness Scale for Children: Psychometric Properties with Normal and Emotionally Disturbed Adolescents. *Journal of Abnormal Child Psychology*, *16*(4), 445-458. https://doi.org/10.1007/BF00914174

Thurber, S., Hollingsworth, D. K., & Miller, L. A. (1996a). The hopelessness scale for children: Psychometric properties with hospitalized adolescents. *Journal of Clinical Psychology*, *52*(5), 543-545. https://doi.org/10.1002/(SICI)1097-4679(199609)52:5<543::AID-JCLP7>3.0.CO;2-O

Thurber, S., Hollingsworth, D. K., & Miller, L. A. (1996b). The hopelessness scale for children: Psychometric properties with hospitalized adolescents. *Journal of Clinical Psychology*, *52*(5), 543-545. https://doi.org/10.1002/(SICI)1097-4679(199609)52:5<543::AID-JCLP7>3.0.CO;2-O

United Nations Children's Fund (UNICEF, 2001). A study on street children in Zimbabwe. In *Evaluation Report* (Issue 805). https://doi.org/10.1016/j.inoche.2007.03.019

United Nations Children's Fund (UNICEF, 2011). *The state of the world's children 2011*.

United Nations Children's Fund (UNICEF, 2018). *Situation Analysis of Children in Rwanda*.

World Health Organization (WHO, 2019). *A Profile of Street Children: A Training Package on Substance Use, Sexual and Reproductive Health including HIV/AIDS and STDs*.

Woan, J., Lin, J., & Auerswald, C. (2013a). The health status of street children and youth in low- and middle-income countries: A systematic review of the literature. *Journal of Adolescent Health*, *53*(3), 314-321.e12. https://doi.org/10.1016/j.jadohealth.2013.03.013

Woan, J., Lin, J., & Auerswald, C. (2013b). The Health Status of Street Children and Youth in Low- and Middle-Income Countries: A Systematic Review of the Literature. *Journal of Adolescent Health*, *53*(3), 314-321.e12. |https://doi.org/10.1016/j.jadohealth.2013.03.013

Worku, B. N., Urgessa, D., & Abeshu, G. (2019). Psychosocial Conditions and Resilience Status of Street Children in Jimma Town. *Ethiopian Journal of Health Sciences*, *29*(3), 361–368. https://doi.org/10.4314/ejhs.v29i3.8

World Health Organisaton. (2019). *Working With Street Children: MODULE 1 A Profile of Street Children*. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/66756/WHO_MSD_MDP_00.14_Module1.pdf;jsessionid=6E3F6E4F5269FDC036173E7F858FF5D7?sequence=2

Young, L. (2004). Journeys to the street: the complex migration geographies of Ugandan street children. *Geoforum*, *35*, 471-488. https://doi.org/10.1016/j.geoforum.2003.09.005

Zeman, J., Shipman, K., Suveg, C., Zeman, J., & Shipman, K. (2010). Anger and Sadness Regulation: Predictions to Internalizing and Externalizing Symptoms in Children. *Journal of Clinical Child and Adolescent Psychology*, *31*(3), 393-398. https://doi.org/10.1207/153744202760082658