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Mental Wellbeing of Physically Healthy Adult Beggars in Addis Ababa

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Abstract:- Physically healthy adults are earning a living from begging, despite the fact that it is not welcomed in many cultures and in religious teachings in Ethiopia. The purpose of this study was to assess the mental wellbeing of the physically healthy adult beggars. A total of 64 screened participants for physical health were selected through simple random sampling, lottery method. Both descriptive and inferential statistics were employed to analyze data collected through a Mental Health Measuring device. The Findings seem to reveal that the mean mental wellbeing score of physically healthy beggars (56.6) was found to be above average (35); indicating that participants were mentally healthy. It was also found that there was a significant difference between substance addicted and non-addicted adult beggars in mental wellbeing; $t(df = 36) = 6.8$, $p < .01$): suggesting that addicted beggars scoring lower in mental health score. The researchers recommend that serious surveillance be put in place so that at least physically healthy adults who are supposed to be in productive age may not resort to begging.

Keywords*: begging, physically healthy beggars, deserving beggars, mental wellbeing.keyword1, Keyword2, keyword3.*

1. Introduction

Developing countries, especially, those in Africa are characterized by inadequate health conditions, limited education opportunities, internal conflict, poverty, and the likes (28). Ethiopia, a developing country, is vulnerable to a host of other additional social evils including, among others, abject poverty, displacement due to war and migration, political instability, unemployment, underemployment and ethnic conflict (3). According to (12; 28; & 35), urbanization is the other critical problem in developing countries. Exposure to these and similar other problems has created the expansion of various social problems like begging in Ethiopian cities especially in Addis Ababa (2; 3; & 13).

Based on the type of people engaged in begging behavior and on the purpose of beggars, the term begging has been defined in various ways. In a document aimed at assessing the socially uprooted sectors of the society developed by Ministry of Labor and Social Affairs of Ethiopia, begging was defined as "…A method of earning ones living from the income obtained by other sectors of the society using age, health, and economic conditions" (22, p. 2). Furthermore, the following definitions were included in the document:

Begging is an activity emanated from poverty and destitution whereby the person tries to feed him/herself.

It is a behavior practiced to obtain from others what one is unable to get by oneself.

Begging is a request directed to the rest of the society to bring oneself out of misery and poverty.

Begging is an act of asking alms that is essential for survival, for solving temporary problems, or for fulfilling some cultural and religious commitments.

Furthermore, Groce and his colleagues defined begging as "an activity which allows an individual to call upon people with whom he or she has no close ties for small donations to meet his/her basic needs. It is a mechanism through which communities ensure that it's poor members will not starve" (10, p. 9).

Although the origin of begging is unknown, it was well documented that it is a worldwide phenomenon (4; 11; 13; 22; 34). There is evidence from research works showing that begging behavior is more obvious in developing countries (3; 8; 34). These research works similarly indicated that the problem of begging was high in many African countries. In Ethiopia, as one of the Africa's developing country, the practice of leading life through begging and earning a living from the behavior is rampant (2).

The practice of begging in Ethiopia is thought to begin with religious practices and disintegration of the traditional culture of support (24). The traditional and original cultures of most Ethiopian ethnic groups were characterized by support, sympathy and compassion for each other and for the economically poor. During ancient period basic needs for the needy were met primarily by relatives, cultural and religious organizations, and clan groups (personal discussion with friends, September, 2016). The disintegration of traditional culture paves the way for the disappearance of informal support systems. The disintegration of the traditional support systems or the absence of informal support system along with the flourishing of individualistic culture gave birth to the occurrence of begging in Ethiopian cities (22; 24).

Addis Ababa is a fast growing city where almost all the Ethiopian ethnic groups are represented (PEFA, 2008). The capital city covers 527 square kilometers from Ethiopian total area. The population density is close to 5,165 individuals per square kilometer available. The Central Statistics Agency of Ethiopia estimated the current Addis Ababa's population to be more than 4.5 million people (7). Since the city is relatively equipped with better facilities, infrastructure, and industries when compared to other cities, it remains a main destination for migrants migrating to the city from both rural and urban areas. Internal migration in turn has been among the factors that led the city to overcrowded living conditions, social fragmentation, crime, violence and ultimately poverty (23; 25).

The problem of poverty in Addis Ababa is exacerbating and a significant proportion of its dwellers are believed to live in scary living conditions. Netsanet (2009) stated that poverty is high in the central part of the city than in the peripheries. Poverty was found to be among the major reasons pushing individuals to beg in streets of Addis Ababa (10; 31; 34). It is one of the factors leading individuals to resort to begging including physically healthy beggars.

It is not uncommon to observe physically healthy adult people earning a living from begging in streets of Addis Ababa (2; 5; 10; 24). Begging among physically healthy adults is becoming a major way of earning a living. Although socially prohibited, there are various written documents, videos, and television programs revealing that Addis Ababa is becoming a city where healthy adult individuals are making money and leading their life through begging (24; 30; 31). In Ethiopia, as in many other countries, beggary as a livelihood strategy is not encouraged. It is more unethical especially for those who are physically healthy and be able to take on other formal economic activities. In addition beggary is not encouraged by various religions. Nevertheless, the field is attracting significant number of physically healthy individuals (2; 5). Why physically healthy individuals beg while it is both socially and religiously prohibited? Are they mentally healthy?

Mental Health or Mental Wellbeing (MW) is not merely seen as the absence of mental illness. The World Health Organization (WHO) defined MW as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (33, p 12). MW is believed to consist of three components: emotional well-being, psychological well-being, and social well-being. Emotional wellbeing, the first component of MW, is defined as one's satisfaction and happiness in life. Psychological well-being indicates optimal personal functioning which includes six aspects: 1. self-acceptance: which refers to a positive attitude toward oneself, 2. personal growth as the feeling of sustained development and possibilities, 3. purpose in life: referring to having a purpose and orientation in one's life, 4. environmental mastery: representing a feeling of being able to handle a complex environment, 5. positive relatedness: having satisfying and intimate relationships (including abilities as empathy, affection and intimacy) and being interested in the well-being of others, and 6. autonomy: comprising being self-determined and independent (27). Keyes defined social wellbeing as people's valuation of their circumstances and functioning in society (21). It refers to how much individuals see themselves thriving in their social life. Social wellbeing is characterized by five dimensions: 1. social acceptance: refers to a positive

view on other people and the ability to accept others as who they are, 2. social contribution: which refers to the belief of being able to fulfill and achieve activities and goals which are valuable for the society, 3. social integration: representing a good relation to the community and society, 4. social actualization: implying the belief that society has the potential for positive changes, and 5. social coherence referring to a logical and apprehensible view of the social world with interest in the social environment and social interaction (21).

Nowadays, there are many research works conducted on emotional wellbeing, psychological wellbeing, and social wellbeing. There are also sufficient evidences showing that mental wellbeing (which includes the three components mentioned above) has been investigated thoroughly (18; 29). It has also been shown well that mental wellbeing is positively associated with physical health. But, as far as the researcher's knowledge is concerned, there is no independent research work conducted so far, in Ethiopia, on the MW of physically healthy adult beggars. Therefore, it was found essential to assess MW of physically healthy adults who were earning a living from begging.

2. Objectives

The objectives of the study are:-

1. To compute the mental wellbeing of physically healthy adult beggars.

2. To see the statistical differences in mental wellbeing between substance addicted and non-addicted beggars

3. Methods

Research Design

The main purpose of this study was to describe mental wellbeing of physically healthy adult beggars. To achieve this goal, quantitative approach was employed.

Research Setting

Addis Ababa is located in the foothills of Entoto Mountains and stands 7,726 feet above sea level. Unlike many other African capitals the foundation, growth, and development of Addis Ababa are not rooted in colonization (6). It is a city where almost all the Ethiopian ethnic groups are represented (PEFA, 2008). The capital city holds 527 square kilometers in Ethiopian area. The population density is estimated to be near 5,165 individuals per square kilometer available. According to CSA, the current Addis Ababa's population is estimated to be more than 4.5 million with a lower rate of infant mortality than the national average (7).

Addis Ababa is being largely populated mainly by people who are migrating from rural areas due to drought, political crisis, regional wars, government compulsion, debilitation of natural resources, search for employment opportunities, and lack of social services (2; 34). The majority of the migrants usually find themselves in difficult socio-economic circumstances in the capital. Many migrants are forced to engage in various forms of jobs to earn a living and to tackle the challenges put up on them. They are also forced not to choose among jobs because of the high unemployment rate existing in the country (7).

Two sub-cities, namely; Addis Ketema and Lideta were selected purposely due to the reasons indicated below; and that the behavior under question was commonly practiced in some selected areas of these sub-cities.

1. The areas are found in sub-cities which are located at the center of the city
2. The sub-cities are relatively high business areas.
3. These areas, including some areas in Kirkos and Arada sub-cities, are highly populated /constitute more than 40 % of the capital's population (25)/.
4. The majority of the city's poor are found in these sub-cities (25).
5. Street dwellers can easily get access to locations where they can pass night times such as bridges, worshiping areas and market places.
6. There are well-known churches and mosques in these sub-cities. Relatively large number of people usually performs day-to-day religious obligations in religious institutions found in these sub-cities.

Population and Participants

The population of the study was physically healthy adult individuals (18 to 40-years-old) who were earning a living from begging in Addis Ababa. This population was considered as productive age group who were the backbone of the country. This group of people was the one that was responsible for country's achievement in economic sector.

According to an interview held with the officials from Labor and Social Affairs Bureau of Addis Ababa city government, the exact number of physically healthy adult people who were earning a living from begging in Addis Ababa was unknown. But the bureau has identified areas (sub-cities) where physically healthy adult beggars were largely found and practice the behavior. Although beggars were spread in all sub-cities, the target population of this study was frequently observed in selected areas of some sub-cities. The following areas were well known by housing the target population.

Mesalemiya	Piassa	Torhailoch
Awutobustera	RasMekonnin Bridge	Biherawi
Merkato	Arat Kilo	Sengatera
GojamBerenda	Megenagna	Tikuranbessa
Teklehaimanot	Filwuha	Kazanchis
Abinet	Legehar	Kality
Mexico square	Urael church	

After the identification of the specific areas where the target population was largely found, participants were selected from two sub-cities as indicated above.

Sample Size and Sampling Techniques

Initially, while writing the proposal of this study, it was aimed at merely measuring the mental wellbeing of physically healthy beggars. Thirty six beggars were selected and data were begun to be collected. While observing the data it was learnt that there was differences between the responses of beggars who were regularly using drugs such as Chat and Alcohol (named 'addicted group' in this study) and those who were not (named 'non-addicted group' in this study). The differences in the responses between the two groups forced the researchers to form two groups–addicted and non-addicted. It was then decided to collect data from both groups separately and compare the mean.

For this purpose, two informal organizations who were regularly feeding beggars, street dwellers, and other needy people were selected purposely. The two organizations are named 'Nisirochu', found in Addis Ketema sub-city and 'Yared and His Brother', found in Lideta sub-city. Both organizations regularly provide lunch for vulnerable groups through initiations taken by private donors. Physically healthy beggars can be easily reached out and contacted at lunch time through these organizations.

There were 280 individuals who were being fed by Yared and his brother, and more than 800 by Nisrochu. Among individuals who were being fed by Yared and his brother, Thirty eight non-addicted beggars were identified by the help of the feeders of the organization and given number cards from 1-38. Nineteen beggars who hold odd numbers were identified and selected for the study. The same procedures were employed to select samples from individuals being fed by Nisrochu. Twenty four non-addicted beggars were identified, again, by the help of the feeders of the organization and given number cards ranging from one to twenty four. Accordingly, 12 beggars who were given odd numbers were selected for the study. Therefore, a total of 31 non-addicted beggars have been selected based on the procedure mentioned above.

Participants for the addicted group were selected from Nisrochu. Sixty-six physically healthy adult beggars who were using substances regularly were identified and asked to make a line. The second, the fourth, the sixth, etc in a queue were separated from others. Thus, 33 participants who were found in even numbers in the queue have been selected. In general, a total of 64 beggars (27 females and 37 males) were selected to fill out the scale meant for the purpose of measuring mental wellbeing.

Tools of Data Collection

Two varieties of tools were used. The first variety was the one used for the purpose of screening and identifying participants. The researchers developed two types of tools for the purpose of identifying physically healthy beggars from other beggars (e.g., child beggars, old-age beggars, disabled beggars, etc), under the first variety. These were observation and screening tool. The second variety was a scale used to measure mental wellbeing. Observation: The observation checklist was meant for the purpose of inspecting beggars as physically healthy or physically unhealthy. Since the participants of the study were the so called physically healthy adult beggars, it was through this observation checklist that the participants were initially assessed. The checklist consists of items assessing physical conditions such as the condition of hands, legs and locomotion. Initially, beggars were observed by relying on the observation checklist. If the beggar met the criteria sought in the primary observation checklist, then the action followed was administering the screening tool. This checklist consists of four items (e.g., "Are the hands of the beggar normal?", "Does the person walk properly?").

Screening Tool: Like that of observation checklist, the purpose of screening tool was to differentiate physically healthy adult beggars from unhealthy ones. Since the participants of this study were beggars who were physically fit enough during data gathering period and who can engage in other legitimate forms of businesses requiring physical health and strength, the researchers developed items that were helpful to identify physically healthy beggars from unhealthy ones. The tool was developed by relying on medical research works and through consultation of professionals from medicine. The items of the screening tool focused mainly on major diseases inhibiting individuals to engage in various forms of businesses requiring physical fitness and their perception of the conditions of their physical strength.

The screening tool was constructed from 11 items. The tool focused on major diseases like diabetes, hypertension, heart disease and the likes (e.g., "I have never diagnosed with heart disease.", "There is no wound and/or injury on my body that inhibits me from participating in formal economic activities."). It was also focused on the condition of eyes, legs and hands (e.g., "I can see and recognize a friend at a distance others can see.", "I can hear a sound at a volume others find acceptable."). Furthermore, the screening tool assessed whether participants felt that they were physically healthy enough so that they were able to take part in any other jobs requiring certain amount of physical strength (e.g., "Do you feel that you are physically healthy and fit enough to engage in jobs requiring physical strength?", "Any other illness inhibiting you from jobs requiring physical fitness?").

Each item has two response alternatives: 'YES' or 'NO'. It was after the beggar answered 'YES' for all the items that he/she was considered as a participant of the study. If one of the items is answered 'NO' then the beggar was considered as physically unhealthy and rejected from the study.

Scale: Mental wellbeing was measured by the Mental Health Continuum Short Form /MHC-SF/ scale. The scale was derived from the long form Mental Health Continuum /MHC-LF/, which consisted of seven items measuring emotional wellbeing, six 3-item scales (or 18 items total) that measured Ryff's model of psychological wellbeing, and five 3-item scales (or 15 items total) that measured Keyes' model of social wellbeing. While the MHC-LF consisted of 40 items, the MHC-SF consists of 14 items that were chosen as the most prototypical items representing the construct definition for each component of wellbeing. Three items were chosen to represent emotional wellbeing (e.g., "I am interested in life", "I am satisfied with life"), six items were chosen to represent psychological wellbeing (e.g., "I have something important to contribute to society", "I belong to a community"), and five items were chosen to represent social wellbeing (e.g., "I am good at managing the responsibilities of my daily life", "I have warm and trusting relationship with others").

The MHC-SF scale is validated for use with individuals aged 12 years or older and has been used by many researchers (18; 16; 14; 12). The scale has shown excellent internal consistency (> 0.80) and discriminant validity in adolescents and adults in various countries (20; 19; 17; 32).

Table 1: Summary of the Reliability of the Scale

Variable	Number of Items	Cronbach's Alpha
Emotional Wellbeing	3	.77
Psychological Wellbeing	6	.73
Social Wellbeing	5	.75
Total	14	.775

The original MHC-SF scale measures the frequency with which respondents experience each symptom of positive mental health, and thereby provide a clear standard for the assessment and a categorization of levels of positive mental health that is similar to the standard used to assess and diagnose major depressive episode in the Diagnostic and Statistical Manual of Mental Disorders. But for this research purpose, the scale response category was modified into 5 point scale ranging from 'strongly agree' to 'strongly disagree'. The reliability of the modified scale is given in table 1 above.

The mean of the scale ranges from 14 (1×14) – 70 (5×14). Based on this range, a mean of 35 is an average score for this study. Mean scores below 35 indicate low mental wellbeing whereas scores above 35 are within normal range. Seventy is the highest score possible.

Finally, all the tools – observation checklist, screening tool and scale were administered verbally for those who were unable to read and write; while other participants completed by themselves.

Data Analysis

The data gathered were analyzed quantitatively using SPSS version 23. Both descriptive and inferential statistics were employed. Percentage was used to assess the demographic characteristics of participants. Mean was computed to test the mental wellbeing of participants. Finally, independent samples t-test was used to see the statistical differences between addicted and non-addicted beggars in mental wellbeing.

Ethical Considerations

Although ethical principles are important in all kinds of studies, the degree of importance is high for studies conducted on group of people like beggars. Therefore, fundamental ethical principles were strictly followed.

The data collection instruments including the tape recorder were accompanied by informed consent form and participants were informed that participation in the research is voluntary. Moreover, the respondents were identified by a self-generated letters and numbers for confidentiality.

While presenting the informed consent form, participants reported that they were deceived frequently by many previous researchers. Any attempt of deception was tried to be controlled and eliminated, as much as possible, in this study.

4. Results

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In this section, it was attempted to analyze and interpreter the findings obtained from the data regarding characteristics of participants, components of mental wellbeing and differences in mental wellbeing between those who were using various substances and those who were not.

Characteristics of Respondents

There were 64 (27 females and 37 males) physically healthy adult beggars participated. Among the 64 physically healthy beggars who took part in this research, 19 (29.7 %) were born in Addis Ababa but all the other participants (70.3 %) were born outside the capital. Therefore, it is clear that the majority of the respondents were born outside Addis Ababa and moved to the capital for different reasons. Unfortunately, among the 45 respondents born outside Addis Ababa, eight (12.5 %) of them migrated to the capital for the purpose of making money from begging. They came to the capital aiming that they would be able to lead their life through begging and that they can earn a living from begging. When looking at the other's main reasons of leaving their home land, data revealed that 19 (29.7 %) of them reported that they came to Addis Ababa for search of job; 20 (31.2 %) reported poverty as a reason; 7 (10.9 %) reported problems associated with family; two (3.1 %) mentioned displacement due to politics; and the rest eight (12.5 %) were called up to Addis Ababa by friends and/or relatives previously migrated to the capital city and making money from begging. .

Additional characteristics of participants are depicted in the following paragraph and in table 2.

Two very remarkable results were that: 1) there was participants who were earning a living from begging after having completed their education from higher education institutions; 2) although they were leading their life through begging, more than 40 % of the participants who took part in the study reported that they had children whom they were taking care of during data collection period.

Table 2: Characteristics of Respondents

Variables	**Categories**	**Responses**	
		Freq.	Percent
Age in Years	< 20	6	9.4
	20-30	34	53.1
	31-40	22	34.4
Level of Education	Don't read and Write	2	3.1
	Elementary	6	9.4
	High school	34	53.1
	Certificate and above	22	34.4
Number of Children	No children	2	3.1
	One child	6	9.4
	Two children	34	53.1
	Three children and above	22	34.4

Mental Wellbeing

As discussed in the background section, MW comprises of three components: emotional, psychological, and social. In this section the mean of each component of the participants and the overall mean was presented and analyzed. This was done to indicate that whether the MW of those who were physically healthy but earned a living from begging was high or low. Finally, data concerning the mean difference between the addicted and non-addicted groups were presented and analyzed.

Mean of the Components of Mental Wellbeing: Since emotional wellbeing was measured by three items of five point Likert scale, the expected average score was 7.5 and the highest score was 15. Accordingly, emotional wellbeing of participants was 11.9, which implies that their emotional wellbeing was above the average (Look at

table 3). Psychological wellbeing was the second component of MW measured by six items of five point Likert scale. The findings, as given in table 3, indicated that the mean score of the participants (24.2) was significantly higher than the average score (15) and very close to the highest possible score (30). Similarly, data revealed that the other component of MW, i.e., social wellbeing, was found to be significantly higher (20.5) than the average score (12.5), where the maximum score was 25. In general, it was found that all the three components of MW of participants was high (56.6) and hence it can be concluded that beggars who were physically healthy were mentally healthy too.

Table 3: Descriptive Statistics on the Three Sub-Components of Mental Health

Components of Mental Health Scale	Number of Items	Expected Mean	Minimum Score	Maximum Score	Mean
Emotional Wellbeing	3	7.5	3	15	11.9
Psychological Wellbeing	6	15	6	30	24.2
Social Wellbeing	5	12.5	5	25	20.5
Total score	14	11.66	4.66	23.33	18.86

Mean Difference between the Addicted and Non-Addicted Groups

In relation to analyzing the mean difference between those who were regularly using substances like Chat and Alcohol (addicted) and those who did not (non-addicted), same procedures were employed. Initially, emotional wellbeing of the two groups was compared using independent samples t-test then followed by the comparison of the remaining components.

The level of significance corresponding Levene statistic F is very small in all the three components (.000). This implies that the assumption of homogeneity of variance was violated and hence the 'Equal variances not assumed' t-test statistic was used. Accordingly, the result of the analysis of emotional wellbeing indicated that there was significant difference between addicted and non-addicted beggars, $t(df = 39) = 5.13$, $p < .01$. The mean values also indicated that emotional wellbeing of addicted beggars ($M = 10.3$) was lower than the non-addicted ones ($M = 13.6$). The data also revealed that the psychological wellbeing of addicted group showed significant difference from the non-addicted group, $t(df= 38) = 5.89$, where $p < .01$. This significant difference was also revealed by the mean values because the mean value of non-addicted beggars (27.3) was significantly higher than that of addicted beggars (21.2).

Similarly, the result of the analysis between the two groups in relation to social wellbeing revealed significant difference. The social wellbeing of those who were not using substance was better than those who were using various substances, $t(df = 40) = 4.57$, $p < .01$. The mean values also indicated that social wellbeing of addicted beggars ($M = 18.7$) was significantly lower than the non-addicted ones ($M = 22.5$).

The final output of the t-test was the test conducted for the three components of mental wellbeing. The result of the analysis of MW between the two groups showed significant difference, $t(df = 36) = 6.8$, $p < .01$. The mean values also indicated that mental wellbeing of addicted beggars ($M = 50.3$) was significantly lower than the non-addicted ones ($M = 63.4$).

5. Discussion

Mental wellbeing was conceptualized, in this research, as a construct having three components: emotional wellbeing, psychological wellbeing, and social wellbeing. Initially the mean score of each component was analyzed and followed by the overall mean scores. This was followed by the comparison of the mean differences between the addicted and non-addicted groups. Accordingly, the mean scores of each component of MW were found above the average. Thus physically healthy adult beggars who took part in the study were found mentally healthy too. Based on this finding, adults who were found begging in streets were those who can

create chances of earning a living from socially accepted and legitimate ways because they were both physically and mentally healthy.

The findings concerning the mean differences in MW among the addicted and non-addicted groups indicated significant differences. The mean scores of addicted beggars in all the three components of MW were found significantly lower than that of the non-addicted beggars. Those who were not totally using substances or those who were using substances occasionally were found to be mentally healthier than those who were regularly abusing various types of substances. The use of substances could be one of the reasons contributing to low mental wellbeing. It has been widely documented that substances are chemical compounds that affect the mind and body (Galvani & Livingston, 2012). Substance abuse was among the factors lowering mental wellbeing. Many research findings revealed that substances alter a person's brain structure and function resulting in long-term psychological effects such as depression, anxiety, and increased aggression (eg,. 1).

According to AAC/American Addiction Centers/, lack of social support was one of the reasons accounting for using drugs (1). The data obtained from many of the participants of the current study showed that they were disconnected from their family and the community and that they had poor social support. The only support they were receiving was from beggars with whom they beg.

There are research evidences showing that MW is positively associated with physical health (29). The findings of this research also showed that physically healthy beggars who took part in this study have been found mentally healthy too, although there was speculation that people who beg in streets being physically healthy could have some form of mental illness.

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