

**MIDLANDS STATE UNIVERSITY**



**FACULTY OF SOCIAL SCIENCES**

**PSYCHO-SOCIAL CHALLENGES FACED BY CHILDREN LIVING IN THE STREETS : CASE  
STUDY OF MUTARE**

By

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## **DEDICATION**

This research is entirely dedicated to my lovely parents, for their unfailing commitment to my education at all levels. I feel greatly humbled by the kindness of their hearts.

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Delight Chinyai

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## **ABSTRACT**

*The research seeks to bring out the psycho-social challenges that are faced by children living in the streets of Mutare. The study was anchored on the notion that children living in the streets are human beings that should enjoy their lives just like any other children. However, in Zimbabwe and other countries this is not the case as some of them are facing various psycho-social challenges such as lack of shelter, poor sanitation, substance abuse, depression, discrimination and mental health problems. Children living in the streets are often homeless, hungry and abused, and some measures need to be implemented in order to help street children.. The research used the qualitative research method because it puts emphasis on the natural setting and the point of views of the research participants. In-depth interviews were used for data collection and the study purposively identified 12 key participants of children living in the streets. Thematic analysis was used in conducting data analysis in which it focused on identifying recurring patterns, analysing and reporting patterns (themes) of behaviour. Findings were that street children face various socio-economic challenges, psychological challenges and low levels of self-esteem and health related issues. The study established that in the face of these challenges children living in the streets engage coping strategies that range from begging for survival, shoe shinning and car washing to earn a living, they also rely on social support from the church, government and non-governmental organisations. The study concluded that children living in the streets do face challenges hence it came up with some recommendations that will help curb the psycho-social challenges faced by children living in the streets.*

## **ABBREVIATIONS AND ACRONYMS**

AIDS	Acquired Immuno Deficiency Syndrome
HIV	Human Immunodeficiency Virus
NGOs	Non Governmental Organisation
WHO	World Health Organisation
STI	Sexually Transmitted Infections
UN	United Nations
UNICEF	United Nations Children’s Fund
WHO	World Health Organisation
ZNCWC	Zimbabwe National Council for the Welfare of Children
ZRP	Zimbabwe Republic Police

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## **CHAPTER 1: INTRODUCTION**

### **1.1 Introduction**

This chapter introduces and clarifies various aspects of the global calamity of street children. The chapter contains a concise explanation of the psychosocial challenges and wellbeing of street children. The purpose of the chapter is to describe how the research will be carried out, and to explain the problem formulation, the goal and the objectives. Additionally, this chapter considers ethical issues and sets out the limitations to the study.

### **1.2 Background**

Street child is any child that works and lives on the street. They are highly mobile like a modern day nomad and they can alternate between living on the streets and living with family members. The phenomenon of street children has become a common feature of the urban landscape in most cities especially third world cities, they are the shadowy presence that fill the background of daily life, doing odd jobs, scavenging for food, begging and stealing (www.unicri.it). The presence of large number of children on the streets in urban areas is now a growing problem in most African cities and towns. Although circumstances are difficult on the street, children go there for many complex reasons. The majority are voluntary runaways escaping from troubles in the family, as “problems at the family level can, in many cases, be attributed to more complex and fundamental problems at community and even social levels” as argued by Brink, (2001). An increasing number of children are being forced to the streets as a result of poverty, abuse, torture, rape abandonment or orphaned by AIDS. No country in the world is without children on the streets, which is indicated above as a crisis in both developed and developing countries.

It is almost impossible to know the number of street children worldwide, yet the social phenomenon of street children is increasing as the world’s population grows. Walking up and down of the major streets in cities you will find them roaming around or gathering in small groups. Muchini, (2001) argues that street children searching for their livelihoods have become an indelible mark in the cityscape of most developing countries; Zimbabwe included. The population of street children punctuating the urban morphology worldwide is almost impossible to know; nevertheless, the United Nations estimates the numbers to be around 150 million, and swelling daily as postulated by CA, (2000). United Nations Children’s Fund (UNICEF), (2003) argue that by 2000, street children in Zimbabwe numbered 12 000, 5 000

of whom were dwelling in Harare alone .It is plausibly assumable that the actual contemporary street children population in Zimbabwe may have transcended the 12 000 digit. With this in mind, it is arguable that the street children phenomenon has reached epidemic levels both globally and locally.

Studies found that children who usually reside in the street were involved in begging, hawking, prostitution, and theft. These activities provide them money for daily needs. The reality is that millions of children around the world live in the street and only few people and organizations are doing something about it. This lukewarm, or rather, passive response to the problem of street children is a trend that needs attention.

The United Nations Children's Fund (UNICEF) and some international non-government associations (NGOs) have attempted in their different ways to provide support for street children worldwide. Individual countries have themselves made attempts to tackle the problem locally. However, as the number of street children keeps growing in individual countries for example Zimbabwe, it is clear that the responses of international NGOs and individual countries are far from being adequate. Apparently, organizations need to exert more efforts to ensure the involvement of every individual, family, group, and community in solving the problem. The pressure required may take the form of an investigation into the nature and dimension of the street children phenomenon in a variety of urban settings in a given society.

Children in every nation are the future leaders and therefore needs protection by their families and their countries. This study of the street children phenomenon in Mutare Urban is intended as a contribution, however modest this may be, towards understanding the predicament of the city's unfortunate children. The investigation involves studying the psychosocial wellbeing and challenges that are being faced by children living in the street or outside normal family homes.

### **1.3 Statement Of The Problem**

The term children living in the streets conjure up images of poverty, neglect and abuse; youngsters living on the streets, undernourished, ill-treated, under-educated and often addicted. This section briefly deals with the realities of life for children living in the streets and makes a case for increasing attention from various stakeholders on this group of young people.

According to Simukai Child Protection Programme's handbook (2009) the children living in the streets of Mutare have significant levels of depression, and some of them reported current abuse of both legal and illegal substances, such as marijuana, solvents and other drugs. Continuing with the Simukai Child Protection Findings, over a quarter of children living in the streets of Mutare reported having had sexual intercourse within the previous three months, with few reporting condom use, and over five percent of respondents reported having contracted a sexually transmitted infection (STI) within the last year. This sub-section of the population is particularly prone to injury and assault, including beatings, stabbings and being hit by vehicles. Living in the streets has a significant impact on health, such as those resulting from exposure to the elements, like skin diseases, hypothermia and respiratory infections. In addition, they reported both direct and indirect consequences of substance abuse as common in this group. These include liver disease caused by alcohol abuse, and risky sexual behaviour such as prostitution and multiple partners. Younger boys, found on the streets become vulnerable to robbery, violence and sexual assault carried out by older street boys, and gang violence resulting in injury is not uncommon. Wounds from stabbings and gun shots were reported as common by outreach workers and participants alike.

In a review of the literature on children living in the streets, Le Roux and Smith (1998) found that they are usually malnourished, and are subject to fears about events and people such as the police and being arrested, suffering harm and becoming sick. They often feel unloved and unwanted, and frequently suffer loneliness. They are distrustful of adults and authority, and frequently suffer from poor self-esteem

#### **1.4 Purpose of the Study**

This research seeks to bring out the psycho-social challenges that are faced by children living in the streets of Mutare. Children living in the streets are often homeless, hungry and abused, and one needs to do something to help street children. Street children appeal to our paternal or maternal instincts to protect and care for young children. They face different psycho-social challenges on a daily bases.

People who read must ask themselves how long it must take before the problem of street children attracts the proper attention that it deserves. How many more children must first take

to the streets or die because of lack of care on our streets before acknowledge the problem of street children is serious one. This research is intended to contribute to the policies and strategies that will ensure the plight of street children is urgently addressed by government and community. These children need help and this research aims to bring out the various challenges that these children are facing.

### **1.5 Research Questions**

- (i) What are the socio-economic challenges faced by children living in the streets?
- (ii) What are the psychological and healthy related challenges faced by children living in the streets?
- (iii) What is the nature of relationship between children living on the streets and their families?
- (iv) How can children living on the streets be assisted?

### **1.6 Significance of the Study**

The proposed study is considered to be significant because it gives awareness about the problems facing street children, their future life, the community, and nation at large. Policy makers would be aware about how street children are found and this would help to come up with mechanisms to alleviate street children in our country. Not only rising awareness to all stake holders but also the findings of this study added knowledge to society about the problems that are faced by children living in the streets can be assisted.

Furthermore these plans would have helped to develop social services provision in our society so as to minimize chaos brought by street children in communities. Eradicating or reducing number of street children would lead to the raise of students' who complete education cycle and therefore reduce the number of drop out students bearing in mind that the future nation depends on today's children. In addition, this study provided the foundation for further research on issues related to street children.

### **1.7 Assumptions**

1. The participants are going to be readily available and will answer truthfully without any disturbances.



2. There is unequal attainment of public services for children living in the streets as compared to those living in normal homes.
3. There are few programs that try to assist children living in the streets
4. The information to be provided by the participants is going to be correct and can be generalized.
5. Little or no attention is given to street children thereby affecting their social, economic and psychological wellbeing.
6. Children living in the streets face many challenges in accessing education, health, employment and commuting services.

### **1.8 Delimitations**

This study is focused on the street children of Mutare only. The study will mainly include in-depth interviews when contacting the study. To get validated information about the occurrence of street children, consultants will be made from street children, civil society, government ministries and ordinary citizens. The use of secondary sources such as books, internet, and newspaper will be essential to the researcher.

### **1.9 Limitations**

- This study is limited to the evidences from children in Mutare Urban and its surrounding rural areas.

Other limitations also exist, which are out of the control of the researcher which include:

- The inability of some of the children to understand the questions properly because some of the questions need interpretation, as not all of them understands questions.
- Unwillingness of some of the children to be interviewed for data collection

### **1.10 Definition Of Terms**

**Child:** refers to a human being below the age of 18 years (UNESCO, 2001)

**Child Labour:** child labour is often defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development as postulated by International Labour Organization (ILO), (2013)

**Child Abuse:** refers to injuries sustained by a child as a result of cruel or inhuman treatment (UNESCO, 2009)

**Children living on the streets:** Street children, meaning people under the age of 18 who spend most of their time either living or working on the street, have more than likely experienced family trauma, hunger, neglect, and domestic violence

**Non-government organisation (NGO):** A non-government organization can be defined as an association that pursues legal, cultural, social and environmental goals; the operation of an NGO is not driven by commercial or profit reasons. The funding used by the NGOs to support its different projects is typically derived from private sources. NGOs are established for a number of reasons.

**Juvenile delinquency:** Juvenile delinquency is a set of crimes committed by juveniles or children. A juvenile is a person, by some standards, who has not yet reached the age of maturity, or the legal age of 18 in some countries. Juvenile delinquency is a serious social issue because juveniles are capable of committing serious crimes.

**Addictions:** Genetic, biological/pharmacological, and social factors precipitate chronic conditions known as addiction. Addiction is characterized by the compulsive use of substances or engagement of behaviors despite clear evidence to the user of consequent morbidity and/or other harmful effects

## **1.11 Conclusion**

In Chapter one of the dissertation, a brief outline of the incidence of Children living on the streets, both globally and in Zimbabwe was presented, with special emphasis on its fourth capital city, Mutare. The 'problem' surrounding street children was outlined, with reference to the literature. Also the rationale for conducting the current study was explained, followed by an outline of the significance and purpose of the research.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter offers a review of literature pertaining to children living in the streets and the psycho-social conditions of street children. The study will discuss psychosocial challenges, socio-economic challenges, healthy related challenges faced by children living in the streets. Globally, millions of children live on the streets, deprived in many ways, but notably with little or no access to health care or education, and often having been victims of violence, abuse, neglect ion, poverty before taking to the streets as argued by Scanlon, Tomkins, Lynch & Scanlon, (1998). Street children comprise of children under the age of 18 years old who live and spend most of their life on the streets. Children living on the streets live and earn their living on the streets. Many children are being forced to the streets as result of poverty, abuse, torture, rape, abandonment.

### **2.2 Socio-economic challenges faced by children living on the streets**

Living on the street, with no supervision, protection or guidance often makes street children vulnerable to a wide range of social and economic problems or hazards. One of the major socio-economic challenges faced by children living on the streets is Poverty. According to UNICEF (2001) poverty is a condition where people's basic needs for food, clothing, shelter and others like education, health, security are not being met.

#### **2.2.1 Lack of access to basic amenities**

Basic amenities include food, shelter, clothes, clean water and others which are crucial for the survival of human beings. Most of the day's children living on the streets have insufficient food intake. Uncertainty in accessing daily food sometimes forces street children to stay without food by fasting and skipping meals. Le Roux and Smith (1998) found that, street children seem younger than their actual age because of malnutrition, but at the same time appear more mature than their age in other ways. No specific and secured place of residence and/or lack of shelter forces a lot of them to sleep in the open places like the pavements of roads, buildings, houses, beer halls, drainage systems and other public places. Children living in the streets they use open public places for defecating, squatting. They don't have access to clean water sources or reliable water sources so they also experience difficulties in bathing, and washing clothes and drying them. Moreover, they have no safe places to keep their valued goods like cloths, gunny bags.

### **2.2.2 Lack of employment and capabilities**

Capabilities include various ranges of skills that a person can have, such as Education. Most of the children living on the streets have no permanent employment and most of them lack the capabilities and qualifications for better jobs. Hard working for a mere livelihood has triggered many of the street children with no opportunity and time to get basic education and skill development activities to draw a good job. Although most of them wishes to overcome their endangered street livelihood related penuries, they lack adequate will-power and confidence to do so. To keep the wolf of hunger away from their stomach many of the street children are obliged to embrace hazardous jobs.

### **2.2.3 Powerlessness or Lack of empowerment (social exclusion, discrimination, injustice, abuse)**

Most street children report cases of being bullied by unscrupulous people, troubled by musclemen, police and child lifters, robbed by elders who used to snatch money, forced to do menial and dirty jobs/acts by devious persons and looked down upon by society. Most of the children living on the streets are forced to do difficult type of work at very low wages in comparison of others although even enduring exploitation and violence by employers. Ill treatment by police and adult members of society , unscrupulous persons, and parents/stepparents/guardians is common among considerable number of street children. Children living on the streets found none to pay heed their voice.

### **2.2.4 Poor health and vulnerability**

Weak health due to hard work, diseases and malnutrition are common health problems of them as the respondents said. Children living on the streets do not have money to access various medications when they are sick. . Le Roux and Smith (1998) argue that, street children seem younger than their actual age because of malnutrition. Almost all of the street children face frustration of hard working street life in comparison of the children of mainstream society. Seager and Tamasane (2010), found that street children people, in general, are very prone to assault and injury.

### **2.2.5 Financial challenges and Weak livelihood**

Most of the children living on the streets have no money. Low income, hazardous working conditions mostly saturated with physical and mental torture and abuse by employers and

seniors, severe job insecurity, not enough earning to meet daily needs and, for many, to get two meals in a day represents financial challenges and weak livelihood of children living on the streets. Most of the young street children are often robbed by senior street children.

### **2.2.6 Lack of protection and security**

Absence of parents/ family members, no near and dear ones, no affection and loved ones shows a reflection that there is lack of protection and security for street children. Sewpaul et al. (2012), claim that the females in their study in Durban were frequently the victims of rape as a means of controlling their sexuality this is due to lack of protection and security. Children living on the streets have a continuous feeling of being scared and insecure due to endangered street living without guardians, protection from hoodlums and miscreants, mostly temporary and hazardous working condition with low wages.

### **2.2.7 Lack of recreation**

Lack of playing time due to tiresome long hours of work for mere subsistence is a common situation among most of the children living on the streets. However, many lack the idea of a sound and healthy recreation and therefore, indulge, in some case, in wicked thoughts and activities.

### **2.2.8 Lack of social ties and networks**

Most of the children living on the streets do not stay specifically in a specific place for a longer period; they actually lack proper social ties with others. Since the mainstream society appears to hate them due to their dirt living on the street, they lack social relation with them. Moreover, street children do not have any union to uphold their needs and rights.

## **2.3 Coping and Survival Strategies of Street Children**

In this sub-topic, the researcher will be looking at some of the survival strategies that street children employ in their lives to earn an income and to deal with challenges and adversities. To cope with their day-to-day challenges, street children resort to several coping strategies to avert their adversities. These survival strategies include ways they use to make money, acquire food, and other basic needs. The lifestyle inherent to living on the streets exposes children to a range of harmful situations and hence their survival is often dependent upon

engaging in risks to their health and general well-being” while on the streets, they have to battle fiercely to keep alive. Sherman et al, (2005) argues that some of them survive by selling whatever they can find. Some even sell themselves, some beg, some steal and so on

### **2.3.1 Begging for Survival**

Begging is one of the ways which street children used to meet their daily needs. According to Abebe (1999), Children living on the streets engage in begging either full-time or part-time as a way of livelihood or supplementing their income from begging with that from other activities. The main justification for many boys and girls to be involved in begging is horrible household poverty. In such contexts, begging ensures their basic needs are meeting. Thus, by begging and supporting their households, child beggars fulfill a socially meaningful and valuable role in everyday life as postulated by Tatek, (2009). Street children mostly beg for money, but they may be given help in kind, including clothing and items of stationary. People also give the street children equipment like shoe shining box to work with in order to encourage them take up a small-scale job rather than beg. Tatek, (2009) argue that in difficult circumstances and when they are hungry the street children may rely on leftovers of food which they collect from hotels, restaurants and cafeterias. When they beg street children uses different approaches. One of the primary methods for begging is to be brave and persistent. Being persistent is not only the key to success but is also an indication that the street children do not take „No“ for an answer (Girmachew, 2006)

### **2.3.2 Shoe Shining**

On every street corner of the city there are some street children looking for someone’s shoes to shine. Thus shoe shining is the most popular job for the street children. Many boys have a fixed place and others are mobile in the city. Mobile shoe shiners move from place to place in order to get customers. Girmachew, (2006) argues that they attract fewer customers because many people do not trust these boys as they most often are perceived and accused for using less quality creams in the name of good ones. Lack of fixed work space exacerbates this accusation.

### **2.3.3 Non-governmental Organizations and Children**

Children are not always able to speak for themselves or to assess their own needs. NGOs have a responsibility to ensure that the short-term and long term interests of children are effectively addressed in any relief and development programme as postulated by Eade et al, (1995). Non-governmental organizations are playing very important role in promoting the welfare of disadvantaged children by planning, financing, managing and providing advices and counselling services for various projects set up to help poor children in general and street children in particular (Dessale, 1998). In Zimbabwe, children welfare responsibilities and overseeing the implementation of various programmes targeted at mitigating the problem of street children in especially difficult circumstances has been given to Non-Governmental organisations such as SIMUKAI Child Protection Programme based in the City of Mutare. SIMUKAI has been providing transit shelter to protect street girls in Mutare from being exposed to sexual abuses. The programme mainly focuses on provision of temporary shelter, washing facilities, counselling, education and family reunification.

### **2.4 Healthy Related Challenges Faced By Children Living On The Streets**

Street children often view the types of illnesses or diseases they experience as “minor or normal” as long as they can move, work, and run. Sickness to them often means “inability to move or work”. Street children do, in fact, suffer from various health problems. When queried in depth about their health conditions they began to complain of respiratory problems due to glue sniffing, cigarette smoking, and skeletal problems due to violence. Most of the sample of street children complained of the following health problems, which are often viewed by them as “minor health problems”. These include headaches, heart pain, chest pain, abdominal colic, renal colic, back pain, blood in the urine, shortening breath on running, cough, wounds and bruises, diarrhea, dental problems, fever, and discharge from the ear. The reasons why street children are more susceptible to diseases than others are connected with their personal unhealthy habits while being on the street.

#### **2.4.1 Lack of Access to Nutritious Food**

Street children face various healthy challenges because of their lack of access to nutritious food, sanitation, and medical care. Under-nutrition contributes to child mortality. Street children lack access to nutritious food because many are dependent on leftovers from small restaurants or hotels, food stalls, or garbage bin.

### **2.4.2 Poor Sanitation**

Lack of sanitation in bathing, toilets, and water also contributes to poor health. Safe hygiene practices, especially proper hand washing, remain a challenge in the fight against disease. In the same study of street children in Mutare most of the children reported bathing in the small river streams and some reported bathing in pipes, wells. Open air bathing of street children is in fact a very common sight. These children have to put their naked bodies on display for a very long time before, during and after bathing. As a result, they develop hardly any sense of modesty. Street children also lack restroom facilities, demonstrated by the fact that some of the children use the roadside or railway line for their toilet. For water, the children reported asking restaurants or hotels for water or using pipes and water taps.

### **2.4.3 Lack of access to medical care**

Most of the street children also lack access to medical care, which is especially detrimental during times of illness or injury. Other studies have found that many illnesses are very prevalent among street children. A study conducted in 2002 on the street children in India Kolkata found that six in every 554 street children from ages five to fourteen are HIV positive. In Mutare, most of the street children have dental caries. Additionally, most street children do not have winter clothing, leaving them more vulnerable to illness during the winter.

### **2.4.4 Substance abuse**

Many health and risk factors are associated with substance/ drug abuse among street children. The main problem with the types of substances consumed by street children is that most of the common types are legal substances, which are available for sale in the market. Street children easily have access to buying tobacco and glue. Substance abuse increases the risk for acquiring other health-related problems, sexually transmitted diseases, or trauma secondary to accidents while under the influence of psychoactive substances as postulated by Colby (2000). Most of the street children stressed that Marijuana (Mbanje) and tablets are also available in the market through drug dealers.

Street children have access to these illicit drugs through many people or dealers who exchange drugs with them in return for various forms of exploitation. Substance or drug



abuse among street children often entails congregations, which are the most enjoyable. Substance abuse is mostly viewed as a common type of activity among street children.

## **2.5 Psychological problems and disorders among Street Children**

The characteristics of children on the streets that has been identified includes children who abuse drugs (solvents, glue), distrust and controls of adults, high impulsivity, escaping rather than facing their problems, high value on personal freedom, low self-confidence and reluctance to disclose or opening true life story. Stephen (1997) argues that studies have found that children living on the streets, specifically boys with a strong inner desire of control show less psychopathology such as depression. On the other hand, those boys with an extreme external locus of control usually spend longer time on the street and obviously have less positive relationships with other children on the streets.

These street children show more signs of psychopathology, especially in terms of psychosomatic symptoms and depression. Stephen (1997) says that there are some street children who show signs of psychosis. Street children with delinquent behaviour may have a tendency to display truancy, involved in theft, assault behaviour, substance abuse, promiscuity, and other conduct disorders.

Self-esteem is fundamental for psychological health and for other positive behaviours. Rurevo and Bourdillon (2003); contend that the street environment poses a threat to normal child development. Some researchers have argued that the street environment is risky for positive self-image development.

## **2.6 Nature of relationship between children living on the streets and their families**

ZNCWC, (2004) and Muchini, (1994) emphasise that Street children generally desire to go home again, although, many feel that this would only be possible if the factors that caused them to leave home in the first place were to change. Le Roux (1995), on a study on street children from South Africa and Thailand who had a mean age of 13 years, found that street children returned home regularly, and had a positive and loyal relationship with their families, while other children had completely severed ties with their families. Some street children in Mutare reported that they return home during the Christmas period and on

weekends, although for limited periods and they usually return to the street, mainly because of family conflict, rejection and the poverty situation.

Ruparanganda (2008) conducted studies in Harare and found that among his sample, some of the street youths were married in the streets and had children. The street youths with children believed that they were blessed though they wondered whether their husbands would live long since they were very 'naughty' and acted like animals. Apparently, three such married male street youths were reported to have died while in remand prison in Harare within eight months only as postulated by Ruparanganda, (2008).

Most street children are not orphans. Many are still in contact with their families and work on the streets to augment the household income. Many others have run away from home, often in response to psychological, physical or sexual abuse. The majority are male, as girls seem to endure abusive or exploitative situations at home for longer - though once they do leave their home and family, girls are generally less likely to return.

Thuthuka research findings have discovered that most street children originate from rural areas. The fact that many street children came originally from rural areas was confirmed in focused group discussions with street adults and interviews with street child-care workers. Increasing poverty levels in rural areas, the impact of HIV/AIDS on rural people and other socio-economic factors impacting negatively on rural folk, has had the effect of decreasing rural families (households) and communities' ability to provide adequately for their children. Some children would be however willing to go back home but due to the conditions they would have experienced before makes it difficult for them to return to their families. Also some of the street children do not have any source of income so they fail to travel back to the rural areas when they have reached the urban areas.

## **2.7 Assistance and Intervention for Street Children in Zimbabwe**

### **2.7.1 Institutional Responses**

There are a number of organisations in Zimbabwe that work with street children. The Harare Shelter for the Destitute is a welfare organisation comprised of various religious denominations in Harare. It is based at the Anglican Cathedral of Saint Mary and All Saints and provides meals to the destitute once every day except Saturdays and Sundays. The

organisation runs a skills training programme and a literacy and numeracy programme for street children. At one point it had children enrolled for skills training attend literacy and numeracy classes on occasion.

Streets Ahead is another welfare organisation devoted to assisting street children in Harare. The organisation's original objectives included providing food, clothing, care, education and usable skills to street children. Where possible it intended to integrate the children into their families and/or formal education system. It also provided counselling services, awareness drives for Acquired Immune Deficiency Syndrome (AIDS), drug and alcohol abuse and legal rights, and assistance for formal and informal employment. Streets Ahead helped in establishing a community-based informal school initially for about 150 children at the resettlement scheme in Dzivaresekwa 5. In Mbare the organisation provided children with instruction in drama, arts and crafts. In the city centre it provided skills training to a group of children

In Mutare organisations that are working with or have helped street children include the Department of Social Welfare, FACT, SIMUKAI child protection programme. These organisations provide solutions such as giving the children food, clothing and blankets periodically.

According to SIMUKAI Handbook (2009), SIMUKAI child protection programme focuses on reuniting street children with their parents or extended family. They have grown over the years to become a national organisation, having already established an office in Mutare. SIMUKAI have a day contact centre where children can come in and take a bath, wash their clothes, receive meals and counselling. They have a training centre in Sakubva known as Simukai Rehabilitation Center. Once they link children with their families, they provide school assistance to the reunited child and their siblings if there is need. If the child's guardian is unemployed they assist with finding employment or with an income-generating project.

SIMUKAI child protection has a Contact Department which is responsible for the welfare of street children in Mutare. The Contact Department specifically working with children living and working on the street has reunified more than 1000 children to date. It works as a drop in centre for Street Boys where they can come and have a decent meal (lunch), bath and wash

their clothes. During their time there they are also engaged in psycho-social activities such as remedial lessons, individual counselling and spiritual sessions.

It is through these rehabilitative interactions that the children come out of the shells that they hide in and expose their vulnerable side; that is when the road to recovery starts. In 2015 two children joined the Catch-up Project at the Sakubva Rehabilitation Centre, two boys got their National Identity Cards.

SIMUKAI child protection programme also has a place of safety which is a rehabilitation centre. The Place of Safety is a temporary shelter that came into existence in the early 2000s. It serves a sanctuary for survivors of abuse in all the 3 districts; Mutare, Chipinge and Rusape. The shelters are regulated by the Department of Child Welfare and Protection Services as it seeks to compliment government efforts on the issue of child protection. The shelter replicates a family set up where there are parents (Matrons), children and household chores. At this shelter a variety of psycho-social activities including Art and Play Therapy, Remedial Lessons, Spiritual Sessions, Counselling and Life skills are undertaken to restore the psychological wellbeing of the survivors. An average of 150 children is housed every year in all the Simukai Places of Safety. As a result of the strong referral system within which Simukai operates in, the children placed at the Place of Safety have access to a variety of services including Health and Judicial services from partners.

### **2.7.2 Community Responses**

Street children are seen as “vagrants”, “illegal vendors” or “truants” by both the law and the general public as argued by Rugaranganda (2008). Focused group discussions with street adults confirmed what many street children felt that many people view street children as irresponsible young persons who were “criminals in the making”. Reactions to such children thus tend to be punitive and anti-social and delinquent behaviour stemming from poverty, is not considered in its proper social and psychological context.

Such has been the attitude adopted by the police and the Department of Social Welfare whose alternatives have not been many. Some communities of street adults have responded to the needs of street children by offering shelter, and security for personal property for a small fee as postulated by Rugaranganda (2008). The general public at times support street children by offering them money for washing or guarding their cars or just cash donations to beggars.

### **2.7.3 Government Responses**

The Government of Zimbabwe's policy guarding the interest of each and every needy child under the age of 16 years, is the Children's Protection and Adoption Act (1972), Chapter 33. Other pieces of legislation, which protect children, are included in the Labour Act.

Government's traditional practice has been to round up the street children and confine them along with non-street abandoned children, delinquents, stray children and other children in need of care, in government residential facilities of remand, training centres, probation and children's homes. In some cases street children become children in need of care in these institutions. Child-care workers and street children spoke of the harsh conditions at some of the government training and remand centres. While a number of government training centres have tried to be responsive to the rights of street children, most have cited financial and human resources as inadequate to fully meet the challenge of providing for these children.

## **2.8 Behavioural development in Street Children**

Having looked at the various aspects of children living on the streets, below are theories or models on child development that are relevant for this study. These models have been developed to describe the development of children encompassing how they develop their certain behaviours. These theories help in understanding how children living in the streets possess certain behaviours that are similar to one another.

### **2.8.1 Sociological and psychological theories on child development**

There are theories which were put forward by different scholars to explain how children develop their behaviours. Young children's development is best appreciated by observing them in action in their everyday environments including social and cultural elements. Through these theories, many people would have knowledge that the development of a child does not merely depend on the inner-self but also external environment, thus the environment that they live in. Through these theories one can understand the various behaviours that are shown by children living on the streets.

Vygotsky (1978), came with a theory of child development. He mentioned that children's development could be attributed to two factors thus the social level and individual level. Social level refers to outside forces including the cultural aspects. These theories along

with the others, affect different cultures of the society by letting each individual determine why children in a certain culture behaves differently from other children who have another culture. Vygotsky (1978) has been able to explain the importance of society in accordance with the child's development. By observing the behaviour of a child, it can be said that the theory of Vygotsky is a great contribution since it provides more explanation to know why children developed differently from each other. Children might be on the streets but some of the behaviours that they expose are totally different.

Accordingly, the theorist believed that an individual or a child obtains certain ideas from the culture in which he or she belongs. The notion of Vygotsky is his belief that child development emerges from outside forces. For instance children living on the streets behave the way they do due to the conditions and the environment that they are exposed to.

Another theory of child development is the Social learning theory by Bandura. According Bandura (1977), most of the behaviour of humans is being learned through observations. This implies that by merely observing the work of others, some individuals are able to form a certain idea on how new behaviours can be performed. Then, in later instances, this coded idea eventually serves as a guide for such individual's action. Children living on the streets learn to perform a certain type of behaviour by simply observing the behaviour of their peers.

An important aspect of Bandura's theory is the self-knowledge that children gain about themselves, by interaction with others. This includes perceptions of their competence in each of the various domains with which they have to deal. Through understanding this theory by Bandura one can understand why most children living in the streets posses same behaviours in similar setups, this is due to the fact that they learn their behaviours through observing one another.

## **2.9 Knowledge Gap**

Most studies on street children have been focusing mainly on the causes of street children and how they can be curbed. Most studies have neglected other aspects of street children focusing mainly on the causes and this has brought a gap in street children studies. Also most studies of street children in Zimbabwe mainly focus on street children in the major cities such as Harare neglecting other cities such as Mutare. This study focuses on the streets of Mutare thereby bringing knowledge of the street child phenomenon in Mutare.

## **2.10 Summary**

The foregoing chapter was focusing on the psycho-social challenges that are faced by children living in the streets. There has been significant increase in numbers of children living on streets Zimbabwe. Just as adults are lured to the city by the promise of opportunity, these children seek to escape from poverty and often abuse by the step mother/father or community. Children live on streets and public places without any support services and are vulnerable to acquire different diseases such as HIV/AIDS, cholera, flue, malaria and mental disorders. These children living on the streets have become victims of drug abuse. These children face different psychological and social problems, and some of them will end up suffering various psychological disorders such as depression, stress, psychosis, even mental disorders. These children survive on the streets through begging, shoe shinning even through stealing. The Government working with various NGOs have been trying to curb this problem of street children through reunifications, advocating for child rights, implementing preventive strategies to try and reduce the prevalence of street children.

## CHAPTER 3

### RESEARCH METHODOLOGY

#### 3.1 Introduction

This chapter is going to focus on the research methodology, research methodology looks at one's choice of appropriate methods for studying the social phenomena of interest in a scientific way. In the case of the current study, the main purposes of the research were to provide a deep understanding of the lives of children living on the streets, focusing specifically on their conceptualisations of home and homelessness, and on the psycho-social wellbeing and challenges that they encounter in their lives.

#### 3.2 Research paradigm/ approach

##### 3.2.1 A qualitative approach

This study took a qualitative approach that focused on the psycho-social experiences of children living on the streets. The goal is to explore the day-to-day psycho-social experiences of children living in the streets.

A qualitative research method enabled an in-depth understanding into the street children's subjective understandings and experiences. The researcher also sought sufficient weight of description and maximum coverage into the phenomenon in question (Holliday, 2002). According to Terre Blanche, Durrheim and Painter (2006), the qualitative approach is appropriate if the reality to be studied is that of people's subjective experiences. This, they say, leads to a subjective relationship between the researcher and the participant.

#### 3.3 Research Design

##### 3.3.1 Phenomenology (Qualitative Study)

Since the center of this research will involve an expert dialog with the children, the methodology will be qualitative. In picking the research method, whether qualitative, quantitative or both, the researcher needs to consider the subject, time and accessibility of the monetary assets as postulated by Gilbert, (1993,). With this attention and it being one of the social science studies, one needs to pick a qualitative method to embrace this study. According to Creswell, (2007,) there are five qualitative approaches to inquiry. A researcher is required to be more specific by pointing the specific approaches to the research



question. Creswell 5 approaches as: Narrative research, phenomenology, ground theory, ethnography and case studies.

Since the aim of the study is to examine the perspectives of the street children in Mutare, the study located at Phenomenology. Phenomenology describes the meaning for several individuals of their lived experiences of the concepts or phenomenon. The qualitative phenomenological design was adopted for use in this study to describe the psychosocial challenges faced by children living in the streets. The goal of qualitative phenomenological research is to describe a lived experience of a phenomenon. According to Jantti and Cox (2011) they argued that the operative word in phenomenological research is 'describe', hence the emphasis is on describing, rather than on judging or interpreting. The phenomenological research design therefore entailed a descriptive study of street children phenomenon.

### **3.4 Target Population**

In this research the statistical population to be examined is children living in the streets of Mutare. About 19 street children are found in Mutare Urban and are the targeted population in this study. The age range of these street children ranges from 4years up to 17 years old. Kothari (2004) defines target population as all items or subjects in any field of inquiry. Target population is the entire group of individual, firms, plants or things that have one or more characteristics in common that are of interest to the study.

### **3.5 Population Sample and Sampling Technique**

Purposive sampling will be used in the study. Sithole (2003:17) describes a sample as part of the population under study. Sampling is a process, whereby one makes estimates about a population based on information content in a portion of the entire population.

### **3.6 Research Instruments**

In the current study, the researcher designed in-depth interview guides as research instrument. According to Nieswiadony (2002) an instrument is a tool used to perform an action while data collection is a process, whereby the researcher collects information using an appropriate instrument, which is needed to solve the problem.

### **3.7 Data Collection Procedures**

Data collection is a process of gathering information aimed at proving or refuting some facts as argued by Kombo and Tromp, (2006). This study employed in-depth interviews as data collection techniques. The description and justification for choosing technique was provided ahead.

#### **3.7.1 In-depth Interviews**

According to Bernard, (1988) Interview means trying to understand what people think through their verbal expressions. Also, Kothari (2004) contends that in-depth interview is a method of collecting primary data that involves presentation of oral verbal stimuli and reply in term of oral verbal responses. Some street children and owners of temporary shelters for street children will be interviewed. In-depth interviews enable the respondent to express him/herself at length.

Also, in-depth interviews allow street children to explore deeper exploration of opinions, feelings and ideas about what really have caused them being in streets and as well capture their characteristics. According to Maykutt & Morehouse, (1994) the main function of the in-depth interview within the research agenda is to reveal informants' understandings, expectations and perspectives relating to issues at hand.

### **3.8 Data Presentation and Analysis**

Thematic analysis would be used in the research. A thematic analysis is a way of categorizing data from qualitative research, a type of research that seeks to study a population's views, behaviors or qualities in a natural setting to answer a research question. Qualitative data are gathered from observation, interviews and case studies. The information is analyzed for similar themes and recorded in a report that states and interprets the research findings. Thematic analysis is one of the most common forms of analysis in qualitative research. It emphasizes pinpointing, examining, and recording patterns or themes within data. Themes are patterns across data sets that are important to the description of a phenomenon and are associated to a specific research question. The themes become the categories for analysis.

### **3.9 Ethical Considerations**

Gaining informed consent is necessary when doing the research. No participant should be coerced to take part in the research. The researcher will seek the informed consent of the participating children and from their gatekeepers. It has been argued that children legally have no competence for consent as argued by Ensign, (2003). In Zimbabwe, a child is considered legally a minor until 18 years, whereas street children participating in the current study ranged from 12 to 18 years. In the current study, the gatekeepers were the administrators of the drop-in centres from which the street children were obtained, in Mutare Simukai Child Protection is the centre the researcher will seek consent.

Confidentiality and the right to withdraw from the study were spelt out at the onset of the research study. The researcher will make emphasis that no harm will come to the individual participants after participating in the research. The researcher will ensure that the resulting research and publications would be used in such a way that they might not bring harm to the participants as a group. Emphasis on Privacy will be made.

### **3.10 Summary**

Chapter three of this research has detailed the methodology employed in the study. This study took a qualitative approach that focused on the psycho-social experiences of children living on the streets. Street children are part of the hidden populations that need to be researched. Since the aim of the study is to examine the psycho-social challenges faced by children living in the streets of Mutare, the study located at Phenomenology. The data collection methods were in-depth interviews. Data analysis and presentation was done using thematic analysis and this makes it suitable for this study. In chapter four, the researcher describes the findings from data collected using this methodology.

## CHAPTER 4: DATA PRESENTATION AND ANALYSIS

### 4.1 Introduction

As stated in an earlier chapter, this study aims to answer the following critical questions: What are the socio-economic challenges faced by children living in the streets; What are the healthy related challenges faced by children living in the streets?; What is the nature of relationship between children living on the streets and their families?; How can children living on the streets be assisted?. These research questions informed the interview guideline which, in turn, resulted in a number of corresponding major themes emerging in the data.

These are explored in this chapter as follows. After attempting to demographically describe the participants, the chapter will then explore street children psychological and healthy problems. It will then look into social problems and family relations of children living in the streets. Finally, coping mechanisms and coping strategies of children living in the streets will be reviewed.

### 4.2 Socio-demographic Characteristics of the Sample

Before discussing the findings of the study, the chapter will now look at the socio-demographic characteristics of participants. To summarise, a table is provided below, followed by a discussion of the socio-demographic details of this study's sample. Pseudo-names were used to protect the Confidentiality of the Participants.

**Table of Socio-demographics of Sample (fig 1)**

<b>NAME OF PARTICIPANT</b> <i>(pseudo names)</i>	<b>GENDER</b>	<b>AGE</b>	<b>LEVEL OF EDUCATION</b>	<b>YEARS ON THE STREETS</b>
Daniel	M	15	G7	2
Washington	M	16	F1	2
Wilson	M	14	G7	1
Tatenda	M	13	G6	6m
Russel	M	13	G5	8m
John	M	17	G3	1

Peter	M	15	G4	1
Tadiwa	M	17	F1	3
Milton	M	15	G7	2
Immaculate	F	7	NP	6m
Talent	F	14	G3	8m
Tarisai	F	10	G3	1

**M = Male. F = Female. G = Grade. y = years. m = months. NP = not provided**

#### **4.2.1 Age and gender**

Twelve homeless street children were interviewed for the study. Nine of them were male, and three of them were female. Two of the males were 14 years old, one was 17 years old, two were 13 years old, two were 15 years old, one was 16 years old and the other one was 10 years old. The females were aged 7, 10 and 14 years old. In other words, the boys and girls were of approximately similar ages. Many of the participants in the current study looked significantly younger than their stated ages, perhaps due to “acute and chronic malnutrition.

#### **4.2.2 Level of education**

In terms of schooling, one of the boys and two girls had had very little education, having reached only Grade three. Three of the boys had reached Grade seven, two boys with the highest level of education had reached form one, one Grade five, and the other grade four. Interestingly, the boys had mostly received more education than their female counterparts. One of the female participants did not reveal the level of education she had reached.

#### **4.2.3 Length of time on the streets**

As a part of the interview in which demographic information was sought, participants were asked how long they had been living on the streets. Swart-Kruger and Donald (1994), says that street children often report that they have been living on the streets for shorter periods of time than they actually have. This, they say, is because the children often cannot remember and also because of embarrassment. In fact, Aptekar and Heinonen (2003) go so far as to say that researchers should not trust anything that street children say in answer to questions from researchers or other adults because these youngsters rely on manipulation to survive.

When asked how long they had been living on the streets, the males answered as follows: three for a year; three for two years; one for eight months; one for six months and one for three years. The females had been living on the streets for far shorter periods of time: six months; eight months; and a year.

### **4.2.3 Area of origin**

While one male participant did not say where he had originally come from, the other boys said they had originated from a number of different areas such as Dora rural area, Ruwa rural area, Chipinge township, Chimanimani township and one as far as Goromonzi.

## **4.3 Social Challenges**

### **4.3.1 Violence**

Notions of living on the streets and being homeless are intertwined with the experiencing and witnessing of aggression and violence. The issue of violence is often spoken about. Three sub-themes around violence emerged, namely rape, violence and harassment from the city Police, and other acts of violence and aggression.

#### **4.3.1.1 Rape**

While none of the boys mentioned it, rape was spoken about by most of the girls. Commenting on the problems associated with being homeless, a female participant brought up the horror of violence in her everyday life, specifically rape:

Female participant 1:

*“It's not good at all to be homeless ... because it is so unsafe, especially for us girls because there are boys here on the streets that target us to rape us.”*

Female participant 2:

*“ ... it's actually dangerous. There are a lot of rapes; lots of girls get raped,” said another female respondent.*

#### **4.3.1.2 Violence and harassment from the Police**

Most of the respondents, when talking about what life is like on the streets, spontaneously mentioned acts carried out by the Police. Two respondents said that the street boys, in particular, are badly treated by this city police force. One of the boys said this:

*“Metro Police was, and still is, a big problem. They abuse us, and chase us out of town, and it has happened to me once before.”*

Further allegations went as follows:

*“... they don't want us in town and they always harass us ... or they take you in a van and deport you to some other place far outside of the CBD(Central Business District).”*

Pertaining to other forms of violence, one female participant said that:

*“Most people here cope by literally fighting for what they want. Whoever wins, gets it. Everyone fights to live.”*

### **4.4 Psychological challenges**

#### **4.4.1 Self esteem of Street children**

Overall, my participants perceived life on the street as rough and dangerous and they felt hopeless and vulnerable about their situation but they had no other alternatives and choices but to live on the streets. Most of the children I interviewed looked down upon themselves. They highlighted that they are not worth as much as other people since they saw themselves as rejects of the society.

Asked about how they perceived their lives on the street, 3 of the street children felt hopeless and helpless; they mentioned that they had no other option concerning what do about their lives except live on the street. 4 mentioned that their lives on the streets were tough, 2 felt

fatalistic and mentioned that their lives were bleak and without a future, 2 said that their lives on the streets are temporary and 1 mentioned that they enjoyed living on the streets. Some of these children felt that their lives were tough and that they had no future.

Below is an interview dialog between me and Milton one of the participants aged 14 years:

DELIGHT: Do you think you are worth as much as any other person?

MILTON : im different from others *“ndiri chigunduru , ndakadya nduru, ini handigare paden kuCompany kwangu ndekwekuzheta madhiri ndiri patonaz”*

Another boy said that:

*“I am a social misfit in the company of non-street people”*

One of the children highlighted an academic Self-image like:

*“handidi chikoro ndicho chandakatiza kumba” (I hate schooling that is the reason why I fled home) and “Isu hatina kupasa chikoro asi tinokunda maticha akatidzidzisa kuita mari” (We failed in school but our incomes surpass those of our former teachers)*

#### **4.4.2 Personal strength – physical and emotional**

Participants were asked if they saw themselves worthy as other people. Several of them said they did, but their concept of the phenomenon was quite often as a physical ability rather than as an internal quality.

As mentioned, several participants said they perceived themselves as strong people, interpreting 'strong person' as a person who is physically able to defend themselves.

For example, one female said:

*“Yes, I do see myself as a strong person who can face a lot of challenges from anyone because I can fight and defend myself very well.”*

Another male respondent seemed to be saying something similar:



*“Yes, yes I would say I'm a strong person because if you can survive on the streets, then you are a strong person because not just anyone can survive in the streets.”*

#### **4.4.3 The use of drugs and alcohol on the streets**

The use of drugs and alcohol has been found to be widespread among children living in the streets. Participants spoke spontaneously about these practices when discussing how they deal with stressful conditions of living in the streets.

For example, I asked all the 9 boys: Do you take any substance (cigarettes, drugs, alcohol)? 5 of the boys said:

*“ndinobhema mogo nembanje coz zvinoita kuti life yangu ifaye muStreet (I smoke cigarettes and marijuana because I think it helps me to cope with the stress of living on the streets) inini neShamwari dzangu tinomwa musombodhiya tichijamba paMandisa (me and my friends love drinking, smoking and having fun at clubs).”*

A male participant spoke of sniffing glue and how he perceives it to help him by allowing him to escape:

*“You smoke glue if you don't want to keep thinking about your situation, because when you smoke it, you get high and you hallucinate; you don't have to keep thinking that you live on the streets and all that stuff ... I don't blame anyone who snorts glue bro', because glue takes away the sadness of living in the streets, plus glue is helpful in that it prevents a person from doing more dangerous and heavier drugs like bronclyne and mbanje .”*

This same respondent also claimed that smoking glue made things “difficult' for him, and describes what life is like for a drug addicted street youth:

*“It makes me physically sick. You also crave for it when you don't have money for it, but you still have to find some way to buy it. And then you end up not having any money to buy food and get high on weed [marijuana], and then when the high is over, you are very hungry, and you don't have food, and your money is gone because you spent it on glue. I try to only smoke weed and cigarettes.”*

The use of drugs and alcohol were frequently mentioned as ways of coping with street life. The findings of the current study showed how common drug use is among Mutare street

children. According to this research, it is commonplace for the street children to exhibit both direct and indirect symptoms of substance use. These researchers reported various direct consequences of substance use, such as liver disease, as well as indirect consequences, such as risky sexual behaviour resulting in a high prevalence of sexually transmitted infections, including HIV. In conclusion, drug and alcohol use were found to be common in these youngsters' lives, and even though substance use might be an unconventional, often illegal and usually socially unacceptable way of coping, it allows them to escape and 'check out' of their lives, at least for a while.

#### **4.4.4 Mental issues, depression and stress among street children**

Boys show less psychopathology such as depression. Street children show more signs of psychopathology, especially in terms of psychosomatic symptoms and depression. There are some street children who show signs of psychosis. Street children with delinquent behaviour may have a tendency to display truancy, involvement in theft, assault behaviour, substance abuse, promiscuity, and other conduct disorders.

When asked the question if their mind is constantly troubled they are some who replied that they are sometimes troubled. A boy named Peter aged 10 years said that:

*“ I always think about how my parents died and how we came to suffer in the streets with no money, food or shelter. Whenever i think of them i cry and i sleep to make the memory go away”*

Another girl aged 10 years old named Tarisai also highlighted that she is always stressed, she said that

*“I am always stressed whenever I think about my future. My step mother doesn't want to see me, the last time i went back home she never gave me any food, i stated crying and i became stressed, i was always thinking about my late mother.”*

#### **4.5 Health challenges**

Like in most parts of the world, the health condition of street children in Mutare is generally poor. Many suffer from chronic diseases like TB, malaria; STDs and HIV are also common diseases among street children. Generally, street children live in unclean surroundings,

and because if this, they are exposed to dirty and several environmental hazards found in the city. They are also constantly exposed to harsh weather elements such as intense sun, rain and cold. There are 3 sub-themes about healthy challenges which are presented below:

#### **4.5.1 Lack of access to health services**

Street children in Mutare claim that they do not have easy access to health services, they go through a long process to get documents from the social welfare department or the police. And when they get permits to go to the hospital, the staff metes out hostile treatment to them. One boy said that:

*“ Yes, I can go to the clinic but for me to do that, I have to go the police, get a letter and then go to department of social welfare to fill in some forms and it might take a time for me to eventually go to the clinic. And if I go to the clinic on my own with those papers showing that I am from the street, the nurse might even shout at me”*

I could not ignore a number of children that I thought were not in their right state of mind. During participant interviews, some children I tried to talk to seem to be delusional, they couldn't speak properly and their responses to my conversations were not related to what I was asking them. It could be that some these children were drug addicts. The officer from SIMUKAI child protection had told me that some of the children on the streets and some at her institution had mental problems, which were reflected in the children abnormal behaviors. She told me that she takes most of such children to the school of psychology department, a Government psychological department within Mutare for counselling and some healthy services. Another boy said that:

*“When you are sick, your friends will help you get paper to go to the hospital “*

#### **4.5.2 Lack of Access to Nutritious Food**

Children living in the streets of Mutare face various healthy challenges because of their lack of access to nutritious food, sanitation, and medical care. Under-nutrition contributes to child mortality. Street children lack access to nutritious food because many are dependent on leftovers from small restaurants or hotels, food stalls, or garbage bin. As one of the participant said:

*“I dependent on leftovers from small restaurants such as wimpy restaurant. Each of us has his or her own restaurant where we get food. We allocate each other to different restaurants”*

One of the girls said that:

*“Sometimes when us girls get hungry we go to hotels, to beg for food and leftovers. Sometimes the workers chess us away, telling us they are not allowed to give us food and they tell us to look in the bins.”*

A 17 year old boy said:

*“I have garbage bins that i go to collect left over’s. No other kid in this street is allowed to get any food from my bins. If any of the youngsters here (meaning any other street child) goes to my bins he will be looking for my trouble”*

#### **4.5.3 Poor Sanitation**

Lack of sanitation in bathing, toilets, and water also contributes to poor health. In the same study of street children in Mutare most of the children reported bathing in the small river streams and some reported bathing in pipes, wells. Street children also lack restroom facilities, demonstrated by the fact that some of the children use the roadside or railway line for their toilet. For water, the children reported asking restaurants or hotels for water or using pipes and water taps. One of the participants said that:

*“Whenever i feel i want to go to the toilets i jus look for a place in the Gardens to go and urinate. If we go to the public toilets the City council workers will chess away because they charge 25 cents to anyone who wants to use the toilet”.*

Another participant said that:

*We do not have access to clean water to drink. Sometimes the tapes in the city do not have water. So we go and ask for water from mechanics in the garages. We also go to restaurants to ask for water*

*Another participant said that:*

*When we want to bath we go to SIMUKAI but the place is far from town so sometimes we just go to bath in a stream that is along the city council gardens, there is a small stream there and there are tall trees around.*

*Another participant said that:*

*I do not normally bath because I don't have any towel or bucket. Also here in town there is no access to clean water that we can use to bath. I can go for about 3 days without bathing. When I feel the need to bath sometimes I then go to SIMUKAI to bath since they offer us a bathing room there.*

#### **4.6 Nature of relationship between children living on the streets and their families**

Although only a few participants have living parents or family members, almost every one of them mentioned family. Many participants do not have the luxury of going home due to their parents' death, some of the street children do have extended family or siblings that they go visit or try to live with. When asked if they communicate with any members of their family only a few children highlighted that they communicate.

When one participant was asked if he communicates with any member of his family he said that: *"I last communicated with my grandmother 2 years ago, at the moment I don't even know where she is now living."*

Another participant said that:

*When my parents died I started living with my step mother but ever since I came to the streets 8 months ago she never came to look for me.*

One girl said that:

*I have been living all by myself with my friends that I met on the streets for about 1 year now. My friends have become my relatives and family. Every place where my friends go, I*

*also go with them. I no longer care about my parents because they don't like me they have never visited me and i have never go back home because they don't like me."*

However there are some who said that they communicate with their relatives:

*"I visit my step parents once every month to see how they are doing. They are old and they are poor so when i go there i do not stay long"*

Another participant said:

*"I have a little sister that comes to see me once every week. She comes alone and goes back home in the evening. My little sister stays with my old blind grandmother."*

#### **4.7 Coping and survival strategies of street children.**

One of the main objectives of this study was to explore the mechanisms that street children employ to persevere in the face of stress and adversity. To cope with their day-to-day challenges, street children resort to several coping strategies to avert their adversities. These survival strategies include ways they use to make money, acquire food, and other basics needs. I asked them a question, thus 'How do you survive in the streets?'

##### **4.7.1 Finding food**

Finding food is one big challenge that street children face in their everyday lives. Most participants indicated that they at least eat one to two meals per day while a few said they at time stayed without eating. However having said this, my findings show that most of the street children have developed means of finding food.

When asked how they find food, Daniel a 15-year-old boy explained they work for restaurant owners: *"One way of finding food is working for the people with restaurants. We go in the restaurants asking for work and we keep that money and when we make enough money, we used that money to buy food. The things we do are throwing away garbage and draw water and then we are given money, if you are doing a lot of work, you can be paid food, they can just give you food as payment"*.

John, a 17 years old boy said that *“Some of us do not wait until there is a chance to do some works to get paid, we do some ‘self employment’ for example, we clean cars and we use that money to buy food for ourselves and wellbeing”*

#### **4.7.2 Begging for Survival**

Begging is another coping mechanism that street children employ to meet their daily needs. In Mutare, street children are visibly seen begging from motorists on most busy road intersections and traffic rights.

The older boys in my study indicated that they did not like begging because people did not give them money and some members of the public usually told them to find jobs to earn money and not beg.

Washington a 16 year old boy narrates how with age, had stopped begging:

*‘When I came in Mutare, when I was little, most of the times I used to beg for food and money, and most people used to give me food or money. But when I became bigger, people stopped giving me money or food and some of them will tell me to find a job and some would tell me to go home. Some of them would shout at me for begging and some would ignore me when I was speaking.’*

I carried out the interview with a Female named Talent, a 14 year old. Below is the interview dialog:

*DELIGHT: How do you survive on the streets, how do you find money?*

*TALENT: when I was much younger, I used to beg and people would give me money and food.*

*DELIGHT: how about now, how do you get money?*

*TALENT: they no longer give me money or food, they say I’m old, and should find something to do. But when I was young that was ok.*

Just like boys, girls too are told to find something to do. Both girls and boys beg less as they grow older

### 4.7.3 Scavenging

Another coping strategy that street children employ is scavenging, street children survive by scavenging for food in waste bins and rubbish dumps. In Mutare, it is common to see street children scavenging. Street children prefer to scavenge in the rubbish dumps outside the supermarkets such as SPAR, OK Supermarket, TM Supermarket and restaurants in town. During my fieldwork at SPAR Supermarket, it is common to see street children, especially young boys scavenging through the garbage in the hope of finding something to eat, mostly leftover food.

The 9 boys that I interviewed talked about scavenging as one of their ways of survival. Scavenging is not common among girls and among the 3 girls I met 2 of them told me that *“it is ‘not a normal thing for girls’ to be seen looking for food in the rubbish bins”*

### 4.7.4 Help from peers

When asked how they cope with life on the streets, respondents did not only rely on intrapersonal attributes and factors, but spoke about one important interpersonal factor, namely help from peers. One particular older girl features large in the lives of several of the female respondents. This girl named Talent, seems to have provided a great deal of help to the girls:

*“When I first got here [on the streets], my friend [Talent] whom I got on the street, used to hustle for me and she would also give me some of her clothing. She helps me a lot here on the street because she knows a lot of things. When I am about to get into a fight, she is there immediately to break up the fight before it starts.”*

Another girl said that Talent had been a big help at the start of her life on the streets:

*“When I first got here, [Talent] used to help me a lot because I'd get everything from her from the money she would get from selling CDs to people on the streets.”*

So, it appears that these girls have been 'shown the ropes' by Talent, who seems to act as peacemaker, guide, protector, advisor. Le Roux and Smith (1998c) found that street youth often adopt one another or other street people as role models. A Zimbabwean study (Bourdillon, 1994) found that very often, once street boys got older, they began to act as



guardian to a group of younger boys, helping them with money, food and, crucially, protection.

Another girl spoke of street boys and boyfriends as protectors:

*“We as girls get protected by some of the boys, who some of them are our boyfriends. They ensure that other boys do not come and take advantage of us or abuse us.”*

Another of the female respondents said that her friends help her to cope:

*“I cope with the conditions on the street because I have all these friends around me that help me when I'm facing difficult situations. We see each other as a family here on the streets. However, there are those who are very mean to us girls.”*

As one of the girls put it:

*“We treat each other as a family here on the streets because we stick together as people who live on the street.”*

Referring to threatened physical violence from others, one boy said:

*“Usually I deal with it by banding with other kids my age group.”*

Friendship among street child peers and a strong ethos of help between friends is so important as to constitute a survival strategy. Le Roux and Smith (1998) found that these children turn to each other for companionship, thereby forming a replacement family group that offers solidarity, friendship, protection and support.

## **4.8 Assistance and Intervention for Street Children in Zimbabwe**

### **4.8.1 Help from the public**

Street children are seen as useless by both the law and the general public. Focused group discussions with street adults confirmed what many street children felt that many people view street children as irresponsible young persons who were criminals in the making. Reactions to such children thus tend to be anti-social. Such has been the attitude adopted by the police and the Department of Social Welfare whose alternatives have not been many. The general public at times support street children by offering them money for washing or guarding their cars or just cash donations to beggars.

Some respondents in the current study spoke about members of the public who also help them to deal with street life:

*“People mostly give us clothes, blankets and food. It's mostly churches, that usually donate to us,” said one girl.*

One girl mentioned a particular member of the public:

*“There's also another woman who comes with a lunch box with food inside, and she gives it to us every morning, and in the afternoon she comes again and takes the empty lunch box, so that the next morning she can come again and hand us food.”*

### **4.8.2 Help from NGO**

There are a number of organisations in Zimbabwe that work with street children. In Mutare organisations that are working with or have helped street children include the Family Support Trust, SIMUKAI child protection programme. These organisations provide solutions such as giving the children food, clothing and blankets periodically.

9 of them appreciated Simukai Child Protection's role that they are playing in providing food and medical assistance when they are hurt or sick. They also recognised the works of Social Services in trying to re-unite children with their families. One of the boys said that:

*“SIMUKAI Child Protection helps us a lot by providing a place where we can go to eat our breakfast and lunch and get everything we need such as blankets and clothes,”*

As one girl said:

*“SIMUKAI also plays a role in helping me to cope with the harsh conditions of the streets. The activities such as education and watching tv keep me busy and keep me out of trouble.”*

One of the other girls said:

*“What helps me most in coping is SIMUKAI Officers because they cook for us and we eat because of them. They basically do everything for us.”.*

#### **4.9 Summary**

In this chapter, the psycho-social challenges faced by children living in the streets were explored, as well as their experiences of violence in their everyday lives. The chapter also brought to life through respondents' own words. Social challenges that were presented include rape, violence, harassment by policeman, psychological issues that were presented included self esteem of children living in the streets, substance abuse of children living in the streets, mental issues such as depression and stress among children living in the streets were also presented, healthy challenges were also discussed in this chapter and 3 sub-themes that fall under the healthy challenges were also presented which included lack of access to health services, poor sanitation and lack of access to nutritious food. Drug and alcohol use by participants was discussed, coping strategies were also discussed. This dissertation concludes in the chapter that follows, with a look at conclusions, discussion of findings that can be drawn from this study, as well as recommendations on interventions and future research.

## **CHAPTER 5: DISCUSSIONS, CONCLUSIONS AND RECOMMENTATIONS**

### **5.1 Introduction**

In this final chapter of the dissertation, Findings, Discussion and Conclusion of the dissertation will be discussed. Finally, some recommendations for interventions and future research will be highlighted.

### **5.2. Discussion of results**

#### **5.2.1 Socio-economic challenges faced by children living in the streets**

The children in Mutare live on the street with no supervision, with no protection or guidance and this makes them vulnerable to a wide range of social and economic problems or hazards. Poverty is the major socio-economic challenges faced by children living on the streets, and they are various aspects that define this poverty such as lack of employment, lack of shelter and lack of food that were outlined by these street children during the interviews.

Social challenges that were highlighted by children living in the streets included violence. These findings correspond with those of Seager and Tamasane (2010), who found that street children people, in general, are very prone to assault and injury. They found strong evidence of drug and alcohol related violence, beatings and robberies carried out by older boys on younger boys, gang related violence and assaults by members of the public. According to an organisation that works with children living in the streets of Mutare, the streets are full of violence in which these youth often get caught up. They say that a street child may die as a result of incidents such as stabbings, rape, beatings and getting hit by cars.

Rape was another form of social challenge that was highlighted by children living in the streets. These findings also correspond with findings by researchers Sewpaul et al.(2012), who claim that the females in their study in Durban were frequently the victims of rape as a means of controlling their sexuality, subjugating them to masculine dominance and keeping other boys away from them

#### **5.2.2 healthy related challenges faced by children living in the streets**

Street children in Mutare need health assistance as they claim that they do not have easy access to health services. They feel that they are neglected when they seek healthy assistance.

When they were asked in depth about their healthy issues they highlighted cholera, flue and malaria, headaches, heart pain, chest pain, wounds and bruises, diarrhea, dental problems, as the diseases that they normally suffer from. Le Roux and Smith (1998) argue that, street children seem younger than their actual age because of malnutrition, but at the same time appear more mature than their age in other ways.

In terms of physical health Scanlon et al., (1998) postulates that street youth suffer the effects of drug use, malnutrition, trauma and certain infections. Seager and Tamasane, (2010), showed that drug use is common among South African street children and youth, who show symptoms of substance use, for example, liver disease and risky sexual behaviour resulting in STIs, including HIV.

### **5.2.3 Psychological problems and disorders among Street Children**

Self esteem is low in children living in the streets. The study found out that these children look down upon themselves. The environment that they are living in is responsible for shaping their behaviours. Rurevo and Bourdillon (2003); contend that the street environment poses a threat to normal child development. Some researchers have argued that the street environment is risky for positive self-image development. Self-esteem is fundamental for psychological health and for other positive behaviours.

Substance abuse is on the psychological challenges that are faced by children living in the streets of Mutare. Children living in the streets of mutatre highlighted that they smoke cigarettes in order for them to forget their troubles. These findings are supported by Scanlon et al.(1998) report that around 80 percent of street children in Latin America utilise drugs on a regular basis as a cheap way of coping with hunger, fear, loneliness, and despondency. South African researchers Swart-Kruger and Donald (1994) reported that children claimed that 'smoking glue', which involves inhaling fumes from glue, thinners, generates pleasant feelings, as well as shutting out loneliness, hunger, cold and insecurity.

In the research street children highlighted that they suffer from depression, stress and they feel neglected. Also researchers Le Roux & Smith, 1998; Richter, (1988) argue that millions of street children around the world experience stress, depression and neglect, and yet only a small percentage choose to leave their homes and head for the streets.

#### **5.2.4 nature of relationship between children living on the streets and their families**

Street children generally desire to go home again. When interviewed about 5 of the children desire to go back home to their families and guardians. ZNCWC, (2004) and Muchini, (1994) emphasise that Street children generally desire to go home again, although, many feel that this would only be possible if the factors that caused them to leave home in the first place were to change. Le Roux (1995), on a study on street children from South Africa and Thailand who had a mean age of 13 years, found that street children returned home regularly, and had a positive and loyal relationship with their families, while other children had completely severed ties with their families. Some street children in Mutare reported that they return home during the Christmas period and on weekends, although for limited periods and they usually return to the street, mainly because of family conflict, rejection and the poverty situation.

However some of them claim that it is hard to go back to their families unless the situations that caused them to be on the streets would be resolved. Rugaranganda argued that many are still in contact with their families and work on the streets to augment the household income. The majority are male, as girls seem to endure abusive or exploitative situations at home for longer though once they do leave their home and family, girls are generally less likely to return.

#### **5.2.5 Assistance offered to Children living in the Streets**

From the interviews that were conducted in the study street children can be assisted in various ways. Street children in Mutare sometimes are being assisted with the members of the society and social institutes such as the churches. Some children claim that they receive clothes to wear from people they do not even know, they receive food from pedestrians in town. Non –Governmental organisations are also assisting the children living in the streets of Mutare. Street children highlighted that they receive food assistance from NGO's such as Simukai child protection programme. NGOs have a responsibility to ensure that the short-term and long term interests of children are effectively addressed in any relief and development programme as postulated by Eade et al, (1995). Dessale, (1998) argue that Non-governmental organizations are playing very important role in promoting the welfare of disadvantaged children by planning, financing, managing and providing advices and

counselling services for various projects set up to help poor children in general and street children in particular.

From the research street children mentioned help from peers. They help each other while in the streets. Le Roux and Smith (1998) also found that these children turn to each other for companionship, thereby forming a replacement family group that offers solidarity, friendship, protection and support. Le Roux and Smith's (1998) research found that when street children band together, they form a grouping that provides both emotional and economic support. Research by Malindi and Theron (2010) showed that this bonding between street children acted as a strong contributor to the resilience of these youngsters.

On their own street children adopt coping strategies such as begging for survival, shoe shinning. The lifestyle inherent to living on the streets exposes children to a range of harmful situations and hence their survival is often dependent upon engaging in risks to their health and general well-being while on the streets, they have to battle fiercely to keep alive. Sherman et al, (2005) argues that some of them survive by selling whatever they can find. Some even sell themselves, some beg, some steal and so on

### **5.3 Conclusions**

The present study investigated the psycho-social challenges that are faced by street children living in the streets. Children living in the streets face infinite social challenges, among them are violence perpetuated by older boys, members of the public and the police. Girls face even major challenges as they do not only face physical violence but also sexual violence emanating from boys on the streets, police/security guards and members of the public. Meeting basic necessities is another major challenges that children living in the streets face in their everyday lives. Street children do not have a constant source of material and financial resources; they therefore have to go to great lengths to make sure that they have food. Children living in the streets also face a challenge of finding decent secure sleeping places for sleeping. Most of them sleep outside, exposed to weather elements that might cause health problems. This challenge puts girls in a more precarious situation as they are easily rape and sexually abused for sleeping out in the open.

The occurrence of street children, an offspring of the modern urban environment, represents one of humanity's most complex and serious challenges. No country and virtually no city

anywhere in the world today is exempted from the absence of street children. Both developed and developing countries face a broad spectrum of problems posed by these children, yet few steps have been taken to address the issue. The dramatic increase in the number of street children has been linked to societal stress associated with rapid industrialization and urbanization. Conversely, in industrialized countries, inner-city decay and chronic unemployment accompanying economic downturns are held responsible. In agricultural societies, drought and famine may be to blame.

Street children often seem younger than their chronological age, due to malnutrition, which stunts their growth. They face various socio-economic challenges. Males' population dominates among street children, although females are also represented. Females who have been sexually abused often turn to prostitution, while males are prone to violence, such as rape. There is an alarming acceptance of male violence by female street children. It is not an easy task to help street children. Clearly, it cannot be achieved simply by injections of money, or by merely passing laws. There is need for programmes which will allow children to develop their potential and by a softening of punitive attitudes towards street children by authorities.

Children living in the streets face health challenges, they have limited access to health services and the procedure of access health services is tedious for them and hence street children prefer buying and taking painkillers whenever they are not feeling well. The research found that children are at greater risk of abusing alcohol and other drugs. That, in turn, elevates their risk for sexual exploitation, violence, unintended pregnancy, depression, and infection with HIV or other sexually transmitted diseases.

Street children use several strategies to survive the difficult conditions of the streets. Based on the findings, it is clear that girls and boys on the streets use different means of acquiring money, food and other necessities. Among the activities they engage in acquire are working menial jobs, begging, scavenging and stealing

Children are the future and government must come in play to help street children to come out of the various challenges that they are facing. There is at present no real alarm or outrage from the government or general public on the increased number of street children. It is inconceivable that the welfare of children can be advanced in an environment of increasing



mass poverty, conflicts. It is in this regard that efforts must be taken to ensure sustainable development on the Zimbabwe.

#### **5.4. Recommendations**

The problems of street children are global and appear to be related to irreversible changes in both economic and family structures. Girls are especially at risk, because the nature of street life itself offers chronic exposure to violence, victim, or perpetrator but especially to sexual victimization. Although youth shelters are no answer for the multiple problems of street children they deserve much greater public support than either country offers.

To meet the special needs of young people, shelters should be organized to offer flexible programming at various stages of homelessness; and preferably in age- and gender-segregated settings, especially for younger females.

##### **5.4.1 Recommendations to government**

- The government should build proper homes with good facilities to house the children. The facilities which are there now should be upgraded to be able to take more children because when they were built we did not have as many street children as we now have today. The Government should make sure that these homes have got enough food to feed them because some are running away because of lack of food. NGOs and the state should create more shelters and greater access to shelters, where street children could have a place of their own. This would help the children build a wider and more productive support base. Seeing others who have surmounted the street, and are now enrolled in school with a place to call home may help the children plan for the future.
- Education distribution should take place within the communities regarding stigma and neglect, through social workers going into communities and relaying information about HIV in every community and how street children are living. Children should be regarded as individuals rather than being judged by their family's reputation or banished from the extended families home if their parents have died of AIDS. This is understandably a cultural dilemma, but helping the families realize the full extent of

the disease may alter their mindset of how the children should be treated. Rather than extended family taking no responsibility for the child, and sending them to the street, the child should be seen as an individual with their own decision-making skills not to be aligned with their parents.

- Intervention programme specifically tailored to the needs of street youth should be implemented. The finding that several participants frequently use substances such as glue and cigarrates to cope with their lives is concerning. more attention needs to be paid to the education of street children about the dangers of substance use. In fact, a health and well-being intervention programme specifically tailored to the needs of street youth as revealed in research such as this appears appropriate.
- Social workers, psychologists and lay counselors should be available through NGOs or as volunteers to street children if they need to talk about the emotional experiences of living on the streets or the effects of HIV and AIDS in their lives.
- There is need to legitimize and further develop the concept of street education, which aims at restoring street children's confidence and rebuilding their contact with society. Opportunities for formal and non formal education and apprenticeship training.
- There needs to be a firm commitment by the government to tackle the problem and not just ignore it hoping that it will go away or other people are coming to solve the problem.
- Jobs for children living in the streets should be created. Jobs should be created for the children to boost their confidence, help them with skills development and allow them to make enough money to have somewhere to grow or buy food. Jobs could be created in the form of piece jobs, cleaning and cooking. Finer tradesmen skills such as electrical work, welding, painting or repairing cars should be developed. Creating skills classes for the children to learn a trade and use it would help reduce the number of children on the street.
- Support should be enhanced by providing individuals who are readily available in the community with whom the children discuss their concerns, possibly at a shelter. Having support and someone to listen is necessary for any developing adolescent. Informing the children about what is already available in the area is also necessary.

- Drug and alcohol counseling and education on the causes and effects of drug use should be available in the hope that the children would desist from further use.
- Government needs to review the existing law and enact a specific Child Act to ensure the protection of child rights. Street children are indeed a special group of children needing special protection. The legal system must cater for the special interests of children. For instance, children should not be locked up in the same jail as grown up prisoners. The police force needs to be trained to protect street children rather than being a force to harass and punish these street children.
- Government must strengthen the family unit by developing policies aiming at assisting the elderly, the unemployed or single women and the Widows. It has been found out that most street children come from such families.
- Government, communities, NGOs must create a system of data collection that will quantify the numbers of children living and working on the streets.
- Government must seek out the street children and have a meaningful dialogue with them. The voices of street children must be heard if the government is to help them.

#### **5.4.2 Recommendation to civil Society**

- The civil society must advance the interests of children. Money is often diverted to other activities instead of addressing the needs of children. For instance money received to help street children is often diverted for administrative services.
- A code of conduct based on ethical considerations for children is necessary if NGOs are to assist in the advancement of children welfare.
- Civil society must associate with street children and have a meaningful dialogue with them. The voices of street children must be heard if the civil society is to help them

#### **5.5. Chapter Summary**

Chapter five discussed the results that were found in the study. It also gave a collusion of the research finding. Lastly recommendations were discussed which included recommendations to the Government, recommendations to the civil society and recommendations to various institutes and NGO's that can be used in the future. These recommendations offer both a

short-term plan and long term plan to the solution towards helping and assisting children living in the streets.

This study contributes ideas for future research, theory and practice with children living in the streets. Importantly, what this research has done is to give a voice to some of Mutare street children. Although some qualitative studies have been done with children living in the streets, it is rare to hear their actual words and what they have to tell us about their lives and their imaginings. What the participants in this research clearly stated is that being homeless is entirely undesirable, and that living on the streets means facing the sorts of daily problems and dangers that many adults are unable to imagine, let alone experience. Yet in the face of so many difficulties, these street children are mostly hopeful and often highly ambitious. They also have a pretty clear picture of what home should be like, and their words paint a vivid picture of a future far away from the streets. These are clearly resilient human beings who, just like everyone else, deserve the opportunity to be heard and to thrive. One therefore hopes that the current research shines a light on street children and encourages further research that engages with these youngsters. The hope is that greater research attention will paint an even fuller picture of the world of these children living in the streets, the ultimate aim being to assist with promoting, protecting and fulfilling the rights of these children living in the streets.

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## **APPENDIX A: Interview Guide**

### **Section A: Demographic information**

1. What is your name?
2. How old are you?
3. Are you a boy or a girl?
4. What is your highest level of education?
5. How many years have you been on the streets?

### **Section B: Psychological Problems and Health Problems**

1. Do you think you are worth as much as any other person?
2. Do you take any substance (cigarettes, drugs, alcohol)?
3. Is your mind constantly troubled? If YES: What usually troubles your mind?
4. Do you suffer from any mental disease?
5. If you get sick where do you go for medical assistance?
6. Do you have any nightmares on the streets?
7. Do you ever worry about your future?

### **Section C: Social Problems and family relations**

1. How do you interact with people or pedestrians in the streets?
2. Do you communicate with any members of your family?
3. Do your relatives look for you or visit you in the streets?
4. Do you want to go back home?
5. Do you have any community groups that you are part of?
6. How many friends do you have?
7. What do you usually do when you are with your friends?



### **Section D: Coping Strategies**

1. How do you survive in the streets?
2. What kind of help do you normally get from the people close to you?
3. Tell me about the problems that you have faced before or currently facing and how you managed to handle the problems?
4. What have civil society or government done for you since you came in the streets?

APPENDIX C-AUDIT SHEET

MIDLANDS STATE UNIVERSITY  
SUPERVISOR- STUDENT AUDIT SHEET

DATE	TOPIC DISCUSSED	COMMENT	STUDENT'S SIGNATURE	SUPERVISOR'S SIGNATURE
14/10/16	Topic presentation	PROCEED	<i>Byj</i>	<i>C</i>
01/11/16	Research proposal	PROCEED	<i>Byj</i>	<i>C</i>
27/02/17	Chapter 1	REWORK	<i>Byj</i>	<i>C</i>
03/03/17	Chapter 1 corrections	PROCEED	<i>Byj</i>	<i>C</i>
06/03/17	Chapter 2	REWORK	<i>Byj</i>	<i>C</i>
10/03/17	Chapter 2 corrections	PROCEED	<i>Byj</i>	<i>C</i>
13/03/17	Chapter 3	REWORK	<i>Byj</i>	<i>C</i>
17/03/17	Chapter 3 corrections	PROCEED	<i>Byj</i>	<i>C</i>
20/03/17	Research instrument	PROCEED	<i>Byj</i>	<i>C</i>
04/04/17	Chapter 4	REWORK	<i>Byj</i>	<i>C</i>
07/04/17	Chapter 4 Corrections	PROCEED	<i>Byj</i>	<i>C</i>
24/04/17	Chapter 5	REWORK	<i>Byj</i>	<i>C</i>
27/04/17	Chapter 5 corrections	PROCEED	<i>Byj</i>	<i>C</i>
28/04/17	First draft	REWORK	<i>Byj</i>	<i>C</i>
29/04/17	Final Draft	PROCEED	<i>Byj</i>	<i>C</i>

STUDENT'S SIGNATURE ..... *Byj* .....

SUPERVISOR'S SIGNATURE ..... *[Signature]* .....

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## FACULTY OF SOCIAL SCIENCES DEPARTMENT OF PSYCHOLOGY

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Date: 06 April 17

To whom it may concern

Dear Sir/Madam


RE: REQUEST FOR ASSISTANCE WITH DISSERTATION INFORMATION  
FOR DELIGHT CHINYAI (R136602J)  
BACHELOR OF PSYCHOLOGY HONOURS DEGREE

This letter serves to introduce to you the above named student who is studying for a Psychology Honours Degree and is in his/her 4<sup>th</sup> year. All Midlands State University students are required to do research in their 4<sup>th</sup> year of study. We therefore kindly request your organisation to assist the above-named student with any information that they require to do their dissertation.

Topic: **Psycho-social challenges faced by children living in the streets. A study of Mutare Urban**

For more information regarding the above, feel free to contact the Department.

Yours faithfully

  
.....  
Mrs N. Ncube  
Chairperson



MIDLANDS STATE UNIVERSITY



Simukai child protection Programme  
8/9 Aerodrome Road  
Mutare  
21 April 2017

Dear Sir/Madam

REF: REQUEST FOR ASSISTANCE WITH INFORMATION FOR A RESEARCH STUDY

My name is Delight Chinyai, I am a student at Midlands State University. I am doing a research is entitled "psycho-social challenges faced by children living in the streets of Mutare". I therefore request for your assistance with information that can help me in the research study. Information gathered is for educational purposes and therefore is kept confidential.

Yours Faithfully

Delight Chinyai

Approved :

Munwero



Talked to Mr  
Milton Munwero  
Simukai Officer

0773 887 270



- Class Portfolio
- Peer Review
- My Grades
- Discussion
- Calendar

NOW VIEWING: HOME > MAY 2017 DISSERTATION

Welcome to your new class homepage! From the class homepage you can see all your assignments for your class, view additional assignment information, submit your work, and access feedback for your papers. ✕

Hover on any item in the class homepage for more information.

### Class Homepage

This is your class homepage. To submit to an assignment click on the "Submit" button to the right of the assignment name. If the Submit button is grayed out, no submissions can be made to the assignment. If resubmissions are allowed the submit button will read "Resubmit" after you make your first submission to the assignment. To view the paper you have submitted, click the "View" button. Once the assignment's post date has passed, you will also be able to view the feedback left on your paper by clicking the "View" button.

Assignment Inbox: MAY 2017 DISSERTATION					
	Info	Dates		Similarity	
DISSERTATION		Start	23-Apr-2017	1:45PM	19% <span style="color: green;">■</span>
		Due	05-May-2017	11:59PM	
		Post	01-May-2017	12:00AM	
					<a href="#">Resubmit</a> <a href="#">View</a>

**Appendix D**  
**MIDLANDS STATE UNIVERSITY**  
**FACULTY OF SOCIAL SCIENCES**  
**DEPARTMENT OF PSYCHOLOGY**

A GUIDE FOR WEIGHTING A DISSERTATION

Name of Student.....REG No.....

	ITEM	Possible Score	Actual Score	Comment
A	RESEARCH TOPIC AND ABSTRACT clear and concise	5		
B	PRELIMINARY PAGES: Title page, approval form, release form, dedication, acknowledgements, appendices, table of contents.	5		
C	AUDIT SHEET PROGRESSION Clearly shown on the audit sheet	5		
D	CHAPTER 1 Background, statement of problem, significance of the study, research questions, objectives, hypothesis, assumptions, purpose of the study, delimitations, limitations, definition of terms	10		
E	CHAPTER 2 Addresses major issues and concepts of the study. Findings from previous work, relevancy of the literature to the study, identifies knowledge gap, subtopics	15		
F	CHAPTER 3 Appropriateness of design, target population, population sample, research tools, data collection, procedure, presentation and analysis	15		
G	CHAPTER 4 Findings presented in a logical manner, tabular data properly summarized and not repeated in the text	15		
H	CHAPTER 5 Discussion (10) Must be a presentation of generalizations shown by results: how results and interpretations agree with existing and published literature, relates theory to practical, implications, conclusions (5) Ability to use findings to draw conclusions Recommendations (5)	20		
I	Overall presentation of dissertation	5		
J	References	5		
	TOTAL	100		

**Marker.....Signature.....Date.....**

**Moderator.....Signature.....Date.....**