



LIFE IN THE STREETS, CHILDREN SPEAK OUT: A CASE OF HARARE METROPOLITAN, ZIMBABWE

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ABSTRACT: *The number of children living in the streets of Harare Metropolitan, Zimbabwe, continues to increase. Street children comprise both boys and girls who have run away from home for one reason or another, to pursue a livelihood in the streets. Responses from the general public have been that of discrimination and stigmatisation, accusing street children of crime and prostitution. Children in the streets have responded with suspicion, frustration, anger and fights to their treatment by the general public, thus, the vicious cycle of 'blame game and vulnerability' continues unabated. A lasting solution to the challenge has eluded both government and partners. Major interventions have included the forcible commitment of street children to children's homes. However, children soon trickle back to the streets, their usual source of livelihood. The study sought to examine street children's way of life and challenges, with a view of proffering more sustainable solutions to the street children hazard in Zimbabwe. This study employed a qualitative case study design and used non-random sampling techniques to select participants. Semi structured interviews and questionnaires were used to solicit data from research participants. Manual thematic data analysis was used to deduce meaning from the set of data gathered. Extreme poverty, parental child abuse and maltreatment tend to drive children out of their homes to seek solace in the streets. Child abuse by step parents and guardians were particularly to blame. Ironically, street life continues to expose children to situations that endanger their lives. Children, particularly girls, were at more risk of sexual abuse and contracting COVID-19 in the streets, while young and weaker boys were at risk of physical abuse by older children. Parenting education should be integrated in all programmes targeting parents and communities, be they developmental or humanitarian. A case by case approach, as compared to the one size fits all, should be the basis for the designing of interventions to address the street children challenge.*

KEYWORDS: Street child; guardians; family reintegration; child economic empowerment; children's homes; child abuse



INTRODUCTION

The study was conducted in Harare Central Business District (CBD), Zimbabwe. Harare, with an area of 960.06 square km, is the capital and most populous city in Zimbabwe, with an estimated population of slightly above two million (National Statistics Office, 2012). Harare has grown at the expense of its periphery and other cities due to increased rural-urban migration. The study sought to: i) establish the contributory factors to the street children phenomenon and ii) document challenges street children experience, with the view of proffering solutions.

The street children phenomenon is a global challenge. Laura Del Col, cited in Salihu, (2019), states that there were over 30 000 children, who were staying and working in the streets of London, as way back as 1848. The street children phenomenon is a characteristic of both developed and developing countries (<https://reliefweb.int/sites>). Hassen and Manus (2018), posit that, although street children issues are a worldwide phenomenon, they tend to be highly pronounced in developing nations, due to lack of adequate social infrastructure and socio-economic programs. The developmental needs of children are therefore difficult to meet in developing countries. Estimates are that the global street child population could range between 100- 150 million and the numbers are increasing. However, UNHRC, (2012) argues that the actual number of children living and working in the streets worldwide is not known. The numbers fluctuate, according to changes in the social-economic and cultural-political contexts and patterns of urbanisation.

There are no actual statistics to indicate the extent of street children's challenge in Zimbabwe. In Harare CBD, the numbers continue to increase, and it becomes difficult to ascertain the actual figures, due to the high mobility of these children. Boys tend to outnumber girls in the streets. Ogan and Ogan (2021) concur that male street children outnumber girls because girls are more controlled by their families probably because of their multi tasks at home. Lasting solutions to this challenge elude both government and partners. Sometimes the authorities respond by forcibly sending these children to 'children's homes', but children soon find their way back to the streets. The public tends to discriminate and stigmatise street children and label them a 'menace in the streets'. Street children's reactions to such maltreatment is mistrust, anger and bitterness. The major challenge for street children is dealing with societal perceptions about them and how they are consequently treated. WHO (2000), observed that society usually has a pessimistic view of street children. Their violent perception is consistent with substance abuse and lack of morals and human feelings of love and hence they tend to be wayward.

In Zimbabwe, some street children abuse alcohol and drugs in public and reportedly engage in criminal activities that range from stealing from parked vehicles and snatching items from the unsuspecting public. As a result of lack of parental care and guidance, street children might be at risk of child labour and abuse in the streets. The girl child seems to be at more risk of sexual abuse, including rape by the older boys and male adults in the street. They also risk contracting HIV/AIDS, unwanted pregnancies, STIs and COVID-19. This is contrary to the Convention of the Rights of the Children, (CRC) (1989) that stipulates that 'children have a right to protection, against all forms of sexual exploitation and other forms of maltreatment'. Some street children are illiterate, again a violation of the CRC (1989) which stipulates that a child has a 'right to education'. The Constitution of Zimbabwe (2013) provides for child education rights, and street children lose out in this respect. It is against this background that this study was



conducted. The aim is to have a greater understanding of the street child phenomenon, with the view of advancing solutions to the challenge.

Problem Statement

Street children phenomenon in Zimbabwe is on the increase and public perceptions and concerns are that both government and humanitarian partners are seemingly failing on the child protection front. Street children venture into crime and are in trouble with law enforcement agencies. Bullying and other forms of conflicts are now a common feature, as street children fight over territorial space. While in the streets, children are discriminated and stigmatised by the public and are exposed to all forms of child abuse and maltreatment and if this situation is not arrested, Zimbabwe risks having an influx of children in the CBD, thereby, further violating the children's rights of education, health, safety and protection, as enshrined in the CRC. Thus the street children phenomenon has become hazardous, demanding that stakeholders become proactive in addressing the challenge.

Research Objectives

- i. To determine factors that drive out children from their parental/guardian homes and take residency in the streets.
- ii. To ascertain the livelihood activities street children are involved in.
- iii. To establish challenges that children experience in the streets, paying particular attention to gender differences.
- iv. To suggest strategies that could be adopted in order to address the street children challenge in Zimbabwe.

Limitations of the Study

The study was conducted soon after the relaxation of COVID-19 restrictions. To protect street children from possible contracting and spreading the deadly coronavirus, the Zimbabwean authorities committed street children to temporary shelters. Some of the children reportedly evaded the authorities and established new bases along Mukuvisi River banks in Harare. Some street children were reluctant to participate in this study, since they associated the study with authorities that rounded them up during the COVID-19 lock down, and feared further victimisation. This impacted on the sample size. Though the sample was small, the findings remain important, as they are an eye opener to the challenges of street life, particularly for the girl child. A good rapport with street children was established prior to data collection. Children were also visited at their usual bases where food was provided to encourage interaction.



LITERATURE REVIEW

This study examined both primary and secondary data sources to appreciate an in-depth understanding of street children phenomenon. The study explored global, regional and national perspectives in order to have a wider appreciation of the phenomenon.

Conceptualising Street Children Phenomenon

Some countries classify children who run away from parental homes and live in the streets, as a form of juvenile delinquency, thus, criminalising street children. In Zimbabwe however, it is not an offense for children to run away from parental /guardian homes.

Varghese (2017) posits that in Texas, a child who runs away from home commits a status offense and risks being placed on probation for violation of the law. It is also an offence to harbour a runaway child. In Georgia State, a child who wanders or loiters in the streets or any public place between 12 midnight and 5.00 am commits a status offence. It is considered a status offense for a child to desert his or her place of abode without just cause and consent from guardians. Such a child is labelled “an unruly child” (<https://www.gahsc.org/mm/2012/176361979> DSO-Georgia Code and Federal Law PDF). Contrary, in Zimbabwe and most African countries, such children are referred to as ‘street children’.

From the United States perspective, street children are a menace and should be removed from the streets at all costs. This conceptualisation of the street children phenomenon tends to encourage societal discrimination and stigmatisation of children in the streets. This perspective promotes labelling of children as ‘juvenile delinquents’. According to Becker, (1963) as cited in Bernburg (2019), once individuals are labelled as deviants, they often experience new challenges related to the reactions of self and others to the negative stereotypes (stigma) that are attached to the deviant label. These socially crafted labels tend to negatively affect the children’s psycho-social development. The community responds by more discrimination and stigmatisation and the vicious cycle of blame continues. Those who consider street living as ‘juvenile delinquency’, advocate for programmes that seek to remove children from the streets and reunite them with their parents, notwithstanding that in some instances, children would be running away from abusive parents and guardians.

UNICEF) (2001), categorises children living in the streets into two main groups: i). Children of the streets, who are homeless, stay and sleep in the streets, usually in urban areas. These live with other street children or with other homeless adults in the streets and have lost contact with their parents or guardians. They lack parental, emotional and psychological support that is usually available to those children living with parents or guardians and ii). Children on the streets, defined as children who maintain some contact with their families; they beg for money in the streets during the day and return home at night. These children work in the streets to improve the economic fortunes of their families. These categories of street children exist in Zimbabwe.

Observations showed there are some street children that live with their homeless parents or guardians in the streets or in squatter camps near the CBD in Harare. Some homeless and destitute people stay along the Mukuvisi river banks and spend most of their time in the streets begging for money and food hand-outs and go back to their squatter camps at night.



Street Children in Brazil

Street children phenomenon is a global challenge however, its nature and its causes tend to vary depending on geographical locations. In Brazil, according to SIDNET, (2012), children are on streets mainly because of economic reasons. Street work gives children a sense of self-worth and independence. The majority of street children in Brazil enjoy street work as they earn money to spend on themselves. Only 1/3 of the children reported giving all the money earned to their families. 80% of the children go back home each day and sleep at their parental homes or with close family relatives. SIDNET (2012) further argued that in Brazil the majority of child street workers continue to go to school. Over 90% of child street workers attend school full time, while school attendance becomes erratic for the above 12 year olds. Children in the streets are vulnerable to exploitation and suffer drugs and alcohol related problems.

Street Children – the Palestinian case

<https://reliefweb.int/sites> argues that a study with street children in Palestine revealed that children do not sleep in the streets. Instead, they come to the streets to work, beg and play and go back home. They maintain some relationship with their families. Out of the 120 interviewed street children, only 4 slept in public places such as schools, and deserted buildings (source). The remainder slept at their parental homes or with relatives. Children work to increase or improve the economic prospects of their families. 71% of street children aged between 5-17 years work out of economic necessity. Parental child abuse and maltreatment do not seem to play a critical role on the street children phenomenon in Palestine.

Street children in Egypt

Unlike in Palestine, where the chief reason for the street children presence on the streets is mainly economic challenges at home, in Egypt various and interrelated factors contribute to this phenomenon (UN ODCCP, 2001). These include poverty, family breakdown, child abuse and neglect. Many economically marginalised families have been rendered dysfunctional and children are forced to go to streets in search of alternative livelihoods. Most of the children fled from their families because of maltreatment, abuse and exploitation by their parents, step fathers, mothers or relatives (source). Children in Egypt complain about severe beatings and insults for trivial mistakes. Unlike in Palestine, where the majority of street children sleep at parental or relatives homes, in Egypt street children sleep in streets, under bridges, cemeteries and under flyovers.

Street children- the Zimbabwean context

Manungo (2018) argues that there are many children in the streets of Harare. 62% of these children slept in streets while 38% slept both at home and in the streets. Manungo (2018) further argued that push factors such as socio-economic challenges encourage children to become street children. Pull factors such as peer pressure, lures of street life and economic freedoms were also to blame for the increasing number of children in the streets. 69% of the children are abused and suffer maltreatment at home. Closely related to abuse at home was orphanage (54 %). Poverty at home forced children into the streets.

The study adopts a broader view of the street children phenomenon and has distanced itself from the 'juvenile delinquency' perspective. Such a view has allowed a holistic approach to the understanding of the street children challenge.



What really drives children into the streets?

Habtamu and Arindam (2016) assert that children are forced into the streets by two main factors, categorised into push and pull factors.

In terms of push factors, children are driven into streets by extreme poverty at home, parental abuse/violence, lack of family support, family breakdown, abuse by step parents and death of parents or guardians, (Nathan & Fratkin, 2018; UNODCCP, 2001 ; Diriba, 2015). Closely related to poverty in the family is the size of the family. Large families were observed to be a contributory factor to children opting to live in the streets. The family's economic status and the emotional ties families have with their children tend to decrease as family size increases. Poor and big families often fail to provide adequately for the emotional and material needs of children. This situation predisposes children to become street children. Similarly, Dutta (2018), noted that extreme poverty was the primary cause for the increasing numbers of street children in India. Hassen and Manus (2018:80), postulates that in Ethiopia:

Many of the children on the street of Shashemene are here because of abject poverty from mainly the rural areas. There are very limited opportunities for these children in their areas of origin, and unfortunately the urban environment does not offer them any real alternatives.

Chinyai (2017), concurs when he says that, an increasing number of children were forced into streets because of some factors ranging from: poverty, abuse, torture, rape, abandonment or orphaned by AIDS in Zimbabwe. In Iran, the majority of the street children had parents with limited skills and educational qualifications to be gainfully employed (Salihu, 2019). Children from such families lived in slums. Kassaw (2019), observed that lack of shelter and food, family death and family socio- economic problem are contributory factors to street children phenomenon in Ethiopia. High levels of parental unemployment and homelessness tend to be related to poverty. In Zimbabwe, because of the prevailing economic paralysis and high unemployment levels, some families are now living in extreme poverty and consequently, parents and guardians are failing to adequately provide for their children. Some children have dropped out of school because of parents' failure to pay school fees. Cucumber and Gwegweni (2015), argue that the majority of street children in Africa (70%), were primary school dropouts and some never attended school at all, for reasons that included failure by guardians to pay school fees and buy study materials. Hassen and Manus (2018), also argue that approximately 76% of children did not go to school or were dropouts at primary school in Africa.

Pull factors are triggered by the child's desire for independence, peer influence and urbanisation. In Harare CBD, some street children come from nearby rural areas and high density suburbs in search of promising livelihoods. UNICEF, (2001) argues that the majority of street children tend to migrate from communal areas. They seem to be attracted to the CBD by high economic prospects in the city and personal independence to spend their money. In Harare, street children earn money by begging, vending and guarding/ washing cars for some form of payment. These children tend to have financial independence, as compared to their counterparts back home. Young people often perceive their parents as too controlling and this could drive them into the streets. Some children simply run away from parental homes to join peers in the streets.



Habtamu and Arindam (2016), noted that environmental factors that included floods, droughts and land degradation contribute to street children phenomenon. In 2019, some families in Zimbabwe, particularly in the Eastern Regions (Chimanimani and Chipinge Districts), were hard hit by Cyclone IDAI that destroyed homes and livelihoods. Epidemics and diseases such as AIDS and the recent COVID-19 have killed thousands of people around the globe. Consequently, some children have been left orphans. These challenges could contribute to the increasing street children phenomenon.

Street Life Challenges

Children in the streets experience a wide range of challenges that affect their health, physical, emotional and psychosocial wellbeing. Gabriel (2021) argues that most street children live in dehumanising environments, thus exposing them to various social hazards and diseases. Children tend to engage in various illegal practices such as burglary, prostitution and sale of drugs. Cumber and Gwegweni (2015), cite violence and sexual abuse, HIV/AIDS and STIs, substance use/ abuse, and sexual reproductive disorders as constituting some of the challenges street children experience. Salihu (2019), notes that the girl child in the streets of Iran was at high risk of sexual abuse. UNICEF (2001), postulates that younger boys tend to engage in sex with older boys for protection in Zimbabwe. Aufseeser (2017) asserts that street children face abuse from the police, contempt and hostility from the public and in some instances, are abused by peers or adults.

In Egypt, children use drugs/substances on a habitual basis (UN ODCCP, 2001). The commonly used drugs include glue, bango, tobacco, and tablets, such as parkinol and rohypnol. In Hill et al (2016) study in South Africa, one participant responded thus:

You smoke glue if you don't want to keep thinking about your situation. When you smoke, 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 sniffs glue bro, because glue takes away the sadness of living in the streets...

UNODC, (2018), noted that young people exposed to extreme living conditions tended to use drugs in order to cope with their difficult situations. In Zimbabwe, some street children are observed sniffing contact adhesive glue and taking other drugs in the streets. This explains why some street children living in the streets of Harare take drugs. While taking drugs offers temporary relief, children become addicted to drugs resulting in negative health consequences.

Street children tend to have health problems related to eating from bins and other unhealthy lifestyles. According to Salihu (2019), some children often got sick and their friends took them to the pharmacy for some treatment. Cucumber and Gwegweni (2015), argue that STIs, such as gonorrhoea and HIV/AIDS were very high among street children. STIs among street children were higher than that of female sex workers, truck drivers and prisoners. This calls for urgent attention, if authorities are to curb the spread of HIV/AIDS, among this vulnerable population. Comber and Gwegweni (2015), further observed that street children have limited HIV knowledge that is often obtained from peers. Their sources of information on life issues are therefore suspect.

UN Office on Drugs and Crime, (2009) argues that some street children die, as they engage in various activities to earn a living. Some are reportedly killed by cars and trains and others succumb to diseases. Kassaw (2019) postulates that millions of street children globally live in



situations that tend to expose them to exploitation, abuse and discrimination. In Zimbabwe, particularly with robots, some street children are seen begging thereby risking being crushed by speeding cars. At Harare Drive and Borrowdale Road intersection, a street child lost her life due to vehicular hit and run incident (Social media reports 2021). In Harare CBD, some street children rely on leftover foodstuffs thrown into bins by some shoppers and food outlets, risking contracting diseases and food poisoning.

Street children's livelihoods

Children engage in several activities in the streets in order to earn a living. Salihu (2019) argues that some groups of street children engage in very risky activities that range from: drug dealings, robbery and theft. UNICEF, (2007), noted that some street children engaged in selling on the roads, railway stations, highways and some are engaged in petty activities to feed themselves and to meet their other needs. These activities include shoe-shining and car-washing. In Zimbabwe, some children engage in selling small items at robots within the CBD, particularly older ones, to wash and guard cars for some shoppers at a fee. Drug dealing is a crime in Zimbabwe and it is punishable at law. Street children who engage in drugs are thus at great risk of arrest and imprisonment. UNODC, (2018), postulates that street children sometimes engage in street vending and hustling to earn a living. Some engage in "survival sex work" which involves the exchange of sex for some food items, security, money and drugs among other items. Friberg and Martinsson, (2017:27), attracted the following response from a study in South Africa,

"The girls can use their bodies; they fall into prostitution and make a living easier... The girls are trickier -they know what to say and have more attitudes when they are making money in the street by selling their bodies, they don't want the help..."

Similarly, Kassaw (2019) observed that 81.5 %) of females, as compared to 18.5% males, engaged in commercial sex work in Ethiopia. This ironically exposes them to STIs, HIV/AIDS and unwanted pregnancies.

International Child Protection Instruments

There are several international legal frameworks that countries can adopt to protect children's rights.

i). The United Nations Convention on the Rights of Children (CRC) (1989) stipulates that, the child has the right to education, health, life and the right to protection against all forms of sexual exploitation and sexual abuse. Countries that ratify this convention should ensure that children in their states enjoy their rights.

Ironically, in Zimbabwe, some children are not enjoying the right to education. The CRC (1989) made primary education compulsory. However, in Zimbabwe, primary education is no longer compulsory and free for all. Zimbabwe adopted the Education for All Policy and free primary education in 1980, in line with the CRC, but it discarded the policy down the line. Consequently, some disadvantaged children can no longer access primary education, owing to lack of financial resources. In Harare CBD, children are observed eating rotten and stale food from bins outside some restaurants and thereby, exposing themselves to food poisoning that could cause them health problems. This is also against the CRC convention on children's right to health and safety.



ii). International Labour Organisation (ILO) Convention No. 138 on the Minimum Working Age (1973) -Article 1 stipulates that the minimum age for working is 15 years. However, in Zimbabwe, it is common to see under aged children vending or begging for some money to supplement their family incomes. This is in clear violation of the ILO Convention provisions. Article 3 stipulates that the minimum age for children to start any type of employment, in environments that are likely to negatively affect the health, safety and morals of children shall not be less than 18 years. Under aged children, who work at road intersections are at great risk of being knocked down by speeding vehicles and this is in violation of the ILO convention on children's safety.

iii). ILO Convention No. 182 on The Worst Forms of Child Labour (1999)-Article 1 urges all state signatories to this convention to prohibit and eliminate all worst forms of child labour. Under this convention, offering a child for child prostitution and pornographic performances constitutes worst forms of child labour. Contrary to this convention, in Zimbabwe, it is common to see young girls in night clubs exchanging sex for money thereby, risking contracting HIV/AIDS.

The National Legal Frameworks and Child Protection

Zimbabwe has some child protection frameworks in place and these include:

i). The Constitution of Zimbabwe (2013)

The Constitution of Zimbabwe: Amendment (No. 20) Act. 2013 Section (19) subsection 2 (a) stipulates that the State should adopt policies and measures to ensure that children enjoy family or parental care, or appropriate care, when they are removed from the family environment and (c) says that the State should ensure that children are protected from maltreatment, neglect or any form of abuse and (d) have access to appropriate education and training. The Constitution of Zimbabwe is committed to promote welfare of children as propounded by the CRC (1989). The Constitution therefore, promotes the health development of children in spite of the challenges experienced.

ii). The Children Protection and Adoption Act (1972), Chapter 33.

The Act exists to guard the interests of each and every needy child that is under the age of 16 years of age. In Zimbabwe the government through the ministry of Public Services, Labour and Social Welfare, runs a Basic Education and Assistance Module (Beam) programme to help needy children with school and examination fees.

Child Protection Intervention and strategies by Partners in Zimbabwe

UNICEF (2001)'s study in Zimbabwe revealed that programmes that exist to further the interests of street children and all children in general, tend to be under funded. These are programmes initiated by both Non-Governmental Organisations and Government agencies.

i). Ministry of Public Services, Labour and Social Welfare

The Department, as the custodian of children, exists to ensure that children enjoy their fundamental rights, as enshrined in both the CRC (1989) and the Constitution of Zimbabwe (2013). According to UNICEF (2017) The Ministry of Public Services and Social Welfare in Zimbabwe runs the following Social Security Services and Child Protection Programmes:

*a). Provision of counselling and other psychosocial services*

Child protection services include the provision of counselling to abandoned, neglected and abused children. Street children can visit social workers at Makombe Building in Harare for some counselling. To what extent this facility remains functional for children remains to be determined.

b). Child security and safety.

The CRC stipulates that children have a right to be secure and safe. In line with this requirement, the Social Welfare Department temporarily removed street children from the CBD to places of safety to protect them from possible infection with the coronavirus. Some street children were committed at Ruwa Rehabilitation Centre, some few kilometres from the Harare CBD and others to children's homes. It is also involved in the removal of abused children from their parental homes if it is in their best interests.

c). Child adoption and foster services

The Social Welfare Department is mandated to facilitate child adoption and foster programmes in the country. Abandoned children can be legally adopted or placed in foster homes to give them a home and a family to meet their developmental needs.

d). Child-parent reunification services

Where it is feasible and in the best interests of a child, the department can facilitate the reunification process.

e). Basic Education Assistance Module (BEAM)

According to UNICEF (2017) BEAM benefits school going children aged between 6-19 years. Children from disadvantaged families and communities are assisted with school fees, levies and examination fees. This enables poor families to send their children to school.

ii). Harare Shelter for the Destitute

This is one of the welfare organisations in Harare, based at the Anglican Cathedral. It caters for children across the religious divide and mostly those from the streets. The organisation provides meals to destitute individuals on a daily basis, except on Saturdays and Sundays. Due to lack of funding, the organisation can hardly provide adequate meals, hence only one meal is offered to the destitute individuals per day. It also runs skills training programmes for street children, illiteracy and numeracy programmes for willing children living in the streets.

Contribution to scientific knowledge

Some past studies done elsewhere, did little to investigate the street children phenomenon from a gender perspective. Habtamu and Arindam, (2016); Aufseeser, (2017); Nathan and Fratkin, (2017); Chinyai, (2017) and Dutta, (2018) adopted a generalised view of the problems faced by street children, probably because boys outnumber girls in the streets. This particular study is unique in that, the gender dimension is introduced and challenges faced by girls were investigated and possible solutions proffered. This approach will facilitate gender



mainstreaming in policies and developmental programmes targeting street children. More studies on the girl child and sexuality issues in streets remains a possibility.

RESEARCH METHODOLOGY

Ethical considerations

Permission to conduct the study was sought from Harare City Council, Ministry of Public Services, Labour and Social Welfare and Harare Shelter for the Destitute, two weeks prior to data collection. Introductory letters were hand delivered to avoid a late start to field work. Oral informed consent was obtained from the research participants, prior to participation. All participants were advised that they had the right to withdraw from the study at any time without any negative consequences on their part. They were further assured of anonymity and confidentiality of their disclosures. To maintain anonymity, no names of participants were written on the questionnaires and interview schedules. Due to the sensitive nature of the study, some children could relive past emotional experiences. To counter these incidents, one of the researchers, a registered professional counsellor, was ready to help these children, through counselling. Social workers who participated in the study were also ready to offer the necessary on-going psycho-social support to the affected children.

Research methods

The study adopted a qualitative case study research design and non-probability sampling techniques. Purposive and convenience sampling methods were used to select child care workers and male street children who participated in the study. Snowballing sampling technique was used to select female street children because of their limited numbers in the streets compared to males who were readily available. Female children who were interviewed first were asked to recruit their willing peers into the study. A total of 28 boys and 8 girls aged between 12 and 22 years and living in the streets were selected and interviewed. Their bases were close to Cleveland House (City Council Offices) and an abandoned building situated in G. Silundika Avenue, between First and S. Nunjoma Streets. Under 12 years children were considered too young to comprehend some issues under discussion, and were thus left out. A total of 15 qualified and experienced child care workers were selected from Harare City Council, Department of Housing and Social Services, Social Welfare District Offices at Makombe and Harare Shelter for the Destitute located at the Anglican Cathedral. These were assumed to have acquired more child care experience and could thus provide valuable data. Semi structured questionnaires and interviews were used to elicit data from the child care workers and children respectively. These instruments contained both closed and open ended questions. The interview schedule was prepared in English. To facilitate easy comprehension by street children, who are often illiterate, questions were translated to Shona (local language) and responses were written in English, for the benefit of the wider scientific community. Children could be tempted to give the responses they think the researchers expected, thereby compromising the reliability of the findings. To improve the reliability, data obtained from observations were used to complement data obtained from the interviews and questionnaires. Singh (2017) propounds that observations are a direct and accurate method of data collection. To further improve the validity and reliability of the research findings, triangulation was adopted. Questionnaires were deemed appropriate for the child care workers, because they



were highly literate and could easily understand and complete the questionnaire unaided. The researcher left 10 questionnaires with contact persons at each institution and collected completed questionnaires the following day to give them ample time to complete the questionnaires. Each interview session lasted between 25-30 minutes and 15 children were interviewed each day. Children chose the interview venues within the CBD close to their bases.

FINDINGS AND DISCUSSIONS

Participants' Demographics

Male and female interviewees (street children) numbered 28 (78%) and 8 (22%) respectively. The average age was 17 years. 44% had attained lower primary education, while 53% had attained lower secondary education. The children had dropped out for various reasons. Those who attained secondary level education never sat for their final examinations. None of the children had tertiary level education. Only 1% indicated they never went to school. The findings suggest that low literacy levels are a risk factor in street life. There were no gender differences in terms of educational attainment and street children phenomenon. Results showed that child care workers were of the view that children who were denied the right to education at home were likely to run away from home. Children had been living in the streets for four years on average. Findings indicated that children were mature and had experience of street life and could therefore, give reliable data.

Amongst the 15 care workers (key informants), 87% had working experience of between 2 to above 5 years, while 13%, had less than 2 years of working experience with children. 73% of the professionals were females and the remainder were males. Females are assumed to be excellent care givers and would appreciate better child rearing practices compared to their male counterparts. Of the professionals, 67% were aged between 31 and to above 51 years. These were mature adults and could thus appreciate good child rearing practices. Qualified, experienced and mature child care workers gave reliable data on the subject.

Child neglect/abuse and street children prevalence

67% of child care workers held the view that child abuse and neglect at home were contributory factors to the street children phenomenon. 72% street children mentioned child abuse and maltreatment at home as contributory factors to running away from home. 42% indicated that they were abused at home and hence they ran away. 93% of those abused, cited close relatives that included aunts, uncles, grandparents, step parents, particularly step mothers, and other relatives as culprits, while 7% were abused by their biological parents. Closely related to child abuse was the issue of orphanage. 80% of Child Care Specialists indicated that orphanage caused some children to run away from home, as they lacked care and support.

A 16 year old girl revealed that she was raped by her step father's friend at the age of 13 years. The stepfather protected his friend, and chased her away and she sought refuge in the streets. This happened after the mother had died. She added:

"The treatment I got from the person I used to call father pained me a lot. I didn't expect such treatment" (Interviewee number 12)



To buttress the negative impacts of ‘bad parenting’, a female social worker in her late forties concurred thus:

‘My father used to treat us more strictly, he could ask us to till the fields each morning before going to school and we hated it. My father was too controlling and authoritative.’

The female social worker lamented the death of her mother, when her step-mother was very abusive and denied them food. Consequently, her younger sister ran away from home and she was impregnated by an old man. Diriba (2015) and Nathan and Fratkin (2018) support this notion of poor or bad parenting, when they argue that parental child abuse, particularly by step parents and death of parents or guardians were contributory factors to the street children phenomenon. Parental/guardian child abuse predisposes children to run away from home and start street lives. Child abuse and neglect at home appear to be leading contributory factors to the prevalence of street children. Other findings show that both child care workers and street children were of the view that families and communities could minimise child abuse cases by reporting cases of parental child abuse to the police.

Poverty factor in the street children phenomenon

53% of child care specialists were of the view that extreme poverty at home and to a greater extent, could cause a child to start street life. Child study participants (22%), indicated they ran away from home because of extreme poverty. They wanted to better their economic prospects out in the streets. A teenager Interviewee 8 (2021), a male aged 19 years disclosed that his mother left him with two siblings aged 15 months and 3 years, the mother never came back. The young man took up the responsibilities of a bread winner at 13 years. Realising the challenges involved with this responsibility, he later took the siblings to a relative and started life in the streets. He reacted thus:

“Our mother abandoned us and it pained me to helplessly watch my siblings suffering and with nothing to give them. I then started street life...”

Both children and child care workers held the view that street children need child economic empowerment to improve their economic status. They argued that mature and reliable children can be assisted to start self-help projects. This shows the magnitude of the impact of poverty on parenting and bringing up children. Nathan and Fratkin (2018) supported this view in their study, when they noted that young women in Ethiopia were driven into the streets by family poverty, a major contributory factor to the street children phenomenon.

Peer pressure/child misbehaviour as risk factors

All child care workers were of the view that peer pressure contributed to children running away from home. Contrary to this view, only 11% of child participants felt peer pressure caused them to run away from homes compared to 89% who cited other reasons. 44% child participants cited misbehaviour at home as forcing them to run away, fearing harsh parental disciplinary measures. 36% of children indicated they ran away from home because parents denied them freedom and an opportunity to interact with friends. The findings suggest that children who often misbehave at home and consequently disciplined, have a tendency of running away from home for the streets. Child care workers were of the opinion that parents and guardians could minimise the effects of peer pressure on their children by close supervision of their children and discouraging friendship based on criminality. Deduced from the interactions was that some



forms of parental discipline were so harsh children could not stand both the physical and psychological torture.

Family size and the street children pandemic

74% child care workers had observed over the years that the majority of street children tended to come from large families. Parents with large families could not adequately provide for their children, hence children would solicit for food in public spaces and eventually opt to stay out in the streets. The average family size amongst study participants was six members, with over 75% indicating a dire poverty status of their families. According to Diriba (2015), poor and big families often fail to provide adequately for the emotional and material needs of their children and this could encourage children to run away from home and start street lives. Large families tended to be a contributory factor to the street children phenomenon in Zimbabwe.

Perceptions around street children and crime

87% of care workers felt that street children tend to steal to earn a living, against the 13% that were of a different view. According to the care workers, street criminality tends to have a gender dimension. Girls, unlike their male counterparts, do not engage in theft. Stolen goods are usually petty items like hats, expensive women wigs, umbrellas, bottle drinks, necklaces, some food items and money. They cited one boy among the participants who was imprisoned for unlawful entry and theft of laptops and televisions. 50% of the children testified having stolen something, while the other half had not stolen anything from anyone. From both care workers and child participants, reasons for engaging in crime were varied. They included the influence of evil spirits, peer pressure, a desire to show off, hunger, needing money for bus fare, to buy food and drugs in the street. Some stole to pay bigger boys for 'protection services'.

Fierce and sometimes fatal street fights manifest and street children live in perpetual fear, hence, some steal so they get money to protect themselves from street gangs. Children cited a case where one male counterpart was stabbed to death by a colleague in January, 2021 over a cell phone that they had stolen. There is street lingo that children use. For example, forcibly taking someone's money or belongings is called '*kubayirirwa*,' in Shona. According to both caregivers and children in the street, bullying is a common practice. Children narrated a near recent incident where a male street child had his hands and legs tied to an abandoned vehicle that he used as his bedroom, thereafter, he was set on fire by unknown assailants and died in the inferno. Children committing murder, risk being arrested and imprisoned. Salihu (2019) concurs and argues that some groups of street children engage in very risky activities that range from drug dealings, robbery and theft in order to earn a living.

Street life and children's sexuality

All child care specialists observed that child sexual abuse and child promiscuity were common within the streets. 75% of the children were sexually active; they indicated that they were having sex in the streets. 96% of the sexually active children indicated that they had sex among themselves while 4% engaged in sex with members of the public who pick them up. 93% of the children consented to having sex, while 7% were raped. 67% child care workers alluded to the fact that male street children and other adult males in the streets are common sexual abusers. 33% held the view that members of the public tend to sexually abuse street children. Child care workers (67%) indicated that street children regularly contracted sexually transmitted diseases (STIs), HIV and unwanted pregnancies due to unprotected sex (Fig 1).

97% of the children knew at least one child in the street who had contracted an STI. Unwanted pregnancies amongst street children were cited by 93% of care



Figure 1: Pregnant Street Child

workers. Out of the 63% girls that got pregnant, two were blessed with babies during the study period. Sanitary ware and menstrual hygiene in the streets were a challenge cited by 67% of child care workers. Many girls could not afford menstrual pads and related items. Children (62%), posited that they use rags and tissues during menses. Observed were girls with blood stained clothes during the study period. Menstrual hygiene challenges exposed girls to vaginal tract infections as observed by Ndlovu and Bhala (2016), in a study of girls from poor families in Masvingo district of Zimbabwe. Some however, (30%), acknowledged that they received monthly sanitary pads from NGOs like Populations Services International (PSI), while others got public donations on a more regular basis. Girls engage in commercial sex so that they can buy themselves sanitary pads and other basic requirements. Kassaw (2019), observed that more girls than boys engaged in commercial sex work in Ethiopian streets, exposing children to a variety of health challenges. In support of these findings, Cucumber and Gwegweni (2015), argue that sexually transmitted infections such as gonorrhoea and HIV/AIDS were very high among street children. Sexual and reproductive health challenges in the streets are highly pronounced, a clear violation of the CRC (19...) on the children's right to health and safety.



Drugs and Substance Abuse

86% of child care workers noted that the majority of children abused drugs and related substances, in order to handle stress related to street life. Similarly, 94% of children acknowledged they took drugs and other substances to wade off stress. Children were observed taking cigarettes and sniffing glue. The most abused substances were contact adhesive glue, cigarettes, alcohol, and marijuana. Least used drugs were crystal meth, broncleer and dombo, these are dangerous drugs and few children use them. A pregnant girl was observed sniffing glue, thereby, exposing the unborn child to some health complications.

There appeared to be age differences in the usage of glue, Younger girls and boys sniffed glue more than older boys and girls. UNODC, (2018) posits that young people exposed to extremely difficult living conditions tend to use drugs in order to cope with their difficult situations. However, taking drugs is only a temporary intervention and it is not sustainable and in some instances, it can cause more harm than good, as children become addicted. Children and child care workers were of the opinion that Government and Child NGOs could minimise the problems of drugs and substance abuse by conducting conferences and awareness programmes on the dangers of drugs and substance abuse. Children indicated that drugs and substances were readily available in the streets. Supplies are adult street vendors at CopaCabana Bus termini and Mbare Suburb. Ironically, adults are supposed to protect children from harm.

Street life and public health concerns

Child care workers (53%), believed that street children were aware of the public health issues in street life. Observed was that about 80 % of child participants were not wearing face masks and hardly practised social distancing. 81% children argued it was difficult to source face masks in the streets. Many looked for used masks in bins, and washed them for reuse. Some travelled approximately 6 kilometres to Edith Clinic in Mbare to access free masks. Street children were at great risk of contracting COVID-19. Children experienced survival challenges during the COVID-19 related restrictions and lockdowns. Shops were closed, and less people visited the CBD, translating to less or no food for street children.

Child abuse and maltreatment in the streets

The majority of children (89%) were physically and emotionally abused, particularly when they first camped in the streets, while 11% indicated that they have never been abused. The majority reported physical abuse and bullying by older street children and had their belongings (nice clothes, money and shoes) forcibly taken away. Other children reported harassment and beatings by police, accusing them of criminal activities and asking for bribes in exchange for freedom. Child care workers (60%) argued that there was an unhealthy relationship between street children, the public and police, while 50% children believed that there was a bad relationship between them and the police. Children complained about police harassment and beatings as the police treat them as criminal suspects always. In line with these findings, Aufseeser (2017) asserts that street children face abuse from the police, contempt and hostility from the public and in some instances; they are abused by peers or adults. Three girls and one boy in the study, reported rape by members of the public and attempted sodomy by other male street children, respectively. Girls are often beaten up by their boyfriends (other street children) for suspected loose sexual morals. From the findings, it can be deduced that child abuse is rampant in the streets. Child care workers were of the opinion that to reduce child sexual abuse



and other forms of child abuse in streets, it was important for the Government and other child based NGOs to conduct some workshops and awareness programmes on gender based violence. Children need to be educated on their fundamental rights and empowered to control their sexuality.

Other street challenges

Most of the children lack basic life necessities such as food, clothes, blankets, sanitary ware and decent places to sleep and sleep in the open exposed to bad weather elements. Some get very ill and struggle to get medical treatment. . According to Salihu (2019), some children indicated that they often got sick and their friends took them to the pharmacy for some treatment. It was also observed that the majority of these children lack proper national identification documents.

Street life and group leadership

67% of children were of the view that there were no group leaders at their bases. Individuals were independent and could make independent decisions. These findings suggest that there could be anarchy and disorder at these bases. 33% of the children however, argued that leaders exist at each base to maintain order and harmony among children. They explained that older children or adults at these bases tend to be respected and assume leadership roles.

Results show that street children engage in various activities, legal and illegal in order to get money for livelihoods, ranging from, prostitution, theft and robbery. Some engage in legal activities including begging, vending, receiving handouts from the public, washing and guarding cars, touting, carrying luggage and selling card boxes and plastics to recycling companies. . Salihu (2019) in support of the above findings argues that some groups of street children engage in very risky activities that range from: drug dealings, robbery and theft.

RECOMMENDATIONS

A multi sectoral approach needs to be adopted if the street children phenomenon is to be addressed. Parents/ guardians and children are encouraged to avoid abusing each other. Should disagreements and challenges happen, they are encouraged to seek professional and spiritual counselling services. Through awareness campaigns and education by various government and partner agencies, communities will be encouraged to shun child abuse and domestic violence. Programmes specifically targeting families in distress, identified after thorough research and consultations at community level, should be tailor made to assist such families and build their capacity for parenting and economic empowerment. Faith Based Organisations (FBOs) and the public, through increased consultations will be encouraged to adopt children in the streets where possible. This will give the adopted children a home and be able to acquire good familial norms and values and be good citizens. Society needs behavioural and perception change when it comes to dealing with the street children challenge.

The street children challenges should feature in the school and Zimbabwe Republic Police (ZRP) curricular as part of efforts to tackle discrimination and stigmatisation of street children. Boarding schools for example could also adopt some street children who will remain at school when schools close. This is to assist in building active and responsible citizenry. Private



businesses should be motivated to employ older street children in safe and age appropriate environments. This of course comes with a lot of education and engagement by community based organizations that should also help street children start self-help projects in pieces of land set aside by local authorities.

The Government, through the Ministry of Labour and Social Welfare is encouraged to adopt a case by case approach, as compared to the one size fits all approach, as it designs programmes and interventions to help these children. Some children require family reintegration, while others are better off living in the streets as their families have turned into war zones and others respond well to placement at children's homes. Government departments such as Schools Psychological Services and Ministry of Labour and Social Welfare are encouraged to design programme interventions that help children in the streets to positively handle the daily harsh realities of street life. Children should be educated about their human rights and be empowered to control their sexuality (at school, clubs and other appropriate platforms). The Government, through hospitals and clinics should consider availing free contraceptives and sanitary pads to sexually active vulnerable girls, free of charge.

The Ministry of Health should conduct awareness programmes on public health concerns that target street children. Street children need to be educated on the dangers of COVID -19 and be supplied with protective clothing such as face masks. They should be encouraged to report cases of sexual abuse within 72 hours of occurrence in order to minimise HIV/AIDS infection and unwanted pregnancies (Post Exposure Prophylaxis).

CONCLUSION

A child's family living conditions play a critical role in determining whether children will remain at home or will move out and take residence in the streets. Poverty, marital breakdown, poor parenting, child abuse, neglect, orphanage and poor quality of relationship with family members, contribute to increasing street children phenomenon. The family as the primary agent of socialisation is key in guiding interventions aimed at reducing the challenge of street children. Street children raise at average between 36 and 42 USD per month, through activities ranging from begging, part time work, carrying luggage for travellers and shoppers and gathering and selling of card boxes and plastic bottles and commercial sex, and this is a big attraction to many a child in distress. Interventions, therefore, should consider this factor to ensure there is motivation to stay home.

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