



# AIDS and Street Children in Zimbabwe



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## ABSTRACT

Street children are children for whom the street (including unoccupied dwellings and wasteland) has become a habitual abode and/or source of livelihood, and who are not adequately protected, supervised or directed by responsible adults. In 2000, UNICEF estimated that there were 12,000 children in this category in Zimbabwe. At the same time, UNAIDS estimated that there were 624,000 maternal and double orphans under the age of 15 living in Zimbabwe. Both statistics are increasing rapidly. It is usually assumed that the growing number of street children in Southern Africa is a result of the AIDS epidemic, but this assumption has never been tested. Studies of orphans in Zimbabwe generally find that a surprisingly small number become street children, although a small proportion of a very large number may still be a large number. There are other reasons why children may be found living on the streets, especially in the current economic crisis in Zimbabwe. The study was therefore carried out to explore the main causes for the increase in the number of street children in Zimbabwe, and to determine the contribution of AIDS to this phenomenon.

The research was carried out in Mutare and Bulawayo, two provincial capitals and the second and third largest city of Zimbabwe respectively. 150 street children were selected in each city from the registers of two programmes of the Scripture Union of Zimbabwe, the Simukai Street Youth Project in Mutare and the Thuthuka Street Children's Project in Bulawayo. After giving verbal consent, the children were interviewed using a structured questionnaire. 115 of them lived permanently on the streets or in wastelands, and 185 lived with parents or guardians but spent most of their day on the street. Additional information was obtained through two focus group discussions with children and three focus group discussions with guardians of street children selected from the registers of the two programmes.

The children's mean age was 14.4 years; 10% were below the age of ten. The majority (77%) of children surveyed were male. The main factors that led them to the street were (in decreasing order of frequency) poverty, desire to handle their own money, ill treatment by guardians, orphanhood, spiritual influence, ill treatment by parents, and overcrowding at home. 9% of the children were maternal orphans, 25% were paternal orphans, and 17% were double orphans. The majority of double orphans (56%) and of maternal orphans (58%) lived on the street most of the time. The majority of paternal orphans (68%) and of non-orphaned children (71%) lived at home or with a guardian. Of the paternal orphans, 59% lived with their mother, but only 6% of the maternal orphans lived with their father. A large proportion of orphaned children described the death of their parent in terms consistent with a diagnosis of AIDS.

Half of the street children in Zimbabwe are orphans, the majority orphaned by AIDS. Street children who are maternal or double orphans are more likely to be living permanently on the street, while street children who are paternal orphans or non-orphans children are more likely to be living in homes.

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## **ABBREVIATIONS**

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immuno Deficiency Virus
NGO	Non-governmental organisation
SAT	Southern African AIDS Training Programme
SPSS	Statistical Package for Social Scientists
STI	Sexually Transmitted Infection
UNAIDS	United Nations Joint Programme on AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation

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# CHAPTER 1

## INTRODUCTION

### 1.1 Background

The predicament of children living and working on the streets in urban areas appears to be a recent phenomenon in Zimbabwe. It is compelling to believe that recent increases are due to the AIDS epidemic, but there are many other social factors that contribute to the loosening of familial ties, and there is no information to directly link the number of street children to the AIDS epidemic.

Prior to independence in 1980 it was almost impossible for children to work in the streets as vendors, car-washers, beggars, or parking boys because municipal by-laws which restrict this were brutally enforced. With independence, such enforcement of the restrictions became slack and unpredictable, leading to an increase in the number of children on the streets. (Muchini, 2000).

After independence, more children came onto the streets due to the inability of the Zimbabwean economy to create sufficient formal employment. Recurrent drought periods and the civil war that was being fought in Mozambique also contributed to the increase in street children. The Mozambican war displaced many people, mainly children and women. Muchini and Nyandiya-Bundy (1991) found a substantial number of street children in Zimbabwe who were displaced Mozambicans.

The phenomenon of street children in all countries seems to be resultant of basic social, economic and environmental causes (Auret, 1995; Bourdillon, 1991; Dube, 1999; Muchini, op. cit., Muchini and Nyandiya-Bundy, op. cit.) but research has made little or no reference to the contribution of the AIDS epidemic. The term "street children" and its various mutants like "street kids", "street boys", "parking boys", "car-washers", "teenage beggars", "street bums", and "children on their own", refers to a complex phenomenon. It is a problem whose manifestations are seated in several causal factors. A careful analysis of the street children phenomenon reflects a number of immediate, underlying and basic causes. Available literature on street children in Zimbabwe from academic presentations, journal articles, books by researchers and situational analysis and survey reports show a plethora of causal factors and effects to the street children problem but this research is largely silent about the contribution of the AIDS epidemic.

### 1.2 Definition of Street Children

The universal definition of street children makes a distinction between children *on the street* and children *of the street*.

The most common definition of a street child is "any girl or boy who has not reached adulthood, for whom the street (in the broadest sense of the word, including unoccupied dwellings and wasteland) has become his/her habitual abode and/or sources of livelihood,

and who is inadequately protected, supervised or directed by responsible adults” (Inter-NGO, Forum 1985).

In this study the term street children is used to refer to children who work and/or sleep in the streets. Such children may be adequately supervised or directed by responsible adults and include the two categories referred to as those *on the street* and those *of the street* (Agnelli, op. cit., p. 34). Other researchers identified these two categories amongst different street children populations (e.g. Dube et. Al, 1996).

Children on the street are those “whose family support base has become increasingly weakened and who must share the responsibility of survival by working on the city streets and market places. For these children, the home ceases to be the centre for play, culture and daily life. Nevertheless, while the street becomes their daytime occupation, most of these children return home most nights. Although their family relationships may be deteriorating, they are still definitely in place, and these children continue to view life from the point of view of their families.” (Taçon, 1985). They earn their living or beg for money on the street and return home at night, therefore keeping some links with their families. This distinction is important since children on the street have families and homes to go to at night, whereas children of the street live on the streets and probably lack any kind of parental, emotional and psychological support normally found in parenting situations.

Children of the streets are a much smaller number of children who struggle daily to survive. While often abandoned, they too might have abandoned their families. Tired of insecurity and rejection, their ties with home have now been broken and they are without families (Taçon, 1985). They are homeless and live and sleep in the streets of urban areas. They are totally on their own, living with other street children or adult, homeless street people.

### **1.3 Problems of Definition**

While the distinction between children on the street and of the street has been useful, some overlap and grey areas still remain. Some children of the street may have been abandoned and rejected by their families whilst others may have left their families due to prevailing circumstances. Muchini (1994) noted that in a “sense they abandoned the family”. Other children may be those who wander into the streets and get involved in street activities with other children.

Muchini (1994) notes that there are also children of the street who maintain links with family members whilst others have totally severed filial links. Some children of the street may visit their mothers staying with "step-fathers" (or vice versa) once in a while or may visit other siblings and return to their street "homes". Muchini (op. cit.) further observes that the degrees to which filial linkages are maintained also differ for different children. The quality of contacts also differs. The same can be said of children on the street. Children classified as on the street include those in the grey area, who sometimes sleep on the streets and sometimes sleep at home. In a sense they are

gradually becoming children of the street and are thus in a transitional stage. This category also includes those staying with distant relatives and those who stay with employers. Thus, categorising street children into only two categories may cloud the continuity of the children's connectedness with their families.

However, for the purposes of this research, the term 'street children' refers to children *on* and *of* the street in the age range 0-18 years. This is in accordance with the African Charter on the Rights and Welfare of the Child, Article 1i.

#### **1.4 Problem Statement**

There are over twelve thousand (12,000) street children in Zimbabwe (UNICEF, 2000). There has been a significant increase in the numbers of street children in Bulawayo and Mutare since 1997. A survey carried out by the Simukai Street Youth Programme in 2000 revealed that AIDS has played a major role in the increase in the number of orphans arriving on the streets, but this assumption has never been tested. As a group, the numbers of street children are relatively small in relation to other groups of marginalised children, but this is exceeded by their reputation.

There is a general assumption that the growing numbers of street children in Zimbabwe are a result of the HIV epidemic. This assumption has never been tested. Living on the streets is apparently a relatively rare outcome of children orphaned by AIDS. But is it getting more common? Are there other factors that determine this outcome? What are the dominant factors and can these be taken into consideration when developing support programmes for children in need? Research is therefore needed to determine whether this is becoming more common. This study will be conducted into the living conditions of the street children and with even greater priority, into the factors that have led them to break family ties and 'choose' the street life.

Reasons normally cited for the larger number of street children include the increasing number of families surviving under extreme poverty, unemployment, lack of opportunity for social mobility and strained family relationships (Bourdillon, *op. cit.*; Muchini, *op. cit.*). HIV/AIDS is a potent cause of poverty. Households with family members who are living with AIDS experience high expenditures in costs of seeking medical care, special diets, funeral expenses, and property removal. All these impact on the children as their health, nutrition and attention from parents deteriorate. In 1999, over 60% of the Zimbabwean population lived below the poverty datum line (UNICEF, 1999).

Another dilemma is that it is difficult to run effective intervention programmes for street children since they are manifestations of profound social illnesses that do not respond to quick and easy solutions. The sickness and subsequent death of a parent due to AIDS may precipitate a family deeper into poverty, resulting in children going to work or becoming street children. Research is therefore needed to determine the dominant factors to be taken for consideration for effective interventions, as community responses are generally weak for street children. Failure has characterised many programmes that

have not considered the children's personal needs and freedom of choice in the provision of services and those that have addressed the symptoms rather than the causal factors.

## **1.5 Objective and Rationale**

This research is a collaboration among the SAT Programme, Simukai Street Youth Project and Thuthuka Street Children's Project. Simukai is a joint initiative of the Family AIDS Caring Trust – Mutare and Scripture Union, while Thuthuka is an initiative of Scripture Union. The objective of the study was to determine the factors that have led to the apparent increase in the number of street children in Zimbabwe, and the extent to which AIDS has contributed to this increase.

Community responses to AIDS in Zimbabwe, particularly on the issue of increasing numbers of orphans, are generally strong. However, there are few effective initiatives for the assistance and re-integration of street children into society. The problems facing street children are complex, and there are no quick and easy solutions. Programmes for street children in Zimbabwe have often failed, because they have addressed the symptoms rather than the causes of the problem.

The Simukai Street Youth Programme in Mutare and the Thuthuka Street Children's Project in Bulawayo have recently observed a significant increase in the number of street children. In comparison with the very large number of orphans in Zimbabwe this is still a small group, yet it may represent the tip of the iceberg of vulnerability and social disruption due to AIDS. A better understanding of the street children phenomenon and of the contribution of AIDS to this phenomenon is needed for the formulation of effective policies, strategies, and programmes for child protection in Zimbabwe.

# CHAPTER 2

## LITERATURE REVIEW

### 2.1 Introduction

There are over twelve thousand (12,000) street children in Zimbabwe (UNICEF, 2000). There has been a significant increase in the numbers of street children in Bulawayo and Mutare since 1997. A survey carried out by the Simukai Street Youth Programme in 2000 suggested that AIDS had played a major role in the increase in the number of orphans finding their way to the streets, but this assumption has never been tested. As a group, the numbers of street children are relatively small in relation to other groups of marginalised children, but this is exceeded by their reputation. Street children are seen to lack the primary socialisation and modelling framework of the family that is thought to foster healthy growth and development. As such, they are perceived to be developmentally at risk.

AIDS is an increasing problem in many poor urban cities. UNICEF estimates that AIDS produces 60,000 new orphans each year. The numbers of orphans are rapidly growing. The proportion of orphans is projected to reach 1.1 million or one third of all children under 15 years of age between 2000 and 2005. AIDS orphans are dispersed among members of the extended family living in rural and urban areas, whose resources are already over-stretched. Recent statistics on HIV and AIDS and numbers of AIDS orphans as reported by Compassion International (September 2000) are staggering. The number of children living with HIV/AIDS increased from 830,000 in 1996 to 1.2 million in 1999, an increase of almost 50%. The World Health Organisation (WHO) estimated that 9 million of these orphans would be from sub-Saharan Africa. The International Herald Tribune in 1998 reported that 'In East Africa, 40 percent of children aged 15 or younger have lost their mother or both parents.' Not surprisingly, UNAIDS (1999) actually reported 11.2 million AIDS orphans at the end of 1999. According to 1995 statistics published by UNAIDS/WHO, the ten countries most affected with AIDS orphans were all on the continent of Africa. More than 4.5 million children under 15 years had lost either their mother or both parents to AIDS. The problem of escalating numbers of orphans due to AIDS is not limited to Africa. In Thailand, 'more than 5,000 children are born each year with HIV. About 63,000 children under the age of 15 will be infected with HIV and 47,000 will die of AIDS by the year 2000' (UNAIDS, 1996). In South America, Foster (1998) predicts that by the year 2019, the child mortality rate will double in Guyana and increase by 33% in Brazil. According to USAID, by 2010 Zimbabwe's life expectancy will have dropped to approximately 30 years due to the AIDS menace. This will certainly compound the already evident problems in urban areas where support from the extended family is not always available. Elderly relatives, such as grandparents, are often unable to cope with looking after orphaned children. Even in rural areas, the extended family has become increasingly over-burdened with caring for the sick and dying, and orphaned children.

In the countries most affected by AIDS, there has been growing concern over the number of orphans, a problem that has increased largely as a result of the pandemic. It has been difficult to track this trend because there are few estimates of the number children orphaned by AIDS because those estimates that do exist are not comparable from one country to another. However, the needs of these children and their growing numbers mean that governments, donors, non-governmental organisations, religious bodies and others concerned about child welfare must take this trend seriously. The death of a mother, in particular, has dramatic psychosocial consequences on a child. Being orphaned is only one of the many ways children are affected by AIDS. Long before children become orphaned, they are living with parents or close relatives who are suffering a progressive deterioration of their health, and who are gradually losing the ability to provide the necessary care and supervision of their children. Family income decreases and children, usually the older girls, may be withdrawn from school to assist in household chores, child care, home care, income generation, or just to reduce household expenses. Becoming an orphan is just one more milestone on a child's long path of progressive deterioration in quality of life and increasing emotional strain. At least one in four children in Zimbabwe can be found somewhere on this trajectory (SAT unpublished, 2001). Children need nurturing, and when their households break up, siblings are sent to live with different members of the extended family. The cohesion, love and nurturing that the children experienced in their own families is sometimes lost. Loss of income results in economic deprivation. When a father dies of AIDS, the trauma continues as the children often lose their mother to illness as well.

The growing number of orphans will have a profound impact on the societies in which they live. Orphans may suffer the loss of their families, depression, increased malnutrition, lack of immunisation or health care, increased demands for labour, fewer opportunities for schooling, loss of inheritance, forced migration, homelessness, vagrancy, starvation, crime, stigmatisation, and exposure to HIV infection. With projections suggesting that orphans will eventually comprise up to a third of the population under age 15 in some countries, this outgrowth of the AIDS pandemic may create a lost generation; a large cohort of disadvantaged, undereducated and less than healthy youths. The threat to the prospects for economic growth and development in the most seriously affected areas is considerable.

The vulnerability of these children is increased by the geographic concentration of the AIDS pandemic; vulnerable children are cared for by vulnerable families and reside in vulnerable communities. Many of the communities most affected by AIDS are impoverished and isolated. Left with little or no outside assistance, some have devised creative programmes to identify and assist the needy families and there are similarities among these community-based responses. For example, many programmes include mechanisms for assessing the needs of families and for monitoring the welfare of affected children. Many also include labour-sharing arrangements for day care and nutrition centres, agricultural work and other income-generating projects; home repair and home care for the ill and for orphans. Paradoxically, these community-based support systems may be least visible but most cost-effective ways to help families (Hunter and Williamson, 1997).

## 2.2 Causes of the Street Children Phenomenon

Many of the causes of the street children are economic and include extreme poverty, hunger, poor economy, and high unemployment. The Economic Structural Adjustment Programmes which were introduced by the Government of Zimbabwe in the early 1980s were accompanied by social problems, especially to the vulnerable segments of the society such as the poor and unemployed (UNDP, 1999). Inadequate policy planning, formulation and implementation, lack of co-ordinated services and rural-urban migration have been cited. Many more still are social, such as broken and reconstituted families, death of one or both parents and divorce. Some children cite running away from physically, emotionally or sexually abusive environments or severe punishment, often from being a targeted stepchild. Boys staying with single mothers, some of whom are commercial sex workers, often move out or are rejected and pushed out.

After independence more children came onto the streets due to the inability of the Zimbabwean economy to create sufficient formal employment since 1975, recurrent drought periods and the war that was in Mozambique. The Mozambican war displaced many people, mainly children and women. Muchini and Nyandiya-Bundy (1991) found a substantial number of street children in Zimbabwe who were displaced Mozambicans. This finding was also verified in the study that found that almost all vendors at Mbare Musika in Harare were of Mozambican origin (Dube et. al. 1996). The study conducted by the Simukai Street Youth Project also confirmed that in Mutare, a substantial number of street children were of Mozambican origin.

Urban stress is due to a complex and dynamic inter-relationship of variables such as physical and psychosocial stimuli. These include the high density of houses in the townships, unhealthy housing, lack of safe public places, limited adult-child and child-child interactions and the breakdown of familial co-operation. In turn, precursors of disease or discomfort such as truancy, substance abuse and petty juvenile crime may lead to impaired quality of life as evidenced by substance abuse, serious crimes, child morbidity and child mortality.

There are many more male than female street children, although young girls are becoming increasingly more visible. Numbers increase during school holidays and weekends, which indicates the presence of school-going children among street children. Research suggests that families try to keep the girls at home; either to help with the housework or to prevent them from falling into prostitution.

Contrary to popular belief, the majority of urban poor children currently on the streets live in two-parent families, although not necessarily both their own parents. Research has shown that most children come from nuclear families, a significant portion of families are female headed and only a small proportion of these children have severed all contact, or maintain only intermittent contact with their family.

The issue of street children is often complex and easily misinterpreted. The families of street children are often considered negligent, but this indictment ignores the social

causes that have marginalised a significant part of the urban population and forced them into a full-time struggle for survival. Subsequent stress and adult frustrations often lead to abuse. As can be expected, most children claim that they 'chose' to live on the streets in order to help their families. However, other pressures and motivations have also been identified, including the attraction of a 'freer' life with friends in the streets, and more importantly, conflicting family relationships and a home life marred by abuse and violence.

Data disaggregated by sex are virtually non-existent. Little attention has been paid to how girls live on the street or how they were initiated into the street world, despite growing public concern about the phenomenon. A few studies have suggested that girls generally leave home after confrontation with their parents, ending with the girls' refusal to assume the role that the family wishes to impose upon them. Leaving home in the case of girls, in contrast to boys, often implies the total rupture of family ties.

### **2.3 Characteristics of the Families of Street Children**

The families of street children are often found to be migrants, people evicted from their homes and uprooted many times. They may have lost critical family support by moving. Most live below the poverty line. They are often incomplete households that have lost a main household member. Their diminished family strength is often related to loss of parent's employment. Street children continually face special crises such as eviction, migration, lack or loss of parent to illness, loss of parent's employment, parental frustrations, family violence, overburden and stress. This results in total disintegration of co-operation within the family.

### **2.4 The Impact of AIDS on Families**

All members of the household share the problems caused by AIDS. The locus of care for patients is the family because of poverty or a lack of access to institutional care, personal preference and cultural norms. Changes in family composition and increased poverty limit the ability of most families to provide care for the sick family members. Most AIDS patients now care for themselves or are assisted by female relatives.

Many households often cannot afford even basic medicines to treat opportunistic infections to make patients more comfortable so that they can die in dignity. The demands of caring for sick family members may lead caregivers to neglect their own needs or the needs of other members of the household, hence some children may drift to the streets.

AIDS places new demands on family resources and reduces the time adults can spend on income generating activities. When HIV infection results in illness, adult family members are less able to take care of their children. The demands for child labour for household chores, income-generating work or care for an ailing parent increase. Girls often face pressure to marry at younger ages. Households with AIDS typically spend a whole year's income meeting treatment and funeral costs. Many families are impoverished by AIDS, particularly those with little savings or reserves and female-headed households are especially vulnerable.

AIDS causes the dissolution of households. Children may be fostered or adopted prior to the death of a parent. Orphans can be cared for by the extended family. According to Blanc (1994), the extended family has not completely broken down. It is very much evident during funeral and marriage ceremonies. In relation to care and guidance of its young, the extended family is sometimes found wanting. Some children are readily absorbed into their maternal or paternal families and little is heard of or known of them being orphans. Increasing numbers of children are slipping through the extended family safety net, leading to child headed households, street children and child labour; However, for many, orphanhood is yet another step into an uncertain future for their plight begins well before their parents die. Orphans are at risk of homelessness, ranging from parents who had no home, who were lodgers or lived on a commercial farm, mine or mortgaged property.

The problems of children affected by AIDS begin long before their parents die and extend beyond their individual households to affect relatives, neighbours and whole communities. Children's psychological distress begins with the parent's illness, and they are left emotionally and physically vulnerable by the death of one or both parents. They may suffer lingering emotional problems from attending to dying parents and seeing their parents die. Orphans are more likely to be removed from school because of the loss of the household income and labour. They experience higher morbidity and mortality and decreased nutrition. They are also at risk of being left homeless.

AIDS-related deaths lead to a redistribution of household assets, often with the disenfranchisement of women and children. However, redistribution, according to customary law, favours the relatives of the male head of the household. It is sometimes blocked by family and members of the community, which indicates a considerable change in attitudes and beliefs. In many cases, widows have difficulty in remarrying or when they do remarry, their husbands are often reluctant to assume responsibility for stepchildren.

AIDS also affects the nature of households. There is an increase in multigenerational households without the middle income-generating generation. There is an increase in female-headed households that have little access to family or external resources. The roles of family members change. Children may also care for sick adults and work to produce food and generate income. Children are also marrying younger. With increased mortality amongst adults, older people will provide more care for children and the ill. This burden will fall disproportionately on elderly women, who are not only burdened with care of the young, but also experience economic setbacks because of the lack of support of their children.

The proportion of households with orphans, already substantial, is projected to increase. A study by the Zambian Ministry of Health estimated that 40% of households in the country have one or more orphans and that widows head 16% of households. The 1995, Ugandan DHS found that 25% of all households included foster children under the age of fifteen. A pertinent question is how many of these children eventually find themselves on the street.

## **2.5 Manifestations of the Street Children Phenomenon**

Problems faced by street children include inadequate clothing, poor physical health, lack of parental care, love and guidance, lack of financial resources, abuse and neglect. Street children are exposed to the risk of contracting HIV and other Sexually Transmitted Infections (STIs), and they may resort to early marriage, child prostitution to meet basic needs, and drug and alcohol abuse. Other manifestations include child-headed households, stigmatisation and discrimination.

It is certain that street children grow up lacking essential elements of social structure and parental guidance. As a consequence, and as an additional factor of risk, drug use ranging from drinking alcohol to sniffing solvents is almost universal among these children. They are likely to be initiated into sexual activities at a very young age through sexual abuse, child prostitution, and through more or less consensual sex among each other. The children are highly vulnerable to contracting HIV, and once infected are highly vulnerable to suffering severe and early consequences of AIDS because of their generally poor status of health.

## **2.6 The Policy Environment**

According to the Children's Protection and Adoption Act (chapter 5:6 of 1996), a child or young person who begs and engages in street trading is considered to be "a child in need of care". Street trading includes hawking of goods, distributing handbills and pamphlets, shoe cleaning, car guarding and other similar occupations carried on in public places. Both children on the street and of the street are in contravention of this Act. Police Officers and Probation Officers are mandated to remove such children from the street to a place of safety (section 14). Over the years, episodic removal of children from the streets while achieving some success has proved to be a temporary solution. Some former street children return to the street and are initiated further into street life, as the factors that continue to drive them onto the street remain unaddressed.

The same Act also makes it an offence for a parent, guardian or any person to cause a child or young person to beg (section 10). Yet in the towns and cities of Zimbabwe, parents and other adults begging are a common sight. These adults are often accompanied by their children. Government's position is that it supports efforts to re-integrate children with their families, but the lack of personnel dedicated to street children often hinders these efforts.

A visible and high-risk urban group is older children who leave their homes and community to work in the streets. These are children who, for decades simply have been removed from the streets in many countries by the police, judiciary and social service systems and put in institutions, sometimes until they reached legal adulthood. To this day, street children continue to be one of the major groups that seeks to use the Convention on the Rights of the Child, in addition to national and local legislation, as an important new tool to protect the rights of children and adolescents, both on the legal and programmatic levels.

## **CHAPTER 3**

### **METHODOLOGY**

In April and May 2001, we conducted a questionnaire survey and a series of focus group discussions with street children and their guardians in Bulawayo and Mutare. In both cities, we started out from the records of the two street children's projects, Thuthuka and Simukai. After identifying the children and the usual places where they could be found, we used a snow-balling technique of asking children to introduce us to others. In this way, we conducted questionnaire interviews with 153 children in Bulawayo and 147 in Mutare. These numbers represent nearly all street children meeting our definition in the two cities during the seven days of the interviews. However, the population is very mobile and numbers increase and decrease depending on the level of municipal by-law enforcement.

The questionnaire was pre-tested in focus groups with street children in both cities. It was administered by trained research assistants in Shona or Ndebele after verbal consent was obtained. In both study areas, contacts were made on the streets, in parking bays, outside cinemas, market places, bus termini, and in places where the children go for free meals, to sleep, or take baths. Confidentiality of the interview was assured. Children requiring follow-up on issues raised during the interviews were referred to one of the two collaborating street children's projects.

In addition, we conducted two focus group discussions with street children in Bulawayo and Mutare, and three group discussions with parents and guardians of street children chosen from the registers of the Thuthuka and Simukai projects. Each group had approximately ten participants.

We questioned orphaned children about the death of their parent or parents. However, the diagnosis of AIDS is rarely entered in medical records or death certificates in Zimbabwe, it is hardly ever communicated to the family, and never to children. We therefore asked the children to describe the type of illness their mother or father suffered prior to their death. From this information we were able to infer a likely diagnosis of AIDS.

The information obtained was coded and analysed using Epi-Info and SPSS software.

# CHAPTER 4

## PRESENTATION OF FINDINGS

### 4.1: Demographic Characteristics of the Sample

Table 1 presents the profile of the 300 children who participated in the questionnaire survey.

**Table 1: Demographic Characteristics of Respondents**

Street children	Bulawayo (n = 153) %	Mutare (n= 147) %	Total (n = 300) %
<b>Age</b>			
7 - 9 years	4.6	7.5	6.1
10 - 14 years	48.4	28.1	38.3
15 - 18 years	47.0	64.4	55.7
<b>Sex</b>			
Male	73.2	81.3	77.3
Female	26.8	18.7	22.8
<b>Education status</b>			
No formal education	2.0	11.3	6.6
Attending or completed Primary	68.2	65.3	66.8
Attending or some Secondary	29.8	23.4	26.6
<b>Size of families</b>			
1 – 3	28.8	29.3	29.1
4 – 6	42.5	47.3	44.9
7 – 9	23.5	19.3	21.4
>10	5.2	4.0	4.6
<b>Activities on the street</b>			
Washing cars	5.5	25.7	15.6
Begging	35.2	30.6	23.9
Vending	63.3	69.4	48.5
Touting	2.3	9.7	4.6
Nothing	2.3	0.0	
Other	23.4	6.3	11.3
<b>Average daily earnings</b>			
Below 100 ZWD	41.8	39.3	40.6
100 – 499 ZWD <sup>1</sup>	49.7	52.7	51.2
500 – 999 ZWD	7.2	6.7	6.9
1000 –1500 ZWD <sup>2</sup>	1.3	1.3	1.3

<sup>1</sup> Approximately equivalent to the salary of an unskilled domestic worker

<sup>2</sup> Approximately equivalent to the salary of a semi-skilled worker

<b>Uses of earnings<sup>3</sup></b>			
Buy basic necessities	64.7	66.9	65.8
Contribute to household income	48.0	54.4	51.2
Buy alcohol and drugs	2.0	8.1	5.1
Pay for protection	0.0	2.2	1.1
No response	1.0	11.3	6.7
Other	50.0	15.4	32.7
<b>Since when on the streets?</b>			
1 - 5 months	29.9	30.4	30.2
6 - 11 months	7.3	17.6	12.5
12 - 35 months	43.8	27.2	35.5
36 - 59 months	14.6	18.4	16.5
84 – 120 months	4.4	6.4	5.5

Most of the street children are boys aged 15 to 18 years. They come from average to large sized families and have completed primary education. Most earn their living by begging or vending. At least half of them report an income that is equivalent or superior to that of an unskilled formal sector worker. More than half of them have been on the street for more than a year.

Girls may be under-represented in our survey. Some of them are involved in street prostitution, are found on the street only after dark, are less open to be interviewed, and are less likely to contact the street children's support projects. Nevertheless, even if we consider this sampling bias, there are many more boys than girls on the street. In the focus groups, the children told us that girls are more useful around the house, participating in chores such as cooking and washing. They are also a potential source of income for the family through the receipt of bride wealth upon marriage. Girls are therefore better looked after than boys who, according to the children's own view, are more "stubborn and mischievous" (assertive?) and more likely to run away from home.

The following three tables summarise the information related to the children's orphan status, abode, and guardianship.

**Table 2: Orphan status of street children<sup>4</sup>**

<b>Orphan status</b>	<b>Bulawayo</b>	<b>Mutare</b>	<b>Total</b>	<b>Proportion</b>
Paternal orphans	31	38	69	24.9 %
Double orphans	15	33	48	17.3 %
Maternal orphan	12	12	24	8.7 %
Non-orphans	77	59	136	49.1 %
<b>Total</b>	<b>135</b>	<b>142</b>	<b>277</b>	<b>100.0 %</b>

<sup>3</sup> More than one answer per respondent

<sup>4</sup> 23 children did not know the survival status of their parents

**Table 3: Guardianship of street children**

<b>Guardian</b>	<b>Non-orphans</b>	<b>Paternal orphans</b>	<b>Maternal orphans</b>	<b>Double orphans</b>
Parents and stepparents	<b>73</b>	<b>37</b>	<b>3</b>	<b>0</b>
%	53.7%	53.6%	12.5%	0.0%
Relatives	<b>26</b>	<b>4</b>	<b>4</b>	<b>19</b>
%	19.1%	5.8%	16.7%	39.6%
Siblings	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>
%	1.5%	2.9%	8.3%	2.1%
Friends/ foster home	<b>11</b>	<b>6</b>	<b>4</b>	<b>14</b>
%	8.1%	8.7%	16.7%	29.2%
No guardian	<b>24</b>	<b>20</b>	<b>11</b>	<b>14</b>
%	17.6%	29.0%	45.8%	29.2%
<b>Total</b>	<b>148</b>	<b>69</b>	<b>24</b>	<b>48</b>

**Table 4: Abode of street children**

<b>Abode</b>	<b>Non-orphans</b>	<b>Paternal orphans</b>	<b>Maternal orphans</b>	<b>Double orphans</b>
On the street/ in wastelands	<b>39</b>	<b>22</b>	<b>16</b>	<b>28</b>
%	28.7%	31.9%	66.7%	58.3%
With family or guardians	<b>97</b>	<b>47</b>	<b>8</b>	<b>20</b>
%	71.3%	68.1%	33.3%	41.7%
<b>Total</b>	<b>136</b>	<b>69</b>	<b>24</b>	<b>48</b>

About half of the street children in Mutare and Bulawayo are orphans, and about half of them are paternal orphans. In order to determine the risk of orphans to be on the streets, we would need to know the proportion of Zimbabwean children in the age group of 7 to 18 who are paternal, maternal, or double orphans. This information is not available. UNAIDS estimated that in 1999, approximately 15 percent of children living in Zimbabwe were orphaned (UNAIDS, 2000). However, this does not include paternal orphans and the estimate is for the age group from 0 to 15. Paternal orphans are generally not captured in official orphan statistics. On inspection, the data suggest that being a paternal orphan or a double orphan carries an increased risk of becoming a street child. Being a maternal orphan carries much less risk, if any at all.

Although paternal orphans represent a larger than expected proportion of the population of street children, they do not differ from non-orphans in terms of guardianship and abode. Most of them live in a family home, more than half of them with their mother. Maternal orphans, on the other hand, do not differ much from double orphans. Most of them live permanently on the streets. Those who have a home are as likely to live with relatives or foster parents as with their father.

The data suggest that paternal orphans are at increased risk of becoming street children. The absence of a home appears not to be the main reason. These children are more likely to spend their days on the streets because of the poverty of female-headed households, lack of supervision, or conflicts with stepfathers in the maternal home. The risk of becoming a street child is also high for double orphans, but these children are more likely to have no home at all and live permanently on the streets. Maternal orphans appear to be at a lower risk of becoming street children, but those who do are, like double orphans, more likely without any abode or family ties.

**Table 5: Distribution of Bulawayo street children by place of origin**

Origin	Frequency	%
Matabeleland North	32	21.8
Bulawayo Urban	31	21.1
Matabeleland South	27	18.4
Midlands	20	13.6
Masvingo	10	6.8
Manicaland	9	6.1
Mashonaland East	4	2.7
Malawi	4	2.7
Harare	3	2.0
Mashonaland West	3	2.0
Mozambique	3	2.0
Zambia	1	0.7
<b>Total</b>	<b>147</b>	<b>100</b>

Street children are highly migratory between the rural areas of Matabeleland North and South, Midlands and the city of Bulawayo, in search of food, money, further education or vocational training, and a better life. The trickle of children from rural areas is slowly becoming a flow. Many officials have reported that the growing exodus from the rural to urban areas is linked to the breakdown of the nuclear family, and the deteriorating economic conditions in the country.

Children are children, and their desires for adventure, new experiences, new surroundings and a different life is common and normal. Rural children often only have one way to escape the rigid rules and views imposed on them by their parents: to get as far away as possible. Cities are the best places to ‘disappear’.

**Table 6: Distribution of Mutare street children by place of origin**

<b>Origin</b>	<b>Frequency</b>	<b>%</b>
Mozambique	35	23.8
Mutare Rural	33	22.4
Chipinge	16	10.9
Mutare Urban	14	9.5
Mutasa	10	6.8
Chimanimani	9	6.1
Malawi	6	4.1
Masvingo	6	4.1
Mashonaland East	5	3.4
Rusape	5	3.4
Makoni	4	2.7
Buhera	2	0.7
Harare	1	0.7
Nyanga	1	0.7
<b>Total</b>	<b>147</b>	<b>100</b>

The proportion of children who originated from Mozambique was much higher than proportions from other provinces within Zimbabwe. This is because of the close proximity of Mutare to Mozambique, and the fact that Mozambique was war torn for many years and has not yet fully recovered. This data concurs with previous studies (research by Dube, Muchini and Nyandiya-Bundy) and suggests that any intervention should also look into including strategies that include Mozambique as well.

**Table 7: Abode of parents of street children**

<b>Area</b>	<b>Mothers</b>	<b>Fathers</b>	<b>Total</b>	<b>Proportion</b>
In the same city	23	23	46	30.5 %
In a rural area	26	14	40	26.5%
On waste lands	11	11	22	14.6 %
Don't know	8	6	14	9.3%
Other	29	-	29	19.2 %
<b>Total</b>	<b>97</b>	<b>54</b>	<b>151</b>	<b>100.0 %</b>

A total of 151 (50.3%) children knew the whereabouts of their parents. Most parents either lived in the same city or in a rural area. About 14% of children did not know the whereabouts of their parents.

**Table 8: Role of the extended family system**

<b>Children living at home<sup>5</sup></b>	<b>Bulawayo (n=47)</b>	<b>Mutare (n=57)</b>	<b>Total (n=104)</b>	<b>Proportion</b>
With relatives	23	28	51	49.0%
Without relatives	7	46	53	51.0%
<b>Reasons for living with relatives<sup>6</sup></b>				
Mother sick	1	2	3	4.4%
Mother died	3	23	26	38.2
Father sick	0	3	3	4.4%
Father died	1	28	29	42.6%
Don't know	1	6	7	10.3%
Other	9	23	68	100 %

The interview included a question to determine the role of the extended family in the lives of street children. When asked if children were living with relatives, 51/104 said “yes”. These children explained that they were living with their relatives because one or both parents were either sick or deceased.

Table 8 shows that the extended family safety net still exists although growing poverty, urbanisation, individualism and Western influences are undermining the extended family system. Zimbabweans, like other Africans, have usually shown great pride in the extended family. It has been one of the cornerstones of African culture and traditions, and it has served as Africa’s social net for the young, the elderly and the disadvantaged. People had large families for a variety of reasons, but they knew they could always rely on their parents, siblings, grandparents, aunts and uncles when needed. But, as the prevalence of HIV increases and the number of orphans grows, this system is being challenged. Although most experts do not believe that the African family structure has ‘collapsed’ under the weight of AIDS, there is no doubt that the guardians are increasingly burdened. Some adults refuse to take in orphans, while others continue to take them in despite their own poverty, advanced age, or ill health. Cases of grandmothers or uncles inheriting several orphans are commonplace. Increasingly, orphans find themselves heading a household or belonging to a household headed by an older sibling under the age of 18 or by an elderly grandparent with no source of income.

## **4.2 Causes of the Street Children Phenomenon**

Our focus group discussions further explored the issue of why children end up on the street. In Bulawayo we conducted a focus group discussion with 15 boys aged 8 to 18. The participants were selected to represent orphans and non-orphans as well as children on the street and children of the street. A second focus group consisted of eight guardians of children who were listed in the records of the Thuthuka Project, seven women and one man. In Mutare, we conducted a focus group discussion with 11 boys

<sup>5</sup> A total of 104 children who were living at home were living with relatives

<sup>6</sup> Multiple responses permissible

selected according to same criteria as in Bulawayo, and two focus groups, each with 13 adult parents or guardians of children listed in the records of the Simukai Project. These were also primarily women.

Among other topics, all five groups discussed the reasons why children were on the street. We asked each group to reach a consensus on the most important reason using a Likert scale of 1 to 10. We then averaged the scores between the two children's and the three adult groups. The results are presented in Table 9.

**Table 9: Why children are on the street**

Perception of children	Score	Perception of guardians	Score
Hunger	8.8	Poverty	9.0
Ill treatment by parent or guardian	8.7	Evil spirits	7.2
Disobedience and laziness	5.5	Disobedience and laziness	7.2
Orphanhood	3.9	Ill treatment by parent or guardian	6.8
Desire to have money	3.8	Negative peer influence	6.1
Overcrowding at home	3.7	Hunger	5.1
Lack of identification cards	3.5	Lack of school fees	3.3
Lack of school fees	2.0	Desire to have money	3.3
Eviction from home	1.5	Orphanhood	2.7
Negative peer influence	1.2	Family disputes	2.1
		Overcrowding at home	2.0

The phenomenon of street children is frequently ascribed to poverty but poverty is not the only factor that forces children onto the streets. Children and their guardians provide similar reasons why children may be on the street. Reasons related to the environment and the life situation of the family are prominent: Poverty, hunger, orphanhood, overcrowding, and lack of school fees. Just as prominent are reasons related to the social dynamics within the family: Ill treatment by parents or guardians, disobedience and laziness, family disputes, and eviction from home. Just as serious is the problem of parental neglect, irresponsibility and indifference. Many parents do not feel obliged to take care of their children because they believe “someone else” should assist them because they could not help themselves or their children. Many children reported that they flee their homes and go to the streets because of sexual abuse or other forms of violence such as frequent beatings. There is such taboo on these issues in Zimbabwe that few children are willing to discuss them and even fewer to acknowledge that they were victims of domestic or sexual abuse. Parental neglect not only causes children to drop out of school, but it also makes them realise early on that they have to fend for themselves.

The focus groups revealed that many parents directly or indirectly put pressure on their children to leave their homes temporarily for the streets. In some cases, it was because parents were genuinely unable to care for their children; in other cases because of the

strain of caring for their numerous offspring is too great; yet in others it was because parents believed that a better future awaited their children on the streets.

An emphasis upon social services for the urban poor and linking of social development with infrastructure development is necessary. Overcrowding in homes was found to be major contributory factor to children finding themselves on the street. As part of the solution, the oldest high-density suburbs of Bulawayo and Mutare are in need of being equipped sporting, recreational and skills-training facilities.

The findings stress the fact that AIDS is not merely an economic problem, but a social problem as well. Broken and reconstituted families, the death of a parent and divorce all contributed to an unstable home environment for some children, to the extent that they felt it was better to live on the streets. The Simukai and Thuthuka Street Children's Programmes acknowledged that children who leave their homes for reasons other than economic pressure tend to be more difficult to rehabilitate than those forced on to the streets by poverty. Those who are on the streets for reasons related to poverty are easier to reform as once their basic needs are met, their main problems are over.

Behavioural reasons among the children such as the desire to have money and negative peer influence are ranked intermediate by both groups. Children are sometimes attracted by their peers wearing the most coveted consumer items such as American caps and denim jeans. Children also have a desire for adventure. Some of the children interviewed had been attracted by new experiences, new surroundings and a different life.

The high ranking of "evil spirits" by the groups of guardians may indicate a strong traditional belief system or a feeling of disempowerment and lack of control, possibly both. The lack of identification cards mentioned by the children is a known problem in Zimbabwe. The birth of many children of refugees and migrant farm workers was never registered. When they become orphaned and lose contact with their family, they may never be able to obtain a birth certificate. Without a birth certificate, they are denied entry into school and cannot seek formal sector employment, they cannot obtain a national identification card, and they cannot take up formal sector employment.

There was a high proportion of children without birth certificates. There is a clear need to advocate for children to be able to attend school without birth certificates as a child's future largely depends on the level and quality of education that they receive. A scholarship fund for children of primary and secondary school-going age can be set up. At the same time, a remedial school for those who are too old to go back to their grade level at formal school can be established.

**Table 10: Causes of parent's death**

<b>Most frequent cause of father's death</b>	
Long illness	11
Tuberculosis	7
Cough	5
<b>Most frequent cause of mother's death</b>	
Long illness	9
Malaria	8
Witchcraft	5

Of the 141 orphans, 7 (5%) stated on direct questioning that they thought their parent(s) had died of AIDS. However, when we asked in an open-ended question about the causes of their father's or mother's death, AIDS was not mentioned once. Of the 117 children who had lost their father, 83 offered a diagnosis. The three most frequent responses were long illness (11), tuberculosis (7), and cough (5). Of the 79 children who had lost their mother, only 38 were able to offer a diagnosis. The three top conditions were long illness (9), malaria (8), and witchcraft (5). The answers are difficult to interpret, but they suggest that at least one third of the children's parents may have died of AIDS.

**Table 11: Reasons why some of the street children were not going to school**

<b>Reason</b>	<b>Bulawayo (n= 61)</b>	<b>Mutare (n=109)</b>	<b>Total (n=170)</b>
Parents or guardians not able to pay fees %	<b>57</b> 93.2%	<b>96</b> 88.1%	<b>153</b> 90.0%
Parents died %	<b>1</b> 1.6%	<b>14</b> 12.8%	<b>15</b> 8.8%
Did not like school %	<b>3</b> 4.9%	<b>3</b> 2.8%	<b>6</b> 3.5%
Wanted to work and make money %	<b>2</b> 3.3%	<b>4</b> 3.7%	<b>6</b> 3.5%
Never been to school %	- -	<b>9</b> 8.3%	<b>9</b> 5.3%
Other %	<b>9</b> 14.8%	<b>13</b> 11.9%	<b>22</b> 12.9%

A number of children interviewed cited financial difficulties as the main reason for dropping out of school. Ideally the State should take over these responsibilities, but it does not have the resources to provide its children the safety net they deserve. Almost 9% said the loss of a parent had resulted in them not going to school.

The focus group discussions revealed that there was a high proportion of children without birth certificates. There is a clear need to advocate for children to be able to attend school without birth certificates as a child's future largely depends on the level

and quality of education that they receive. Another disadvantage is that without a birth certificate, one cannot get an identity card. A scholarship fund for children of primary and secondary school-going age can be set up. At the same time, a remedial school for those who are too old to go back to their grade level at formal school should be established.

### 4.3 General Information on Street Children

**Figure 1: Time children have been on the street**

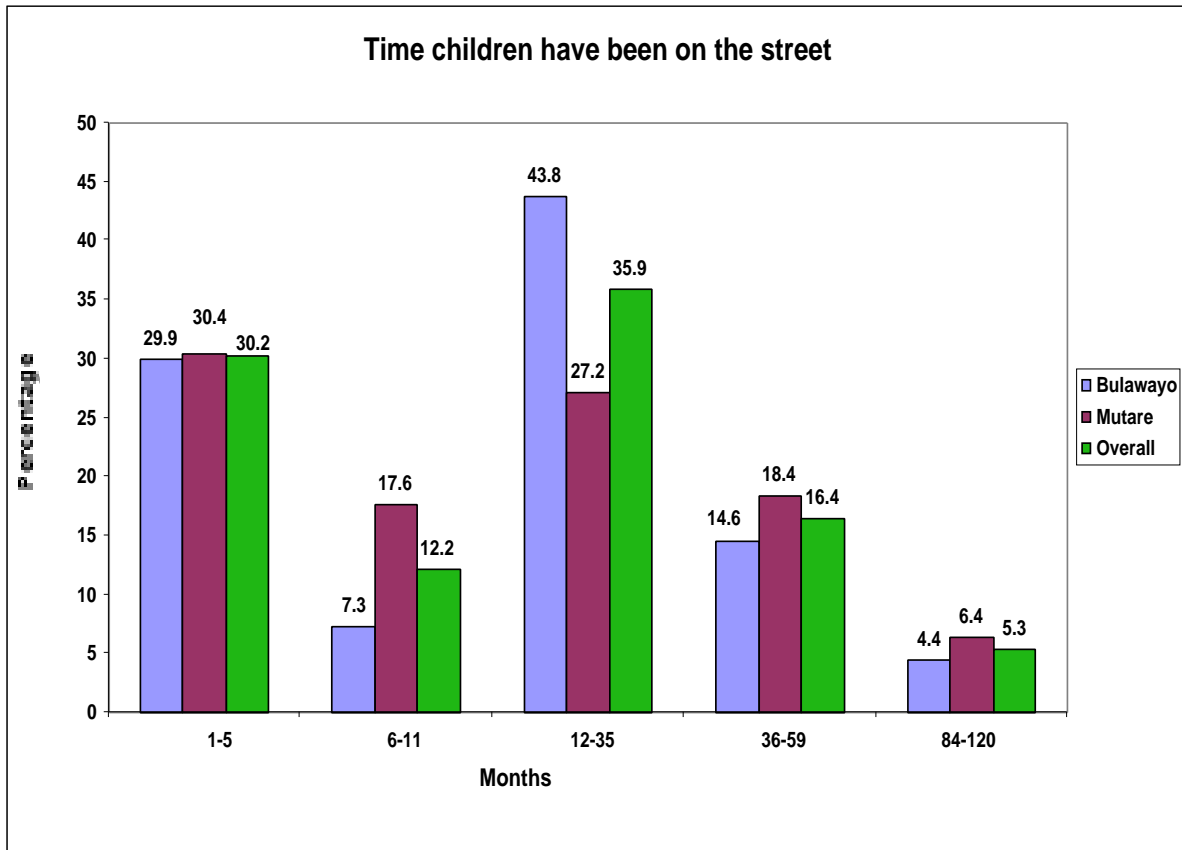
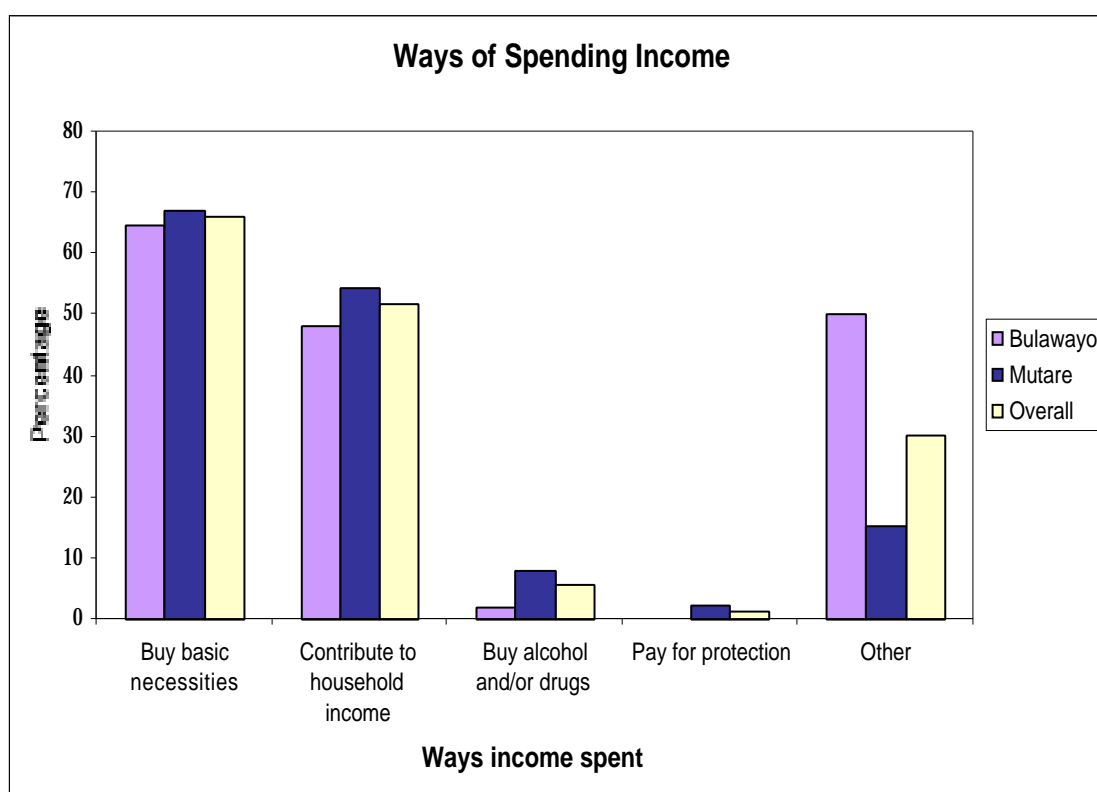


Figure 1 shows the duration that children have been on the streets. Most (35.9%) children have been street children for a period of one year to just under three years. It is worth noting that 16.4% of respondents have been on the streets for about five years, while 5.3% have been on the streets for up to ten years.

Figure 2 illustrates how children spend the income that they earn on the street. Contrary to popular belief, the children reported that most of their money is spent on buying basic necessities and contributing to the household's income. A few admitted to buying alcohol and drugs, while some said that they pay the older boys for protection on the streets.

**Figure 2: Ways children spend income**



**Table 12: Mobility of street children**

Child lived on street In another city	Bulawayo Frequency	Mutare Frequency	Total Frequency	%
Yes	26	26	52	19.3
No	101	116	217	80.7
<b>Reason for leaving previous city</b>				
Came home	5	4	9	17.3
To make more money	4	8	12	23.1
Harassment	2	3	5	9.6
Prospects of a better life	2	2	4	7.7
Family moved	2	2	4	7.7
Toured and failed to go back	2	1	3	5.8
Inadequate food	2	0	2	3.8
No reason	1	4	5	9.6
Invited by friends	1	2	3	5.8

Street children who had lived in other cities apart from Bulawayo and Mutare were asked to state the reasons why they left the previous cities. Reasons included (in decreasing order of frequency): returning home, to make more money in new city, harassment in previous city, expectations of a better life in the new city, family moved to new city, children came on tour and failed to go back, not enough food in previous city and invited by friends to the new city.

**Table 13: Fears of street children**

<b>Fear of street child<sup>7</sup></b>				
Nothing	33	30	63	24.5
Thieves and thugs	30	9	39	15.2
Getting beaten	19	41	60	23.3
Being run over by a car	10	23	33	12.8
Being robbed	8	50	58	22.6
Policemen who confiscate goods	8	16	24	9.3
Harassment	5	8	13	5.1
Destitution	3	0	3	1.2
Diseases	3	4	7	2.7
Dying without being cared for	3	1	4	1.6

Street life for children is a life of fear. Being robbed, beatings, harassment, destitution, contracting diseases and a hostile society are an ingredient of everyday street life. The younger street children also cited that they feared being knocked down by cars.

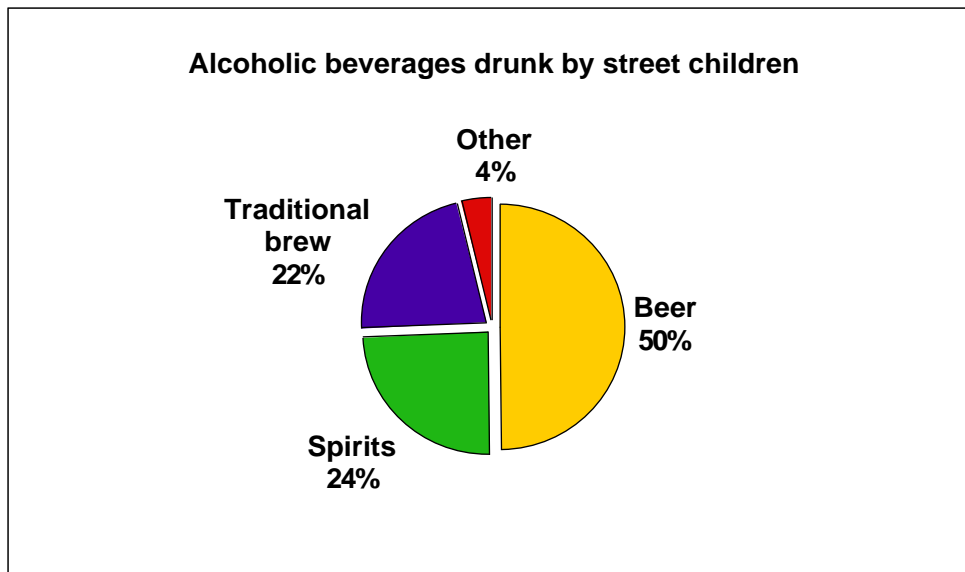
**Table 14: Do street children drink alcohol?**

<b>Response</b>	<b>Bulawayo</b>		<b>Mutare</b>		<b>Total</b>	
	<b>Frequency</b>	<b>%</b>	<b>Frequency</b>	<b>%</b>	<b>Frequency</b>	<b>%</b>
Yes	<b>8</b>	5.3	<b>27</b>	18.2	<b>35</b>	11.7
No	<b>144</b>	94.7	<b>121</b>	81.8	<b>265</b>	88.3
<b>Total</b>	<b>152</b>	<b>100.0</b>	<b>149</b>	<b>100.0</b>	<b>300</b>	<b>100.0</b>

Only 35 children admitted to drinking alcohol. This is understandable since the drinking of alcohol is illegal for persons under the age of eighteen years. 50% of those who drink said that they drink beer, 24% spirits and 22% traditional brew.

<sup>7</sup> Multiple responses permissible

**Figure 3: Alcoholic beverages drunk by street children**

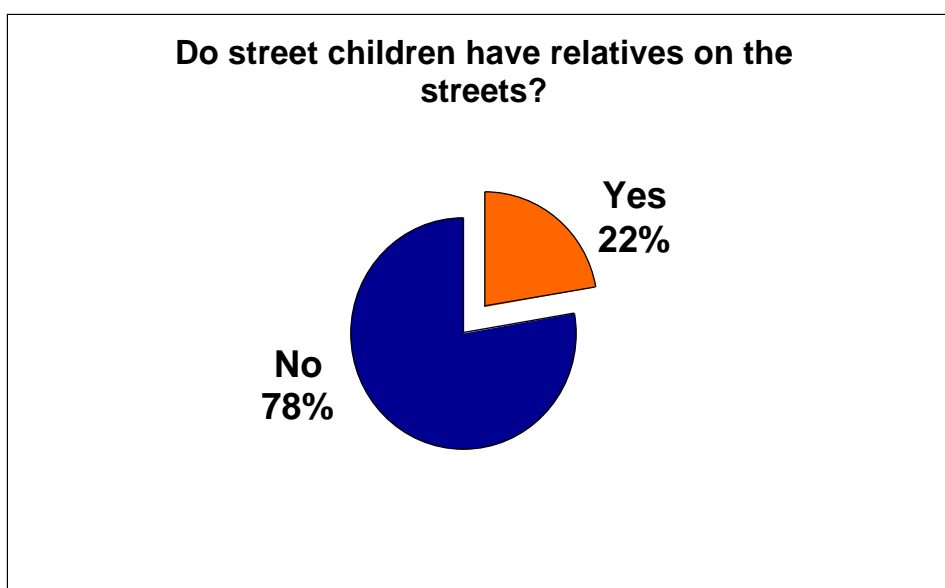


#### **4.4 Family Relationships and Societal Attitudes towards Street Children**

Figure 4 shows street children who have relatives living on the streets of Bulawayo and Mutare. 22% of children said that they had families on the streets. From the focus group discussions, parents and guardians reported that they were starting to see second generation street children; children born on the streets to street children. Nowadays, it was also not uncommon to see whole families on the streets.

**“I’m seeing the second generation of street children. The mother came to the streets when she was young. She met a boy who was also born on the streets, and they recently had a child ... on the streets.” –Thuthuka Worker**

**Figure 4: Street children who have relatives on the street**



**Table 15: Family background of street children<sup>8</sup>**

	Bulawayo (n=104) %	Mutare (n=143) %	Total (n=247) %
<b>Do parents or caregivers fight?</b>			
Yes	7.7	20.3	15.0
No	92.3	79.7	85.0
<b>Frequency of fighting</b>			
Every day	0.3	0	8.3
2-3 times a week	0.6	87.5	79.2
4-5 times a week	0.3	12.5	16.7
<b>Reasons for fighting</b>			
Over money	14.3	14.8	14.7
Drunkenness	42.9	51.9	50.0
No apparent reason	0	7.4	5.9
Don't know	28.6	18.5	20.6
Other	14.3	7.4	8.8
<b>Do parents or guardians drink?</b>			
Yes	32.0	39.3	35.9
No	68.0	60.7	64.1

<sup>8</sup> 53 children did not know their family background.

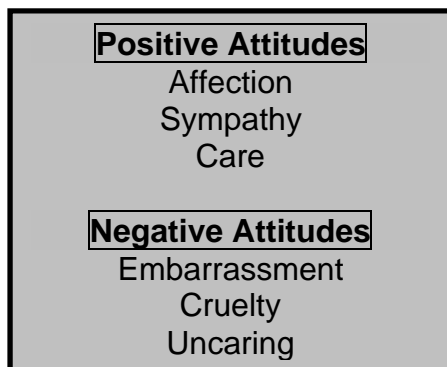
### Frequency of drinking

All the time	17.5	5.9	11.0
Most of the time	15.0	21.6	18.7
Sometimes	67.5	72.5	70.3

The results show that street children come from somewhat stable families with 15% of children reporting that their parents or caregivers sometimes fight. Those who do fight do so an average of three to five times a week over one parent's (or caregiver's) drunkenness and money issues. 21% of this proportion did not know the reasons for fighting. Of the parents who fight over drunkenness, the children described the frequency of fighting as 'sometimes'.

In Zimbabwe and elsewhere, the authorities and society view street children as a problem. But while the consequences of the growing number of street children are a problem, these children are not responsible for their predicament. They are turning to the streets because of the failures of the educational system, parental negligence, excessively large families, growing poverty and society's inability to provide a future for its children.

**Figure 5: Community's general attitudes towards children**



According to the children's own discernment, the community generally showed positive attitudes towards them. These attitudes included affection, sympathy and care. Conversely, few children noted negative attitudes from some members of the community. These included embarrassment, cruelty and an uncaring attitude.

#### 4.5 Risk of Street Children to HIV and AIDS

**Table 16: Sexual Behaviour of street children**

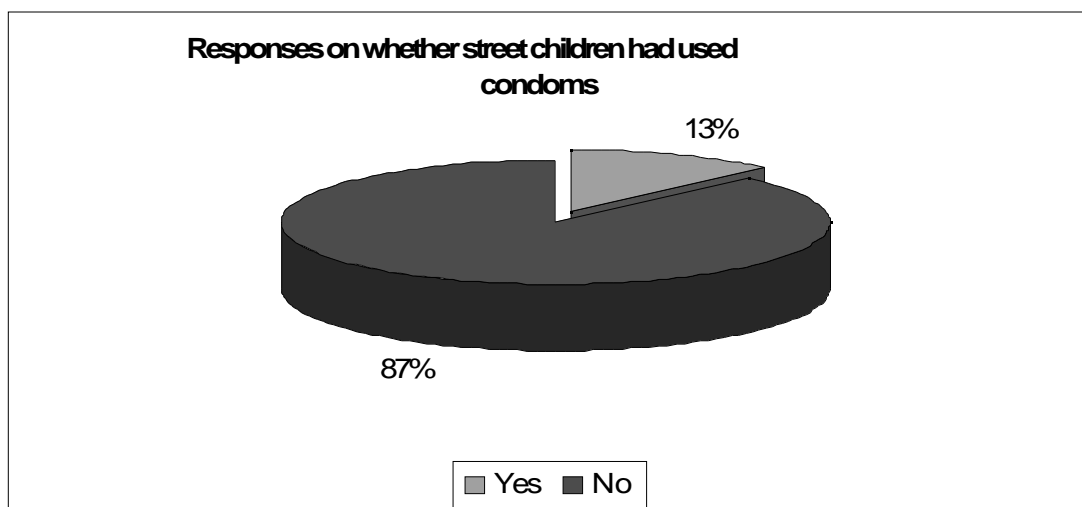
Sexual Behaviour	Bulawayo	Mutare	Total
<b>Sexual Intercourse</b>			
Yes	12	47	59
No	139	101	240
<b>Age of sexual debut</b>			
Below 10	0	5	5
10-15	4	18	22
16-17	5	20	25
<b>Use of Condoms</b>			
Yes	6	26	32
No	6	21	27

Only 59 children admitted to having had sexual intercourse. This is understandable given the fact that sex is a cultural taboo in Zimbabwean society, more so for children under the age of eighteen years. The age of sexual debut was between 10 to 17 years and 54% of children who had engaged in sex had ever used condoms.

There is a much wider context to the issue of street children and HIV in Zimbabwe. Practically all children in Zimbabwe are touched by the AIDS epidemic. Each child has at least one relative or friend living with HIV, and each child has an enormous risk to become the next HIV statistic upon sexual initiation or soon after. The HIV epidemic in Zimbabwe has reached a point of saturation where the infection rates among the currently sexually active population are lower than the death rates from AIDS. At this point, any increases in the prevalence of HIV depend on the infection rates among adolescents and young people entering into sexual activities.

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**Figure 7: Use of Condoms**



**Table 17: Street Children's Knowledge of HIV/AIDS<sup>9</sup>**

Ways of getting HIV infection	Total	
	Frequency	%
Don't know	69	34.3
Through promiscuity	83	41.3
Sleeping with an infected person	87	43.3
Razor blades or needles	32	15.9
Sexual intercourse	24	11.9
Unhygienic practices	9	4.5
Kissing	7	3.5
Blood transfusion	5	2.5
Sexual abuse	3	1.5
Sharing food with infected people	3	1.5
Untreated STD causing sores	3	1.5
<b>HIV Prevention Strategies</b>		
Does not know	68	24.5
Using condoms during sex	115	41.5
Having one partner	64	23.1
Avoiding sex	58	20.9
Not sleeping with prostitutes	16	5.8
Not using used razor blades	13	4.7
Self control	17	6.1
HIV-testing before marriage	4	1.4
Not going to night clubs	3	1.1
<b>Knowledge of Signs and Symptoms of AIDS</b>		
Don't know	127	52.5
Failing to walk properly	49	20.2
Sores around private parts	28	11.6
Stomach pains	14	5.8
Weight loss	11	4.5
Skin rashes	10	4.1
Pimples on the head of penis	7	2.9
Feeling weak	7	2.9
Thinning hair	5	2.1
Smells	5	2.1
Wetting trousers	4	1.7
Losing control of bodily functions	4	1.7

Most of the children knew the main methods of transmission of HIV. Methods cited included unprotected sex, using infected sharp instruments, blood transfusions and untreated STIs. Street children were asked to give their views on how AIDS can be prevented and it was found that knowledge on AIDS prevention is limited among children in this study. 24.5% of children were unable to name a single way to avoid

<sup>9</sup> Multiple responses permissible

contracting HIV (Table 17). Information on the symptoms of AIDS is also limited. 52.5% of street children did not know any signs or symptoms of AIDS.

#### 4.6 Institutional Support

**Table 18: Support from Institutions**

<b>Social welfare assistance</b>	<b>Total Frequency</b>	<b>%</b>
Yes	39	13.2
No	256	86.8
<b>Government/NGO Assistance</b>		
Yes	85	30.4
No	195	69.6
<b>Type of support from government/NGOs</b>		
Food	57	67.1
Medication	11	12.9
Shelter	19	22.4
Training	7	8.2
Work	2	2.4
Protection	5	5.9
Other	40	47.1
<b>Reasons for not getting help</b>		
Does not know where to get help	143	73.3
No help coming	11	5.6
Did not register	16	7.5
Did not qualify for assistance	8	4.1
<b>What kind of help do children want?</b>		
Assistance to go back to school	128	60.1
Buy new clothing	75	35.2
Food	41	19.2
Find employment	25	11.7
Assistance to find shelter	24	11.3
Assistance to start projects	11	5.2
Training	5	2.3
Assistance to go back home	5	2.3

NGOs, government and other support institutions are providing assistance to some of today's street children (Table 18). But the majority are being left to fend for themselves. Support received by the children includes food, medication, shelter, training, work and protection. Of the children who are not receiving any help. 73.3% did not know where to get help, 5.6% had been promised assistance which was never received. A few (4.1%) did not qualify for assistance. The majority (60%) want to go back to school, and for many, the major stumbling blocks are lack of school fees and/or birth certificates. Children also wanted the basic necessities in life: clothes, food, and shelter. About 17%

of children exhibited some ambition and wanted to find employment or embark on micro-enterprises.

# CHAPTER 5

## CONCLUSIONS AND RECOMMENDATIONS

### 5.1 Conclusions

Our study in the second and third largest city in Zimbabwe found surprisingly few street children, considering the UNICEF estimate that there are 12,000 street children in the country (UNICEF, 1999). We acknowledge, however, that street children are an unstable population, and that, because of our study approach, we may have missed a sizeable number of girls involved in street prostitution at night. Although their number may not be large, street children are an indicator of social disruption and of a weak social safety net. Their importance should be sought less in their numbers and more in the depth of failure of the social system that each street child represents.

Most street children are boys whom society has failed. They have either been pushed on to the streets by poverty, neglect, abuse, or they have chosen the street because it seemed to have more to offer than life in the family.

Orphans are over-represented among street children. There is an important distinction between paternal, maternal, and double orphans. Paternal orphans make up a large proportion of street children. The majority live with their mothers and spend the days on the street. The most likely reason for being on the street is poverty, weak parental supervision, and conflicts at home. Double orphans are also at risk. They are most likely to live on the streets permanently in very difficult circumstances. Maternal orphans are less common on the streets. Those who are, however, face the same difficulties as double orphans. The AIDS epidemic in Zimbabwe is contributing to increasing numbers of children on and of the street.

Because of the many different reasons why children may be on the street, there is no single intervention that would fit the needs of all children. Children who have become successful “street entrepreneurs” may have little motivation to be “re-socialised”. Some children appear to have needs that could be easily met, like the provision of school fees or of a birth certificate. For others who are seeking refuge from abusive parents and guardians, the issue is much more complex.

### 5.2 Recommendations

Several major recommendations flow from the findings of this study:

- Paternal orphans, who are often ignored because they are not captured by official orphans statistics, should get more attention, because these children appear to be highly vulnerable to severing family ties and drifting on to the streets.
- Programmes for street children in Zimbabwe should not be designed as high volume service projects that remove children from the street into foster families or

institutions, but rather as intensive case work projects that explore the dynamics of the relationship of each child to his or her guardians or family of origin. Each child has a distinct problem, has followed a distinct itinerary to the street, and requires a distinct support programme.

- While such intensive re-socialisation programmes are pursued, much can be achieved by providing services such as assistance in obtaining birth certificates, safe shelter, and alternative schooling to the children on the street.
- In instances where children have no family to be reunited with, or where the reunification option is not safe, supported foster care is an option. Screened families can be paid an allowance to foster children.
- Prevention of the drift of children to the streets through economic and social support of households headed by single mothers, through prevention of economic and sexual abuse of children, and through poverty alleviation and pro-family policies and programmes is still the most important approach to the issue of street children.
- It is important to safeguard the child's rights to family and community life; or, conversely, to reject institutionalisation as a standard. It is also necessary to strengthen the family and community and to involve them in the search for solutions to their problems. Preventive action should be given priority and any intervention should be diverse, recognising the individuality of each child, and especially the specific needs of girls.

### **5.3 Limitations of the study**

The symptomatic definition of AIDS was used in this study, as it was not feasible to get the medical records for all the parents of street children who died before the survey date. It is also a known fact that most doctors do not write HIV/AIDS as a cause of death on the death notification form, but other immediate causes like tuberculosis and pneumonia, for the sake of convenience. It is therefore not feasible to get information on HIV/AIDS as a cause of death directly from medical records.

The accuracy of the symptoms associated with the causes of death was dependent on the memory and honesty of street children and it is hoped that the street children gave reliable information.

Any comparison between street children and non-street children who may be exposed to similar or different conditions was beyond the scope of this study. The study design only catered for comparison of street children among themselves.

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# **APPENDIX**

## **Research Questionnaire**