

An assessment of the impact of Covid-19 lockdowns on child safeguarding issues in Zimbabwe's urban and peri-urban districts

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Abstract:

Background

The onset of Covid 19 has led to the full-scale closure of schools in Zimbabwe. Children are stuck at home and experiencing numerous child safeguarding problems. This study sought to trace some of these problems and make recommendations on best the children's welfare can be improved during these trying times

Methods

The study used a mixed methods approach comprising a survey to collect quantitative data as well as a review of existing literature. A purposive sampling technique was used given the novelty of the problem

Results

The results showed that indeed children are experiencing many problems in the home and there is need for a change in approach to child safeguarding issues in the homes in Zimbabwe

Conclusions

There is need to improve the way children are handled in the homes in Zimbabwe to reduce the child abuse cases rampant in the homes during this lock down

Nations General Assembly, the World Bank Fall Meetings, the World Economic Forum Annual Meeting or the G20 Summit – let's make sure that the spotlight shines brightly on Africa's children and practical ways to ensure they grow up healthy, educated and ready for their future. Smart debt relief should be viewed as a first step in a much larger support package for the continent, for its children, and its economic and development potential.' (UNICEF, 2021 June)

In 2019, the world woke up to the news that a pandemic of immense proportion had been uncovered in Huhan Province of China. The pandemic would sweep through the globe and many people would be affected. No sooner had the news hit the TV screens than the telling effects of this disease were soon felt across the world, including Southern Africa plunging billions of people into panic mode. The best practices adopted by nations across the world, like the wearing of masks for protection, social distancing as well as sanitisation were quickly adopted everywhere including Zimbabwe. But the worst was yet to come. Governments soon realised the need to stop people from close contact through gatherings. Church attendances were stopped. Attendance at funerals was severely limited to less than 50 people. Intercity travel was banned. Several world leaders were quoted expressing panic in the media. The UN Deputy-Secretary-General Amina J. Mohammed was quoted as saying "as the world wrestles with the unprecedented implications of the COVID-19 coronavirus pandemic, "we are facing a human crisis unlike any we have experienced" and our "social fabric and cohesion is under stress."

In March 2020, schools in Zimbabwe were closed. The 'new normal' was ushered in, and since then, life as we knew it has drastically changed. According to the United Nations Educational, Scientific and Cultural Organisation (UNESCO), over 800 million learners from around the world have been affected, 1 in 5 learners cannot attend school, 1 in 4 cannot attend higher education classes, and over 102 countries have ordered nationwide school closures while 11 have implemented localised school closure.(UNESCO 2020). "The COVID-19 pandemic has affected the learning of millions of children around the world, including 4.6 million children in Zimbabwe." (UNICEF, 2021 June)

With children tagged away in the privacy of their homes, away from the monitoring eyes of their teachers and social

I. INTRODUCTION

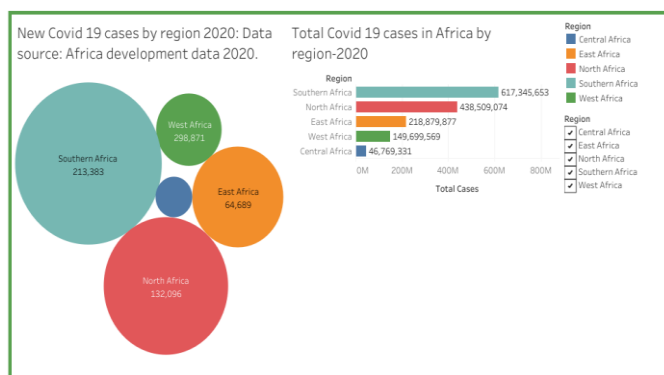
In 2020, over 250 million students in sub-Saharan Africa were impacted by school closures – that's in addition to the 100 million school-age children who were out of school before the pandemic. These children have been out of school for the greater part of 2020, and 2021, especially in Africa where the pandemic is hitting hard on communities that were already poverty-stricken. The intermittent breaks in the current lock downs have done little to restore the continuity of the education system in most parts of Africa and attempts to introduce digital learning platforms have been hampered by lack of electricity in most parts of the continent, lack of gadgets for both learners and teachers as well as lack of experience to drive the process. The 'digital divide' between rural and urban schools has created a gap between the learners which is threatening to leave the rural pupils behind the education process.

According to UNICEF, "The next time the world gets together to debate the future – whether it be at the United

workers, child safeguarding processes gained during the last decade are threatened with reversal with reports of child abuse cases rising dramatically as reported daily by the media. In Zimbabwe, cases of rape, incest, corporal punishment, malnutrition and other forms of abuse feature on a daily basis. Indeed, some of the cases go unreported due to the isolation of many families from the public domain as the social distancing protocols and inter-city travel bans prevent journalists, social workers and teachers from interacting with families out there.

While the entire world has been affected by Covid 19, in Africa, Southern Africa appears to be the epicentre of the pandemic, leading in both total cases and new cases as confirmed by the figure below. The telling effects of this pandemic are ultimately felt by the children who suffer in silence in the privacy of their homes.

The net result of the lockdowns has been, according to media reports, increased incidence of violence against children and women; increased accidents among the children at home; increased cases of child marriages and teenage pregnancies; increased risks of trafficking; increases cases of child Labor; increased cases of child abuse as well as a general lack of information/and misinformation among both adults and children.



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Southern Africa still leads in total cases & new Covid 19 cases and has remained the epicentre of the pandemic in Africa as shown by these figures. This has a negative impact on children since they are likely to lose bread-winners and are plunged further into poverty. So the closure of schools as a result of the pandemic might mean an end to the educational career of millions of children. This has widespread implications on child safeguarding issues as children become more vulnerable to issues of abuse, hunger, malnutrition, child Labor and diseases. The impact of this isolation is threatening to reverse the gains made on child safeguarding policies on children throughout Zimbabwe.

A child is defined as “any person below the age of 18” by the Constitution of Zimbabwe, and also by the United Nations Convention on the rights of the child(UNCRC). Safeguarding children is defined in Working Together to Safeguard

Children (2018) as, “protecting children from maltreatment, preventing impairment of children’s health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes”. Under the current lock downs, are these targets being fulfilled and are children still safe in the homes?

II. STATEMENT OF THE PROBLEM:

The school environment is normally the safest for the children. Here the school tries to cater for all classes of pupils/ and or, all categories of children. At school friends are made, some of whom will become future business associates, future clients, fellow workmates, spouses and future service providers. Children’s welfare becomes an important factor of scrutiny when the environment is disturbed to the extent that children can no longer go to school, and are off the radar of their teachers and social workers. The only consolation is that some parents are very responsible and will do everything to help children cope despite the odds pitied against them.

On the 18th of September 2021 – Famed Zimbabwean-born, South African rugby star Tendai Mtawarira, nicknamed ‘The Beast’, joined UNICEF’s call in urging schools in Eastern and Southern Africa to remain open and safe during the COVID-19 pandemic, and for parents to send their children to school. He said in a video message from his home in South Africa, “I am deeply worried about the futures of our children if school closures continue”. He further observed that “Across Africa, schools are not only places of learning, but places that protect many children from violence, often offering them their one nutritious meal of the day, and a way out of living in poverty”.(Tendai Mtawarira 2021)

UNICEF Regional Director for Eastern and Southern Africa, Mohamed Fall, thanked Mtawarira for using his powerful voice to urge schools to be the ‘last to close and the first to open’. Mr. Fall said, “Ministries of Health and Education across the region have shown that close collaboration, real-time assessment of evidence and adherence to safety measures can keep schools safe and open. Keeping school gates open as we continue to fight COVID-19 is vital for the well-being and education of African children, as well as the future of the continent.”(UNICEF 2021)Unfortunately this has not been heeded by governments in Southern Africa, who for want of safer methods to protect both teachers and children have opted to close schools each time a Covid 19 wave has hit the region. The stoppage of schools during Covid 19 induced lock downs has deprived teachers and social workers access to children and consequently, made them lose sight of whatever problems these children may be facing. COVID-19 has been catastrophic for families across sub-Saharan Africa. A year into the pandemic, the continent has seen more than 50 million people driven into extreme poverty. Debilitating poverty, negative effects of climate change, an unequal distribution of vaccines between the rich North and poor South have all been combined factors impacting negatively on the welfare of children in Sub-Saharan Africa.

UNICEF has already made a call for the smart debt relief, more external funding and a more equitable response that provides African families with a similar amount of economic stimulus and social safety net support that governments in wealthier nations have availed to their families. "Getting cash transfers to the most vulnerable families in sub-Saharan Africa is a big part of the answer to so many of their current problems. A tiny commitment by international standards can deliver enormous gains – from ensuring they have enough food to eat to getting children back into the classroom and learning, to protecting them from violence, early marriage and teenage pregnancy. Cash transfer programs can also boost economic growth and reduce income inequality."(UNICEF 2021)

"An estimated 30 million Africans slipped into extreme poverty in 2020, with another 40 million at risk of the same in 2021 — the great majority of these being under 18 — while over 250 million students received essentially no schooling."(Ibid)

Unlike most of their peers in other regions, remote learning tools remain largely inaccessible. Millions of students are unlikely to ever return to school, forced to become permanent fixtures of the informal labour market or victims of early marriage. Reports of spikes in teen pregnancies are deeply concerning.

Already entrenched climate emergencies, triggered by recurrent cycles of extreme weather, are generating new levels of displacement and food insecurity, while increasing stunting and the proliferation of diseases like cholera and malaria. Again, children bear the brunt: two-thirds of preventable illness and deaths from environmental hazards are experienced by them.

Most sub-Saharan African nations have very weak social protection systems, small-scale versions of the safety nets that are taken for granted in wealthier countries. At a time when African families need these programs to be expanded, shrinking revenues and rising debt repayments jeopardize government budgets to deliver basic social services.

The stories told here demonstrate the realities of the socio-economic crisis across sub-Saharan Africa, the debilitating impacts of debt repayments, and the opportunities to help families with access to social protection and direct cash transfers. (UNICEF 2020)

Rich nations were able to avail massive public investments to ease the impact on families. These assistance packages — a form of cash transfers — are referred to as "relief" and "stimulus," in recognition that an additional benefit of helping families is that the funds go immediately into restarting the economy. But for Africa the story is different. Poverty has prevented this from happening, leaving children at the mercy of all forms of problems experienced in their homes.

Cash transfers have proven time and again to be the best-in-class method to offer both quick relief and build up resilience of individuals, households and national economies. One

simple intervention yields diverse impacts: reducing the need for child labor, improving food security, increasing access to health and education services, building a family's resilience to both weather the next shock and recover from the last one. Cash transfers are an investment in children, human capital and economic growth all at once.(UNICEF 2020)

III. RESEARCH QUESTION(S)

- a) Are children facing safeguarding challenges in their homes during lock down periods?
- b) Do children have access to information on Covid 19 in their homes?
- c) What are the most common forms of information sharing platforms that children have access to in the homes?
- d) Do children have access to reporting channels in the homes?
- e) What are children's perceptions about the current lockdowns?

3.1 Study hypothesis

Hypothesis: Children are experiencing many safeguarding issues during the current lock downs in their homes.

IV. RESEARCH METHODOLOGY

This research was based on an exploratory research design taking into cognisance the novelty and emergency associated with COVID 19. "Exploratory research is conducted when enough is not known about a phenomenon and a problem that has not been clearly defined" (Saunders et al., 2007). "It does not aim to provide the final and conclusive answers to the research questions, but merely explores the research topic with varying levels of depth. Therefore, its theme is to tackle new problems on which little or no previous research has been done" (Brown, 2006). Even in the extreme case, exploratory research forms the basis for more conclusive research and determines the initial research design, sampling methodology and data collection method (Singh, 2007). The explorative design sought to have a better understanding of the existing problems relating to children safeguarding issues during the lock down including health concerns of parents for their children during the current lockdown and vulnerability of children in the homes as regards their well-being during the same period The design utilized both primary data collection and secondary data collection. Primary data was collected from participants through a survey conducted on line. The kobo toolbox tool was used to collect data from 34 respondents who were purposively sampled owing to the need to observe Covid 19 protocols in place calling for social distancing and limited contact to prevent the spread of the disease. Secondary data was collected from existing literature which included newspapers, online publications and grey literature.

Sampling

Due to recency and novelty of COVID 19, convenience/availability sampling was used, relying on

responses from population members who were conveniently available to participate in study. Given the risks involved in face-to-face interactions and the travel restrictions, convenience sampling was found to be putative to explore the phenomenon. A total of 34 parents/guardians were used during the survey. The respondents details were as follows:

Demographic information

31. What is your age range					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Missing	6	17.6	17.6	17.6
	26-35	9	26.5	26.5	44.1
	36-45	14	41.2	41.2	85.3
	46 plus	5	14.7	14.7	100.0
	Total	34	100.0	100.0	

32. Where do you reside?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Missing	5	14.7	14.7	14.7
	Peri-urban area	1	2.9	2.9	17.6
	Urban area	28	82.4	82.4	100.0
	Total	34	100.0	100.0	

33. Which of these best applies to your current status with regards to children living in your home?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Missing	5	14.7	14.7	14.7
	Guardian	7	20.6	20.6	35.3
	Parent	22	64.7	64.7	100.0
	Total	34	100.0	100.0	

34. What is your gender?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Missing	5	14.7	14.7	14.7
	Female	17	50.0	50.0	64.7
	Male	12	35.3	35.3	100.0
	Total	34	100.0	100.0	

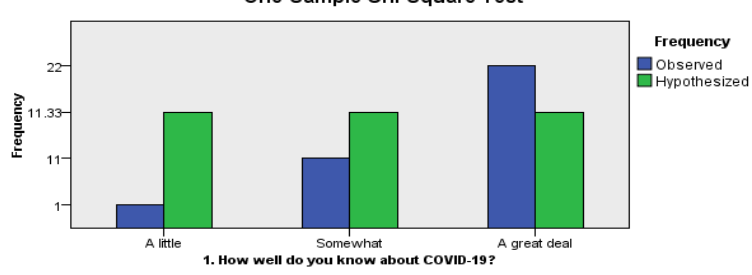
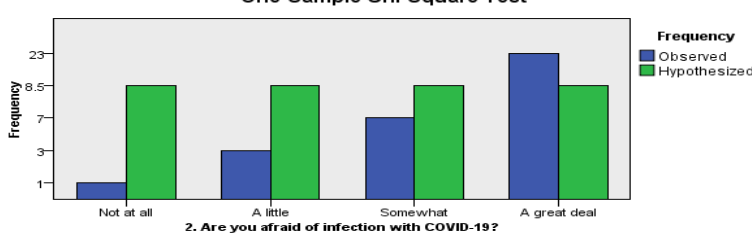
Data analysis

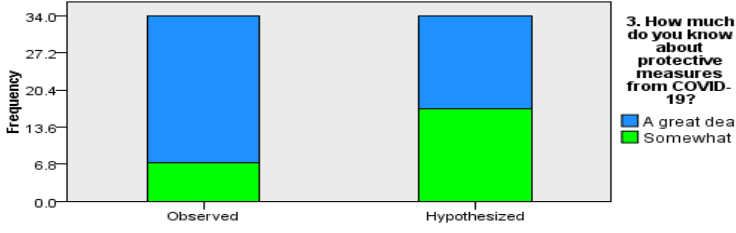
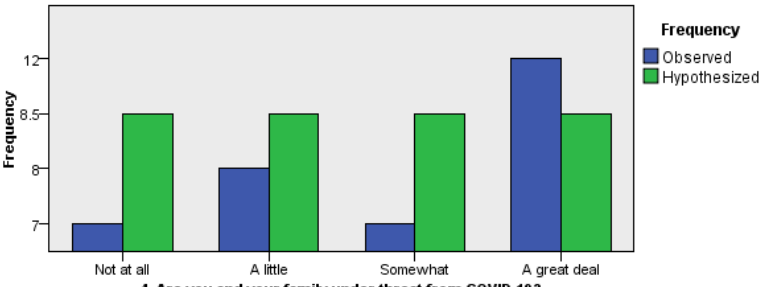
The obtained data was cleaned, some transformed and analysed using SPSS. Data collection was based on nominally and ordinally scaled variables. All ordinal variables were given numeric values to show the direction of the variable and make easy the related analyses. The statistical analyses conducted on the data obtained were distribution-free and non-parametric. For all variables with more than two levels of the independent variable, Chi-square for goodness-of-fit were computed, otherwise a binomial test was used. All the analyses were based on quantification of differences in opinions based on asymptotic statistical significances in categories preferred or resonating with participants' opinions.

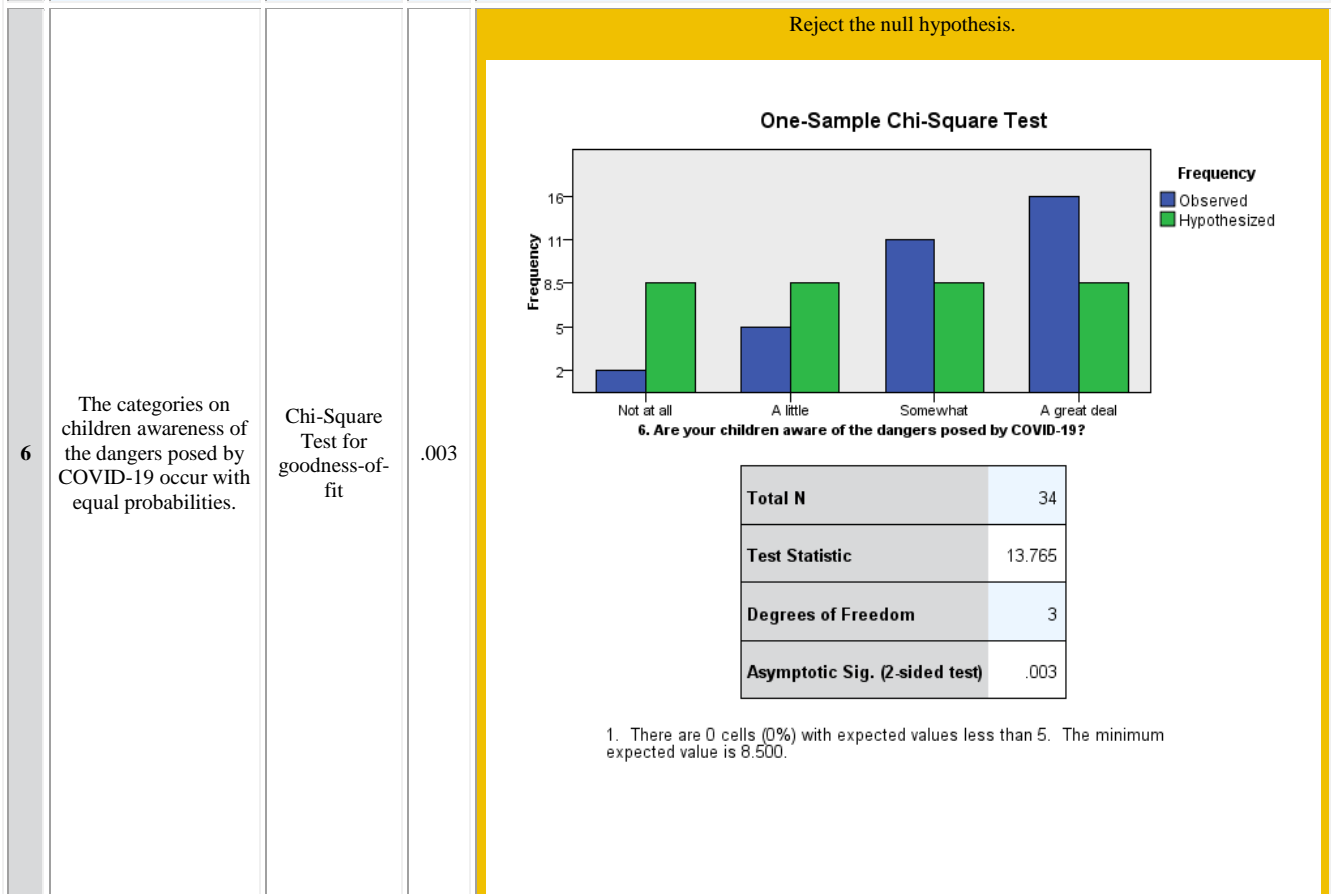
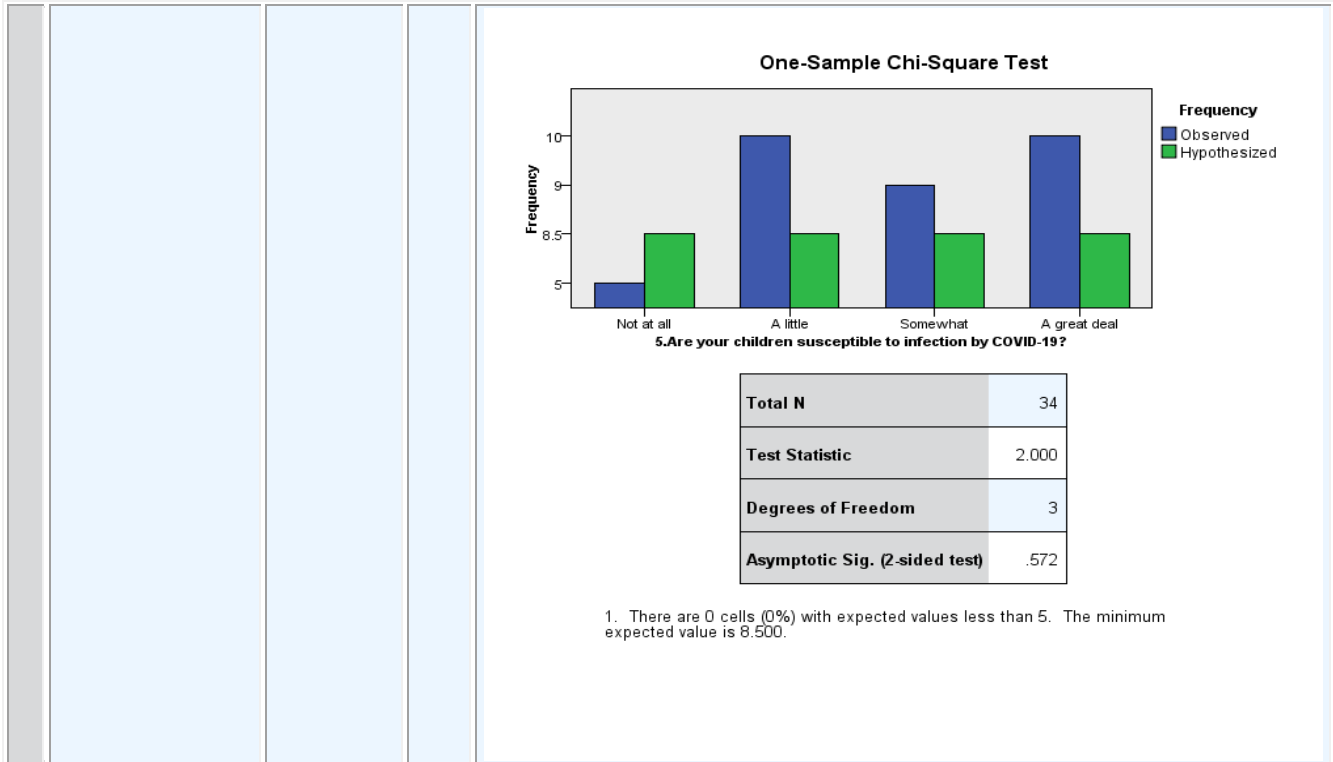
IV.RESULTS

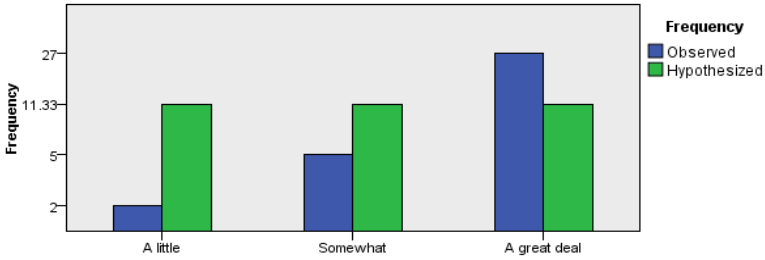
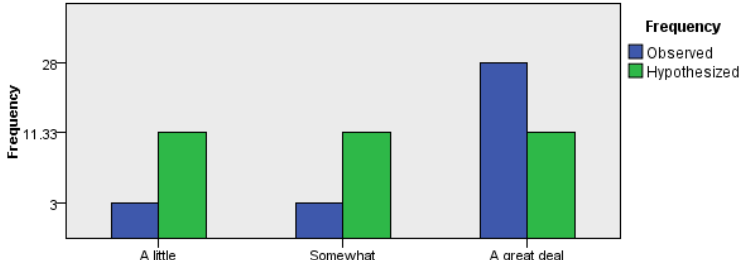
Categories	N	Observed Prop.	Test Prop.	Exact Sig. (2-tailed)/Decision
H₀ - There is no significant difference on those who agree and disagree that children have issues with their safety at home.				
Agreed	24	.77	.50	.003
Disagreed	7	.23		Reject H ₀
Total	31	1.00		There was significant agreement
H₀ - There is no significant difference on those who agree and disagree that conflicts between children tend to increase during the lockdown				
Agreed	24	.75	.50	.007
Disagreed	8	.25		Reject H ₀
Total	32	1.00		There was significant agreement
H₀ - There is no significant difference on those who agree and disagree that conflicts between children and adults have increased during this lockdown.				
Agreed	22	.65	.50	.121
Disagreed	12	.35		Failed to reject H ₀
Total	34	1.00		Ambivalences
H₀ - There is no significant difference on those who agree and disagree that COVID-19 lockdown has revealed child protection gaps in the home.				
Agreed	25	.78	.50	.002
Disagreed	7	.22		Reject H ₀
Total	32	1.00		There was significant agreement

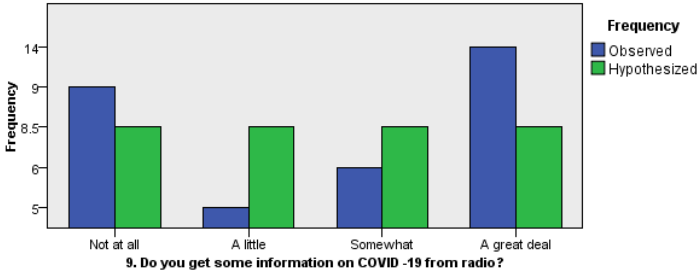
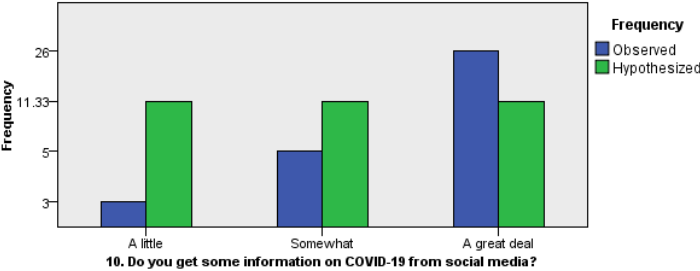
Health concerns of parents for their children during the current lockdown

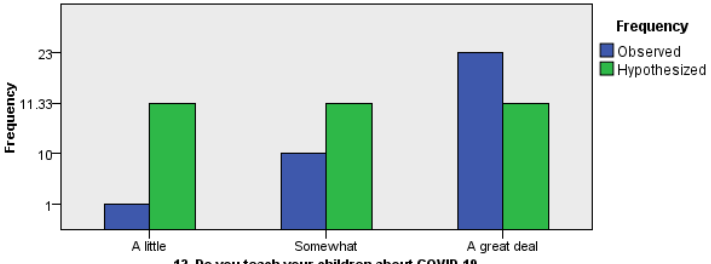
Hypothesis Test Summary												
	Null Hypothesis	Test	Sig.	Decision								
1	The categories on how well participants knew about COVID-19 occur with equal probabilities.	Chi-Square Test for goodness-of-fit	.000	<p>Reject the null hypothesis.</p>  <table border="1" data-bbox="876 661 1201 861"> <tr> <td>Total N</td> <td>34</td> </tr> <tr> <td>Test Statistic</td> <td>19.471</td> </tr> <tr> <td>Degrees of Freedom</td> <td>2</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.000</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 11.333.</p>	Total N	34	Test Statistic	19.471	Degrees of Freedom	2	Asymptotic Sig. (2-sided test)	.000
Total N	34											
Test Statistic	19.471											
Degrees of Freedom	2											
Asymptotic Sig. (2-sided test)	.000											
2	The categories on whether participants were afraid of infection with COVID-19 occur with equal probabilities.	Chi-Square Test for goodness-of-fit	.000	<p>Reject the null hypothesis.</p>  <table border="1" data-bbox="876 1354 1201 1533"> <tr> <td>Total N</td> <td>34</td> </tr> <tr> <td>Test Statistic</td> <td>35.176</td> </tr> <tr> <td>Degrees of Freedom</td> <td>3</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.000</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 8.500.</p>	Total N	34	Test Statistic	35.176	Degrees of Freedom	3	Asymptotic Sig. (2-sided test)	.000
Total N	34											
Test Statistic	35.176											
Degrees of Freedom	3											
Asymptotic Sig. (2-sided test)	.000											
3	The categories on how much participants knew about protective measures from COVID-19 occur with equal probabilities.	One-Sample Binomial Test	.001	<p>Reject the null hypothesis.</p>								

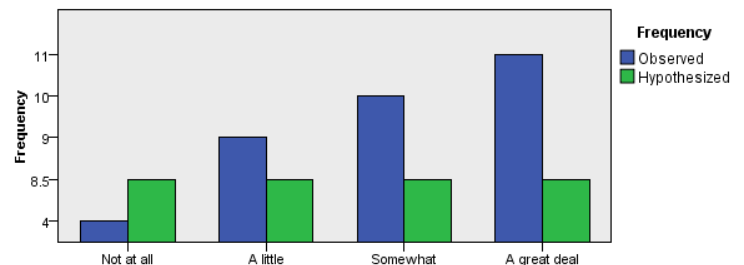
				<p style="text-align: center;">One-Sample Binomial Test</p>  <p style="text-align: right;">3. How much do you know about protective measures from COVID-19?</p> <ul style="list-style-type: none"> ■ A great deal ■ Somewhat <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Total N</td> <td style="text-align: right;">34</td> </tr> <tr> <td>Test Statistic</td> <td style="text-align: right;">27.000</td> </tr> <tr> <td>Standard Error</td> <td style="text-align: right;">2.915</td> </tr> <tr> <td>Standardized Test Statistic</td> <td style="text-align: right;">3.258</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td style="text-align: right;">.001</td> </tr> </table>	Total N	34	Test Statistic	27.000	Standard Error	2.915	Standardized Test Statistic	3.258	Asymptotic Sig. (2-sided test)	.001
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Standardized Test Statistic	3.258													
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<p style="text-align: center;">4</p>	<p>The categories on whether participants or their families were under threat from COVID-19? occur with equal probabilities.</p>	<p style="text-align: center;">Chi-Square Test for goodness-of-fit</p>	<p style="text-align: center;">.572</p>	<p style="text-align: center;">Failed to reject the null hypothesis.</p> <p style="text-align: center;">One-Sample Chi-Square Test</p>  <p style="text-align: center;">4. Are you and your family under threat from COVID-19?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Total N</td> <td style="text-align: right;">34</td> </tr> <tr> <td>Test Statistic</td> <td style="text-align: right;">2.000</td> </tr> <tr> <td>Degrees of Freedom</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td style="text-align: right;">.572</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 8.500.</p>	Total N	34	Test Statistic	2.000	Degrees of Freedom	3	Asymptotic Sig. (2-sided test)	.572		
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<p style="text-align: center;">5</p>	<p>The categories on children susceptibility to infection by COVID-19 occur with equal probabilities.</p>	<p style="text-align: center;">Chi-Square Test for goodness-of-fit</p>	<p style="text-align: center;">.572</p>	<p style="text-align: center;">Failed to reject the null hypothesis.</p>										

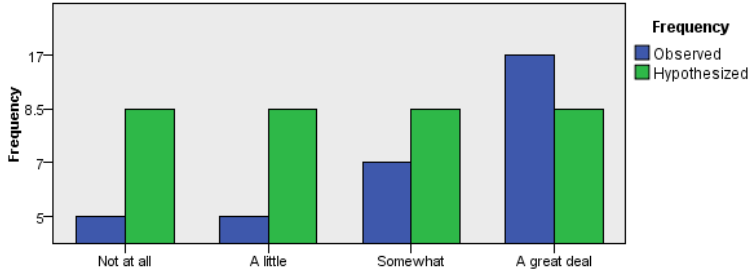
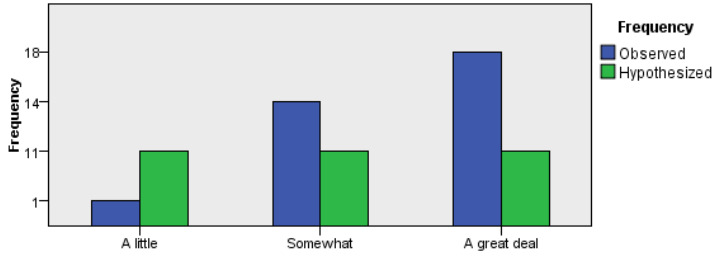


	<p>COVID-19 from the media occur with equal probabilities.</p>	<p>fit</p>		<div style="text-align: center;"> <p>One-Sample Chi-Square Test</p>  <p>7. Does your family get some information on COVID-19 from the media?</p> <table border="1" data-bbox="883 531 1208 747"> <tr> <td>Total N</td> <td>34</td> </tr> <tr> <td>Test Statistic</td> <td>32.882</td> </tr> <tr> <td>Degrees of Freedom</td> <td>2</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.000</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 11.333.</p> </div>	Total N	34	Test Statistic	32.882	Degrees of Freedom	2	Asymptotic Sig. (2-sided test)	.000
Total N	34											
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<p>8</p>	<p>The categories on whether participants got some information on COVID-19 from the television occur with equal probabilities.</p>	<p>Chi-Square Test for goodness-of-fit</p>	<p>.000</p>	<div style="text-align: center;"> <p>Reject the null hypothesis.</p> <p>One-Sample Chi-Square Test</p>  <p>8. Do you get some information on COVID-19 from the television?</p> <table border="1" data-bbox="888 1377 1201 1602"> <tr> <td>Total N</td> <td>34</td> </tr> <tr> <td>Test Statistic</td> <td>36.765</td> </tr> <tr> <td>Degrees of Freedom</td> <td>2</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.000</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 11.333.</p> </div>	Total N	34	Test Statistic	36.765	Degrees of Freedom	2	Asymptotic Sig. (2-sided test)	.000
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<p>9</p>	<p>The categories on whether participants got some information</p>	<p>Chi-Square Test for goodness-of-</p>	<p>.124</p>	<p>Failed to reject the null hypothesis.</p>								

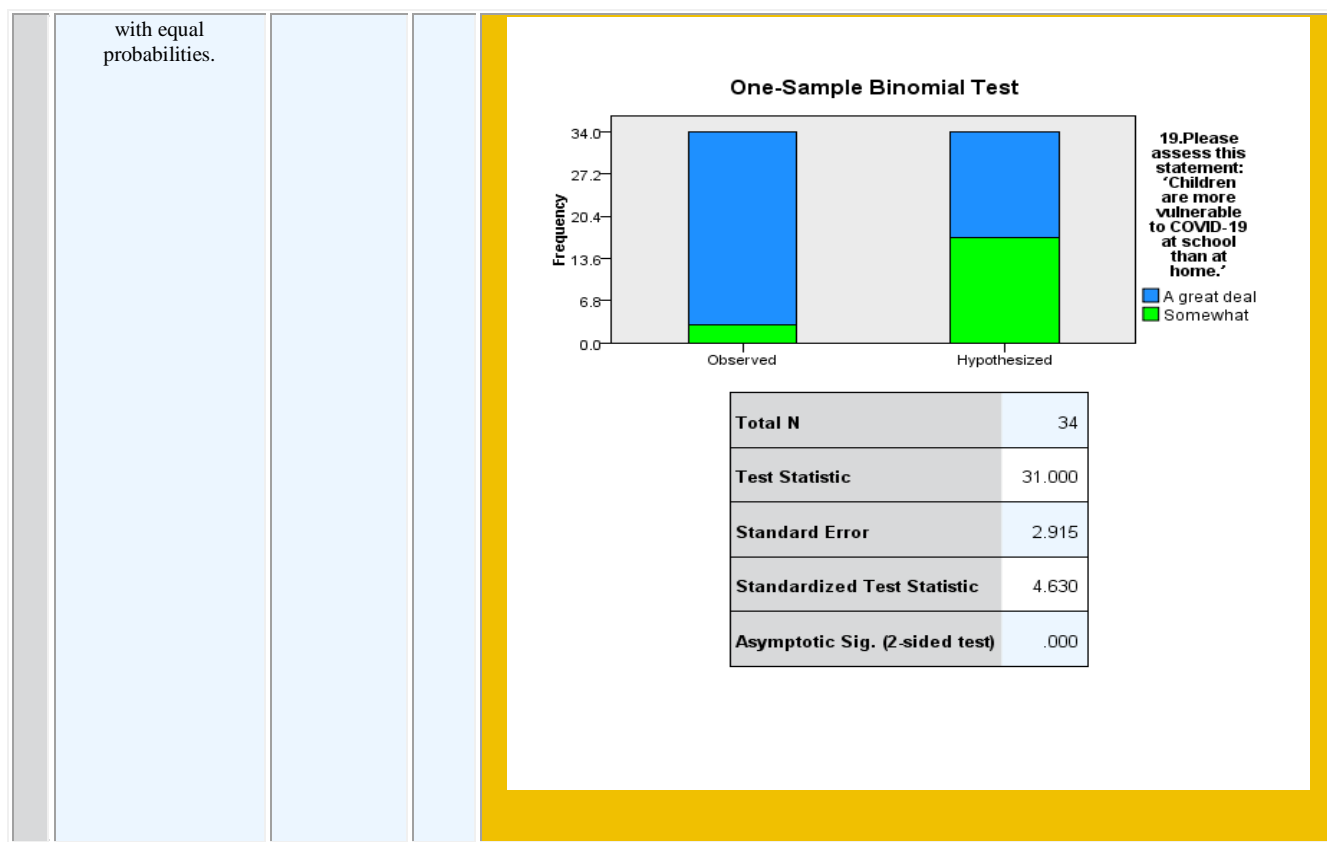
	<p>on COVID -19 from radio occur with equal probabilities.</p>	<p>fit</p>		<div style="text-align: center;"> <h3>One-Sample Chi-Square Test</h3>  <table border="1" data-bbox="894 527 1195 741"> <tr> <td>Total N</td> <td>34</td> </tr> <tr> <td>Test Statistic</td> <td>5.765</td> </tr> <tr> <td>Degrees of Freedom</td> <td>3</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.124</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 8.500.</p> </div>	Total N	34	Test Statistic	5.765	Degrees of Freedom	3	Asymptotic Sig. (2-sided test)	.124
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Degrees of Freedom	3											
Asymptotic Sig. (2-sided test)	.124											
<p>10</p>	<p>The categories on whether participants got some information on COVID-19 from social media occur with equal probabilities.</p>	<p>Chi-Square Test for goodness-of-fit</p>	<p>.000</p>	<div style="text-align: center;"> <p>Reject the null hypothesis.</p> <h3>One-Sample Chi-Square Test</h3>  <table border="1" data-bbox="894 1329 1195 1543"> <tr> <td>Total N</td> <td>34</td> </tr> <tr> <td>Test Statistic</td> <td>28.647</td> </tr> <tr> <td>Degrees of Freedom</td> <td>2</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.000</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 11.333.</p> </div>	Total N	34	Test Statistic	28.647	Degrees of Freedom	2	Asymptotic Sig. (2-sided test)	.000
Total N	34											
Test Statistic	28.647											
Degrees of Freedom	2											
Asymptotic Sig. (2-sided test)	.000											
<p>11</p>	<p>The categories on reliability of channel of information occur with equal probabilities.</p>	<p>Chi-Square Test for goodness-of-fit</p>	<p>.000</p>	<div style="text-align: center;"> <p>Reject the null hypothesis.</p> </div>								

				<p style="text-align: center;">One-Sample Chi-Square Test</p>  <table border="1" data-bbox="889 535 1198 751"> <tr> <td>Total N</td> <td>34</td> </tr> <tr> <td>Test Statistic</td> <td>40.118</td> </tr> <tr> <td>Degrees of Freedom</td> <td>3</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.000</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 8.500.</p>	Total N	34	Test Statistic	40.118	Degrees of Freedom	3	Asymptotic Sig. (2-sided test)	.000
Total N	34											
Test Statistic	40.118											
Degrees of Freedom	3											
Asymptotic Sig. (2-sided test)	.000											
12	<p>The categories on whether participants teach their children about COVID-19 occur with equal probabilities.</p>	<p>Chi-Square Test for goodness-of-fit</p>	.000	<p style="text-align: center;">Reject the null hypothesis.</p> <p style="text-align: center;">One-Sample Chi-Square Test</p>  <table border="1" data-bbox="889 1344 1198 1560"> <tr> <td>Total N</td> <td>34</td> </tr> <tr> <td>Test Statistic</td> <td>21.588</td> </tr> <tr> <td>Degrees of Freedom</td> <td>2</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.000</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 11.333.</p>	Total N	34	Test Statistic	21.588	Degrees of Freedom	2	Asymptotic Sig. (2-sided test)	.000
Total N	34											
Test Statistic	21.588											
Degrees of Freedom	2											
Asymptotic Sig. (2-sided test)	.000											
13	<p>The categories on where/how children understand issues on COVID-19 occur with equal probabilities.</p>	<p>Chi-Square Test for goodness-of-fit</p>	.000	<p style="text-align: center;">Reject the null hypothesis.</p>								

				<p style="text-align: center;">One-Sample Chi-Square Test</p>  <p style="text-align: center;">13. DO YOUR children understand issues on COVID-19</p> <table border="1" data-bbox="885 546 1201 777"> <tbody> <tr> <td>Total N</td> <td>34</td> </tr> <tr> <td>Test Statistic</td> <td>29.294</td> </tr> <tr> <td>Degrees of Freedom</td> <td>3</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.000</td> </tr> </tbody> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 8.500.</p>	Total N	34	Test Statistic	29.294	Degrees of Freedom	3	Asymptotic Sig. (2-sided test)	.000
Total N	34											
Test Statistic	29.294											
Degrees of Freedom	3											
Asymptotic Sig. (2-sided test)	.000											
14	The categories whether children's eating habits have changed during the lockdown period occur with equal probabilities.	Chi-Square Test for goodness-of-fit	.332	<p style="text-align: center;">Failed to reject the null hypothesis.</p> <p style="text-align: center;">One-Sample Chi-Square Test</p>  <p style="text-align: center;">14. Have eating habits for the children changed during the lockdown period?</p> <table border="1" data-bbox="885 1386 1201 1617"> <tbody> <tr> <td>Total N</td> <td>34</td> </tr> <tr> <td>Test Statistic</td> <td>3.412</td> </tr> <tr> <td>Degrees of Freedom</td> <td>3</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.332</td> </tr> </tbody> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 8.500.</p>	Total N	34	Test Statistic	3.412	Degrees of Freedom	3	Asymptotic Sig. (2-sided test)	.332
Total N	34											
Test Statistic	3.412											
Degrees of Freedom	3											
Asymptotic Sig. (2-sided test)	.332											
15	The categories on whether participants	Chi-Square Test for	.009	<p style="text-align: center;">Reject the null hypothesis.</p>								

	<p>think something must be done to improve/correct this occur with equal probabilities.</p>	<p>goodness-of-fit</p>		<div style="text-align: center;"> <h3>One-Sample Chi-Square Test</h3>  <p>15. If yes, do you think something must be done to improve/correct this?</p> <table border="1" data-bbox="881 552 1203 783"> <tr> <td>Total N</td> <td>34</td> </tr> <tr> <td>Test Statistic</td> <td>11.647</td> </tr> <tr> <td>Degrees of Freedom</td> <td>3</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.009</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 8.500.</p> </div>	Total N	34	Test Statistic	11.647	Degrees of Freedom	3	Asymptotic Sig. (2-sided test)	.009
Total N	34											
Test Statistic	11.647											
Degrees of Freedom	3											
Asymptotic Sig. (2-sided test)	.009											
<p>16</p>	<p>The categories on whether participants in their homes are capable of taking protective measures against covid-19 occur with equal probabilities.</p>	<p>Chi-Square Test for goodness-of-fit</p>	<p>.001</p>	<div style="text-align: center;"> <p>Reject the null hypothesis.</p> <h3>One-Sample Chi-Square Test</h3>  <p>16. Are you in your home capable of taking protective measures against covid-19?</p> <table border="1" data-bbox="885 1423 1200 1654"> <tr> <td>Total N</td> <td>33</td> </tr> <tr> <td>Test Statistic</td> <td>14.364</td> </tr> <tr> <td>Degrees of Freedom</td> <td>2</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.001</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 11.</p> </div>	Total N	33	Test Statistic	14.364	Degrees of Freedom	2	Asymptotic Sig. (2-sided test)	.001
Total N	33											
Test Statistic	14.364											
Degrees of Freedom	2											
Asymptotic Sig. (2-sided test)	.001											
<p>17</p>	<p>The categories on</p>	<p>Chi-Square</p>	<p>.006</p>	<p>Reject the null hypothesis.</p>								

	<p>whether participants believe that face masks can protect you and your children against infection by COVID-19 occur with equal probabilities.</p>	<p>Test for goodness-of-fit</p>		<div style="text-align: center;"> <p>One-Sample Chi-Square Test</p>  <p>17. Do you believe that face masks can protect you and your children against infection by COVID-19?</p> <table border="1" data-bbox="889 535 1198 751"> <tr> <td>Total N</td> <td>33</td> </tr> <tr> <td>Test Statistic</td> <td>12.455</td> </tr> <tr> <td>Degrees of Freedom</td> <td>3</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.006</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 8.250.</p> </div>	Total N	33	Test Statistic	12.455	Degrees of Freedom	3	Asymptotic Sig. (2-sided test)	.006
Total N	33											
Test Statistic	12.455											
Degrees of Freedom	3											
Asymptotic Sig. (2-sided test)	.006											
<p>18</p>	<p>The categories on whether children are tired of lockdown and want to go back to school occur with equal probabilities.</p>	<p>Chi-Square Test for goodness-of-fit</p>	<p>.032</p>	<div style="text-align: center;"> <p>Reject the null hypothesis.</p> <p>One-Sample Chi-Square Test</p>  <p>18. The children are tired of lockdown and want to go back to school. What is your take on this?</p> <table border="1" data-bbox="889 1344 1198 1560"> <tr> <td>Total N</td> <td>33</td> </tr> <tr> <td>Test Statistic</td> <td>8.818</td> </tr> <tr> <td>Degrees of Freedom</td> <td>3</td> </tr> <tr> <td>Asymptotic Sig. (2-sided test)</td> <td>.032</td> </tr> </table> <p>1. There are 0 cells (0%) with expected values less than 5. The minimum expected value is 8.250.</p> </div>	Total N	33	Test Statistic	8.818	Degrees of Freedom	3	Asymptotic Sig. (2-sided test)	.032
Total N	33											
Test Statistic	8.818											
Degrees of Freedom	3											
Asymptotic Sig. (2-sided test)	.032											
<p>19</p>	<p>The categories on the belief that 'Children are more vulnerable to COVID-19 at school than at home.' occur</p>	<p>One-Sample Binomial Test</p>	<p>.000</p>	<div style="text-align: center;"> <p>Reject the null hypothesis.</p> </div>								



V. DISCUSSION

The closure of schools as a result of Covid 19 have had some impact on the children in Zimbabwe. This impact has been felt on children’s health, psychological and emotional well-being as well their physical well -being. Looked at holistically, Covid 19 lockdowns have seriously affected children’s welfare from a safeguarding perspective. Various studies conducted in this regard have all but confirmed this development. These studies have uncovered shared myths about the virus and its origins, conspiracy theories about the motive for vaccines, myths about how its spread, and many other issues which are all but false. The social media has also weighed in with numerous stories about Covid 19, often taking advantage of the failure by governments to disseminate the correct information through the official media which in some cases is always accessed by the poor who neither own radio sets or television sets. The net results has been non-compliance of laid down protocols by governments which are meant to curb the further spread of the virus. One such study notes that, “In most sub-Saharan African countries, noncompliance is attributable to ignorance and misinformation, thereby raising questions about people’s knowledge, attitudes, perception, and practices towards COVID-19 in these settings. This situation is particularly of concern for governments and public health experts (Ugochinyere Ijeoma Nwagbara, 2021)

This study sought to explore child safeguarding issues affecting children in their homes during the current lock

downs, including issues to do with information sharing and sources of that information.

Parents agreed that conflicts between children and children had increased during the lockdown, and that some were often quite nasty. Sources of conflict included wrangles over the remote control gadget for the television set, toys and food. In similar studies carried out elsewhere results show that for some children, disputes and conflicts with other family members were more frequent, and they experienced bad moods and frustration within their family as well as discomfort linked to family proximity (not being able to be alone, feeling being permanently under the observation of their parent(s)). Moreover, children also talked about time shared with their siblings during the lockdown, playing and exploring their home’s surroundings. Nevertheless, some children admitted that there was more anxiety and stress around and siblings were not always nice. Everyday life had changed in terms of activities and relationships: families lived as closed communities with more anxiety and stress and more struggles between siblings.. (Daniel Stoecklin, 2021)

. This is no different in this study where parents/guardians reported increased conflicts between children during the lock down, and at times, failure by the parents to diffuse these conflicts and pacify the children. A total of 24 out of 34 respondents confirmed that such conflicts existed in their homes. Conflicts between parents and children also increased during the same period as confirmed by the results of the survey. The prolonged periods pitying children and adults in

the same room inevitably led to conflicts which often resulted in child beatings and abuse. The media carried numerous stories of parents beating up children over trivial issues. At times these beatings became fatal. The most agonizing of such developments was the failure by social workers to intervene in such conflicts due to the existence of lock down protocols which limited movement and contact of the same.

Regarding information on Covid 19, its nature, modes of transmission, effects and general information both adults and children claimed that they knew all about it. Yet when probed further to explain, they displayed gaps which still need to be filled in by the health authorities. The mask, for instance, was only seen as being important when one is among strangers. Close relatives were not a threat at all to the spread of the virus. Dr. Portia Manangazira, the director of Epidemiology and Disease Control in Zimbabwe's Ministry of Health and Child Care, said: "The important points from our data is that it's clear we now have community transmission and the mode of transmission being person to person. There is currently a low risk perception at individual and community levels. For this reason, cases continue to rise". (Moyo, 2020) Some Zimbabweans believe COVID-19 thrives in winter, while others, like 45-year old Pamela Hove, who lives in the capital Harare, claim the disease is less deadly for Black Africans. Yet others among the respondents felt that Covid 19 is just a strong strain of common flue which will go away soon. "Blacks rarely die due to coronavirus. It's just a disease which infects them, just like common cold and it disappears. We have been lied to about many people falling sick due to COVID-19," Pamela told Anadolu Agency. Pamela lives in Mbare, one of the oldest townships in Harare, where she runs a fruit and vegetable vendors stall by the gate at her house. To medical practitioners, like Mevion Chuma, Zimbabwe's poor places such as Mbare -- where many like Pamela live -- "are the sources of myths and misinformation about COVID-19." As such, ordinarily, Zimbabweans are caught up in a lot of myths and of course misinformation about the pandemic. Chuma, who runs his own private surgery in Harare, said that owing to myths, "people here commonly believe that coronavirus can be treated by simply bathing in 60 degrees [Celsius] hot water." (Ibid)

The study confirmed these misconceptions with half of the respondents echoing similar sentiments and displaying a low risk perception of the disease.

Regarding sources of information on Covid 19, respondents sighted the television, radio and posters as an important source of information, but the majority claimed that they were getting most of the information from the social media (WhatsApp, twitter and Instagram) The dangers with WhatsApp were quite clear, given the misinformation which normally comes through such platforms.

Parents and guardians of children also noted that children's eating habits were changing during the lock downs, especially consumption of bread and other forms of unhealthy food stuffs like fizzy drinks and juices. In the long term this could

lead to such diseases like obesity, diabetes and cancer. But on the other side of the divide poor children in poor families were exposed to poor nutrition which included exposure to dirty water sources, lack of nutritious food and poor diets.

Accidents were also on the increase among children. These included burns in the kitchens, deep cuts from sharp objects encountered in the playing fields, cuts from objects like scissors and razor blades and poison from detergents and other non-consumable substances encountered in the homes. (Peachman, 2020) The author further observes that, "the risk goes up when you consider that many families are practically tripping over each other in their living space, which now may also serve as a makeshift place to work, play, learn, and exercise. "Parents are being asked to multitask in ways they typically haven't been before," says Ben Hoffman, M.D., chairman of the American Academy of Paediatrics' Council on Injury, Violence, and Poison Prevention, who also says he wouldn't be surprised if home injuries skyrocket during this shutdown. Ibid)

VI. CONCLUSION & RECOMMENDATIONS

Given the uncertainty brought by the Covid 19 pandemic, there is no guarantee that the lock downs will not recur. So child safeguarding issues must be customised to suit this 'new normal' so that children are protected. The study uncovered gaps which need to be addressed. The following are some measures that might help to address this situation so as to improve the children's welfare.

- In the absence of social workers and teachers to monitor the children, local communities need to be trained on child safeguarding so that they form local committees to oversee their children's safety in their localities.
- Reporting measures need to be improved so that if accidents occur, the response is rapid for the sake of the children.
- Parents/guardians need to take better care of such dangerous items like detergents, chemicals, sharp objects and electrical gadgets so that children do not easily reach them.
- The government needs to improve information dissemination on Covid 19 so that people are well-informed to make the right decisions at the right time.
- The government need to scale up digital learning so that children access it and are well occupied most of the time with school work. parents must be trained in basic conflict resolution skills so that they keep children at peace with each other.
- Basic nutrition menus must be developed to ensure that all children have access to healthy food which does not lead to such conditions like obesity.
- Governments must provide communities with clean water sources as well as conditions to basic hygiene.

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