

The Adolescents, the Vulnerable Group: A Case Study of the Informal and Formal Settlements in Epworth

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Abstract: Adolescence is a fascinating, interesting and challenging period of human growth and development. This is a period of great physical, social, emotional, physiological and psychological change. The adolescent is neither a child nor an adult but is on the threshold of adulthood. The adolescence period is characterised by the search for and consolidation of identity. In different cultures, it is a period of initiation characterised by circumcision (boys) and with girls, it is a time they experience their growth spurt (menarche). It should be noted, however, that this is not a chance phenomenon: it occurs as a result of the fact that girls are born with more mature skeletons and nervous systems, Mwamwenda (2003). This article concentrates on vulnerability and child abuse, especially the girl child because girls are the most vulnerable group in all cultures and societies of the world. It is estimated that 25-50% of adolescents are exposed to risk behaviours with negative health and behavioural outcomes such as drug abuse, crime, unwanted pregnancies and sexually transmitted diseases (STIs). Topics covered in this article are:

1. Child maltreatment
2. Substance abuse
3. Delinquency
4. Sexuality
5. Suicide ideations

Due to the paucity of literature regarding parent attitudes toward adolescent problems, the subject is covered only in a limited fashion. However, there is a growing concern that young people need to be aware of the interventions available to them regardless of the little knowledge of adolescent perceptions of these problems. Although education can teach the young people what support is available, they will not seek help if they, themselves, do not perceive the existence of a problem. Therefore more research is needed to survey adolescent attitudes toward the various high at-risk behaviours as well as determine how to promote help-seeking behaviours and positive youth development, WHO (2016).

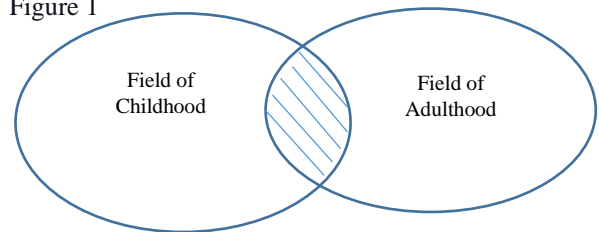
Keywords: physical abuse, sexual abuse, emotional and psychological abuse and neglect.

I. INTRODUCTION

Adolescence is the most vulnerable age group in Zimbabwe, especially in the high-density suburb of Epworth. The age group is between the field of childhood and adulthood. Adolescents are the most vulnerable to child abuse, maltreatment, physical abuse, sexual abuse, psychological abuse, economic abuse and neglect. The

vulnerability of this age group includes any act or failure by a parent, guardian or caregiver that results in actual potential harm to a child and it occurs in the child's home, institution, school or community with which the child interacts¹. Before delving into the adolescents' problems the writer will explore through literature review what other writers have written about the developmental stages of the adolescents which includes the physical, emotional, social, cognitive and sexual to appreciate the relevance of the information that leads to the vulnerability of this age group, especially in the satellite town of Epworth.

Figure 1



The psychological field of the adolescent is the shaded space where the cycles overlap

II. LITERATURE REVIEW

As stated above, adolescence is the period in every person's life that lies between the end of childhood and the beginning of adulthood. It varies in length from family to family, from one socio-economic level to another and from culture to culture. The length may even fluctuate in the same society from time to time, depending on economic or other conditions. The period is generally considered to begin around the age of twelve and end sometime around age twenty². This period is characterised by drastic changes in the physical, emotional, social and cognitive features of each being.

Seifert et al (2018) said, During the adolescence period, the major physical changes are in height, weight and sex characteristics of puberty³. They described the changes associated with puberty as falling into two categories: primary and secondary sex characteristics. For girls, primary sex characteristics include complex changes in the vagina, uterus, fallopian tubes, and ovaries and the beginning of menstrual periods (menarche). For boys, the

characteristics include the development of the penis, scrotum, testes, prostate gland, seminal vesicles and production of sperm for reproduction. Secondary sex characteristics include growth of body hair, especially pubic and armpit hair, lowered voices and the characteristics that help differentiate masculine and feminine body types, like the enlargement of breasts and the widening of hips in females.

According to Mwamwenda (2010), there is a tendency for adolescents to find it difficult to perceive the world and themselves through anyone else's eyes but their own⁴. Adolescents deal with social pressure to conform to social stereotypes of what is physically attractive or unattractive. He further noted that female adolescents' views of their irregularities and regularities, and their ideal of attractiveness all contribute to a very complicated and confusing state of affairs. The writer of this article suggests that the major concerns of adolescence during this period are in the areas of physical appearance and sexual maturity: hence exposure to sexual abuse and vulnerability. The following table shows changes experienced by both boys and girls during this period:

Changes Experienced by Boys and Girls during Adolescence (12-20years)⁵

	Boys	Girls
Physical Changes	Increased in muscle size and strength, increase in height, tests and pubic hair show rapid growth. Nocturnal emissions and erections, wrinkled scrotum and growth of beard.	Enlargement of breasts and pubic hair. Increase in height, first menstruation (menarche) occurs. Hips and pelvis become wider. Ovaries release ripe eggs
Emotional Changes	Self esteem affected, emotional problems, anxiety. Psychological defence mechanism develop. Need to be independent and enter adulthood. Need for love and security.	Concern with being attractive. Emotional problems : related to love, sex and general relationship with parents. Development of defence mechanism. Need for love and security.
Cognitive Changes	Involvement in mental activities e.g., politics drama, dance, school trips, quiz. Need for praise and recognition especially in logical reasoning and responsible behaviour.	Involvement in mental activities e.g., debate, school trips, quiz, etc. Need for praise and recognition, responsibility and logical thought.
Moral Changes	Self chosen ethical principles, equality and human rights and respect for the dignity of others are followed.	More concerned with pleasing others than being Independent. A variety of values and ethical principles held, but female get more pressure from society of values they should follow than males.

Psycho-social/Emotional Development

Psycho-social development concerns changes in feelings or emotions as well as changes in how individuals relate to other people. It also includes relationships with family members, peers, teachers and community as well as an individual's identity or sense of self. The concepts in this development are self-concept, self-worth and self-esteem. Self-concept refers to an organised set of beliefs that an individual holds about themselves, while self-worth or self-esteem refers to the value that the individual places on those beliefs; which control the adolescent's emotions.

Parents and teachers must encourage positive development of self-esteem amongst the adolescents as this is one of the major determinants of educational success. Slavin (2022) supports this view by asserting that a positive sense of self serves as a base for future positive growth, whereas a negative sense of self interferes with personality growth⁶. Slavin went on to say that adolescents with positive feelings of self-worth have a realistic appraisal of their strengths and weaknesses.

The writer notes that self-esteem has implications for education. Adolescents with positive self-esteem will confidently engage in educational activities and success tends to reinforce their self-worth. Teachers should seek to reinforce and sustain the development of positive self-esteem in students (adolescents) while parents play a part by showing a positive attitude towards the educational achievements of their children.

The feelings of acceptability by both teachers and parents foster positive self-worth in academic activities and excellence⁷. Negative self-concept results in low self-esteem leading to feelings of losers, and rejection by peers, parents and teachers (vulnerability/inferiority complex). Adolescents with such feelings respond with hostility, contempt, mistrust for others, and aggression or they may be withdrawn and shy, prone to suicidal ideations. Aisha, and Mehnaz (2013), describe shyness as being of considerable psychological pain and contend that shy persons tend to hesitate to initiate any social encounters. Parents and teachers need to monitor adolescents closely to ensure that they do not develop negative behaviour and seek ways to curtail such problems where they already exist⁸. Mwamwenda suggested that individual adolescents should be provided with skills to deal with the problems of at-risk behaviours that continue to reinforce negative self-feelings.

Social Development

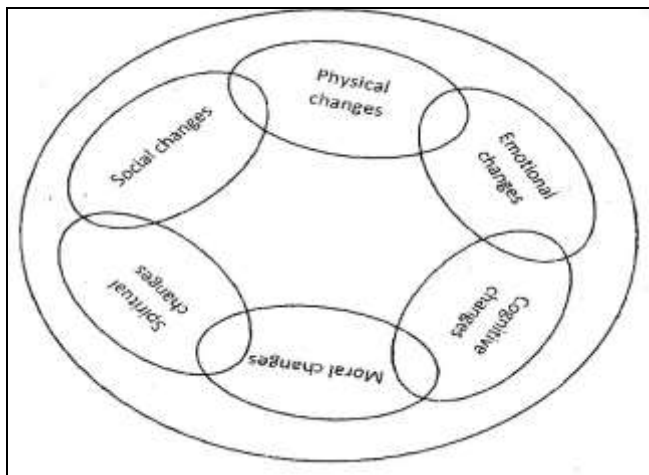
Social development is probably the most significant area of development in adolescents. It involves how adolescents develop the ability to relate and interact with other people in society, and peers, besides serving the purpose of pursuing activities in common, serve to provide support to individuals in their attempts to create identity or 'social-self'. In striving to establish 'social-self' adolescents value the establishment of independence. At home, it is

exhibited in the form of anti-social behaviours such as hostility and lack of co-operation. Adolescents tend to relate more to peers than to parents because peers provide a positive environment within which the individual adolescents can develop a personal sense of identity⁹.

The social development of adolescents is heavily influenced by the need for acceptance and conformity with peers whilst the family environment influences the extent to which adolescents interact with their peers. Peer groups are more clearly defined in school settings and are usually formed on the grounds of common needs and interests. It is therefore imperative on the part of the teacher to be able to diagnose the factors which form common bonds within particular peer groups, as some of these could be against the educational interests of the individuals involved¹⁰.

Sometimes slavish conformity in dress, speech, interests, quirks of phraseology and language marks many adolescents. The conformity (hero worship) is made with friends whose words, opinion, and even gesture is studied and mimicked. This can result in adverse consequences of conformity with peers such as alcoholism, drug abuse, sexuality and delinquency¹¹. The writer concurs with Glenn that the role of parents in the social development of adolescents must be pronounced. Whilst they should encourage the establishment of independence they must provide warmth, love and conditions that foster a sense of family belonging for the adolescent. Mwamwenda (2003) asserts that when family ties are weak and counter-productive, adolescents are more likely to depend on peers for support and approval. Conversely, when family ties are strong and interactions with parents are productive, adolescents are not likely to turn to peers in times of stress: therefore, there is a need to have a strong chain of life. The following diagram is a chain of life envisaged by Zindi (2018).

Figure 2. The chain of life is as strong up to its weakest point



Cognitive Development

As the rest of the body changes at puberty, the brain

and its functions also change. One indication of this is that scores of intelligence tests obtained over several years from the same individual fluctuate most during the period from twelve to fifteen years of age. In Piaget’s theory of cognitive development, adolescence is the stage of transition from the use of concrete operations to the application of formal operations in reasoning. Inhelder and Piaget acknowledge that brain changes at puberty are necessary for the cognitive advances of adolescence¹².

Inhelder and Piaget further allege that concrete operational thinking of a child has great power but with limitations. However, the development of formal operational reasoning overcomes these shortcomings (concrete operations). Piaget described a task where learners in the concrete operational stage were given a set of ten proverbs and a set of statements that meant the same thing as the proverb...but failed to compare the meanings of the statements to find the best matches¹³.

The adolescents can accept, for the sake of argument or discussion, arbitrary conditions, that are not known to exist or that are known to be contrary to fact. They are not bound to their own experiences of reality, thereby applying logic to any given set of conditions. One example is the ability to reason about hypothetical situations as in a formal debate. In this way, participants are prepared to defend either side of the issue, regardless of their personal feeling or experience and their defence is judged on its documentation and logical consistency.

III. METHODOLOGY

The purpose of this study is to verify the vulnerability of the adolescents in the satellite town of Epworth and recommend ways and means of providing intervention and prevention programs to this focused group of young people. Apart from comparing what the other writers said about the developmental stages of the adolescents this section of the article discusses the methods the researcher used to find and collect data for the study that could provide solutions to the problem of adolescents’ vulnerability in Epworth.

The writer adopts the qualitative form of research from the empirical evidence he collected from the residents of the satellite town of Epworth during his eight years of working in the area. According to Creswell (2014), qualitative research is based upon the philosophy of empiricism, follows an unstructured, flexible and open approach to inquiry, aims to describe than measure, believes in an in-depth understanding of small sections and explores perceptions and feeling than facts and figures.¹⁴

Hancock et al (2009) defined qualitative research as concentrating on the ways groups of people can have numerous ways of looking at reality and emphasize experiences, reports, or data which cannot be conveyed statistically¹⁵. By the qualitative method, the researcher used focus group interviews and observations as it is important in describing and explaining the causes and

consequences of vulnerability, drug abuse, delinquency, suicidal ideations as well as child sexual abuse in the formal and informal settlements of Epworth.

Target population

A population is a group of people who have some characteristics in common that are of interest to the researcher. According to Bhattcharee (2012), populations are people or units under investigation with the features that the researcher wishes to study. The identification of the targeted population is important to ensure that it consists of people who have relevant information sought by the researcher¹⁶. Relating to this article, the target population in (formal/informal settlers) were people in wards five, six and seven of Epworth. From the three wards, three focus groups were identified that is parents/caregivers, church/community and schools of thirty participants. Random sampling techniques and the snowball method were used during the process to combine the qualitative methodology with the research conducted.

As alluded above interviews and observation methods were used: interviews are a type of discussion initiated by the researcher to acquire qualitative research information whilst observation is a primary tool used to collect data as it is qualitative in approach. According to Sensing (2018), observation is a powerful way to check the consistency of what people subjectively report about themselves during interviews, questionnaires, and focus groups¹⁷. The researcher posits that observation gathers information about people's physical, social, cultural, political and economic contexts among others. By observing the interactions of the participants in the study, the researcher can understand more about their relationships, ideas, morals and values, habits, practices and reactions.

Birmingham and Wilkinson (2002) state that observation is an instrument characterised by a prolonged time of social interaction between the researcher and the area under study, during which data in the form of observation notes are collected without asking questions¹⁸. It is more focused on the researcher watching (viewing) and listening study elements and taking down notes. The methodology enables the researcher to describe the existing situation under study thus learning through exposure in the researcher's setting. In this case, the researcher had to go into the formal/informal settlements (wards 5,6 and 7) of Epworth to physically observe part of the challenges faced by both parents/caregivers, church/community and schools concerning the adolescents' at-risk behaviour. On January 19, 2020, the parents/caregivers were met from 1400hrs to 1500hrs for discussion. On January 23, 2020, the schools met same time for discussion. The church/community met on February 01, 2020, for similar discussions, the attendance was very positive and the discussions were constructive as shown on tables one and two.

Interviews/Observation Response Rate – Table 1

Focus Group	Target size	Participation	Response %	Remarks
Parents/Caregivers	10	8	80%	2 did not turn up due to other commitments
Church/Community	10	10	100%	
Schools	10	10	100%	

Source: Primary Data 2020

Table 2 – Parents/Caregivers, Church/Community, Schools Response to focus group discussions

Discussion Question	Participants	Response %	Remarks	
Criminal/Promiscuity in Epworth		70%	sometimes	
		30%	always	
Epworth Poorest district in Harare		60%	always	
		40%	sometimes	
Presence of adolescents in Epworth		70%	always	
		30%	sometimes	
Adolescent age group		50%	10-20	
		50%	12-18	
Adolescence appearance		70%	always	
		30%	often	
Adolescence drug-abuse		60%	always	
		40%	sometimes	
Adolescence peer pressure		90%	always	
		10%	often	
Identity crisis		80%	always	
		20%	sometimes	
Adolescents sexuality		70%	always	Hyper-active
		30%	often	
Adolescents delinquency – suicidal ideation		60%	often	
		40%	always	

Source: Primary data 2020

The response from parents /caregivers, schools and church/community from all the interviews, observations and discussions are varying and sliding degrees with percentiles in groupings:

70-30% -4 groups the highest,

60-40% -3 groups second-highest;

50-50%, 90-10% and 80-20% -3 different percentile groupings...this shows that adolescents have at - risk behaviours in Epworth.

The researcher observed that those who say some lines are 70% and those who say always are 30%. Sometimes and always is an affirmation that there is at-risk behaviour of adolescents in Epworth. The 60% and 40% are in three groups that acknowledged the vulnerability of the adolescents in Epworth. The 50-50%,90-10% and 80-20% are one group each accepts that the young people have problems which must be addressed with urgency.

The satellite of Epworth was neglected by the government of Zimbabwe when it attained its Independence in 1980. Epworth became a forgotten suburb of Harare just like Kibera in Kenya and Khayelitsha in Cape Town, South Africa. The respondents agree that they are many adolescents in Epworth without amenities and recreational facilities thereby stealing, hooliganism, drug abuse, delinquency prostitution is rampant, supporting the English adage which says 'an idle mind is the devil's workshop and lazy fingers are his tools.' The young people of today need to be occupied otherwise internet, Whatsapp and Instagram keep them busy for nothing. Their major worries must be education, and career first before indulging in sexual activities, drug abuse and other at-risk behaviours to the detriment of their health.

Major Problems of Adolescents in Epworth.

When the developmental stages of the adolescents are misconstrued and false interpretations of maturity are considered then the vulnerability of this focus group takes centre stage. Mwamwenda stated that when family ties are weak and counterproductive, adolescents are more likely to depend on peers for support and approval. Conversely, when family ties are strong and interactions with parents are productive, adolescents are less likely to turn to peers in times of stress: therefore, there is a need to have a strong chain of life. The chain of life is as strong up to its weakest point; see diagram above.

The World Health Organisation (WHO) defines child abuse, and child maltreatment (vulnerability) as all forms of physical, emotional ill-treatment, sexual abuse, neglect or negligent treatment for commercial and exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility trust or power¹⁹. In general abuse or vulnerability refers to deliberate acts of commission while neglect refers to acts of omission. Whereas child maltreatment includes both acts of commission and omission on the part of parents/caregivers that cause actual vulnerability or threaten harm to a child.

The WHO distinguishes four types of child maltreatment or vulnerability physical abuse, sexual abuse, emotional/psychological abuse and neglect.

Physical abuse – Physical abuse often does not occur in isolation, but as part of a constellation of behaviours including authoritarian control, anxiety-provoking behaviour and lack of parental warmth. From the discussion the researcher had with parents/caregivers of Epworth, some hit, beat, kick and shack their children contrary to Eurocentric (Western Culture) permissiveness. Alice Miller (2015) noted that child physical abuse takes the view of humiliation, and beatings as all forms of abuse because they injure the integrity and dignity of a child, even if their consequences are not visible now²⁰. The researcher observed that physical abuse can lead to physical and mental difficulties in the future, including re-victimisation, personality disorders, post-traumatic stress disorders (PTSD), dissociative disorders, depression, anxiety, suicidal ideations, eating disorders, substance abuse, drug abuse and aggression-physical abuse has also led to homelessness and street kids as it is in the province of Harare.

Sexual abuse

Child sexual abuse (CSA) is a form of child abuse in which an adult forces a child or adolescent to perform sexual stimulation. It refers to the participation of a child/adolescent in a sexual act aimed toward the physical gratification or financial profit of the person committing the act. Forms of CSA include asking or pressuring a child/adolescent to engage in sexual activities (regardless of the outcome), indecent exposure of genitals to a young person, displaying pornography, actual sexual contact, physical contact with young people's genitals (paedophilia), viewing of the child's genitalia without physical contact²¹. The writer posits that the effects of adolescent abuse include guilt, self-blame, flashbacks, nightmares, insomnia, fear of things associated with abuse (phobia), self-esteem difficulties, post-traumatic stress disorder (PTSD) and physical injury to the child among other problems.

When discussing this issue with all the focus groups of Epworth (parents/caregivers, church/community and schools) they expressed concern because in most cases the perpetrators are not brought to book and the young people are exposed to HIV and STIs. Most sexual abuse offenders are acquainted with their victims; approximately 80% of the victims and 20% are outsiders²².

Psychological abuse - There is several children/adolescent psychological abuses done in Epworth like the non-accidental verbal or symbolic acts by the parent/caregiver that result or have reasonable potential damage and harm to the child. According to Youth Alive Handbook (2018), the victims of psychological/emotional abuse may react by distancing themselves from the abuser, internalising the abusive words or fighting back by insulting the abuser²³. Sometimes this can lead to abnormal or disrupted attachment development, a tendency for the victims to blame themselves (self-blame) for the abuse, learned helplessness and overly passive behaviour leading to suicidal ideations. Because of the persistence of

parents/caregivers to psychological/emotional abuse in Epworth, some of the adolescents resort to substance and drug abuse and at-risk behaviours leading to suicide ideations as mentioned above. Parents/caregivers and schools must not provoke children/adolescents to anger but must create a conducive atmosphere for harmonious and good relations.

Child neglect - is the failure of a parent/caregiver to provide needed food, clothing, shelter, medical care or supervision to such an extent that the child/adolescent's health, safety or well-being is threatened with harm²⁴. Some observable signs of child neglect include the frequently absent from school, begging, stealing food or money, lack of medical care, consistently dirty and many others. The writer categorised six neglectful acts of the child/adolescent in Epworth:

- Supervisory neglect: characterised by the absence of a parent/caregiver which can lead to physical harm, sexual abuse or criminal behaviour,
- Physical neglect: failure to provide the basic physical necessities, such as a safe and clean home;
- Medical neglect: lack of providing medical care and treatment,
- Emotional neglect: lack of nurturance, encouragement, moral and spiritual support;
- Educational neglect: parents/caregivers lack to provide an education and other resources to actively participate in ongoing schooling,
- Abandonment neglect: when the parent/caregiver leaves a child/adolescent alone for a long period (diaspora) without a guardian.

The researcher found out that most of the neglected children/adolescents in Epworth manifest different emotional and behavioural reactions to regain lost or secure relationships and are frequently reported to have disorganised attachments and a need to control their environment. Such children are not likely to view caregivers as being a source of safety, and instead display aggressive and hyperactive behaviours which may disrupt healthy or secure attachment with their foster parents (hence their vulnerability). The researcher went on to find out that these adolescents learned to adapt to abusive and inconsistent caregivers by becoming self-reliant, manipulative and disingenuous in their daily interactions with others as they progress through the adolescence period. Adolescents who are victims of neglect have a more difficult time forming and maintaining relationships, such as romantic or friendships later in life due to the lack of attachment they had in their earlier stages of life.

Zimbabwe Musasa Project in Harare (2020) said that child/adolescent abuse is a complex phenomenon with multiple causes. No single factor can be identified as to why some parents/caregivers behave violently toward their offspring²⁵. However, at the individual level, such factors include age, sex, and personal history while at the level of

community factors contributing to child maltreatment include cultural norms encouraging harsh punitive measures of children, economic inequality, and the lack of societal safety nets. Elisabeth Young-Bruehl (2012) contends that child abuse and maltreatment must be investigated to understand the motivations behind given acts of abuse as well as to shed light on societal failures to support children's needs and development in general²⁶. Michael Freeman argues that the ultimate causes of child abuse lie in prejudice against children. He further writes, 'the root of child abuse which causes their vulnerability lies not in parental psychopathology or socio-environmental stress but in a sick culture which denigrates and depersonalises, which reduces children to property, sexual objects so that they become legitimate victims of both adult violence and lust²⁷.

The researcher concurs with the above two writers that parents who physically abuse their spouses are more likely than others to physically, and psychologically abuse their children. Sometimes parents set high expectations for their children that are clearly beyond their capability; when these expectations have not been met the result is frustration caused by the children's non-compliance hence contributory to child abuse. The researcher further posits that factors involved in the exaltation of physical punishment by parents into confirmed child abuse may be the punishing parent's inability to control their anger or judge their strength, and the parent/caregiver is unaware of the child's physical vulnerability.

Substance and drug abuse are other areas in which adolescents become vulnerable. The researcher observed that parents with documented substance abuse most commonly alcohol, cocaine and heroin are much more prone to mistreat their children. He further found out that there is a relationship between alcohol and physical abuse, and between cocaine and sexual abuse. Sometimes the abused victims do not realise that the abuse is wrong because of the internal confusion which leads to chaos, inner anger and outer frustration. Once the adolescents are at the age of 17/18 alcohol and drugs are used..... The hurt feelings, nightmares and daytime flashbacks. Such is the order of life in the formal/informal settlements of Epworth, especially in wards 5,6 and 7 where this research was conducted.

Suicidal ideation in teenagers/adolescents can follow stressful life events. What young people see as serious and insurmountable may seem minor to an adult –such as problems in school or loss of friends. In some cases, children/adolescents feel suicidal due to certain life circumstances that they may not want to talk about or share such as:

- Having a psychiatric disorder, including depression,
- Loss or conflict with close friends or family members;
- History of physical or sexual abuse,
- Problems with alcohol or drugs;

- Physical or medical issues, for example, becoming pregnant or having sexually transmitted infections (STIs),
- Being the victim of bullying;
- Being uncertain of sexual orientation,
- Reading or having an account of suicide or being aware of a peer who committed suicide.

The Epworth Junior Council (2016) said that several adolescents have committed suicide because of the above factors when their suicidal cries for help were not heard by both parents/caregivers²⁸. The following are the suicidal cries each parent/caregiver must pay particular attention to:

- Ambivalent cry for help: The client is refusing help due to internal sources for example feelings of hopelessness,
- Symbolic cry for help: The person cries for help but often the message is not heard due to vague statements;
- Resistant cries for help: A person is given helpful interventions but continues with suicidal ideation behaviour,
- Unheeded cry for help; People hear the person's cry for help but do not respond appropriately because of ignorance of how to handle it.

When discussing these sensitive issues with the parent's/care givers, schools and church and community of Epworth; the researcher emphasized that the idea that people who threaten to kill themselves never do so is wrong; all suicide threats should be taken very seriously because it concerns life and appropriate measures must be taken quickly both legally and medically.

The Epworth Junior Council (EJC) further said Epworth's proximity to Harare's CBD which has become a modern Sodom and Gomorrah evokes images of crime and vice, substance and drug abuse, prostitution and ills of the society. It is a place where all sorts of drugs are found at almost every street corner; a place where theft is prevalent and where even wet laundry sometimes disappears from the washing line in broad daylight. At night people sleep with one eye open in fear of break-ins, rape cases are on the increase, and it's not a place to raise the girl-child. The picture has been vividly painted that if one hears the word Epworth, images of an inhabitable suburb flash through the mind. The saddest story is how young people have been lured into this lifestyle and it has seemingly become the normal way of life.

The researcher found out that girls as young as ten years roam the dark streets of Epworth at night as prostitutes all because of the parents/caregivers' physical abuse, psychological abuse, sexual abuse and neglect (diaspora). Some parents/caregivers have lost control of their children/adolescents who have gone wild. Epworth is in a sorry state, it is a situation that requires urgent attention and intervention, or else there is no future to talk about in

Epworth if children and adolescents are ever the future.

Prevention, Counselling, Intervention Programs

The researcher with the assistance of parents/caregivers, schools, and church/community-identified possible causes of children's at-risk behaviours such as physical, psychological, sexual and neglect:

- Poverty,
- Coercion by parents/caregivers;
- Lack of supervision,
- Dropping out of school;
- Peer pressure,
- Substance/drug abuse;
- Orphanhood (HIV/AIDS),
- Abandonment by parents/caregivers due to the above, children/adolescents have resorted to performing in shebeens and beer halls exposing themselves to more harm and vulnerability.

The Epworth Junior Council (EJC) reiterates that the community has become a dangerous place where everything goes and older people seem to turn a blind eye. The people who should protect the children/adolescents have themselves become predators. The researcher observed that children/adolescents are being exposed to so many harmful situations because no one is taking care of them. There are black spots and areas in Epworth where children/adolescents are at high risk of being abused. There are many places of entertainment where there is no age restriction and child prostitution is rampant. Epworth needs to do away with child physical, psychological and sexual abuse, early child marriages, drug and substance abuse and forms of abuse that children /adolescents are exposed to. Katswe Sistahood (2017), a non-governmental organisation (NGO) said "It cannot understand how on earth an adult, a mother, father or grandparent would see girls who are below the age of fourteen that are being abused by men the size of their fathers; see them, talk to them, go back home, have supper and sleep have five senses including the sixth one (common sense)"²⁹.

The researcher concurs with the NGO that, what is needed in Epworth now, if not yesterday, is community education centres where young people are taught vocational skills, rehabilitation centres where the young people are rehabilitated from all sorts of abuse, centres of influence where the young people are taught spiritual activities as well as new skills to fend for themselves. Katswe Sistahood representatives went around Epworth and removed 100 young girls from the streets; the children were profiled by social workers and received services ranging from therapeutic, psychosocial sessions, medical assessments, education and other needs required by the children.

The researcher also observed that the Ministry of Labour and Social Welfare with other organisations are offering specialised services to the vulnerable children of Epworth and the surrounding areas:

- Zimbabwe Republic Police (ZRP) Victim Friendly Unit (VFU) is assisting with referrals for age estimations for children without birth certificates from the Ministry of Health and Child Care,
- Childline Zimbabwe is offering individual counselling services to all children/adolescents on an ongoing basis;
- Mavambo Orphanage Care is assisting in the identification and training of additional community child care workers in Epworth and other affected areas,
- Medicines San Frontiers is providing medical examinations, therapeutic and treatment services;
- Family Support Trust (FST) is offering physical, psychosocial and social support,
- Child Protection Society is training children and parents/caregivers on child rights and child safeguarding. They are providing funds for tracing and reunification: they are also providing sports kits for recreation;
- Zimbabwe National Council for the Welfare of Children (ZNCWC) donates food, sanitation and toiletries.

The Ministry of Labour and Social Services is trying its level best regardless of the poor economic situation in Zimbabwe. They are offering vocational training (Skills Acquisition Program), and rehabilitation programs for all the at-risk children: the programs are being done through the following activities:

- All the identified 100 children were removed from risk and vulnerable areas to a place of safety Domboshava Training Centre (DTC),
- All these children were profiled which is a needs assessment exercise: 15 children who were not yet sexually exploited were removed from Domboshava and placed in children's homes in Harare;
- Management of their rehabilitation process is being done from these homes: the children need care as they were exposed to immoral and at-risk behaviours,
- The children are receiving ongoing counselling and psychosocial support: the girls are enrolled in school and reunited with their families since they had registered to sit for their GCSE O' Level in October 2019;
- The ten girls who are above eighteen years were taken to Ruwa National Rehabilitation Centre (RNRC) for vocational skills training,
- Family assessments are being carried out for all the children to assess the risk and provide social protection support services to the identified vulnerable families;
- At the moment, Domboshava Training Centre is housing 71 children /adolescents. These will be placed in ideal homes soon after the final

assessments and identification of suitable homes.

IV. CONCLUSION

Taking into account the area of study, the researcher managed to establish the causes of child/adolescent abuse in the formal/informal settlements of Epworth in wards 5,6 and 7 where mainly poverty, substance /drug abuse, and orphanage is prevalent. Epworth has been experiencing the increasing influx of people from its neighbouring suburbs so much that Epworth Local Board (ELB) has not been able to provide decent housing, sanitation and amenities to the people. There are several reasons which pushed people into informal settlements but this article focused on wards five, six and seven where there are more settlements than other wards in Epworth. Due to several reasons, people have been left with no option but to accommodate themselves by whatever means which are less bureaucratic and affordable thereby causing corruption, poor sanitation, and poor roads resulting in problems of Epworth especially the vulnerability of children/adolescents.

Most residents of Epworth are poor and live in dilapidated shacks without water and electricity, surviving on vending and informal trading. Epworth is one of the areas that is said to have the highest HIV/AIDS prevalence in Zimbabwe due to the promiscuous lives of people there. Many children/adolescents drop out of school (40%) hence they end up taking drugs, alcohol and girls engaging in prostitution. There are many children from Epworth living on the streets and are being sent by their parents/caregivers to become street beggars thereby augmenting the researcher's observation and study.

RECOMMENDATIONS

1. Regularisation of the settlements is needed to eradicate the informal settlements (heart of all vice and prostitution). Responsible authorities and the government of Zimbabwe should recognise the informal settlement as forms of human settlements and provide services like water, and health care to the people in these settlements to improve their quality of life (Lifestyle).
2. There is a need for economic reforms from the central government to improve the living standards of the general populace. Most of the causes of informal settlements (economic meltdown seemed to be centred on the economic problems being faced in Zimbabwe which causes immigration to Epworth as a result of seeking cheap accommodation which is deemed to be found there thus creating social problems and at-risk behaviours of children/adolescents.
3. There is a need for a wide consultation between parents/caregivers, schools, church and community with the stakeholders before enforcing directives which have negative results on settlers. Cases like operation Murambatsvina

(2005) caused several home evictions which left many people homeless and created street kids, vulnerable to violations of other human rights. Where those affected were unable to provide for themselves, the state and local authority (ELB) should take all the appropriate measures to maximise its resources to ensure adequate provision for resettlement and create avenues for sustenance.

4. There is a need for more resources to strengthen the social protection programmes such as public assistance, food-deficit mitigation, Basic Education Assistance Module (BEAM) and harmonised social transfers.
5. Sprouting of unregistered public places of entertainment such as shebeens (with no age restrictions) has hindered operations of social workers and police to inspect these places as child/adolescents protection measures: these places must be inspected to make sure that there is no child molestation/vulnerability.
6. There is a need for the church and community mobilisation process (CCMP), water and fishhage, to work together to empower people, especially the youth holistically and transform their situation using God-given resources using UMOJA i.e. church and community working together to solve the issue of child/adolescents vulnerability and at-risk behaviours. UMOJA is a coined Kiswahili word meaning working together is our UBUNTU.

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