



Emergence of a New Community: Incidences, and Experiences of Children Living in the Streets of Harare-Zimbabwe

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DOI: <https://dx.doi.org/10.47772/IJRISS.2023.7677>

Received: 15 May 2023; Revised: 06 June 2023; Accepted: 05 June 2023; Published: 09 July 2023

ABSTRACT

The occurrence of children living on the streets is assuming alarming proportions in Zimbabwe. The phenomenon is notably becoming a vicious cycle, children born and raised on the streets, eventually raise their own kids in the streets. The hallmark of this paper is to investigate issues surrounding children living on the streets, to examine their life experience and the challenges they face. This paper used qualitative research anchored on a phenomenological research paradigm. A phenomenological research strategy was used due to its usefulness in studying experiences from the point of view of people directly involved in the phenomenon. The population of the study was made up of street children aged between 12 and 19 living in the Harare CBD and down town area. Purposive and snowball sampling were used to come up with a sample of 20 street children who took part in individual semi-structured interviews. The research data was analysed using thematic analysis. The research findings indicated that street children are faced with a lot of challenges and negative experiences, including lack of access to food cleaning facilities, healthcare, risks associated with physical and sexual violence, as well as drug and substance abuse. These were found to be very detrimental to the physical and mental health of these children and in turn their prospects of growing up into healthy, responsible and economically active adults. The study thus recommended that, the welfare of this group of people is a policy issue and a multi-sectoral approach is needed to ameliorate all the challenges faced by this group of people.

BACKGROUND

This paper is premised on Erikson's Social Developmental theory that is an offshoot of the Freudian's debatable and controversial psychosexual concept. Freud is of the conviction that an individual's development ends or is largely completed during adolescence. However, Erikson (1902–1994) who was a student of Freud contrasted this view on the grounds that human development is a lifelong process. The scholar modified his theory using 8-stages of psychosocial development. From the theory itself, people possess specific identification attributes. These identifications are composed of one-of-a-kind persona development that may be considered high quality or not so good. These personality tendencies can be inborn due to heredity or may come about as a result of environmental influences such as parenting, family structure and peer influence (Erikson 1956). As humans we possess many characteristics that are evident in a lot of distinctive factors that ultimately define who we are.

Gross (1987) is of the opinion that, what is peculiar regarding the fifth stage of Erikson's theory of Psychosocial development is that, there is a special sort of synthesis of earlier stages and a special sort of anticipation of later ones. In other words, adolescence possess certain exceptional personalities. The same scholar noted that, this stage is of great value as it acts as a bridge between childhood and adulthood life experiences. It is a period of radical changes, a moment for the mind to search one's own intentions and the intentions of others, which suddenly sharpens awareness of the roles society has offered for later life.

The theory postulates that, human beings must effectively and successfully overcome or resolve a stage in order for them to adjust well to the demands of the environment they are living in. Erik Erikson's principle of psychosocial development emphasizes the sociocultural determinants of development and offers them as eight stages of psychosocial conflicts (often referred to as Erikson's stages of psychosocial development), individuals should triumph over the conflicts to adjust well to the environment.

Consistent with Erik Erikson's principle, individuals stumble upon crisis that contribute to their psychosocial development at each of Erikson's levels of psychosocial development. Overcoming the crisis results in a sense of competence and a healthy personality. Failure to conquer the crisis may result in a negative impact on psychosocial development. This is supported by Maree, (2021) who explains that, failure to overcome a crisis may lead to feelings of inadequacy, thus having a massive effect on one's psychosocial development.

It is from this background that, the author found the theory to be credible in terms of understanding the issues surrounding the life of children living on the streets. Erikson's 8 levels of psychosocial development include trust vs. mistrust, autonomy vs. shame/doubt, initiative vs. guilt, industry vs. inferiority, identity vs. role confusion, intimacy vs. isolation, generativity vs. stagnation, and integrity vs. despair. For the purposes of this paper, the focus is on the fifth stage of development (identity vs. role confusion). This stage is of value as far as this paper is concerned as it encompasses the 12-19 years olds that make the very group of interest under study. In this regard, peers and role models strengthen the much needed relationship for developmental purposes being fostered by the following questions, who am I? where am I going? and who can I be?

According to Erickson's theory, this group of people suffers a lot of identity crisis for they do not know who they are and where they are heading with their life. Some scholars such as Hihara et al. (2018) call this stage a period of storm and stress or a period of turmoil. Children living on the street are even more vulnerable due to lack guidance by the family and the magnitude of challenges they face in their everyday life.

Adding on to this, the emerging community has its own role models that are different from those coming from main stream society. This may result in juvenile delinquency amongst these youngsters, and later

causing a menace to society. (Schrank, 2018).

Literature has it that, teenagers from the ages of 12-19 face the challenge of identity vs. role confusion (Kroger, 2018). In line with the psychosocial theory of development, a teen's major challenge is to establish self-concept. Teenagers are troubled by questions like, "Who am I?" and "What do I need to do with my life?" According to Sánchez-Sandoval (2015), more often than not, teenagers on the streets, just like any other teenager attempt to explore numerous roles and identities, set desires, and try to discover their "adult" self. Those who resolve the crisis successfully discover there are capable of being genuine to their ideals and values, despite the problems and different situations they are exposed to. The theory takes into consideration the role of culture in developmental determinants of an individual. Erikson (1956) noted that culture is also there to provide guidance or direction to the degree to which an individual might want to fulfil "his" survival desires.

While adolescents are apathetic, they do not make a conscious search for identification. They are forced to comply with their parent's thoughts for their destiny (Elkind, 2015). As a result, they develop an inferior sense of the self and face role confusion as they experiment with various models to find out which fits them best. This therefore means that, there will be a lot of uncertainty in their self-identification as they feel pressured to conform to their parents' worldview for their future. They will be unsure of their identity and be confused about the future. Teenagers who struggle to adopt a positive role will likely struggle to "find" themselves as adults.

Erickson's theory clarifies that unresolved role confusion can manifest in different forms which include, low self-esteem, social withdrawal, stress, anxiety and anti-social behaviours. Adolescents may also resort to substance abuse, Dennis et al. (2004). For children living on the street, substance abuse becomes the one of the roles they identify with as this helps them to be accepted and also "fit in" with their surroundings.

LITERATURE REVIEW

A street kid is defined by the Non-Governmental Organisation (NGO) Programme (as cited in United Nations High Commissioner for Refugees (UNCHR), 2000, p. 73) as, "*any girl or boy ... for whom the street (in the widest sense of the word, including unoccupied dwellings, wasteland, etc.) has become his or her habitual abode and/or source of livelihood; and who is inadequately protected, supervised, or directed by responsible adults*"

The causes and effects of homelessness among children in urban areas are characterised by three levels which are the macro, meso and micro level, (Nathan and Fratkin, 2018; Dutta, 2018; Diriba, 2015). According to Kassaw (2019). The macro (society) level involves such issues like economy, political will, housing, unemployment, welfare service and health. Meso or family level encompasses the disintegration and breakdown of the family fabric/structure, remarriage, desertion, child abuse, poverty, lack of bonding, negligence, violence within the family and insufficiency or lack of parental discipline (Dutta, 2018). The micro level commonly known as the individual level deals with factors such as harsh or unbearable situations (shame, hunger, abuse), dropping out of school, financial constraints, being neglected and feeling unwanted as well as family burdens (Julien, 2021).

Although many scholars explain the phenomenon of street children using the macro, meso and micro levels, some scholars such as Alem and Laha (2016) have a different perspective. They assert that, the push factors are not the same and as such, there is a statistical and information gap that needs to be effectively looked at so as to have a balanced understanding of the welfare and what drives these children into the streets of different urban cities. In concurrence with this line of argument, Chinyai (2017) asserts that street kids from Africa are not a homogeneous group in terms of the push factors that drive them into street life. This is also supported by Manungo (2018) who mentioned that the key drivers varied and ranged from being

underprivileged, destitute, rejected, orphaned, deserted, regularly harassed as well as peer pressure.

The world over it is common for children to turn to the streets in an attempt to resolve problems that arise from social structures and situations they find themselves in (Derivois et al., 2019). They “work the streets” to make a living. Chowdhury et al. (2017) highlighted the difference between “runaways” or homeless youth found in first world countries, and the “street children” found in third world countries. In contrast “runaways”, mostly turn to the streets in search of adventure, excitement, or independence, whilst “street children” of the Third World turn to the street as a result of neglect or abandonment (Murray, 2019). These children use the street in different ways and researchers on the phenomenon of street children differentiate between: children on the street and children of the street.

Research has it that, millions of street children in both industrialized and developing nations are left to survive on their own (Mokomane and Makoae, 2017). They are ill-treated, half-starved, ruthlessly abused, exposed to the elements of nature, socially deprived and abandoned and denied affection, education and sustenance. Street children often arrive at this dead end with poor health. Myburgh et al. (2015) agree with this, explaining that unpleasant circumstances of street life, contribute to the street children’s lowered immunity, morbidity, ill health and at times, mental health problems. Street children are one of the new categories of social actors resulting from the rapid urbanization of cities of the South. Among the numerous problems they have to face daily, are obstacles related to and access to healthcare (Uys and Middleton, 2014).

The phenomenon of children living on the streets seems to be a neglected area yet important in policy formulation and implementation and in the field of research. The United Nations Children’s Fund (UNICEF) has named street children as “children in difficult circumstances” (UNICEF, 2001), which represents a minority population. This minority group has been under-represented for a long time in health research. Available literature is showing that there are more boys than girls living on the street in their adolescence (Ndlovu, E., and Tigere, 2022). The same authors proceed to mention that these children have left home due to various push factors that include but not limited to poverty, sexual gender based violence, step-parenting, broken homes, mischievousness and orphanhood. These children in different countries, cities and locations are faced with serious health challenges that emanates from factors like risky sexual behaviours, substance abuse, homelessness, physical brawl, contraction of sexually transmitted infections and violence (Chinyai, 2017).

Different school of thoughts argue that, street children have been seen to roam the streets of urban areas begging and looking for jobs in order to obtain food and other basic necessities (Dutta, 2018). They regularly work in hazardous conditions, dangerous to their health, safety, and starve on some days. According to Julien (2021), this special group of people is reported to often be found in busy places such as railway stations, bus stations/terminus, in front of fast foods outlets or night clubs, with no adult to monitor and supervise their intentions. They sleep in half-destroyed houses, and abandoned basements, under bridges and in the open air as well as pavements.

African countries have national laws some of which are specifically aimed at enhancing and empowering street children, but these policies are often not properly implemented or evaluated (Ncube, 2016). Ndlovu (2016), highlights that, the street children phenomenon presents one of the most complex challenges in low- and middle-income countries for policy makers today. It is important to note that, physical injuries are prevalent according as well as high mortality and morbidity among this group of people. Research has it that physical injuries was and is much higher among street boys than girls especially for those who are 16 years of age and older.

Ncube (2016) noted that, this group is reported to be *injury prone* because of their emotional, physical, developmental and personality characteristics. Such injuries according to research may include burns,

bruises, lacerations, cuts, amputations, sprains and scratches sustained from accidents and street fights, because street life is more of Darwinian survival of the fittest (Myburgh et al., 2015).

Research evidence showed that, mortality and morbidity due to HIV/AIDS among truck drivers, female sex workers, and prisoners was far much less than what it was among street children (Hassen and Manus, 2018). Many street children were already sexually active and most of them mainly cited satisfying their bodily needs as a reason for early sexual activity (Salihu, 2019). Furthermore, condom use for STI prevention is unheard of among this special group of people. UNICEF (2001) highlighted that, some of the children who were born HIV positive and bred in the street were not even aware of their HIV status. Evidently most of the street children had heard of HIV, but engaged in unprotected sex owing to their poor educational background. Hence why their plight should be treated with urgency so that they are provided with the necessary and much needed intervention to educate and help this group of people regarding the consequences and dangers of unprotected sex especially in an era where sexually transmitted infections and HIV/AIDS are rampant. HIV and AIDS related knowledge is very limited among most if not all of the street children as most obtain information about HIV from well-wisher's organisation and their peers (Kassaw, 2019).

In numerous fields of study which include public health, psychology, sociology and social work, psychoactive substance use and abuse among street children has been reported in literature and prevalence ranges from 35 to 100% (Derivois et al., 2019). The age of initiation is usually between 10 and 13 years for street children who commonly use and abuse substances such as alcohol, cigarettes, inhalants, cocaine, marijuana, amphetamines, heroin, shoemakers glue, correction fluid, paint thinner and coca paste (Ncube, 2016). Street children in South Africa, Nigeria and Kenya showed a high substance abuse rate. According to Uys and Middleton (2014), these countries have policies on drug abuse and punishment for those selling drugs to minors, but the policies have not been implemented as drugs are being sold on the roadside, enabling street children to purchase psychoactive substances.

Thapa., Ghatane and Rimal (2010) are of the opinion that, substance abuse among street children is meant for fitting in and coping with the circumstances of the street life, boldness to withstand violence, pleasure, to curb hunger, to induce sleep, to numb emotions and for entertainment. Of interest is that, with the little income these children have, they purchase substances only because they are affordable, thus, cheaper than food (Kassaw, 2019). Ndlovu (2016) further reveals that, after recklessly consuming these psychoactive, unprotected sex, depression, early sexual debut, street fights, mischievousness, multiple sexual partners, pick pocketing, and STIs are inevitable. It then follows that, the more time these children spend on street corners the higher the chances of engaging in unscrupulous and anti-social behaviours that can put their lives in danger.

Access to adequate and decent health care services for street children appeared to be a very important area for this research. This is supported available literature that reported little or no access to health care due to high hospitalization and consultation costs in health care facilities, which is a major barrier for street children who earn little or nothing on the streets. Other health related barriers included stigmatization and discrimination by health service providers, minority status and not being sure of the quality of care they would receive in health care centres due to their disadvantaged status. The reports further stated that, some street children could not find time to visit health care centres as they struggled during the day to raise money for food and other basic necessities and were only free at night.

METHODOLOGY

This study was a qualitative research that employed a phenomenological research design to investigate the experiences of street children in the Harare CBD and down town area. The population was made up of street

children in the designated area. The sample size was composed of twenty street children selected using purposive and snowball sampling techniques which ensured that the research was able to obtain a sample of street children who were willing and able to take part in the study. The data was collected using individual face to face interviews guided by a semi-structured interview schedule. Each interview took around 35 to 45 minutes. The interviews were audio taped wherever permission was granted by the interviewee. The audiotapes were transcribed within seven (7) days of the initial interview to be destroyed twenty (20) days after the interview date. Key themes were identified and discussed after manual thematic content analysis was conducted.

The data was collected by a team of five interviewers. There were two supervisors who coordinated the team's activities. The team was provided with transport and communication facilities. The purpose of the study was explained to the research participants and all their concerns and fears were addressed. They were assured of the confidentiality of all information that was to be provided. Those who finally agreed to participate in the study were asked to sign an informed consent form indicating their agreement to participate in the study. Due to low literacy levels of the study participants, the contents of the informed consent form were clearly explained to them in vernacular language in order to ensure that the interviewees knew what they were agreeing to. The transcribed interview data was analysed using thematic analysis, which involved perusing through the data to familiarise with it, coding of data and extracting the themes and sub-themes that emerged from the primary data.

RESULTS

Sexual gender based violence, poverty death of parents/care givers, physical abuse, neglect, and peer pressure were found to be the key drivers or push factors of streetism.

Perpetuated sexual gender-based violence

The findings from the study suggested that age was a dominant factor in sexual gender-based violence amongst street children, this was observed as stated below:

“.....My stepfather forced to sleep with me and he raped me several times till I ran away from home at the age of 14..... ”

“..... We are infected with different sexually transmitted diseases such as HIV, syphilis and gonorrhoea.....gonorrhoea is worse... ..”

“.....We are sexually abused by our fellows because we sleep at the same place with the boys... ”

“.....Amongst us almost everyone has got his or her sex partner and we don't use protection... ..”

“.....I often stole people's belongings especially handbags, necklaces, wrist watch and wallets for survival... ..”

These findings suggested that some of the children were victims of sexual crimes and did not have anywhere or anyone to help but the street was home as an option.

The struggle for better livelihood/ striving for a better life.

The findings also demonstrated the dire need for survival amongst street children. These findings proposed that these children found themselves as a burden to their care givers, they were also shunned by community

because of assumptions surrounding the death of their parents. This was observed in the responses by the participants as outlined below.

“.....There was nothing to eat at home and I was staying with my very old grandmother with no one to give us money or food.....”

“.....It’s difficult to survive in the community if you are an orphan and I chose to be on the street.....”

“I don’t have enough money to buy food and most of the time I go to sleep with an empty stomach”

“Touting is our way of life and a way of getting money to buy food”

“.....Ill-treatment by my stepmother forced me to run away from home and living in the street was and is far much better for me.....at times I was forced to sleep outside the house without eating and with no blankets...”

The findings of the study indicated that the decision to leave home was not an option but due to lack of choice that was made in trying to sustain a livelihood. The findings also suggest that care givers of the orphaned children were unable to care for them and hence the children due to feelings of guilt and also feeling like a burden, left home for the streets, hoping to establish a life of their own.

Risks of living on the streets.

The findings of the study suggested that children who end up on the streets face a lot of challenges in their everyday lives. They pointed out that life on the street for these children proved unbearable, risky and life threatening. This can be evidence by the following responses given by different participants.

“Older guys can forcefully take our belongings, soak our blankets with water or burn them and leaving us with nothing to keep us warm during the night”

The majority of the street children who took part in the study indicated that they face challenges concerning access to cleaning and ablution facilities.

“We don’t have toilets and where we sleep is the place where vendors would come and relieve themselves whilst we are away begging for survival”

“Bathing is a challenge, of-course we go and wash in Mukuvisi River and at House of Similes but not all the time.... we don’t have bathing soap or toiletries to clean ourselves”

In the same vein, most of the girls who participated in the study indicated that they had severe challenges accessing sanitary wear. According to one of them,

“Our sanitary pads are not enough, although we get some from ZNFPC and faith based organisations, we had to resort to the use of rags and newspapers during our menses”

In addition the bulk of the interview participants revealed that they Struggle to get food, which often lead to them looking for food in bins, practices which are very detrimental to their health.

“Tinorara mutsvina uye kudya chikafu chakasviba chemumabin (We sleep in the dirt and we eat dirty food from the bins) something that causes a lot of stomach-ache and different hygienic related ailments”

Efforts to improve the lives on the streets

Touting, begging, prostitution, stealing, vending, were reported to be the means to an end as far as the life of these street kids is concerned. Most of them reported that:

“If am hungry and I want food I go the front of Chicken Inn (a fast food outlet) and ask people passing by food. Others go to Pick & Pay and ask there.”

“Sometimes we get some money from chihwindi (touting) in town, looking for passengers for the mushika shika (illegal emergence taxis) guys.”

“As girls we at times visit night clubs looking for male clients and even wait by the road side for money”

Some also said that they sometimes obtain help from healthcare facilities, especially in issues concerning healthcare. However they complained about poor reception at these facilities. According to one interviewee:

“We are comfortable to go and receive our health related services from ZNFPC, PSI and MSF but other clinics want us to bath first yet we don’t have decent places to do so”

DISCUSSION/SYNTHESIS

The findings regarding health related issues concerning the children on the street pointed out that, this special group of people face a lot of health problems. For instance, by working and living on the streets they were not immune to peer group violence where razor blades, bricks or even metal roads could be used to cause physical harm when disputes arose. Injuries and minor accidents could be due to the nature of their work and the environment (hawking goods on the busy streets of the city centre and carrying heavy loads). The findings of the study also indicated that the health conditions of these street children were miserable and the majority of available health services were out of reach for street children

Buying medicine from different pharmacies around the city was not easy due to the unavailability of funds and as a result street kids were left with no choice but to share drugs with friends. This exposed the children to taking un-prescribed drugs and also taking expired drugs especially those offered to them by their friends and those bought from the drug dealers. Even if they got the proper medication, it was unlikely that these children would take the correct dosage or even complete the course of treatment to recover fully.

Delaying treatment, defaulting or non-drug-adherence and self-medication are some of the coping strategies adopted by most of the street kids in Harare. These findings concur with two studies by Chowdhury et al. (2017) and Thapa et al. (2010) which found that a majority of street kids did not seek medical help concerning their ailments and as such, they ignored their symptoms or they self-medicated when they were ill. This study revealed that street children were more concerned about food than medication or their health and this resonates with the findings of UNICEF (2006) that most street kids were not bothered about their health because they had more pressing needs rather than treatment for their ailments.

Financial constraints were also found to be a stumbling block in terms of the need of street children to acquire different health services where big hospitals health care providers appeared to be unaffordable.

The nature of life on the streets exposes female street children to sexual exploitation and the boys could also be exposed and be vulnerable to sexual exploitation thus increasing their exposure to HIV/AIDS or sexually transmitted infections. Research indicates that, scavenging is a hazardous form of work/living that can ultimately expose street children to contract various contagious diseases. Some of the girls survive through vending carrying heavy loads and merchandise of various kinds, including fruits, vegetables and second-hand clothes. This form of survival puts so much strain on the girls as carrying heavy loads could cause

headaches, back injuries and aches all over the body.

The findings on the need to provide safe homes or halfway homes for street children revealed that, establishment of contact call centres that provide informal education, daily meals sanitary wear, health care and recreational facilities can go a long way in helping this special group of people to discover a new and a balanced identity. Dutta (2018) alludes that, provision of opportunities by different stakeholders in relation to street children can guarantee quality of life and reduce mischievousness and antisocial behaviour by street kids.

The findings pointed out that, the reason behind substance abuse among the street children is for them to be able to withstand and shoulder the harsh living conditions that they face in their every day's lives. In other words, taking marijuana, glue, cough-syrup and spirits can enable street kids to cope that is, being able to brave hunger, cold, and become confident in whatever they want to do be it good or bad. Of interest to note here is the fact that, substance abuse, glue in particular has the capacity to impair mental processes among these children. Judgment and reasoning will be negatively affected due to the malfunctioning of the cognitive processes as a result of substance abuse. In addition to that some key informants reported that, street kids though not majority of them has got suicidal ideation. This confirms the study done in South Africa that, street children have got suicidal tendencies and can as well engage into very risky sexual behaviours (Ward and Seager, 2010).

Gangs and peer groups was and is a common feature and very key as far as the need to survive the street life among street children is concerned. Such gangs foster support and protection and it's a profound strategy for survival. This concurs with what has been found by Malinda (2014) that when these children come together, they formulate a "union" necessary for the provision of the much needed economic, resilience development, financial, and emotional support. This is sufficing to say isolation from other street children exposes one to possible harm, hunger, social withdrawal as well as the development of low self-esteem let alone poor development of one's identity. The reason behind such groups from what has been found is to make sure that there is conformity, harmony and above all safety is guaranteed since there is this general belief that, there is safety in numbers. However, in as much as one might want to confirm the availability of safety in numbers, research evidence is showing that, groups formed by these children are more temporal and erratic. This is conurred by Mizen and Ofosu-Kusi (2010) who are of the conviction that aspects like mutuality, bonding and reciprocity are very scarce among street children communities. This thus calls for further research concerning friendship and group formation among these children of the street.

Most of the participants both boys and girls happened to benefit more from the support and help given by their caring and kind friends who were always willing to share whatever they have. This is actually in contrast with what has been found by Ndlovu (2016)'s study regarding street children in Bulawayo. The Zimbabwean study revealed that when street boys become older, their role was to play a guardian role that is more of parenting the young boys assisting them with food money and even protection. However, this research is in contrary to what the latter establishes, young boys reported to face a lot of challenges from the older street kids. Young boys have their belongings confiscated by the older ones be it blankets, food, money as well as being physically attacked to such an extent that there is part of Harare gardens that has been labelled "a no go area" by the 13-16 years olds as it happened to be the territory for their abusers and the level of abuse was reported to be even worse for the girls.

CONCLUSION

This paper established that, the occurrence of children living in or on the streets is increasingly assuming alarming proportions in Zimbabwe. The phenomenon is notably becoming a vicious cycle, children born and raised in streets, eventually raise their own kids in the streets. Thus emergence of a new

community/society which has own means of survival moral fibre, definitions and discernment of life. The immediate cause of this phenomenon appears to be deeply entrenched poverty caused by continual breakdown of the economy, moral decadence and family disintegration. These children experience a lot of challenges in terms of access to descent health related service and psychosocial support. Therefore, streets have thus become a place of work or habitation for children commonly called street kids and viewed as a social menace. These children live under very harsh conditions and the consequence is the daily increase in crime waves, drug addiction and prostitution. It is very sad at this juncture to note that, this group of people seems to be 'invisible', despite them having the potential to contribute meaningfully to the future development of society. The paper is recommending that, the welfare of this group of people is a policy issue and a multi-sectoral approach is needed to ameliorate all the challenges faced by this group of people.

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