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APPROVAL FORM
The undersigned confirm that they have read and commended to Bindura University of Science Education for acceptance a research project entitled, “Emerging trends of substance abuse among street children and implications for initial work in Zimbabwe: A case of Harare Central Business District”. Submitted by Tafadzwa Jakaza in fulfilment of the requirements for the Bachelor of Science Honours in Social Work Degree (HBScSW)

Supervisor

I confirm that I have supervised Tafadzwa Jakaza for this research project entitled, “Emerging trends of substance abuse among street children and implications for initial work in Zimbabwe: A case of Harare CBD”. In partial fulfilment of the requirements of the Bachelor of Science Honours in Social Work Degree and endorse that it moves for examinations.

Supervisor’s Name……………………………………Signature……………… Date………………

Chairperson of the Department of Board of Examiners

The department Board of Examiners is pleased that this dissertation meets the examination requirements. I therefore commend Bindura University of Science Education to accept a research project by Tafadzwa Jakaza entitled “Emerging trends of substance abuse among street children and implications for initial work in Zimbabwe: A case of Harare CBD” in partial fulfilsments of the requirements for the Bachelor of Science Honours in Social Work Degree.

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DECLARATION AND RELEASE FORM

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2. I have followed research ethics required in pursuit of Social Work research

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ABSTRACT
The study explored the emerging dynamics of substance abuse amongst street children in Harare. The broader aim of the study was to assess the emerging trends, associated effects of drug use amongst street children and to identify the strategies that can be implemented to mitigate the problem of substance abuse among street children in Zimbabwe. The study employed an explanatory research design. The research was qualitative in nature and employed interviews for data collection. The study employed the principle of saturation to sample the 15 street children who participated in the study. The Symbolic Interactionist perspective underpinned the study. The study findings revealed that street children have now moved from abusing glue mainly to the use of emerging hard-core substances such as mangemba, broncke, maragadu, musombodia, codeine, high alcohol liquors such as blue diamond and cane sprit. The study also revealed that drug dealers and syndicate leaders are now employing street children to sell drugs and substances thereby increasing their vulnerability to abusing substances. The study found out that drug abuse is now a culture on the streets, as one cannot survive in the streets without abusing drugs. The study found out that substance abuse amongst street children causes them to engage in sexual activities, which exposed them to HIV virus and other sexually transmitted infections. Strict law enforcement and development of a National Plan of Action for reducing the problem of substance abuse were some of the identified solutions of mitigating the problem of substance abuse amongst street children. The study recommends that peer educators should be established and strengthened in the street so that they can provide information about substance abuse and its effects in a friendly manner to the other street children.
DEDICATION
This research project is dedicated to my loving Mother the late Mrs. Nomuhle Matope Bhunu, thank you very much with everything that you did for me mom, may your soul rest in peace I will always love you. I also dedicate this research project to my big brother the Brian Bhunu life has never been the same without you, may your soul rest in peace.
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All the work is attributed to the mighty God.
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>CADASA</td>
<td>Communities Against Drug and Substance Abuse</td>
</tr>
<tr>
<td>CID</td>
<td>Criminal Investigation Department</td>
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<td>HIV</td>
<td>Human Immune Virus</td>
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<tr>
<td>ICPS</td>
<td>Integrated Child Protection Scheme</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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CHAPTER 1

1.0 Introduction
This chapter presents the background of the study on the Emerging dynamics of substance among street among street children and implications for initial work in Zimbabwe. The chapter presents the statement of the problem broader aim of the study, research objectives and the research questions. In addition, the chapter gives a detailed insight into the assumptions, justification and significance of the study.

1.1 Background of the Study.
The problem of dangerous drugs use among street children in Zimbabwe is bigger than what has been told to the country. Studies conducted by Nyandiya-Bundy (1991), Muchini (2001), Muchini and UNICEF (2003) showed that street children in Zimbabwe abuse psychoactive substances. These substances include alcohol, tobacco, maragadu and mbanje. Muchini and Nyandiya-Bundy (1991) who conducted a situational analysis of street children aged below 18 years in Zimbabwe revealed that children living and working in the streets engaged in substance abuse and inhaling glue every day. Embleton, Mwangi, Vreeman, Ayuku and Braitstein (2013) states that 60 percent overall of street involved children in developing settings use some sort of substance. In addition, 50 percent of them were involved in the use inhalants - predominantly glue and thinner. Drug and substance abuse among street children is directly linked to destructive psychological self-image; it is a risk factor for sexual abuse and HIV/AIDS (Mhizha, 2010). However there are no recognized activities aimed at reducing the problem of substance abuse amongst street children in Zimbabwe and the government intervention is quite limited. Thus, most street children have ended up being extremely damaged by drug abuse and they cannot be rehabilitated. Therefore, this the study seeks to assess the emerging trends of substance abuse amongst street children and suggest solution that can be used to mitigate the phenomenon of substance abuse amongst street children in Zimbabwe.

Substance amongst street children is a coping mechanism. However, it has serious negative consequences. Nkyi (2014) states that drug abuse continues to be a coping mechanism for street children, street children use drugs to fit and cope up with sexual abuse, violence, curb hunger, keep warm, induce or prevent sleep, feel pleasure and for entrainment. Muchini (2001) observed that drugs reduce feelings of disgrace and street children are able to do any job with no worry when
their survival hangs in balance. However, drug abuse amongst street children has increased their vulnerability to both physical and sexual abuse. In addition, street children engage in risky behaviours such as prostitution, which increases their vulnerability to contracting HIV and AIDS. However, interventions aimed at reducing substance abuse among adolescents and youth in Zimbabwe have been silent on street children while they are the one mostly affected by drug and substance abuse.

The increasing exposure of the Zimbabwean environment both as manufacturer and market of hard-core drugs and substances has changed the trend of drug abuse among street children in Zimbabwe. Dangerous drugs that have destroyed apart Harare’s social fabric find their way in Zimbabwe through the Chidodo border post in Mozambique and to some extent through Nyamapanda border post. Truck drivers connive with syndicates’ leaders to bring in the dangerous drugs into Zimbabwe (Zvira, 2016). The entry of new drugs such as bronclee and codeine into Zimbabwe has intensified the accessibility of drugs to street children, which has changed the trend of substance use among street children. According to Zvira (2016), sad revelations are that Zimbabwe is fast turning into a back yard manufacturer and market of dangerous drugs. There are well-known places in Harare where illicit transactions relating to drug abuse are being carried out. Women who pose as innocent vendors are said to be suppliers of dangerous drugs. In addition, high alcohol content substances such as Musombodia are being manufactured in Mbare from ethanol and emblements powder which is then distributed throughout Zimbabwe. This has exposed street children to dangerous drugs, which has changed the trend of substances abuse among street children in Zimbabwe. Therefore, in light of this new status of Zimbabwe being a manufacturer and market for drugs and substances this research seeks to assess the emerging trend of substance abuse amongst street children in Zimbabwe.

1.2 Statement of the Problem.
Drug abuse amongst street children in Zimbabwe has reached fervent levels owing to Zimbabwe being a market and manufacturer of drugs rather than the previous state were Zimbabwe used to be mainly a transit area for drugs. Studies on drug abuse among street children in Zimbabwe have been limited to the era where Zimbabwe was mainly a transit zone for hard-core substances and no studies have been done since Zimbabwe “attained the new status” of being both a manufacturer and market for drugs. Makope (2006) indicated that glue is the highly abused substance by street children in Zimbabwe. Mhizha (2010) indicated that the substances abused by street children
include alcohol, tobacco, kachasu, maragadu and mbanje. While these common drugs such as glue have been abused for a long time in Zimbabwe by street children, these pale into insignificance when compared with dangerous drugs such as bronclee, musombodia and codeine that are finding their way into Zimbabwe. No recent studies have been done to look at the new trend of drug and substance abuse among street children given that Zimbabwe is now both a market and transit zone drugs therefore this study seeks to fill that gap.

1.3 Aim of the Study
The study aims to assess the emerging trends, associated effects of substance among street children in Zimbabwe and identify the strategies that can be implemented to mitigate the problem of substance abuse among street children.

1.4 Objectives
I. To assess the emerging trend of substance abuse amongst street children in Zimbabwe.
II. To examine the associated effects of substance abuse amongst street children in Zimbabwe.
III. To identify the strategies that can be used to tackle the problem of substance abuse amongst street children.

1.5 Research questions
I. What are emerging trends of drug and substance abuse among street children in Zimbabwe?
II. What can are the associated effects of substance abuse amongst street children?
III. What strategies that can be used to address the problem of substance abuse among street children in Zimbabwe?

1.6 Assumptions
The transition of Zimbabwe from a transit zone to a market and manufacturer of drugs as increased the availability of drugs and substances, which has exposed street children to more drugs. This has likely changed the trend of substance abuse amongst street children. When street children are intoxicated by drugs they engage in risky behaviour such street prostitution, aggressive behaviour and criminal activities. Substance abuse has serious negative implication to the health of the street children. Substance abuse among street children can be reduced if specific programs and policies aimed at reducing the problem are developed and implemented.
1.7 Justification
A number of studies have focused on the conditions of children working and living and working on the streets in Zimbabwe, however these studies have not specifically focused on drug abuse among street children Zimbabwe. This has left a gap in literature which this study seeks to fill. Studies conducted in the 1990s comprised of nationwide review of children on the streets (Muchini and Nyandiya-Bundy, 1991), an examination of the lives of street children in Harare, their reasons for living in the streets, their morals and how they organised themselves (Bourdillon, 1994). An investigation of the dangers of HIV infection amongst children on the streets of Harare (Dube, 1997). In 2001, UNICEF ordered a study on orphans and vulnerable children, together with a study on street children in Harare, Bulawayo, Mutare, Gweru and Kadoma. This investigated the reasons causing children to leave home and work on the streets, and the effects of and responses to this problem (UNICEF, 2001). Other studies deliberated on the economic undertakings of street children in Zimbabwe (Musekiwa, 2009), the sexual and reproductive health of children living and working within the streets of Harare (Ngulube, 2010) and the economic manipulation of street children in Harare (Mella, 2012). However, none of these studies focused on drug and substance abuse amongst street children Zimbabwe. Only one study by Chikoko (2014) focused on commercial sex and substance abuse among street children. Therefore, this study seeks to fill this gap in literature.

1.8 Significance of the Study
The study will assess the emerging trends of substance abuse among street children given that Zimbabwe is now a market area for hard-core drugs rather than being a transit area. The study will fill the gap in literature left by scholars such Muchini (2010) Makope (2006) and Mhizha (2010) who conducted their studies in a period where Zimbabwe was a transit zone for hard-core drugs rather than a manufacturer and market for hard-core drugs. Thus, the study will also provide a useful framework for formulating policy and designing interventions for ending the problem of substance abuse among street children in Zimbabwe. The literature on drug abuse amongst children living and working within Zimbabwe is limited, descriptive and it contributes very little towards understanding problems being faced by street children because of drug abuse. It does not provide useful framework for formulating policies that respond to the problem drug abuse among street children. Thus, the study is useful in contributing to the general body of information in this area. Thus, the study will provide useful information for developing policies that improve the health of
street children in Zimbabwe. It is expected that the results of this research will help social workers, street child workers and other concerned stakeholders to develop proper intervention strategies that can help to curb the problem of drug abuse among street children in Harare.

1.9 Definition of Terms

Street children

The International Non-Governmental Organization (Inter-NGO) (1983) (cited in Muchini, 1994, p. 14) defined a street child as, “any boy or girl who has not reached adulthood below the age of 18 years, for whom the streets are his or hers permanent residence and source of his livelihood and who is not protected, controlled or directed by responsible adults. These children may be defined as children of the streets and children on the streets”.

Children of the Street.

UNICEF (2001) states that “Children of the street” are destitute children who stay and sleep on the streets in urban areas. They are completely on their own, living with other street children or homeless adult street people.

Children on the streets

“Children on the street” have families and homes to return to at night; whereas “children of the street” live on the streets and they do not have parental, emotional and psychosocial support that is found in parenting situations (UNICEF, 2001).

Drug.

WHO (2003) defined a substance (drug) as any substance, natural or chemical other than food that is taken to change mood, behavior, feelings, and or the psychological state of the target person.

Drug and Substance abuse

Substance abuse occurs when a person uses drugs or consumes alcohol extremely and typically causes significant problems in person’s life (Simmons, 2008). Berihun (2015) states that drugs abuse refers to an intake of an item that alters or affects the mental, physical and emotional functioning of a person.
1.7 Chapter summary
This chapter discussed the background of the study, the statement of the problem, justification of the study, significance of the study, research, objectives, and assumption of the study as well as the definition of the key terms. The next chapter focusses on the review of literature available in the field of substance abuse amongst street children.
CHAPTER 2
LITERATURE REVIEW

2.0 Introduction
The chapter focuses on the theoretical underpinnings that underlie the study on the Emerging trends of substance abuse among street children in Harare Zimbabwe. The chapter explores the literature on substance abuse amongst street children in Zimbabwe and the gaps that exists on the literature. The chapter explains the associated effects of substance abuse amongst street children on a global, regional and national level. A case study of India was used to explain the strategies being used to tackle the problem of substance abuse amongst street children. A global perspective was accounted for explaining the gaps in literature and research priorities on substance abuse among street children.

2.1 Theoretical Framework

2.1.2 Symbolic Interactionist Perspective
The research is based on the symbolic interactionist perspective. The symbolic interactionist perspective proposes that deviance behavior such as drug and substance abuse is learnt through contact with the others. Sutherland (1939) states that unexpected behavior such as drug abuse is learnt through others. Sutherland (1939) in his differential association model states that individuals learn specific behaviors and norms from the groups they interact with as peers. Sutherland (1939) states that deviance such as substance abuse is learnt from people who engage in deviant behavior. Therefore, from this perspective street children learn to abuse drugs through their interaction with the other street children who will be already engaging in substance abuse in the streets. A study by Becker (1953) entitled “Becoming a Marijuana Smoker”, showed that no one becomes a user without learning to smoke the drug in a way which will produce real effects, learning to recognize the effects and connect them with drug use and learning to enjoy the sensations he perceive. Therefore, from this perspective substance abuse among street children is a result of the interaction with the street children.

Interactionists maintain that negative social reactions (label or stigma) to individual drug users facilitates more, not less, drug use because individuals internalize the negative labels applied to them and persist in deviant activities. In other words, when individuals are labeled and presumed to have the undesirable traits that accompany the substance abuser stigmas, their substance abuse careers increase because they accept society’s pejorative view of them. This is called the self-
fulfilling prophecy (Cooley, 1902). The internalization of negative labels causes one to adopt deviant roles such as drug abuse. Becker (1953) classic study “Becoming a Marijuana Smoker” explained how one began consuming marijuana through learning to perceive the associated effects of being high. Cooley (1902) state that while it is trusted that the "inclination" or "being" high is automatic or regular marvels, Becker's work demonstrated that seeing the impacts of drug and substance mishandle is a social procedure that incorporates acknowledgment of the mutual implications about the marijuana’s effects. This is constant with the interactionist idea that all social phenomena and meaning are socially constructed. Street children engage in drug abuse because of peer’s perceptions on the benefits of using drugs such as solvents and marijuana.

Symbolic interactionists view drug abuse as deviance, as a phenomenon that changes over time, with an entry point and often a desistance or end. The pleasant stimulation obtained when taking drugs induces many to abuse the drug. Berihun (2015) states that If the initial drug use experience is defined as pleasurable, it is likely to recur, and the person may earn the labeled of “substance user” as time goes on. Moreo Symbolic interactionists, see drug mishandle as a sort of "vocation," or an arrangement of practices, parts, and personalities that include a way of life, running counter to customary society in some ways and reliable in others. The "center" period highlighted enmeshment in abnormality, with the reception of medication related parts and personalities. Their idea of "vocation" exemplifies this thought of abnormality as a way of life, with changes after some time (Berihun, 2015). This explains why there are changes of substance abuse among street children

However, the theory is criticized for its failure to give reasons why people initially engaged in deviant behaviours such as drug abuse. In addition, the theory is also criticized for its failure to explain why people use drugs or commit crime in the first place (Berihun, 2015). The symbolic interactionist perspective has not tried to hypothesize this matter. Thus, many scholars are of the view that its utility is limited. In addition, the theory is highly criticized for its view that innocent people are labeled by the society and as a result, they commence a life of drug and substance use.

2.2 Classification of Drugs
There are four identified categories of drugs, which include narcotic drugs, depressants, stimulants and inhalants. These five classes of drugs stimulates the individual differently some slow the central system while some slow the function of the central nervous system.
2.2.1 Narcotic Drugs
These chemical agents include stupor, coma, or insensibility to pain. This refers to opiates or opioids, which are called narcotic analgesics. These include morphine, heroin, cocaine, cannabis; these drugs are internationally controlled by the single convention on narcotic drugs. (UNDCP, 1992).

2.2.2 Depressants /Downers
Coomber, McEllrath, Measham and Moore (2013) state that downers are drugs that slow the purpose of the central nervous system and make the drug user less aware of the events around them. These are benzodiazepines, alcohol, and barbiturates, hero, codeine, bronclee methadone, Demerol and Percodan.

2.2.3 Stimulants /Uppers
Refers to any agent that activates, enhances, or increases neural activity, also called psycho stimulant. They make the user more attentive and active which results in people staying awake for long periods. Stimulants decrease appetite and make the user feel euphoric Included are cocaine amphetamines, nicotine and caffeine (Coomber, McEllrath, Measham and Moore, 2013)

2.2.4 Inhalants
Inhalants are a diverse group of chemicals, which produce psychoactive (mind altering) vapors; they include a number of such common products as aerosols, gasoline, some glues, solvents and butyl nitrites marked as "Room odorizes". Sniffing moderate amount of inhalants for even a relatively short time can disturb vision, impair judgment and reduce muscle and reflex control. The majority of street children use inhalants due to lack of regulation and availability. Death from sniffing inhalants occur suddenly and without warning, because of suffocation, respiratory collapse or heart failure (UNDCP, 1992).

2.3 The extent of substance abuse among street children in Zimbabwe.

2.3.1 Substances abuse among street children in Harare
Street children in Harare mainly abuse glue. Muchini and Nyandiya-Bundy (1991) observed that street children in Zimbabwe engaged in drug abuse, substance abuse inhaling glue every day. Makope (2006) also indicated that glue is the most common substance used by children living and
working in the streets in Zimbabwe. A study conducted by Wakatama (2007) was tandem and snick with that of Makope (2006), who showed that most of the street children sniffed glue. Children normally abused glue they sniffed the glue from milk containers. This is a way to deceive the public to assume that they are drinking milk. The children bought the glue that is very accessible and cheap from the cobblers as well as the hardware shops in the city centers. A small bottle of 100ml can last a group of ten boys for about a week. Mhizha (2010) diverged from Wakatama (2006) and Makope (2007) showed that the substances included alcohol, tobacco, kachasu, maragadu and mbanje. The above studies all indicate that there is high substance use among street children. However, there is a gap in literature on the current drugs and substances abused by street children in Harare.

2.3.2 Reasons for substance abuse among street children in Zimbabwe.
Street children engage in substance abuse for a variety of reasons, peer pressure is one of the major reasons why street children in Zimbabwe engage in substance abuse. According to Museko, Ngwenya and Maunganidze (2014) most street children, abuse substances to be accepted in a group people that they live with, the study also showed that peer pressure is the most important factor causing street children’s engagement into substance abuse, the pressure from friends makes one believe that what they are doing is good. A study by Embleton, Mwangi, Vreeman, Ayuku and Braistain (2013) confirmed that peers and peer pressure is the most commonly reported reasons why street children engage in substance use. In addition street children abuse drugs to cope up with stress. A study by Wakatama (2007) also showed that some street children engaged in sniffing glue as it helped in solving the problems that they had. The study from Wakatama (2007) also indicated that street children abused drugs so that they would be able to enjoy their work enjoy (they become hyperactive) and feel unashamed of their work in the public. Mhizha (2011) states that street children take drugs so as assuage the impacts of adversities in the streets (notably hunger, cold, weather and hopelessness. Muchini (2001) observes that the drugs, decrease emotional state of shame and the children are able do any job without any worry when their survival hangs in balance. When sober, street children always contemplate and burden themselves about how they can change their situations. Hence, they end up abusing drugs to stay high. Moreover, Muchuni (2001) showed that many street children reported that they used substances because they believed that it resulted in pleasurable situations, which made them happy. In addition, Museko et al (2014) complimented Muchini (2001) and argued that pleasure and fun are the one dominant explanations
for street children substance abuse amongst street children. Most street children use substances because they believed that it resulted in pleasurable consciousness states, made them enjoy life to the fullest and to be happy. 

Substance abuse is also being used by street children as a way of coping with negative emotional states or for avoiding negative states of mood, feel better and be able to deal with reject and boredom within the streets. In addition, Maseko (2014) indicated that street children abuse drugs due to the perceived benefit of using drugs. Some street children view cannabis as a performance enhancement substance, which has resulted in most children’s engagement in substance abuse.

2.3.3 Sources of income to buy drug for street children in Zimbabwe.

Street children engage in numerous economic undertakings to raise the money to buy drugs, almost all of them worked in one way or another. According to Manjegwa, Mtema, Tirivanhu, Tizora (2016) street children obtain the income that they used to buy drugs from begging (which constitutes child exploitation) others obtained income from vending items, such as sweets, brooms or airtime for mobile phones. Other street children were involved in distributing advertising flyers while car owners to look after or clean cars used other. Others street children were employed by ‘kombi’ drivers (informal mini-bus taxis) to tout for customers. Girls indicated that they were engaged in commercial sex to raise the money to buy substance.

2.4 Effects of substance abuse among street children.

2.4.1 Substance abuse and commercial sex work.

Studies by Mhizha (2010), Wakatama (2007), and Ruparanganda (2008) in Zimbabwe did not adequately articulate the nexus between commercial sex work and substance abuse. However, a study conducted by Chikoko (2014) on the Commercial 'Sex Work' And Substance Abuse among Adolescent Street Children of Harare Central Business District argued that there is a strong nexus between substance use and street prostitution. In some situations street girls engaged in street prostitution so as generate the money to sustain their substance abuse. The study also indicated street girls used substance abuse to boost their confidence when engaging in commercial sex activities. The girls who are involved in substance abuse used psychoactive substances such as blue diamond, mbanje and chitongo. Substance abuse enabled street girls to be resilient in seducing male clients for short-term sessions. The study by Chikoko (2014) indicated that when the girls in the street abuse drugs they obtain the confidence to seduce male clients, as they will be confident
and not shy. In addition, Chikoko (2014) showed that substance abuse among street girls enabled them to raise money through stripping and dancing in some of the bars and nightclubs. Therefore it can be seen that substance abuse in one the major drivers of street girls engagement into street prostitution and other risky behaviours which increases the street children’s vulnerability to contracting HIV /AIDS and other sexually spread Infection.

The findings by Chikoko (2014) concurred with findings from the study by Swahn, Habelen, Jane and Kasirye (2014) on alcohol and drug use and other high-risk behaviours among the slums of Kampala, which showed that the use of drugs and alcohol makes street children more likely to engage in commercial sex. The study showed that due to substance abuse street children engaged in high-risk behaviours such as commercial sex in order to obtain money for clothes, food, shelter and some other provisions. However the study Habelen (2012) et al further argued that girls in the street where forced into having sex especially when they were intoxicated by drugs. This shows that drug abuse increases the risk of street children being sexually abused when they are intoxicated; drug abuse does not only drive street children into commercial sex. Habelen et al (2014) also notes that some of the children when they take drugs they gain sexual desire and become sexually aroused and up having sex with a person without their consent.

2.4.2 Effects of drugs on the Brain

Drugs affect the body in different ways. According to Berihun (2015), some drugs and change a individual’s body and brain in ways that extended after the person has stopped abusing drugs. Sometimes the damages caused by the drugs maybe become permanent. Drugs can be taken in a number of ways and it is regulated the human body through injection, inhalation, and ingestion. The body and mind can be impacted depending on the methods on how the drug enters the body. One of the ways that substance enters a body is through injection. Injection takes the drug straight into the blood stream, resulting in more immediate effects. On the other hand, consumption needs the drug to pass through the digestive system, which has a delayed effect on the brain. Substances that are abused by users affect the brain's structure by submerging the circuit with dopamine. Dopamine is a neurotransmitter found in regions of the brain that control movement, emotion, understanding, motivation, and feelings of satisfaction (Berihun 2015). When drugs enter the brain system, they can actually change how the brain does its jobs. These changes are what lead to obsessive drug use, or what is known as Addiction. Berihun (2015) states that drugs have been
shown to alter brain chemistry, which affects an individual's ability to make decisions and lead to compulsive desire, seeking and use. Berihun (2015) states that the major effects those substances impose to the brain and the body include weakening the immune system, increasing vulnerability to contaminations. It causes vascular problems ranging from irregular heart rates to heart attacks. Injected drugs can also lead to collapsed veins and infections of the blood vessels and heart valves.

2.4.3 Health effects of substance abuse among street children.
Substance abuse causes serious health problems amongst street children because some of the substances that street children abuse are not meant for ingestion. Harold (2002) states that even a single session of recurrent inhalant abuse can disturb heartbeats and it causes death from cardiac halt or reduce oxygen levels, sufficient to cause suffocation. Pagare (2003) and states that the effects of substance abuse among children living and working in the streets include lung problems like burning of lungs and tuberculosis, vomiting, cancer, death, teeth and facial problem, heart or kidney problems. Embleton et al (2013) in support of Harold (2002) states that substance use and misuse poses a serious threat to the short- and long-term health and wellbeing of millions of children around the world. Embleton et al (2013) states that 60 percent overall of street involved children in developing settings use some sort of substance. In addition, 50 percent of them were involved in the use inhalants - predominantly glue, paint thinner, that kind of thing. Street children involved in the use of inhalants are more likely to be found in low and middle-income countries because inhalants are cheap available. However, Embleton et al (2013) showed that the use of inhalants among street children is detrimental to health as it causes a lot of short term effects, for example, unexpected heart failure. Inhalants also cause teratogenic effects. If a girl is pregnant and if she is sniffing – and it is passed on to her baby and causes birth defects of various kinds. Substance use causes a huge amount of cognitive effects. Their brains become impaired. The substances in the glue kills the body cells and brain cells. Embleton et al (2013) states inhalants are connected to cognitive and nervous impairment, psychological and physical dependency. However, most of these studies were conducted at a time where glue was the dominant substance used by street children. Hence, there is limited information on the health effects of the emerging substances that street children are abusing are now abusing and this study seeks to address this gap in literature.
2.5 Strategies used to reduce the problem of substance abuse among street children in Zimbabwe.

2.5.1 Provision of specialist services to street children
To diminish the problem of substance abuse among street children non-governmental organization have been providing income to start income generating projects to street children. According to Chikoko, Chikoko, Muzvidziwa and Ruparanganda (2016), Non-governmental organizations have been pivotal in the provision of services to adolescent street children who have been victims of drug and substance abuse. Streets Ahead had a programme for young mothers, which used to supply street children with money to start income generating projects. Most of the street children ventured into vending activities, which reduced the problem of substance abuse and even street prostitution (Chikoko et al, 2016). However when streets Ahead closed the programme stopped and the majority of the street children resorted to selling substance and trading in drugs. Hence, the rational of the study is to suggest alternative solutions to ending the problem of substance abuse given that most organizations that used to provide services to street children affected by drug abuse had closed in Zimbabwe. However, organizations have been instrumental in providing income-generating chances to street children who were victims of have been victims of drug abuse. For instance, Zambuko Trust had been providing occupational life skills training to the adolescent street children. Some of the occupational life skills included training in tailoring and leadership. Which helped reduce the problem of substance abuse.

In addition, NON-governmental organization, which provided services to street children, faced a number of challenges, which affected their efforts to stop the problem of substance abuse among street children Zimbabwe. Chikoko et al (2016) states that non-governmental organizations that were instrumental in the provision of expert service to teenage street children who were victims of substance abuse such as Amai Passmore orphanage had a number of constraints related to registration, which affected efforts to ending the problem of substance abuse among street children. In addition, according to Chikoko et al (2016) Mabhawu Drop-In Centre that had been administering educational and food aid to street children had closed at the request of the officials of Department of Child Welfare and Probation Services. The Drop-In Centre was letter closed, as it had not complied with the Government of Zimbabwe’s registration requirements. Unexpectedly, the move to close these organization has the likely effect of leaving needy children such as those
on the streets with little assistance (Chikoko et al., 2016). Hence, this study sought to address this gap by suggesting more solutions to ending the problem of substance abuse given the current closure of organizations that used to provide services to street children living and working in the streets. Chikoko et al (2016) state that given the countless problems facing some of the agencies working with street children, one becomes concerned about the efficiency of some of the interventions offered by these institutions. Hence the need for research and come up with more solutions to ending the problem of substance abuse among street children in Zimbabwe.

2.5.2 Awareness raising on the effects of substance abuse

Previous studies have highlighted that there is need of raising awareness on the effects substance use so as reduces the problem of substance use amongst street children. A study conducted by Cooper and Khan (2007) in Harare, Zimbabwe suggests that street children should be educated about the cancer risks inherent with chronic cigarette smoking and the sniffing of glue. Cooper and Khan (2007) suggested that national and local governments, international bodies, non-government organizations, and global marketing companies should create a greater public awareness of the effects of substances such as glue and smoking alcohol. This is in line with the findings from a study by Museko, Ngwenya and Maunganidze (2014) among adolescents, which stated that there is need for primary prevention methods that seeks to help adolescents resist substance abuse. The primary preventive efforts are usually done a time before the unwanted behavior begins. Primary preventive mechanisms should be directed at the individual the substance and host. Preventive efforts can also target basic intra personal influences such as the knowledge on about the harmful effects of substance use and life skills (Museko et al, 2014). However, the studies conducted by Cooper and Khan (2007) as well as Museko et al (2014) did not specify on the actual primary preventive mechanisms that should adopted to end the problem of substance among adolescents inclusive of street children and hence there is a serious gap in literature, which this research intends.

In a study by Botvin and Gilbert (2000) informational approaches to teenage substance abuse may include sensitization on the dangers of substance abuse, as well as educational pamphlets and other printed materials, and short films that impart information to street children about the about different types of drugs and the negative consequences of use. Some programs have police officers come into the streets and discuss law-enforcement issues, including drug-related crime and penalties for buying or possessing illegal drugs. Other projects use doctors or other
health personnel to discuss on the severe, irreversible, health consequences of drug use. Assessment studies of educational approaches to drug and alcohol abuse prevention have shown that in some cases a temporary influence on knowledge and antidrug attitudes can occur. As a result, the etiology of drug and alcohol abuse is complex, and prevention approaches that depend on primarily on information dissemination are not effective in altering behavior.

2.5.3 Strict Law enforcement

Previous studies have shown that to reduce the problem of substance abuse amongst street children should control the sale of illicit substances to minors. Museko et al (2014) indicated that environmental level policy makers could monitor the administration of the Liquor Act and Children’s Act to limit the availability of substances to adolescents as well as monitor alcohol and tobacco industries. The study highlighted that access to substances can be limited by increasing taxes on alcohol and tobacco thereby increasing the price and effectively reducing the consumption. Raising the drinking age to 21 and lastly by marking sure that alcohol and tobacco is sold by people with liquor licenses, as they are more likely to follow regulation regarding the sale of these substances to under aged clients. (Museko et al 2014). However, there is a gap in literature since the suggested solutions to ending the problem of substance mainly focused of reducing substance abuse among school adolescent and ignoring street children. Museko et al (2014) focused on substance use among in school adolescents in Gweru: perceived predictive and protective factors most studies have ignored the plight of children in the streets who are more vulnerable to drug abuse due to the perceived effects of life in the streets. Hence, this research seeks to address this gap in literature.

2.6 Case study

2.6.1 Programmes for reducing substance abuse amongst street children India.

A national action plan for drug use was established in 1994 in India which is aimed on the establishment of treatment and rehabilitation centres, training in drug abuse for primary care doctors and other workers, cooperating with non-governmental organizations and conducting education and consciousness construction programmes (Gaidhane, Zahiruddin Waghmare, Shanbhag, Zodpey, Joharapurkar, 2008). In addition, 359 psychotherapy centres for substance abuse prevention that also promulgate awareness on the effects of substance abuse were established. The Indian government financed more than 50 NGOs, which are engaged in drug and substance abuse prevention activities targeting street children at large (Ministry of Women
and Child Development India, 2007). An agreement between the Indian government, ILO and UNDCP was signed to assist the full recuperation and, recovery of substance abusers. (D’Souza B, Castelino L, Madangopal, 2002). Integrated Child Protection Scheme (ICPS) was propelled in India aiming at developing a safe and secure environment for children in need of care, vulnerable children living and working in the streets. India has embraced the Modified Social Stress Model for averting substance abuse children living and working in the streets in different cities and uses WHO categories of response (Nigam, 2007).

2.7 Gaps in the literature and research priorities
The review of literature identified several gaps in the literature of drug and substance abuse amongst street children. A study on the epidemiology of substance use among street children in 22 resources constrained countries by Embleton et al (2013) showed that most of the drug and substance abuse literature is cross-sectional and descriptive in nature, focused on determining the type and prevalence of drug. Hence, there is need of expanding research initiatives, conducting longitudinal studies to understand the risk of substance abuse among street children. In addition, there is limited information on what envisages street children’s commencement, continuing use and cessation of substances. There is a poor representation of females in most studies on substance abuse and hence there is need of addressing the gaps. Street-involved girls and young women may be both more sidelined and more vulnerable whereas also being less available for research (Embleton et al, 2013). This absence of fairness is likely to lead in significant gender-based selection bias in the field of substance abuse among street children (Embleton et al, 2013). Hence, there is need of ensuring gender equity in drawing up study samples.

Another issue of apprehension is the scarcity of information available on the physical and mental health consequences that street children could develop due to their misuse of multiple substances. In other populations, inhalants results mental and nervous damage, unexpected death condition due to cardiac arrhythmia, renal, pulmonary and teratogenic effects (Dell 2006). Additionally, evidence exists of psychological and physical dependence among volatile solvent users (Kayembe, Plumber, and Yousif, 2008). However, little is known about street children’s addiction to inhalants, the psychological and cognitive impacts sustained by this population. Although the use of substances is linked to harmful health outcomes, very few studies have interrogated link between substance use and physical health outcomes and mental

The use of drugs often results to risky sexual behavior, including street prostitution, trading sex for drugs and forced sex. These high-risk behaviors, together with drug use, could expose individuals to HIV, sexually transmitted diseases and violence, yet little to no information about these behaviors and health outcomes in this population is available (Embleton et al, 2013). In relation to the above Coreen, Hossain, Pardo, Veras, Chakraborty, Harris and Martin (2013) state that while some literature is available, showing a high incidence of destructive outcomes in street or slum youth, there is limited information concerning the risk factors of substance use among street children. Embleton et al (2013) showed there is little information on what causes street children to start and stop using drugs. In addition, the study showed that some street children exchange sex for drugs or have sexual intercourse under the influence of drugs little is known about the nexus between drug use and dangerous sexual behavior. Due to the relationship that is known to exist between drug and alcohol use and engaging in unsafe sex, trading or selling sex and rape, it is crucial to comprehend these dynamics more clearly in the context of solvent use and understand their effect upon HIV and mortality risks (Embleton et al, 2013). The dearth of data on these issues represents several critical gaps in the literature.

2.8 Chapter Summary.

This chapter provided a theoretical framework, which best explains the study. The chapter reviewed literature on substance abuse among street children in Zimbabwe and the reasons for substances abuse among street children. Literature on the effects of substance abuse amongst street children and mechanisms employed to reduce substance abuse amongst street children is reviewed. The chapter also reviewed various publications that have been produced by various researchers noting the gaps in literature in relation to the topic under investigations. The next chapter will focuses on the research design, the area of study, the target population, the sampling techniques employed, the data collection instruments, feasibility of the study and ethical considerations.
CHAPTER 3
RESEARCH METHODOLOGY

3.0 Introduction
This chapter describes the methodology used in this study and the rational for selecting such an approach. It shows the qualitative data collections methods used by the researcher during data collection, which include in-depth interviews and focus group interviews. The chapter also outlines that study location, study population, research design, the ethical considerations applied, and the sampling approach used in this study.

3.1 Research design

3.1.2 Explanatory research design
The study utilized an explanatory research design to assess the emerging dynamics of abuse amongst street children and to draw implications for initial work in Zimbabwe. Rubbin and Babbie (2008) state that the term research design denotes to all the pronouncements made in planning and conducting research, as well as decision about measurement, sampling, how to gather data and logical provisions designed to allow certain kinds of inference. The rational for the selection of explanatory research design in this study was that it analyses and explains why and how things events are happening the way they are and changing. In addition, the study adopted an explanatory study design so as to help the research explain the trends of substance abuse among street children. Explanatory research design is aimed at prescribing strategies to overcome societal ailments such as drug abuse amongst street children and hence the study adopted an explanatory study design.

3.2 Study Population
Engel and Schutt (2009) notes that the target population denotes the greater community to which the researcher wishes to generalise his study findings. This study concentrated on 900 street children who live and work on the streets who were also involved in various economic activities on the street of Harare Central Business District. An unpublished investigation by the Department of Social Welfare in 2000 showed that there were 5000 street children in Harare these including children who worked frequently on the streets, but who had a home to go tom at night (Rurevo and Bourdillon, 2003). Nott (2013) provided a conservative approximation of children living and working in the street in Harare of between 700 and 900.
3.2.1 Study Area
The study was conducted in Harare CBD. This area was chosen for the research because it has the highest number of street children. The area was chosen because it is easier to get by most street children. Harare is surrounded by other towns, which include Chitungwiza, Norton and Bindura just to mention but a few. This results in an increased number of children living on the street and coming to work in the streets. The researcher zoned the CBD as the area in the middle of the following streets, Herbert Chitepo (on the Northern side), Fifth Street (on the Eastern side), Robison Manyika and Kenneth Kaunda (on the Southern side) and Rotten Row road (on the western side). Within this zone some of the areas where street children could be found include Harare Garden, Julius Nyerere Street, Kaguvi Street, corner Charter road and Mbuya Nehanda, First Street, Samora Machel Avenue near the Presbyterian Church and Road Port (4th Street) and the House of Smiles

3.3 Sample

3.3.1 Sample size
A sample is a subset (or subgroup) of one’s population (Lester, 2007). In this research, the sample was drawn from target population 900 street children street children living and working in Harare on assumption that it will be adequate to make precise and justifiable data, conclusions and recommendations. The researcher employed the principle of data saturation to sample 15 street children who participated in the research. No added information could be found to develop new properties of groups and the relationships between the groups unraveled and hence the researcher stopped sampling new data. The researcher selected six key informants to be part of the study sample.

3.3.2 Sampling technique
The researcher used convenience to select respondents for the in depth interviews and life histories. The rational for choosing the availability sampling technique was that street children are not static and hence they cannot be easily located. Neuman (2011) observed that convenience sampling is conducted when working with challenging populations such as street children as it becomes easy to identify and recruit respondents. This is in line with , Idemudia, Kgokong and Kolobe (2013) who used availability sampling when researching on the social experiences of street children in Mafikeng, North-West province, South Africa. For the key informants purposeful sampling was used to select the respondents. Ravitch and Sharon (2009) reiterate that purposive sampling means
that individuals are purposefully chosen to participate in the research for specific reasons that include them have had certain experience, have knowledge on the specific phenomenon.

3.4 Data collection methods and tools

3.4.1 In-depth interviews
The Interviews with the street children were conducted face to face and confidentially, the researcher used in-depth interviews as a primary data collection method. Kothari (2004) postulates in-depth interviews involve the use of a set of predetermined questions and of highly standardized techniques of recording. According to Morgan (1988), in-depth interviews promote response to open ended questions and thus more data is gained from that. The interviewing promoted a scenario where the researcher carefully listens and examines case options, experiences feelings to understand the meaning being conveyed. The in-depth interview helped build rapport with the study participants, which made the participants to be forthcoming in giving the responses that were required. Through the interviews, the participants were able to discuss the delicate issues in an environment conducive for openness than questionnaires. The researcher was not able administer questionnaires to street children due to their way of life on the street.

3.4.2 Focus group interview
The research also used focus group discussion as another method of data collection. Punch (2004) is of the view that group interviewing is where the researcher works with several people simultaneously rather than just one. Morgan (1988) arguments out that the hallmark of focus group is the clear use of group interface to yield data and perceptions that would be less accessible without the collaboration in the group. The rational for the use of focus group interviews was that street children usually move in groups it was difficult to separate them from their peers to allow for one to one interviews hence the researcher used focus group interviews. In addition, due to the nature of the study, that involves substance abuse, most street children feared being arrested if separated from their peers hence the research utilised focus group interviews to build trust with the street children. This method enabled the researcher to get more information since the children responded freely in the groups.

3.4.3 Data collection procedure
The researcher first obtained a consent letter to conduct a research involving street children in Harare from the Director Department of Child Protection and Probation Services to allow the data
collection procedure to begin. Permission to conduct interviews with the staff and street children the House of Smiles was obtained from the Country Director at House of Smiles. There after the researcher started conducting interviews with the street children in Harare CBD and the House of smiles. In addition, before the interviews the researcher explained the purpose of the research and how confidentiality was going to be observed in the study. After obtaining consent, the researcher interviewed one individual at time and would record and write down the conversation. For the focus group discussion, the researcher used his smartphone to record the deliberations.

3.4.4 Data collection instruments
Data in this study was collected using qualitative data collections tools. Namely, focus group discussion guide, in-depth interview guide and a smartphone the purposes of recording

3.5 Data Presentation and analysis
The qualitative data was analysed through thematic content analysis along the lines adopted by Garland, Richard and Cooney (2010). Mhizha (2010); Ruparanganda (2008) who also used thematic content analysis in their studies with street children of Harare. The data collected was transcribed partially and organised to find common words and phrases. Perceptions were coded and nodded using N Vivo. These related codes were categorised and nodded into themes. Direct interview quotes were used to enhance the real life experiences of the young street children and their views and opinions.

3.6 Ethical Considerations

3.6.1 Informed Consent
The researcher made an effort to address the consent from respondents before their participation through informing them of the purpose of the study. He also made it clear that it was an academic research paper. Thus, the researcher attained a letter of concert from the Department of Child Protection and Probation services, which allowed him to conduct a research with the street children. The researcher was aware of the delicate nature of the research and the implications of observing informed consent. The people in the concerned community have rights to know the purpose, duration and the benefits of the research to both the researcher and the community.

3.6.2 Honesty and integrity
The researcher had to act with genuineness and was truthful to the respondents on the intention of the research without giving them false hopes or impulsive results of the research findings. Dube
(2002) noted that a number of studies focusing on street children have shown that the children are no longer willing to participate in studies, they were complaining that the studies they had participated in had not led to any meaningful changes in their lives. However, in this study the interviewed children responded well and were so cooperative.

3.6.3 Confidentiality and anonymity
Confidentiality was preserved in this study. Confidentiality and anonymity was quite vital in this research as private lives of children were discussed and guarantee of protection of privacy was required. The researcher explained to the children and assured the protection of their privacy. In addition, in this study, the researcher guaranteed that data composed from the respondents was treated with greatest attention by holding confidentiality through preserving privacy and anonymity by excluding names in the process of data collection and on data presentation. In order to shield the identity of her respondents, the researcher used pseudo names to denote the actual names of the children. Therefore, all people’s names used in this study are not respondent’s real names.

3.7 Feasibility
According to Engel and Schutt (2013), feasibility is the capability to conduct a research in time and with the available resources. Respondents were chosen from Harare gardens because this is where most street children come for leisure activities and to sleep which made it feasible for data to be collected without much time and cost. However, targeted population was not always available in Harare gardens since street children are a mobile population. Thus, the researcher was also given permission to conduct interviews with street children at the House of Smiles. The researcher also faced challenges in building rapport with the study participants within a short space of time for the research purposes.

3.8 Limitations
According to Simon (2011), limitations are the potential weakness that prohibits the yielding of the expected results or outcomes usually beyond the researcher’s control. Due to the complex nature of the research, the majority the street children were reluctant to give clear responses due to fear of being arrested due involvement in drug and substance abuse. The researcher counted the challenge by informing the street children that the research was purely for academic purposes and their response would not be traced back to them through maintaining anonymity.
3.9 Delimitations
The scope of the study was limited to children of the street in Harare CBD because they are mostly available in the streets since the streets is their permanent place of residence than children on the streets who go home in the night and return to the streets in the morning. Thus, the study was limited to children of the streets because they are mostly available in the streets.

3.10 Chapter Summary.
This chapter described the numerous approaches used in this study and the reasons for selecting such approaches. The chapter outlined the research design, study location, study population and the sampling approach that was used in this study. The chapter explains how data was then analyzed. Ethical issues such as how the researcher informed consent, honesty and dignity, confidentiality and anonymity were discussed in this chapter. The next chapter focuses on the presentation, interpretation and discussion of the study findings.
CHAPTER 4

Data Presentation, Analysis and Interpretation

4.1 Introduction
The chapter focuses on the presentation, interpretation and discussion of findings of the study on emerging dynamics of substances abuse among street children and implications for initial work in Zimbabwe. The objectives of the study were to assess the emerging trends of substance abuse among street children, to investigate the associated effects of substance abuse among street children and to identify the strategies that can be used to tackle the problem of substance use amongst street children. Data was collected from 15 street children through whom an in-depth interview of 20-40 minutes was administered. More Information was also obtained from six key informants one from the Ministry of Public Service Labour and Social Welfare, one from the Zimbabwe Republic Police (ZRP) Criminal Investigation Department (CID) Drugs section, one was from the House of Smiles (CESVI), Oasis Zimbabwe, Childline and one from Communities Against Drug and Substance Abuse (CADASA). Data was analyzed and presented through thematic content analysis using NVivo

4.1 Demographics characteristics of the population
Herein are presented the findings of in-depth interviews of 15 street children who participated in the study. These respondents were given pseudo-names for the sake of anonymity as discussed earlier in chapter 3. The respondents were coded William, Timothy, Grace, Kuda, Talent, Tapiwa, Stanford, Leeroy, Melody, Felix, Shady, Sandara, Louis and Samantha. Nine were street boys and five were street girls. This shows that there is inequality in terms of representation between boys and girls in studies involving street children. In a study by Chikoko (2014) on commercial sex, work and substance abuse among street children in Harare four of the participants were street girls while six of the participants were street boys. Therefore, there is imbalance in terms of representation between boys and girls in most studies involving street children. Most of the street children only attained primary education owing to lack of interest with school while, lack of motivation to continue with school, engagement in economic activities, drug abuse and lack of parental supervision. The majority of the children living and working in the streets are orphaned, with most them being single parented or without any parents. Physical abuse, negligence, disputes with guardians are the most mentioned reasons why street children left home to leave on the streets.
### Table 1: Demographic data

<table>
<thead>
<tr>
<th>Name of respondents</th>
<th>Sex</th>
<th>Age</th>
<th>Parents</th>
<th>Education level reached</th>
<th>Reasons for being in the streets</th>
<th>Substances abused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. William</td>
<td>M</td>
<td>17</td>
<td>Mother deceased</td>
<td>Form 3</td>
<td>Disputes with step mother</td>
<td>None</td>
</tr>
<tr>
<td>2. Timmy</td>
<td>M</td>
<td>16</td>
<td>Father deceased</td>
<td>Grade 7</td>
<td>To have fan in the streets</td>
<td>PP, Broncl ee, Marijuana</td>
</tr>
<tr>
<td>3. Samantha</td>
<td>F</td>
<td>12</td>
<td>Both deceased</td>
<td>Grade 5</td>
<td>Negligence by guardians</td>
<td>Glue</td>
</tr>
<tr>
<td>5. Kuda</td>
<td>M</td>
<td>16</td>
<td>Mother deceased</td>
<td>Grade 6</td>
<td>Disputes with the grand mother</td>
<td>Glue, Mangemba, mbanje</td>
</tr>
<tr>
<td>6. Talent</td>
<td>F</td>
<td>15</td>
<td>Father deceased</td>
<td>Grade 7</td>
<td>Abuse by guardians</td>
<td>None</td>
</tr>
<tr>
<td>7. Tapiwa</td>
<td>M</td>
<td>18</td>
<td>Both deceased</td>
<td>Grade 7</td>
<td>Negligence by guardians</td>
<td>Mbanje, alcohol</td>
</tr>
<tr>
<td>8. Steny</td>
<td>M</td>
<td>13</td>
<td>Mother deceased</td>
<td>Grade 3</td>
<td>Not being given food by the brother’s wife</td>
<td>None</td>
</tr>
<tr>
<td>9. Leeroy</td>
<td>M</td>
<td>17</td>
<td>Mother deceased</td>
<td>Grade 7</td>
<td>Disputes with step mother</td>
<td>Mbanje, alcohol, musombodi a</td>
</tr>
<tr>
<td>10. Melody</td>
<td>F</td>
<td>15</td>
<td>Mother deceased</td>
<td>Grade 6</td>
<td>Negligence at home</td>
<td>Glue, bronc lee</td>
</tr>
<tr>
<td>11. Felix</td>
<td>M</td>
<td>17</td>
<td>Mother deceased</td>
<td>Grade 7</td>
<td>Physical abuse at home</td>
<td>Blue diamond, c odeine</td>
</tr>
<tr>
<td>12. Shady</td>
<td>M</td>
<td>14</td>
<td>Mother deceased</td>
<td>Grade 6</td>
<td>Negligence by the Father</td>
<td>Glue, mbanje</td>
</tr>
<tr>
<td>13. Sandra</td>
<td>F</td>
<td>17</td>
<td>Both dead</td>
<td>Form 1</td>
<td>Physical abuse by guardians</td>
<td>Glue</td>
</tr>
<tr>
<td>14. Luis</td>
<td>M</td>
<td>18</td>
<td>Mother deceased</td>
<td>Grade 7</td>
<td>Negligence by the father</td>
<td>None</td>
</tr>
<tr>
<td>15. Grace</td>
<td>F</td>
<td>15</td>
<td>Both deceased</td>
<td>Grade 6</td>
<td>Physical abuse by guardians</td>
<td>Glue, alcohol</td>
</tr>
</tbody>
</table>
4.2 Trends of Drug abuse amongst Street Children in Harare.

4.2.1 Participants understanding of drug abuse
When asked about their understanding of substance abuse most of the participants showed great understanding of drug abuse. One of the key informant from the Department of child protection and probation services said that,

“Drug abuse is a situation where by a person consumes substances that may alter the mental stability and regulate processes in one’s body. People believe that taking drugs helps one move from stressful situations. Drug abuse is a crime as it involves taking dangerous drugs such as cocaine,” (Key informant from the Department of Child Protection and Probation Services)

The other key informant from OASIS Zimbabwe also said that,

“Drug and substance abuse is the use of substances in an excessive way. It is the misuse of drugs or substances apart from their intended use.

Another key informant from the House of Smile a drop in centre for street children indicated viewed that drug abuse is the excessive taking of substances that intoxicates one's health. Drug abuse is the intake of illicit substances and the intake of medicinal drugs without the help of a physician”

4.2.2 Current substances being abuse abused by street children
Street children have moved from predominately abusing glue and marijuana to the use emerging substances that are now available to street children. Emerging identified substances include bronclee (ngoma), mangemba, musombodia, cane sprit, PP, Tablets (blue, white and pink) and codeine, Tegu Tegu and ZED. Felix aged 17 said that, “I use blue diamond, codeine and mangemba”. Timmy aged 16 said that, “I am using PP, bronclee, and ngoma. Substances identified were confirmed by most of the key informants.

A key informant from CADASA also observed that:

“The past 5 years has seen an introduction of different types of drugs on the fora which street children are accessing and abusing. Usually glue was the only drug readily available that street children could access and abuse but over the past few years’ different type of drugs including high alcohol liquors such as Zed and Blue diamond, pharmaceutical drugs such as
Bronclee, histalix have been trickling in and are easily accessible to the street children”.(Key informant from CADASA)

A Key informant from OASIS confirmed that:

“Street children in Harare used to abuse glue mostly but due to the discovery of other substances such as musombodia and maragadu, bronclee and tablets, older street children are now mostly involved in the use of these substances. This is due to the availability of different types of drugs in Zimbabwe. Girls within the streets and new entry street children are the ones who are mostly abusing glue”. (Key informant from OASIS Zimbabwe)

New entry street children are still predominantly involved in abusing glue due to its availability. A key informant from Childline observed that, “Street children are using bronclee, glue mangemba and 90 % of the new entry street children are using glue because it is available and cheap. These findings confirm that there are changes in the substances that abused street children in Zimbabwe are using. Incongruity, Makope (2006) and Wakatama (2007) showed that most of the street children in Harare sniffed glue. The emerging trend in substance abuse among street children involve the use of emerging substances such as bronclee, mangemba, musombodia, PP, tablets (blue white and pink), cane sprits that were identified by the study. The reason for these changes is that Zimbabwe in now a backyard manufacturer and supplier for drugs with substances such as musombodia are being manufactured in Mbare.

4.2.3 Trends of substance abuse among street children over the past 5 years.

When asked to describe the emerging trend of substance abuse among street children in Zimbabwe over the past 5 years and it emerged that there is sequence, which is now being now followed by street children when abusing substance. The sequence starts with the abuse of lower order drugs to higher order substances.

A key informant from the house of smiles observed that:

“The new entry street children start by using glue, Glue is a byproduct of petroleum products, which is not for sniffing and street children are not aware of that then from there they crave for something stronger and migrate to bronclee a cough mixture that contains codeine. Bronclee is very good cough mixture it is supposed to be taken in the prescribe limits, for example three times a day or twice a day. However, street children take the whole
contents in one sitting and because it has got codeine a narcotic, it knocks them off. From there street children migrate to cane Sprit, which is 43% alcohol content, which is 10 times more than castle larger and it is consumed in one sitting. Then they will move to Largactil (mangemba) which is a medical drug given to patients with mental illness. When taken with a person who does not have mental illness one can sleep for more than three days without waking up depending on the dosage consumed” (Key informant from the House of Smiles)

This is in line with the Symbolic interactionist’s perspective which views drug abuse among street children as deviance, a phenomenon which changed with time, with a commencement and often a desistance or end. The pleasant stimulation obtained when taking drugs induces one to crave for many other drugs (Berihun 2015). In addition, substance abuse among street children in Harare has become more visible. A key informant from ZRP CID Anti-drugs said that:

“Drug abuse among street children is becoming more and more rampant in Zimbabwe due to the increase in the number of street children in Zimbabwe. As result, drug abuse among street children is becoming very visible. In most corners in Harare, you can easily notice street children sniffing glue in plastics. Drug abuse among street children has been on a gradual increase in Harare”. (Key informant from ZRP)

The increase in the number of street children has also contributed to gradual increase of substance abuse. In addition, the visibility of substance abuse amongst street children highlights there are no social control mechanisms currently being used to control substance abuse amongst street children. The society is allowing street children to abuse drugs, which has resulted in the normalization of substance use amongst street children.

4.2.4 Reasons for substance abuse among street children in Harare

The research investigated the reasons why street children are abusing drugs in Harare. Some of the interviewed street children reported that they used drugs to reduce their physical and mental pressures, such as fatigue, sadness, sorrow. Talent aged 17 years old said, “I use substance to remove stress and to avoid thinking much about stressful situations and the problems that I face in the streets. Substance abuse helps street children relieve themselves from stressful situations that they come across with in the street. Maseko et al (2014) showed that substance use was opined as one of the ways of the coping with negative emotional states or avoiding negative mood states and to feel better, deal with rejection and boredom.
Another unique mentioned reason for substance abuse was to get courage of engaging in criminal activities Felix aged 17 years said that “Glue rinokupa zvivindi kana ukaona chaunenge uchida chine umwe munhu unokwanisa kuchivuta wochitora. (Glue gives me courage if I see something that i want which belongs to someone i am able to take it), (Felix aged 17 years). Street children continue to abuse drugs because is a culture, which is passed within the generations of street children. A key informant from the department of the Department of Child Protection and Probation Services alluded that:

“Drug abuse is a culture in the streets it is part of street life one cannot survive in the streets without using substances. Young street children are sent to go and buy drugs by the elder street children and this is where they learn to abuse substances. In addition, most of the street children are addicted to drugs, which is the other cause of substance abuse among street children in Harare. (Key informant from the Department of Child Protection and Probation Service)

Mhizha (2010) also discovered that street children take drugs so as assuage the impacts of adversities in the streets (notably hunger, cold, weather and hopelessness). Availability of substances and lack of monitoring in the streets is another mentioned reason for substance use. A Key informant from the House of smiles indicated that:

“Street children continue to abuse drugs because the substances are readily available and some of the substances are obtained over the counter at a very affordable price. In Harare, no one monitors the sale of alcohol and cigarettes to children under the age of 18, which is the other reason for substance abuse among street children. (Key informant from the house of smiles)

Therefore, it can be seen that availability, accessibility and affordable of drugs has contributed to the continued substance among street children. Substance abuse amongst street children can be mitigated if availability and accessibility of drugs is reduced. However, this requires strict law enforcement due to the socioeconomic challenges being faced in Zimbabwe more people are engaging in selling drugs which has increased the supply of drugs in Harare. Self-sedating is the other mentioned reason for substance abuse among street children if self –sedating. A key informant of ZRP CID Anti-drug section had this to say:
“Street children abuse drugs to get sleep since they sleep in the open, they will not feel the cold when they are under the influence of drugs. In addition, they have nothing to do and as result, they end abusing drugs to be able to sleep (self-sedating)”. (Key informant from ZRP CID Anti-Drugs Section)

In addition, another mentioned reason for substance abuse among street children is to get the strength to engage in economic activities. Stanford aged 13 years had this to say. “I use these substances to able to get the strength of engaging in economic activities that we do in town such as touting and begging”. (Stanford aged 13 years). Thus when under the influence of drugs street children are not ashamed of engaging in the economic activities that they would be engaged in. This finding conquers with Muchini (2001) who noted that drugs reduces feelings of disgrace and street children can do any job without being worried.

4.2.5 Accessibility of drugs to street children in Harare

The study participants indicated that substances such as glue and the other solvents were accessible everywhere in Harare. Substances such musombodia, marijuana, bronclee, mangemba were being accessed in Mbare and Copa Cabana. Kuda aged 16 years indicated that “Elder glue is readily available and it can be obtained anywhere in the CBD for 20 cents a bottle and most of us are using glue because it is easily available. (Kuda aged 16).

Louis aged 18 years said, “Glue can be obtained anywhere but Marijuana, Mangemba, Musombodia and PP are obtained from drug dealers in Mbare Kumajubegi we walk from here to Mbare so as to buy drugs. (Louis 18 years). Leeroy aged 17 also observed that “Marijuana is also available at Copa Cabana the tablets (blue white and pink) are not easily available they can only be obtained from drug dealers in Mbare. (Leeroy 17) The other participants who openly admitted to using drugs said that drugs are quite available, “we obtain them from the suppliers at Copa Cabana where the Kombi drivers and conductors buys”. This shows that Harare is now a backyard manufacturer and supplier of drugs, which has increased the availability of substances to street children.

4.2.6 Sources of income to buy drugs.
The study sought to assess the sources of income which is being used by street children to buy drugs. The study revealed that street children engage in stealing, touting, income generating projects such as vending, car washing and carjacking so as to raise the money to buy drugs. The
following quotes illustrates this.

“Mukoma the money to buy drugs is not easily available I obtain the money from touting, shop lifting, and repairing shoes umbrellas. (Tapiwa aged 19)

“When i sniff glue i steel to get the money to buy the drugs , I also obtain the other money from touting and begging. (Timmy aged 16)

Therefore, it can be seen that street children engage in various economic activities and most of the income obtained is being used on drugs rather than for food and clothing. In line with the above findings a study by Mujengwa et al (2016) on the deprivation among children living and working on the streets of Harare showed that more than half of study participants obtained income from begging, and a fifth from selling small items, such as sweets, brooms or airtime for mobile phones.

4.2.3 Involvement of street children in selling and distribution of drugs.
Street children in are now involved in selling and distributing drugs. A key informant from the House of smiles confirmed this:

“In Mbare, drug dealers use young street children to distribute and sell drugs. Drug dealers are using street children to sell and distribute drugs because of their age, street children cannot be persecuted under the normal justice system but they either diverted or only cautioned and warned when arrested for selling or distributing drugs”

Involvement of street children in selling drugs has increased the vulnerability of street children to drugs since will be involved in handling different types of drugs. A study on drug use among street children in Tehran, Iran by Dejman, Vaneghi and Roshafekr (2015) showed that street children engaged in drug dealing along with street hawking for earning an income, which might be an act of willingness or might be under the family’s pressures. However most studies in Zimbabwe have been silent about street children’s involvement in drug dealing.

4.3 Associated effects of substance abuse among street children
The study sought to interrogate the associated effects of substance abuse among street children. Engagement in risky behaviours and deteriorating health are the identified effects of substance abuse amongst street children.

4.3.1 Engagement in risky behaviours
When under the influence of drugs street engage violence, they steal from members of the public
and can stab them with knifes.

A key informant from the house of smiles observed that;

“Due to drug and substance abuse among street children become violent they steal from the members public and can stab them with knifes. They are very difficult to work with and to control. They scratch cars in town snatch handbags and use abusive language. There are no go areas for the members of the public due to fear of being victimized by street children. (Key informant from the house of Smiles)

This finding is consistent with current literature which states that street children carry weapons, primarily kinds that are readily available, such as knives, or items not originally intended as weaponry, such as belts or chains which they use to victimize members of the public(Swahn et al 2014). In addition, substance abuse causes most of the street children to be aggressive and difficult to control. The other key informant from the department of child protection and probation services had this to say.

“They become very good thieves when they are under the influence drugs; they lose respect of anyone and become very rude and stubborn. If the motorists are not forthcoming when they are begging they damage the motorist’s cars. We have received a lot of report that street children are damaging motorist’s vehicles (Key from the Department of Child Protection and Probation Services)

Therefore, it can be seen that the drugs that street children use are criminogenic in nature as they force street children to engage in crime and violence. Due to substance abuse, there is change in the behavior of street children to that of an animal. A key informant from the House of Smiles said

“When street children abuse drugs, there is change in the behavior pattern to that of an animal. They fail to relate well with colleagues or adults. They engage in fights and they are mentally unstable. They can fight with any objects when they are under the influence of drugs. They become very violent. They cannot reason and cannot negotiate with you they will not take no for an answer; they will shout at you if u refuse to give them money or food. Street girls engage in prostitution and some engage in gambling. (Key informant from the House of Smiles)

This finding is consistent with findings by Swahn, Haberlon, Palmier and Kasirye (2014) which
showed that street children fight mostly with each other and with friends. They also fight with pedestrians, or persons attempting to give them advice. When street children abuse drugs they become very aggressive and difficult to control, the following case from key informant highlighted this:

“When the boys are under the influence of drugs they become very aggressive they will apologies later and they confess that we were under the influence drugs, one of them broke this window when he throw a stone at us while he was drunk . When they are quite drunk we hide inside because they are very violent, this so because they mix glue, mangemba and bronclee. Some come here and spend the whole sleeping and only to wake up when it is time to go back into the street”. (Key informant from Childline)

Because of substance abuse, street children become very aggressive and difficult control this finding is also is in line with studies demonstrating associations between alcohol use and violence in street children and young adults (King 2004, Swahn and Donovan, 2005).

4.3.2 Deteriorating health
The study revealed substance abuse has resulted in the development of an HIV Virus and STIs which are resistant to mainline drugs. A key informant from the House of smiles said that:

“Drug abuse among street children has resulted in the development of an HIV virus and other STIs, which are very resistant to mainline drugs and very difficult to treat. The drugs that street children use affect the treatment of the STIs and STIs will become resistant to mainline drugs. The strain of viruses are letter passed to community through street prostitution, which affects the health of the whole community. In addition, as result of substance, street children fail to adhere to Anti-Retroviral Therapy, which will subsequently affect their health”. (Key informant from House of Smiles)

The study revealed that drug abuse causes mental illness a key informant from ZRP CID Anti-Drugs had this to say,

“Drug abuse among street children triggers mental illness. The major reason for admission into psychotic institutions is related to substance abuse. Substance abuse accounts for 60% of the patients that are admitted into psychotic institutions. Some of the children admitted into psychotic institutions go beyond rehabilitation, which affects reintegration” (Key informant
Therefore, drug abuse alters the chemistry of the brain, which then results in mental illness. Embleton et al (2013)’s study showed that inhalants are linked to cognitive and neurological impairment and psychological and physical dependence. In addition, the study discovered that drug abuse among street children causes respiratory and kidney problems. A key informant from the house Smiles observed that:

“Largactil paralyses the respiratory system when consumed. Glue punches holes in the lungs of the street children which can be visible after 2 years. Drugs are extricated by the kidneys the more the volumes of drugs injected the more extrication which damages the kidney which results in most of the street children not being able to produce a stream of urine but drops. The dangers have a repel effects the longer one stays on substances abuse the more it becomes harmful to the body because some of the substances are not meant to be ingested into the body”. (Key informant from House of Smiles).

Therefore, the above cases indicate that drug abuse among street children causes serious health problems. Pagare (2003) states that the effect of substance abuse among street children include lung problems like burning of lungs and tuberculosis, vomiting, cancer, death, teeth and facial problem, heart or kidney problems. Embleton et al (2013) also showed that the use of inhalants among street children is detrimental to health as it causes many short-term effects, for example, sudden heart failure.

4.4 Suggested Solutions to ending drug abuse among street children
4.4.1 Reintegration of street children with their families
When asked about what could be done to end the problem of substance abuse among street children the majority of the children openly said that the problem could only end if they were returned home. Louis 18 years said this “Zvingaite kudzoserwa kuma children’s homes vanwe vanenge vachida vabereki vavo vodzoserwa kumba vanwe vachipihwa Mari yekutanga ma business”. (What can work is for us to be sent back to children’s home while those who love their parents can be reunified with them). (Louis aged 18 years). A key informant from ZRP confirmed that the problem could end if the children were returned home he had this to say,

“Glue that the street children predominately abuse is not regulated as a drug under the drug law as it is meant for industrial purposes and hence the law cannot be enforced to
stop street children from abusing glue hence the only solution is taking street children out of the streets”. (Key informant from CID Antie Drugs)

Hence, there is need for the government to reunify street children with their families and support the families so that the families can be able to support the street children. However due to shortage of resources and social workers in the department of child protection it is difficult to reunify all the street children with their families because the stages involved in reunifying street children require financial resources and adequate personal.

4.4.2 Detoxification of drugs.
The study participants highlighted that there is need to first detoxify street children of all the drugs before reunifying them with their families. A key informant from the department of child protection and probation services said that,

“When reunifying street children with their families or institutionalizing them there is, need to first send them to rehabilitation centers for detoxification, as there is a risk of the street children returning to the streets if they are not sent to rehabilitation due to addiction”

(Key informant from the department of Child Protection and Probation)

Thus street children should be detoxified of all the drugs before reunifying them with their families because due to addiction most of them return to the streets. However due to excessive substance abuse the majority of the street children are heavily damaged and cannot be rehabilitated. In addition, here in Zimbabwe, the process of detoxification is very expensive and they are few rehabilitation centres who are offering the service. Hence, it is difficult to detoxify street children before reintegration into the society,

4.4.3 Demand of drugs and reduction
The study participants suggested that to end the problem of substance among abuse there is need to reduce the demand of substance abuse among street children though awareness raising on the negative impacts of substances. A key informant from Oasis Zimbabwe said that,

“Organizations that work with street children should hold discussion forums with stakeholders and street children to discuss on the effects of drugs abuse with the children to reduce the demand of substance abuse among street children. This can be done by inviting the CID drug section to discuss the implications of substance abuse among street children in relation to the law. The police in Criminal Investigation Department (CID)
Drugs should hold discussion forums with street children informing them of the danger and effects of the substances that street.

In addition, to reduce the demand of substances among street children there is need to educate street children to drink and use appropriate substances. A key informant from the Childline said that.

“Street children will always engage in substance abuse due to their circumstances, telling them to only stop abusing drugs is not enough without giving them good reasons to stop. Hence, there is need educate street children to use substances in a responsible manner, which is not detrimental to health. Street children should be told that being intoxicated by drugs is not a musk to the situations that they have but it worsens the situations”

Reducing the demand of substances among street children is developmental in nature and it will raise awareness on the negative effects of substance abuse among street children therefore reducing the demand. Botvin and Gilbert (2000)’s study also found out that informational approaches to teenage substance abuse may include sensitization of the threats of substance abuse, as well as informative brochures and other printed materials, and short films that communicate vital information to street children concerning different types of drugs and the effects of use. Some activities have police officers who go into the streets and deliberate law-enforcement issues, including drug-related crime and penalties for procuring or possessing illegal drugs. However most awareness-raising activities are silent among children living and working on the streets. Hence, the need for initial work targeting street children because they are mostly affected by substance abuse.

4.4.4 Supply of drugs and substances reduction
The study revealed that drug abuse amongst street children could be reduce through supply reduction. Supply reduction entails limiting the entry of drugs through boarder post. A key informant from ZRP CID Anti-drugs unit said that,

“Supply reduction involves reducing the entry of drugs into Zimbabwe, arresting all those involved in selling drugs and illicit substances there by reducing the availability of drugs and elicit substances in Zimbabwe. (Key informant form ZRP)

Reducing the supply of drugs in Harare will reduce the availability of drugs amongst street
children. This will ultimately reduce substance among street children since the emerging reason for substances abuse among street children relates to the availability of substances. The government of India has also embraced the supply approach, which has reduced substance abuse among street children (Rao 2011). However, it is quite difficult to reduce the supply of drugs in Zimbabwe because more people are engaging in drug dealing due to the socioeconomic challenges being faced. In addition, most of the people in Harare drug dealer who are supplying drugs but are not reporting the drugs pushers to the police, which can also affect the supply reduction initiatives.

4.4.5 Strict law enforcement.
Substance abuse among street children can be reduced if the law is strictly enforced on those who sell drugs to minors. In addition, serious penalties should be enforced on drug dealers found in possession of drugs. A key informant from Oasis Zimbabwe said,

“No one monitors the sale of alcohol and medicinal drugs to children under the age of 18 years in Zimbabwe alcohol is just being sold to children without any monitoring. Hence there is need caution business people not to sell drugs and alcohol to children and the by reducing the problem of substance abuse among street. In addition, there is need of appointing nonpublic service probation officers who can monitor weather alcohol is not being sold to street children” (Key informant from the House of Smiles)

This reflects that there is lack of drug control in Zimbabwe, drugs such are sold everywhere and the law is not being strictly enforced on those who sell and traffic drugs illegally. If drug dealing carries a heavy penalty such 10 years in prison, this would help in reducing the supply of drugs. However, here in Zimbabwe the law cannot be used to control street children from abusing solvents such as glue that they predominantly abuse because glue is not viewed as a drug under the drug law. Hence, the law should be amended so that it restrict the use of glue amongst street children in Zimbabwe.

4.4.6 Development of a national plan of action of ending the problem of substance use
The study participants suggested that Zimbabwe should develop a National Plan of action aimed at reducing the problem of substance use amongst street children. A key informant from OASIS Zimbabwe indicated that:

“The government should develop a National Action Plan of how to solve the problem of
substance abuse among street children and youths as well in Zimbabwe. The fight of ending substance abuse among street children should not only be the responsibility of the civil society organizations. Civil Society organizations should only to complement the government efforts. Therefore, the government should take a lead in mitigating this problem. (Key Informant from OASIS)

The development of a National Action Plan for ending substances abuse among street children is quite important, as it will coordinate all the activities being done by Civil Society Organizations in effort to reduce substances abuse. A study by Gaidhane, Zahiruddin, Waghmare, Shanbhag, Zodpey, Joharapurkar (2008) on substance abuse among street children in Mumbai showed that a nationwide blueprint for ending drug abuse was substantial for treatment, detoxification, and awareness raising for street children to shun substance abuse. According to Sharma and Joshi (2013), India developed an Integrated National Policy for street children operating in 56 cities, which targets homeless children living and working in the streets. It offers education, health care services, nutrition, and legal help and seeks to reunify street children with their families. The Integrated Policy has contributed to the reduction of substance abuse by 60 % amongst street children in India. However, Zimbabwe has no such policy. The activities being done by most CSOs are uncoordinated and uncontrolled with limited government interventions, which call for the need of developing a National Plan of Action for ending the problem of substance abuse among street children.

4.5 Chapter Summary
This chapter has presented the findings on the emerging dynamics of drug abuse amongst street children and implications for initial work in Zimbabwe. Presentation of findings was based on the data gathered in Harare and discussion was aligned to the research aim and objectives through thematic content analysis. The next chapter in going to focus on summary of findings conclusions and recommendations.
CHAPTER 5

SUMMARY, CONCLUSION, RECOMMENDATIONS AND IMPLICATIONS

5.1 Introduction
This chapter will provide the study’s summary, conclusion, recommendations and implications for social work practice based on the findings of the study.

5.2 Summary
The aim of the study was to assess the emerging trends, associated effects of substance among street children in Zimbabwe and identify the strategies that can be implemented to mitigate the problem of substance abuse among street children. The research was explanatory in design and it employed in-depth interviews, focus group discussions and direct observations to gather information from 15 respondents who were street children in Harare. Six key informants who had extensive knowledge and experience on drug abuse among street children provided more information.

The study gathered that the emerging substances being abused by street children include codeine, Tegu Tegu, mangemba (Largactil), PP, Tablets (blue white and pink), bronclee, cane sprit, maragadu. New entry street children and girls are now mostly involved in abusing glue while the rest are now using the above-mentioned substances. The researcher also found out that upon entering into the street, street children start by abusing glue then they move on bronclee, mangemba and musombodia. The researcher also gathered that drug dealers in Harare are now using street children to sell and push drugs because they are minors and they cannot be persecuted an the normal justice system but can be either diverted or warned. The involvement of street children in selling drugs has increased the availability of drugs to street children and ultimately putting them more at risk of abusing substances. The researcher gathered that street children abuse drugs so as to relive themselves from stressful situations, to get the courage of engaging in criminal activities, availability of substances in the streets, lack of parental control, to get sleep (self-sedating), to get the strength of engaging in economic activities and lastly because drug abuse is a culture in the streets. The study revealed that Harare in now a manufacturer of drugs and substances such a Musombodia are being manufactured in Mbare, which has increased the availability and drugs abuse among street children of drugs to street children and ultimately increasing substances abuse among street children. The research gathered that to obtain income to
buy drugs street children were involved in various economic activities such begging, touting and street prostitution.

The research also found out the due to substances abuse street children engage in risky behaviours which include violence, stealing, failure to relate well with colleagues and adults and engagement in aggressive behavior. In addition, the research found out that drug abuse among street children has led to the development of an HIV virus and STIs, which are resistant to mainline drugs which being passed on passed on to the society during street prostitution. In addition, the study found out that substance abuse in the major reason why street children are affected by mental illness and that this accounts for 60% of the patients admitted into psychotic institutions.

The study revealed that substances abuse among street children causes respiratory problems because glue that is predominately abused by street children punches holes in the lungs. The researcher found out that street children are mostly affected by substance abuse than any other societal group. However little is being done to reduce the problem hence the need to initiate programmes aimed at reducing substance abuse among street children. The research found out that substance abuse can be reduced through reunifying street children with their families, rehabilitation and detoxification, demand of drugs reduction, occupational therapy, supply of drugs reduction, strict law enforcement and development of a National Plan of action for ending the problem of substance use and.

5.3 Conclusions
Street in Zimbabwe have now moved from predominately using glue but they are also now involved in using other substances such as musombodia, mangemba, Tegu Tegu and bronclee, maragadu . The reason being is that Zimbabwe is now backyard manufacturer of drugs which has increased the availability of drugs to street children. Street children are mostly affected by drug use and abuse, however most programmes aimed at reducing substance abuse have not being targeting street children. Thus there is need to initiate programmes that are specifically aimed at reducing substance abuse among street children in Zimbabwe. In addition, when reunifying street children with their families, there is need to first detoxify them of all the drugs because they risk returning to the streets when reunified without detoxification from all the drugs. It was also gathered that due to the magnitudes of substances use among street children, the government must develop a plan of action for ending the problem of substance use among street children and across all youth in Zimbabwe.
5.4 Recommendations
The results of the study have been presented in the preceding chapter. Based on these results and findings on drug abuse among street children in Zimbabwe, the following specific recommendations are made.

- Research on drug abuse among street children should be done on a more large scale given that the study was mainly focused on Harare only.
- There is need to include street children in programs aimed at reducing substances abuse amongst adolescents and youth since street children are mostly affected by substance abuse.
- Peer pressure has been shown to have great effect on substance abuse among street children. Peer educators should be established and strengthened in the street so that they can provide information about substance/drug abuse and its effects in a friendly manner to the other street children.
- The police should strictly control traffickers and monitor the sale of drugs to minors. The law must be strict to those found selling and trafficking drugs in Harare to reduce the availability of the drugs to street children.
- In order to tackle the problem of substance abuse among street children in Zimbabwe non-governmental organizations together with the Ministry of Public Services Labour and Social Services should be proactive than being rehabilitative. This can be done through holding awareness campaigns targeting street children aiming at educating them on the dangers of substance abuse. These campaigns can be held drop in centres for street children and in areas where the street children come to be give food.
- Civil society organization, the government and all relevant stakeholders must collaborate to fight the problem drug abuse among street children in Zimbabwe.

5.5 Implications for Social Work
A number of social factors influence and pull street children into substance abuse. Study conducted by Ethiopian public health initiative (2005) indicates that the availability or cost of drug social setting and community, attitude that is mainly attributed to peer pressure, low employment and education opportunity, genetic predisposition and psychiatric disorder are the major factors associated with substance among street children. Therefore, understanding the complex link between the above stated factors and developing consistent and interconnected methods in
controlling and preventing substance abuse is central to the intervention process in social work practice.

Social workers should use counselling, helping street children affected by the problem of substances use. Counselling is instrumental in making substance users understand their situation; cope with the challenges and problems they faces and to develop a sense of self and positive living. It also help users to regain hope, feel empowered and made them to take decision to get out of this problem. Since counseling is one aspect from strength perspectives. Social workers should organize peer-to-peer discussion sessions and life skill training sessions between street children to develop a strong personality of resisting peer pressure. Social workers should also facilitate discussion and dialogue sessions with street children to enable them to identify the causes and get a bigger picture of the reality concerning addiction and its perceived effect, which it brings.
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University of Zimbabwe Harare


APPENDICIES
Appendix 1: Interview Consent Form

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

INTERVIEW CONSENT FORM

Introduction

My name is Tafadzwa Jakaza a Bindura University of Science Education fourth year Social Work student. As part of the requirements of the degree, the student is required to carry out a research project, which I kindly invite you to participate in. Before you decide to participate in the research, you are free to talk to anyone you feel comfortable about the research. If there may be some words, you do not understand you are free to ask and I will explain.

Title of the study

Emerging trends of drug abuse among street children and implications for initial work in Zimbabwe. A case of Harare CBD.

Purpose of the study

To assess the emerging trends of drug abuse among street children in Zimbabwe.
Ethical Considerations: Privacy and Confidentiality

The information obtained from the interview will be kept confidential. Information about you that will be collected during the research will not be directly linked back to you. Be assured that all your responses shall be strictly accorded the due recognition and confidentiality. Reports are to be written in a way that no individual comment can be attributed to a particular individual.

Participation in this study is voluntary, if you decide to participate now you can change your decision any time and can withdraw from the study at any time without any consequences.

Contact Details

If you have any questions to ask or for more details you can contact me on 0775895034 or email me at tjakaza60@gmail.com

Consent

If you are in agreement with the conditions of the study and you are willing to participate in the study you kindly sign below

Signature of participant………………………….        Date………………………

Signature of researcher……………………………..        Date………………………


Appendix 2: Interview guide and focus group discussion guide with the street children

Introduction
My name is Tafadzwa Jakaza I am carrying out a research entitled emerging trends of drug abuse among street children in Zimbabwe an implication for initial work and i invite you to participate in the research study. The purpose of the research is to assess the emerging trend of drug abuse among street children in Zimbabwe. I am going to engage you in an interview which will not last for more than 30 minutes as part of data collection. Your participation in this research project is completely voluntary. There are no known risks to participation. Your responses will remain confidential and anonymous. You may choose to excuse yourself at any time during the interview.

PART A Demographics
Respondent……………………………………………………………………………………………………
Age………………………………………………………………………………………………………………
Sex……………………………………………………………………………………………………………….
Religious affiliation…………………………………………………………………………………………
Parental status………………………………………………………………………………………………
Economic activity…………………………………………………………………………………………
Level of education reached………………………………………………………………………………

PART B Reasons for being in the streets.
1. When did you leave home
2. Why did you leave home
3. From which area do you come from
4. Do you stay in the street permanently

PART C Trends of drug abuse among street
5. Have you tried or experimented using drugs? If no Skip section
6. If yes and currently using for how long have used the drugs
7. Which substance have u used between mbanje, glue, musombodia, cocaine, cigarettes and alcohol or other
8. At what age did you start substance use
9. Can u explain how the substances are being used
10. How often do you take drugs, is it (daily, weekly, twice a day, three times a day or as need)?
11. Whom do you take the drugs with
12. Why do you use the substances use?
13. Are the drugs easily accessible?
14. Where do u access these substances.
15. Are you also involved in selling drugs?
16. What is the source of income for you to buy the drugs?
17. Do you like to continue taking drugs, if yes why?
18. Where do you usually use these substances?

Part D Associated effects of drug abuse among street children
19. Which problems have you encountered as a result of substance abuse?.
20. How do you feel when they abuse drugs?
21. What do u usually do under the influence of drugs
22. What problems have drugs caused on your friends?

Part E Strategies for ending the problem of drug abuse among street children
23. What do you think should be done to curb the problem of drug abuse among street children?
Appendix 3: Interview guides with the key informants.

Introduction

My name is Tafadzwa Jakaza I am carrying out a research entitled emerging trends of drug abuse among street children in Zimbabwe. I invite you to participate in the research study. The purpose of the research is to assess the emerging trend of drug abuse among street children in Zimbabwe. I am going to engage you in an interview which will not last for more than 30 minutes as part of data collection. Your participation in this research project is voluntary. There are no known risks to participation. Your responses will remain confidential and anonymous. You may choose to excuse yourself at any part during the interview.

DEMOGRAPHICS

Respondent

Institution

Job title

Age

Marital Status

Religious Affiliation

Work on Children

Educational Level

Questions

1. What is your understanding of drug abuse?
2. Are you aware of any of the street children who are abusing drugs?
3. Which substances are the street children abusing.
4. Are these substances harmful
5. Which behavior is usually displayed by street children under the influence of drugs.
6. What could be the possible dangers of drug abuse among street children
7. In your own view can you describe the trends of drug abuse among street children in Zimbabwe over the past 5 years
8. What may be the reason of the continued substance use among street children in Zimbabwe
9. What could be the social effect of substance abuse among street children?
10. What are the mechanisms being employed by the government and key stakeholders in an effort of reducing the problem of substance use among street children in Zimbabwe?

11. How successful are these mechanisms?

12. What should be done to halt the problem of substance abuse among street children in Zimbabwe
Appendix 4: Approval Letter 1

Official communications should
not be addressed to individuals

Department of Child Welfare and
Protection Services
Compensation House
Cnr 4th Street/Central Avenue
P.O. Box CY 429
Causeway
Zimbabwe

SW 12/5
3 October 2016

Tafadzwa Jakaza
Bindura University
P. Bag 1020
Bindura

RE: PERMISSION TO CARRY OUT A RESEARCH PROJECT ON THE TOPIC
ENTITLED: EXPLORING THE DYNAMIC IMPLICATIONS OF DRUG ABUSE AMONG
STREET CHILDREN IN ZIMBABWE: A CASE STUDY OF HARBARE CBD.

Receipt of your letter dated 10 August 2016 with reference to the above mentioned is
acknowledged.

Please be advised that permission is hereby granted for you to carry out a study on the
topic entitled, ‘exploring the dynamic implications of drug abuse among street
children in Zimbabwe: a case study of Harare central business district’.

Please take note that the permission is granted STRICTLY on condition that the
research is for academic purposes only in pursuit of your Bachelor of Social Work
degree with Bindura University of Science Education and not for PUBLICITY and that
the identity of participating children will be protected.

You are kindly requested to submit a copy of your final research document to the
Department of Child Welfare and Protection Services upon your completion as your
research topic has a bearing on the Department’s mandate.

T. A. Chinhake
DIRECTOR OF CHILD WELFARE AND PROTECTION SERVICES
Appendix 5: Approval letter 2

FACULTY OF SOCIAL SCIENCES & HUMANITIES
P. Bag 1020
BINDURA, Zimbabwe
Tel: 263 - 71 – 7531-6, 7621-4
Fax: 263 – 71 – 7534
Social Work Department
cnyoni@buse.ac.zw
Cell 0772 973 898

BINDURA UNIVERSITY OF SCIENCE EDUCATION

29/08/2016

TO WHOM IT MAY CONCERN

RE : REQUEST TO UNDER TAKE RESEARCH PROJECT IN YOUR AREA

This serves to introduce the bearer.............who is an HBSc SOCIAL WORK student in the Department of SOCIAL WORK, Bindura University of Science Education and is carrying out a research project in your area.

Your usual co-operation and assistance is therefore being sought.

Thank you for the continued support.

Yours faithfully

DR. C. NYONI
CHAIRPERSON – SOCIAL WORK

APPROVED/NOT APPROVED DATE

DIRECTOR

DEPARTMENT OF SOCIAL WELFARE

04 OCT 2016
RO. BOX CP 429, CAUSEWAY
ZIMBABWE