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EMERGING DYNAMICS OF SUBSTANCE ABUSE AMONG STREET CHILDREN IN ZIMBABWE. A CASE OF HARARE CENTRAL BUSINESS DISTRICT

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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 of substance abuse among street children in Zimbabwe. The study used qualitative interviews for data collection. The study employed the principle of data saturation to sample the 15 street children who were interviewed and participated in this study. The study findings revealed that street children have now moved from abusing glue as a substance to the use of emerging hard-core substances such as mangemba, bronclee, maragadu, musombodia, codeine, high alcohol liquors such as blue diamond and cane-spirit. The study also revealed that drug dealers and syndicate leaders are now employing street children to sell drugs and substances thereby increasing the vulnerability of street children to abusing substances. The study concludes that drug abuse was a culture on the streets, as it is difficult for the children to survive in the streets without abusing drugs.

KEY TERMS: drug abuse, substance abuse, street children, Zimbabwe

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BACKGROUND TO THE STUDY

The problem of using dangerous drugs among street children in Zimbabwe is bigger than what has been so far told. Two decades ago, Nyandiya-Bundy and Muchuni (1991) showed that street children in Zimbabwe abused psychoactive substances. These substances include alcohol, tobacco, glue and *mhanje* (*marijuana*). In addition, Embleton et al (2013) states that 60 percent overall of street children in developing settings use some sort of substance that include glue and thinners. Thus children living and working in the streets have been largely involved in the abuse of solvents. However, due to the new status of Zimbabwe being a manufacturer and transit zone for drugs, the trend of the predominate abuse of only glue and marijuana is constantly changing (Zvira, 2016). Unfortunately, few studies have been done since Zimbabwe “attained the new status” of being both a manufacturer and market for drugs. Among common substances abused by children, 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 *mhanje*. While common drugs such as glue had been abused for a long time in Zimbabwe by street children, there are some dangerous drugs such as broncclee, *musombodia* and codeine which are finding their way into Zimbabwe.

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 result in 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 et al, 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 health outcome (Embeleton, et al, 2013). In spite of these new emerging drugs and substances, few 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 focusing on newly emerging trends on substance abuse. Therefore, this study seeks to assess the emerging trends of substance abuse amongst street children in Zimbabwe.

OVERVIEW OF EMERGING DYNAMICS IN DRUG ABUSE IN ZIMBABWE

The increasing exposure of the Zimbabwean environment both as a 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 Harare’s social fabric find their way in Zimbabwe through the Chidodo Border Post in Mozambique and to some extent through Nyamapanda border post (Zvira, 2016). Truck drivers connive with syndicates’ leaders to bring in the dangerous drugs into Zimbabwe (Zvira, 2016). The entry of new drugs such as broncclee 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), revelations are that Zimbabwe is fast turning into a back yard manufacturer and market of dangerous drugs. Substances such *Musombodia* are being manufactured in Zimbabwe. *Musombodia* is colorless high alcohol content substance that is made from ethanol and emblems powder in Mbare then distributed throughout Zimbabwe. These are found in 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. This has increased the availability of drugs to children living and working in the streets. Resultantly, the availability more dangerous to street children has changed the trend of substances abuse among street children in Zimbabwe.

In both physical and social realm, it is indisputable that drug and substance abuse has serious negative health implication among street children. Nevertheless, there is a limited effort aimed at mitigating the problem among children living and working in the streets. Mhizha (2010) state that 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. However, there are no recognized activities aimed at mitigating the problem of substance abuse amongst street children in Zimbabwe. Civil society organizations in Zimbabwe have been largely focusing on mitigating substance abuse among youths while ignoring the plight of street child who are mostly affected by substance abuse. Thus, most street children have ended up being damaged by drug and they cannot be rehabilitated. Therefore, this the study sought to assess the emerging trends of substance abuse amongst street children as a way of highlighting the need of increasing services aimed at mitigating substance amongst street children in Zimbabwe.

Drug abuse often results in 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, Careen et al (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 limited

information on what causes street children to start and stop using drugs. In addition, Emblton et al (2013) argued that 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.

THEORETICAL FRAMEWORK: SYMBOLIC INTERACTIONIST PERSPECTIVE

The study was informed by the symbolic interactionist perspective. Symbolic interactionism is a micro-level theoretical perspective in sociology that focusses on the means in which persons create and maintain society through face-to-face, repeated and meaningful interactions (Cater and Fuller, 2015:1). The symbolic interactionist perspective proposes that deviance behavior which is not limited to drug and substance abuse is learnt through contact with the others. Sutherland (1939) proposed the differential association model, where he argued that individuals learn specific behaviors and norms from the groups that they interact with as peers. Therefore, Sutherland (1939) argues that deviance such as substance abuse is learnt through interaction with peers who already engage in substance abuse through interaction with them. From this perspective, children living and working in the streets learn to abuse drugs through their interaction with the other street children who will be already engaging in substance abuse. A study by Becker 1953 entitled, "Becoming a Marijuana Smoker", showed that that no one becomes a user without learning to smoke the drug in a way which will produces real effects, learning to recognize the effects and connect them with drug use and learning to enjoy the sensations he perceives (Becker, 1953). 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. Individuals internalize the negative labels applied to them and persist in deviant activities such as drug abuse. The internalization of negative labels causes one to adopt deviant traits such as drug abuse. Therefore, when individuals are labeled to be substance abusers they accept society's negative view of them. This is called the self-fulfilling prophecy (Cooley, 1902).

METHODOLOGY

Study design and location

The area under study was Harare Central Business District, Zimbabwe. The study used qualitative in-depth interviews. Qualitative design was adopted because it provides experience based data collection platforms. This helped in understanding complex issues related to drug and substance abuse by street children.

Sample, sample size and sampling techniques

The researchers employed the principle of data saturation to sample 15 street children who participated in the study. Purposive sampling was used to select six key informants who were interviewed. These were an officer from Ministry of Public Service Labour and Social Welfare, an officer from the Zimbabwe Republic Police (ZRP) Criminal Investigation Department (CID) Drugs section, a Child Protection Specialist from the House of Smiles (CESVI), an officer from Oasis Zimbabwe, Child line and one officer from Communities Against Drug and Substance Abuse (CADASA).

Data collection methods and instruments

In-depth interviews were conducted to establish the emerging trends and of substance use among street children in Zimbabwe. The researchers used an in-depth interview guide to solicit data from the street children. In order to further the exploration of the issues under inquiry, key informant interviews were done. The key informants were child protection specialists from different departments mentioned earlier.

Ethical considerations

Before commencement of data collection, participants were informed about the objectives of the study, what they were expected to do, that participation was voluntary, that they could refrain from answering any questions they felt uncomfortable with, that they could discontinue at any point during the process. Participants were informed that the information they gave would be treated with confidentiality, there were no direct benefits for participating in the study. Clearance for conducting the study with children living and working in the streets was obtained from the Director Department of Child Protection and Probation Services. In order to shield the identity of the respondents, the researcher used pseudo names and not the actual names of the children.

Data presentation and analysis plan

The qualitative data was analysed through thematic content analysis along the lines adopted by Mhizha (2010) who also used thematic content analysis in their studies with street children of Harare. This approach was used through extracting patterns from participants' responses and study objectives. In order to protect the identity of the 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.

PRESENTATION AND DISCUSSIONS OF FINDINGS

Emerging substances being 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. The emerging identified substances being used by street children include bronclee (*ngoma*), *mangemba*, *musombodia*, cane sprit, PP, tablets (blue, white and pink) and codeine, *Tegu Tegu* and ZED. Some of the interviewed participants confirmed that they used the following substances:

"I use blue diamond, codeine and mangemba". (Timmy aged 16)

"I am using PP, bronclee, and ngoma (Felix aged 17).

A key informant from CADASA observed that:

"Usually glue was the only drug readily available that street children could access and abuse. However, the past 5 years have seen the introduction of different types of drugs in Zimbabwe that include high alcohol liquors such as Zed and Blue diamond, bronclee and histalix. This has changed the trend of substance abuse among children living in the streets due to the availability and accessibility of emerging substances that are finding their way into Zimbabwe" (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 and children who would have recently entered the streets are the ones who are mostly abusing glue" (Key informant from OASIS Zimbabwe).

These findings confirm that there are changes in the substances abused by street children in Zimbabwe. However, the emerging trend of 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.

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

The study revealed that upon arriving into the streets, street children start abusing substances that are available and easily accessible up until they end up abusing substances that are not easily available to them.

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. From there they crave for something stronger and migrate to bronclee a cough mixture that contains codeine. Bronclee 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 they migrate to cane Sprit, which is 43% alcohol content, which is 5 times more than castle larger and it is consumed in one sitting. Then they will move to Largactil (mangemba). Mangemba is a psychotic drug which is being taken by street children for them to be able to sleep. 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).

The study found out that drug abuse among street children is a career that changes over time. This explains the change in the predominant abuse of glue to the abuse of bronclee, musombodia and mangemba by street children in Zimbabwe.

"Drug abuse 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)

It was revealed that the increase in the number of street children has also contributed to gradual increase of substance abuse.

Reasons for substance abuse among street children in Harare

The study also sought to investigate the reasons why street children are abusing drugs in Harare. The following were identified as some reasons for drug and substance abuse for children:

Resilience mechanism to life hardships

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”. (Talent aged 17 years old)

Another child retorted that:

“The life that we are living is not good and we are always struggling to meet our life needs and demands. As a result, I engage in drug abuse to forget about these life circumstances. Drugs help to forget about life challenges”. (Timmy aged 16)

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).

As shown from above, the study findings revealed that substance abuse helped street children relieve themselves from stressful situations that they come across within the street. Self-sedating is the other mentioned reason for substance abuse among street children.

Confidence boosting in searching for life needs

Giving testimony to this line of thinking, another unique mentioned reason for substance abuse was to get courage of engaging in criminal activities. Felix (not his real name) narrated that:

“Glue rinokupa zvivindi kana ukaona chaunenge uchida chine umwe munhu unokwanisa kuchibvuta wochitora. (“Glue gives me courage if I see something that I want which belongs to someone I am able to take it”).

The study revealed that 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 noted 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.

Some of children noted that the reasons for substance abuse are to get the strength to engage in economic activities. It was revealed that, with use these substances street children are able to get the strength of engaging in economic activities that they do in town such as touting and begging. Many children living on the street confided that drug and substance abuse help them to boost confidence in searching for basic life needs. It was revealed by the study activities such as begging is not easy when someone is normal mood. Thus drugs acted as stimulant to engage in life strategy activities without being shy.

Availability and accessibility of drugs and substances

The study participants indicated that substances such as glue and the other solvents were accessible everywhere in Harare. Substances such musombodia, marijuana, broncclee, 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 buy”.*

Another Key informant 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, one bottle of glue can be obtained for only 20 cents. 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).

This shows that Harare is now a backyard manufacturer and supplier of drugs, which has increased the availability of substances to street children.

Unrestrictive environment to sell 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” (Key informant from the House of Smiles).

The study findings revealed that children abuse drugs by taking advantage of their age. Some of interviewed street children noted that law enforcement agent ignores them because they are children and understand the challenges which street children face.

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 following quotes illustrate this.

“Elder 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. 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.

DISCUSSION

The study revealed some emerging trends in drug and substance abuse among children. Unlike traditional drugs and substance such as marijuana and glue, it was revealed that new drugs and substances are now found in the street. The emerging substances being abused by street children include codeine, Tegu Tegu, mangemba

(largactil), PP, Ttablets (blue white and pink), broncclee, cane spirit and *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 reason for these changes is that Zimbabwe is now a backyard manufacturer and supplier for drugs with substances such as musombodia are being locally produced. While the studies by Makope (2006) and Wakatama (2007) revealed that most of the street children in Harare sniffed glue; the study revealed this trend is changing due to the availability of new drugs in Zimbabwe. Arguably, 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. This viewpoint is substantiated by the Symbolic interactionists perspective that 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 one to crave for another drug (Berihun 2015). In addition, the desire to abuse another substance is a result of interaction among street children where the benefits associated with using the available substance are shared.

It was also revealed that street children are involved in drug and substances due to varied but interlocked factors such as; easy availability and accessibility of drugs and substances, desire to cope well with distressing life circumstances and lack of punitive measures. Masepo et al (2014)'s study showed that substance use was opened as one of the ways of coping with negative emotional states or avoiding negative mood states and to feel better, deal with rejection and boredom. Similarly, Mhizha (2010) discovered that street children take drugs so as to assuage the impacts of adversities in the streets notably hunger, cold, weather and hopelessness. When under the influence of drugs and substances, street children are not ashamed of engaging in the economic activities that they would be engaged in. More so, street children were mostly involved in the abuse of due volatile family, economic and political challenges in Zimbabwe. This finding conquers with Muchini (2001) who noted that drugs reduce feelings of disgrace and street children can do any job without being worried. Availability of substances and lack of monitoring in the streets is another mentioned reason for substance use. 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 because 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.

The study also revealed that involvement of street children in selling drugs has increased the vulnerability of street children to drugs since they will be involved in handling different types of drugs. The study established that street children involve themselves in both legal and illicit activities to get income to buy drugs and substances. In line with the above findings, a study by Majengwa 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. Dejman, et al (2015)'s study 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.

RECOMMENDATIONS

- Research on drug abuse among street children should be done on a larger scale given that the study was mainly focused on Harare only.
- 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.

CONCLUSION

The issue of drug and substance abuse remains complex and inconclusive. Like any other social phenomenon, drug and substance abuse is always evolving from time to time, place to place, and generation to generation. Street children start by abusing glue then they move on to broncclee, *mangemba* and *musombodia*. Drug dealers in Harare are now using street children to sell and push drugs but this has increased the accessibility of drugs to children. The involvement of street children in selling drugs has increased the availability of drugs to other street children and ultimately putting them more at risk of abusing substances. Street children abuse drugs so as to relieve themselves from stressful situations, to get the courage of engaging in criminal activities, to get sleep (self-sedating) and to get the strength of engaging in economic activities. The study concludes that drug abuse was a culture on the streets, as it is difficult for the children to survive in the streets without abusing drugs.

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