

Health Challenges and Coping Mechanisms of Female Street Children in Harare, Zimbabwe

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Abstract: This study explored the health challenges and coping strategies of female street children aged between 8 and 15 years. Existing studies on street children have generally viewed the problems faced by both girls and boys. This paper contributes to this body of knowledge by investigating the phenomenon of street children from a gender perspective, specifically focusing on female street children in Harare, Zimbabwe. A qualitative approach was employed, and data were collected through 17 in-depth interviews. The findings indicate that female street children face challenges such as a lack of sanitary pads, poor diet, inadequate hygiene, and sub-standard living conditions, all of which often result in mental health problems. To cope with these challenges, female street children engage in drug use, undertake marginal work, scavenge, beg, and rely on donations from NGOs and the government. The findings also revealed that they use clothes as face-masks and consume lemons as coping mechanisms against health needs induced by COVID-19.

Keywords: Female street children, resilience, health challenges, COVID-19, psychological needs.

1. Introduction

This paper explores the health challenges and coping strategies used by female street children (FSC) in Harare, Zimbabwe. The paper underscores FSC's capacity to adapt to their health challenges through resilience. Accurately determining the number of homeless children in Zimbabwe is difficult (Ndlovu & Tigere, 2022; Kudenga et al., 2024) due to the constantly changing locations of street children (Ndlovu & Tigere, 2022). UNICEF (2017) defines street children as those under the age of 18 who live on the street, off the streets, or in between the streets and home. Ruparanganda (2008) identifies two categories of street children: children of the street and children on the street. Children of the street live permanently on the street and have left their families, while children on the street often return home occasionally but spend considerable time on the streets (Bhukuth & Ballet, 2015). This study focuses on female street children of the street. Zimbabwe has demonstrated its commitment to protecting the rights of children by endorsing the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child (Mella, 2012). The Children's Act of Zimbabwe, Chapter 5:06, as amended in 2002, reinforces this commitment to the protection of children's rights. Despite the existence of these instruments and conventions, both locally and internationally, homeless children remain vulnerable to various forms of abuse due to the nature of street life (UNICEF, 2001).

The phenomenon of homeless children in Zimbabwe has been aggravated by societal moral decay, socio-political and economic meltdown, droughts, inflation, food shortages, and COVID-19, among other factors (Ndlovu & Tigere, 2022; Ncube, 2015). Numerous studies on street children have been conducted in Zimbabwe, focusing on their life experiences (Ndlovu, 2016; Mazikana, 2019), livelihood activities (Gunhidzirai, 2023), and the impact of the crisis in Zimbabwe on street children (Mhizha et al., 2018). Some of these studies have examined the challenges impeding the reintegration

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of street children with their families (Kudenga et al., 2024) and the extent of deprivation and vulnerability of street children (Manjengwa et al., 2016). However, these studies have rarely investigated the lived experiences of street children from a gender perspective, likely due to the higher number of homeless boys compared to girls. Ndlovu and Tigere (2022) attempted to fill this gap by focusing on the challenges faced by female street children (FSC). However, while they addressed FSC's challenges, they did not explore their coping strategies. This paper is unique in its use of a gender dimension to investigate both the challenges faced by FSC and their coping mechanisms. Additionally, it examines how COVID-19 has exacerbated the challenges faced by FSC and their coping strategies. This paper utilises resilience theories to better understand the challenges and coping mechanisms of FSC.

This paper is guided by the following research questions:

- What are the challenges and coping mechanisms of FSC in Harare, Zimbabwe?
- How has the COVID-19 pandemic amplified the challenges and coping mechanisms?

To address these questions, the paper is guided by the following objectives: to examine the challenges faced by FSC, to understand their coping mechanisms, and to investigate how the COVID-19 pandemic has amplified these challenges and coping strategies. To explore these objectives and answer these questions, the paper begins with a review of the literature on the push and pull factors of street children and the health challenges they face while living on the streets, followed by an explanation of the resilience theoretical framework. The next section presents the methodology employed in this paper, followed by a presentation, discussion, and analysis of the study findings before concluding the paper.

2. Literature Review

Alem and Laha (2016) categorised factors that force children into the streets into push and pull factors. The push factors include extreme family poverty, parental, guardian, or stepparent abuse, lack of family support, family breakdown, and the death of parents or guardians (Nathan & Fratkin, 2018; Kassaw, 2019; Diriba, 2015). The size of the family also contributes to children opting to be homeless, as the family's economic status and emotional ties with their children tend to decrease as family size increases (Ndlovu & Tigere, 2022). Extreme poverty was the primary cause of the rising number of street children in India (Dutta, 2018). In Zimbabwe, numerous children have been forced into the streets due to poverty, abuse, torture, rape, abandonment, or being orphaned by AIDS and COVID-19 (Ndlovu & Tigere, 2022). Furthermore, the current economic crisis and high unemployment levels in Zimbabwe have left some parents and guardians unable to sufficiently provide for their children (Ndlovu & Tigere, 2022).

Additionally, Alem and Laha (2016) noted that environmental factors such as floods, droughts, and land degradation contribute to the phenomenon of street children. In 2019, some families in the eastern regions of Zimbabwe were severely affected by Cyclone Idai, which destroyed homes and livelihoods (Ndlovu & Tigere, 2022). This natural disaster may have pushed some children into the streets. Children are drawn to the streets by peer influence, their desire for independence, and urbanisation. UNICEF (2001) asserts that most street children migrate from rural areas to towns because they are attracted by better economic opportunities and the independence to spend their money. In Harare, street children earn money by begging, vending, and guarding or washing cars for some form of payment, which tends to give them a degree of financial independence compared to their counterparts back home (Ndlovu & Tigere, 2022).

The challenges that children face once they start living on the streets include limited access to health care services. Major barriers to street children's access to healthcare are costs, minority status, stigma from providers, distrust in the quality of care, and difficulty finding time to seek help (Volpi, 2012). Situations and events that push adolescent girls onto the streets may have a lasting impact on their

mental health (United Nations, 2010). These events may lead to mental health issues, such as trauma and anxiety, which are difficult for the children to cope with on their own. A study by the United Nations (2012) revealed that chronic exposure to stressors puts street children at risk for hopelessness, depression, and suicide. Furthermore, if these children do not receive adequate care for their mental health conditions, they may resort to the harmful use of psychoactive substances and drugs as a temporary measure to cope with emotional and psychiatric disorders (Wakhweya et al., 2002). Such temporary measures have severe consequences, as they can lead to overdose and increase the risk of accidents, violence, unwanted pregnancy, and unprotected sex (Skinner, 2015). The United Nations (2010) noted that street children reported respiratory problems due to glue sniffing and cigarette smoking. Most of the street children suffer from anaemia, internal parasitic infections, and skin abscesses, which they often regard as minor health problems. The poor living conditions of street children in Zimbabwe expose them to chronic health issues, including respiratory diseases, parasitic infestations, skin infections, and substance abuse, among others (Musekiwa, 2009).

A balanced diet plays an important role in children's health, physical and emotional well-being, and cognitive development (UNICEF, 2013). However, street children often struggle to access proper diets, leaving them at risk of malnutrition. In cities across Africa, street-connected children have been noted to prefer areas where they can easily find cheap food, shelter, markets, commercial areas, and free public gardens (Mella, 2012). In Nigeria, Ekine (2015) concluded that 78% of the food needs of children on the street are met through begging. In South Africa, washing cars or shop windows and selling paper tissues and other items are some of the major income-generating activities for street-connected children (Richer, 2016). Street children in Harare earn a living by working informally as street vendors, washing cars, acting as parking assistants, cleaning, waste picking, carrying items, and engaging in various part-time jobs (Msekiwa, 2013; Gunhidzirai, 2023). In Zimbabwe, Ncube (2015) noted that 98% of street-connected children cope with their food and water challenges by doing marginal work.

The literature reviewed in this section focused on the factors that push and pull children onto the streets, as well as the psychological and nutritional challenges faced by street children in general, without specifically addressing the gender-specific challenges of FSC and their coping strategies. Given the complexities of the health challenges that FSC encounter, this study concentrates on their health challenges and coping mechanisms. The available literature, especially in Zimbabwe, pays scant attention to the COVID-19-related health challenges faced by FSC—a gap that this study seeks to address. Having reviewed the literature and identified the lack of attention to female street children's gender-specific challenges as a distinct phenomenon from those of male street children, the section below explores the theoretical framework used in this paper.

3. Theoretical Framework

To explore the challenges and coping strategies of FSC, this paper utilised a resilience theoretical framework. Resilience theory has six key proponents: Michael Rutter, Norman Garmezy, Emmy Werner, Suniya Luthar, Ann Masten, and Michael Ungar (VicHealth, 2015). The roots of resilience theory are in the study of adversity and an interest in how adverse life experiences impact individuals (Van Breda, 2018). This paper draws on the foundational concepts of Ungar, Garmezy, and Masten. Garmezy offers an ecological viewpoint in which individual, familial, and support factors influence resilience (VicHealth, 2015). Masten advocates for the existence of a measure of positive adaptation and the consideration of past or current conditions that threaten to disrupt positive adaptation as integral to the concept of resilience (Masten et al., 2009). Similarly, Ungar identified four principles that should be considered: decentrality, complexity, atypicality, and cultural relativity (Ungar, 2011). These foundational concepts were instrumental in understanding the resilience of FSC in this paper.

According to Ali (2011), the street is the best place to examine children's resilience, suggesting that resilience theory aligns with street children's survival strategies. Conticini and Hulme (2007) noted

that street children's survival is a 'display' of coping mechanisms. Ungar (2005) asserts that resilience is a survival tactic through which individuals navigate difficulties such as poverty, shocks, major loss, stressors, and illness by utilising available support structures, services, and health information. Similarly, Masten (2001) argues that resilience theory addresses a person's ability to overcome and effectively manage challenges. This indicates that FSCs are resilient and can adapt by devising means to cope with the challenges they encounter on the streets.

According to Garmezy (1987), resilience theory derives its basic principles from the protective systems within a child's environment, such as families, individuals, and community levels, that enable children to cope with challenges. Malindi (2014) argues that street children continually develop resilience in the context of risk and adversity. Ali (2011) claimed that discussing resilience in relation to street children highlights the constant struggle and danger in their daily lives. Resilience theory has been successfully applied in previous studies on the phenomenon of street children (see, for example, Korn, 2014; Amir, 2014; Zainal-Abidin et al., 2019; Gunhidzirai, 2023). Based on the aforementioned claims, resilience theory offers a useful theoretical lens through which to explore the challenges faced by FSC and their coping strategies, as FSC possess the resilience necessary to navigate the difficulties they encounter on the streets.

4. Methodology

This study employed a qualitative approach to gain a deeper understanding of the challenges faced by FSCs and their coping mechanisms. Qualitative research is defined by Lichtman (2013) as the method through which a researcher collects and interprets data gathered from human beings through auditory and visual means. This research method facilitated access to FSCs with minimal hindrances due to its flexibility in data collection. FSCs often struggle to express themselves due to their age and low self-esteem. Therefore, the qualitative approach proved to be effective in obtaining non-verbal information by observing non-verbal cues. This study adopted a phenomenological research design. Van Manen (2007), as cited by Nieuwenhuis (2016), defines phenomenological research design as an investigation into people's daily lived experiences and how they navigate these experiences. This research design values the significance of participants' encounters (Nieuwenhuis, 2016). Consequently, the researchers relied heavily on participants' perspectives and how they articulated their challenges and coping strategies.

A study population is defined as a cluster from which data will be gathered (Benerjee & Chaudhury, 2010). The targeted population consisted of FSCs aged between 8 and 15 living on the streets of Harare, Zimbabwe. This study employed a purposive sampling method to select the participants.

Table 1: Participants' information

Participants' Pseudo Names	Age	Category
Lisa	44	Psychologist
Loice	32	Probation officer
Juice	15	FSC
Joslyn	14	FSC
Lisha	9	FSC
Tatenda	8	FSC
Chido	9	FSC
Cynthia	13	FSC
Melinda	13	FSC
Samantha	15	FSC
Makanaka	15	FSC
Melody	13	FSC
Nyasha	12	FSC
Rumbie	13	FSC
Laulinda	14	FSC

Purposive sampling is particularly useful in studies where participants are selected with a clear motivation in mind (Maree & Pietersen, 2016). This form of sampling facilitated the acquisition of valid information from 15 FSCs, a social welfare officer, and a probation officer for the Harare district. Data was collected through individual face-to-face in-depth interviews. An interview is a mutual conversation between an interviewer and interviewee in which the researcher probes the participant to collect data about their opinions, experiences, views, and attitudes (Nieuwenhuis, 2016). The in-depth interviews enabled the researchers to delve deeper and obtain detailed accounts of the participants' views and experiences regarding health challenges and coping mechanisms. The interview questions were translated from English to the local language because most of the FSCs in Harare are Shona-speaking.

The data collected from in-depth interviews was translated into English during transcription for analysis. Thematic analysis was employed to analyse the data. Thematic analysis is a procedure for identifying patterns or themes within qualitative data (Braun & Clarke, 2011). Themes were derived from the data but were shaped by debates that emerged from the literature. Data was coded by segmenting and labelling text; the codes were used to develop themes by grouping similar codes, connecting sub-themes, and thus constructing narratives (Creswell, 2014). Data was presented according to the FSCs' point of view in thematic form. The themes that emerged covered issues of lack of sanitary pads, poor diet, hygiene and living conditions, mental health challenges, and COVID-19-induced health challenges.

Ethical clearance to conduct the study was obtained from the Great Zimbabwe University, Faculty of Social Sciences. FSCs between the ages of 8 and 15 years, according to Zimbabwe's Children's Act Chapter 5:06, are below the age of consent; thus, consent to interview them must be obtained from parents, legal guardians, or the Department of Social Welfare, which is the overall custodian of children in Zimbabwe. In this case, the researchers could not locate the parents of the FSCs, as they were residing on the streets; therefore, informed consent to interview them was obtained from the Department of Social Welfare in line with the provisions of the Social Workers Act Chapter 27:21, which mandates probation officers as custodians of all children in Zimbabwe. The researchers also sought the informed consent of the FSCs by clearly explaining that their participation was voluntary, without any form of remuneration attached, and that they were allowed to withdraw from the research at any point if they so desired. To ensure anonymity, all FSCs who took part in this study were given pseudonyms.

The data gathered through the qualitative approach described here is presented, discussed, and analysed thematically below.

5. Findings Presentation, Discussion, and Analysis

The findings on FSC health challenges and coping mechanisms in this paper are divided into four themes. Since data were collected, we found some COVID-19-induced health challenges and those that were present before but were worsened by the pandemic. The sections below will discuss these health challenges, how the COVID-19 pandemic worsened them, and the coping mechanisms that the FSC employs.

5.1 Lack of sanitary pads

The findings of this study indicate that FSCs face challenges with sanitary pads, leading them to resort to using toilet paper and cotton cloths. Lisa, a key informant and psychologist with a local NGO, explained that:

The lack of sanitary pads among girls on the street is a common problem in Zimbabwe. These girls can't even find enough food to eat and worse money to buy sanitary pads. The younger girls are the most affected because they are still young, confused and yet to understand these difficult

changes taking place in their lives. That's why at times you find these girls depressed and feeling ashamed because they lack guidance and someone to tell them that it's a normal biological change taking place (Lisa, August 2020).

The above narrative shows that the lack of sanitary pads leads to mental health challenges. Juice, aged 15, echoed Lisa's experience, indicating that she went through her third period without using a sanitary pad. She explained that she was using cotton cloth torn from her old clothes. Joslyn, aged 14, also mentioned that she uses toilet paper during her monthly periods. Therefore, the use of cloth and toilet paper is common among female street children in response to their lack of access to sanitary pads.

Findings indicate that during the COVID-19 lockdown, some NGOs and the government stepped in to assist many homeless girls who had been relocated to a safe facility by the Government of Zimbabwe. During the lockdown, Zimbabwe's Ministry of Women's Affairs, with support from the United Nations Population Fund (UNFPA), distributed dignity kits to the National Training Centre, which was accommodating homeless girls during this time (UNFPA, 2020). These kits helped girls maintain their dignity during the pandemic. A basic dignity kit consisted of reusable and disposable sanitary pads, underwear, soap, a dish, toothpaste, a toothbrush, a comb, a flashlight, and washing powder (UNFPA, 2020). Josephine, one of the female students housed at the National Training Centre, appreciated the dignity kits when she stated that:

It is humiliating to be on the streets without toiletries, we are often at the mercy of the men on the streets and other people who make promises to assist us. Having this dignity kit and a roof over my head feels like I have taken my power back (UNFPA, 2020).

The above excerpt shows that the provision of accommodation and dignity kits was a much-needed necessity for most FSCs during the pandemic. This theme illustrates that FSCs face the challenge of a lack of sanitary pads, which often leads to stress. Masten and Reed (2002) define resilience as the capacity of an individual or group to cope with pressure and adapt to their environment. The findings in this section demonstrate FSC resilience in how they cope with their challenges using torn clothes, toilet paper, and donations.

5.2 Poor diet, hygiene, and living conditions

Findings showed that FSCs face challenges related to poor diet, hygiene, and living conditions, which are likely to result in their suffering from diseases such as cholera, typhoid, and skin problems due to lack of bathing. FSCs sleep in makeshift cardboard boxes and inadequate structures that allow mosquitoes and rain to enter. As a result, most of the interviewed girls expressed their fear of contracting malaria. Lisha, a 9-year-old FSC, reported that:

I get so many mosquito bites every summer. We are mostly afraid of getting malaria because we have heard that if you get those bites a lot, you will most likely be going to get malaria (Lisha, July 2020).

This resonates with Gabriel (2021), who argued that most street children live in dehumanising environments that expose them to various social hazards and diseases. In addition, the United Nations (2010) observations on the health challenges of street children in Egypt show that most of the children complained of anaemia, internal parasitic infections, and skin abscesses. While the United Nations (2010) findings noted that street children often view these diseases as minor health problems, in this study, FSCs seem to take them seriously, as indicated by Lisha above, who showed fear of getting malaria.

Access to clean and safe drinking water is a challenge among FSCs, as they normally use filthy containers to store water. Tatenda, aged 8, explained that she uses dumped fruit juice containers to collect and store her drinking water. These containers are often dirty and most likely contaminated by bacteria, which in turn expose them to diseases. Most FSCs cope with their challenge of access to

food by scavenging, which also causes serious health threats to them. Scavenging that the participants in this study engaged in included acts of picking food from bins, which exposes them to typhoid because the bins, from which they pick some of their food, are dirty and not ideal for containing food to be consumed by humans. FSCs explained that they search for food in restaurant bins mostly during the early hours, around 6 am and 7 am, and again around 5 pm and 6 pm, because these are the times when leftovers are thrown into bins. Chido, aged 9, indicated that:

Last week I was sick. I had a very serious running stomach and I think it was because of the food I picked from chicken in. My friends later discovered that the bin had chemical empty containers in it (Chido, July 2020).

This idea of falling sick because of food picked from bins resonates with the findings of a study by UNICEF (2013) that found that the consumption of tainted food often results in repeated illnesses and eventually causes malnutrition among street children. Food grabbing/snatching from the least expecting motorists and members of the public was another form of scavenging widely used by FSCs. People often suspect boys of snatching, but girls use this as a coping strategy to meet their daily food challenges. They reported that snatching food when people are least expecting it was fun and made it easy for them to get their daily share of food. This resonates with the findings of a study in Nigeria by Ekine (2015), which found that 78% of the food needs of children on the street are met through scavenging.

The dealing of drugs was one of the methods the FSCs in this study used to meet their need for money to buy food and other necessities. A pertinent issue that stood out from the interviews was that drug dealers are using FSCs to move their supplies because these girls do not ask for much in return for their services. It was also clear that drug dealers prefer to use these vulnerable FSCs because they are less likely to be suspected of drug dealing. Some participants did not show fear or regret for being involved in such unlawful activities, but they justified their position by stating that they needed to survive. This aligns with the findings of Volpi (2012), who indicated that about 35% of teenage girls on the streets in South Africa are involved in drug moving and trafficking.

The COVID-19 pandemic brought with it a precipitation of health challenges among FSCs in Harare. This is echoed by Hunter et al. (2020), who noted that the pandemic compromised street children's health in several ways. For instance, due to lockdown restrictions, fewer jobs and low earnings meant less income to buy food. Moreover, FSCs often get their food from scavenging in bins, which became a problem because of movement restrictions and fewer people dropping leftover food in bins (Hunter et al., 2020). The COVID-19 pandemic lockdown restrictions also resulted in limited work opportunities and earnings, which meant that street children were not eating well, further compromising their health. The fate of FSCs during COVID-19 was worsened by the fact that Zimbabwe has been experiencing prolonged drought, which made access to clean water a challenge for street children. This meant that the principal means of protection from the virus, through handwashing and physical distancing, were difficult for them to manage (Hunter et al., 2020). They also had difficulty keeping warm when sleeping at a social distance, especially given that the lockdown occurred during the Zimbabwean winter, which forced them to sleep apart, unable to huddle together for warmth (Van Blerk et al., 2020).

Findings highlighted that NGOs often help FSCs with various items like temporary places of safety, food, warm clothes, blankets, and toiletries. Loice, a key informant who works as a probation officer, said:

We have the mandate to take care of these children but due to the prevailing economic situation in our country, we are failing to meet their basic needs. However, at times we identify the neediest and together with a well-wisher, we provide them with things like food (Loice, August 2020).

Most of the FSCs interviewed in this study indicated that clothes and blankets from donors and well-wishers are the most valuable items they possess, as they cannot afford to buy these things for themselves. Cynthia, aged 13, stated that:

I can't find enough money to buy food for myself and worse to buy clothes and blankets to use. These donations we usually get from pastors and other organisations, especially blankets and warm clothes, help us in winter and during the rainy season (Cynthia, July 2020).

NGOs also assist the FSCs with food. For example, some girls indicated that they gather at the 5 Avenue shops every evening to receive their supper from a particular NGO. Some explained that even if they fail to find something on the streets during the day, they remain unfazed, knowing that they will be able to sleep with full stomachs at the end of the day. These findings resonate with the Leonenet Street Children Project of 2005 in Sierra Leone, where NGOs provided basic needs such as food, shelter, and educational assistance to street children (Hinton, 2005).

Ungar (2005) asserts that resilience is evident in how individuals overcome and adapt to difficult situations. The findings presented in this section demonstrate that while FSCs face challenges such as poor diet, hygiene, and living conditions, their resilience is also apparent in their ability to cope with these challenges by engaging in both legal and illegal activities, such as drug dealing, to generate money. The resilience of the FSCs is further supported by the community through donations from NGOs and the government.

5.3 Mental health challenges and coping mechanisms of FSC in Harare

Findings indicate that FSCs in Harare faced psychological health challenges stemming from their poor living conditions, which deprived them of privacy, safety, a sense of belonging, and pride. These challenges often lead to deep-seated psychological issues, including low self-esteem, anxiety, insomnia, and paranoia. The majority of FSCs interviewed reported having sleep problems due to stress. Chido explained that she struggled to sleep due to fear and overthinking. Melinda (13) highlighted that:

I mostly think about my mother and sister whom I left at home. My mother loved me, but I was not nice to her. I don't know if she is ever going to forgive me for all that I did to her. I always have problems sleeping whenever I think about all this (Melinda, July 2020).

This corroborates the findings of the United Nations (2010), which highlighted that situations and events affecting adolescent girls left at home may have a lasting impact on their psychological well-being, thereby creating mental health challenges. Low self-esteem was common among FSCs in this study. This was observed through their uneasy seating posture, avoidance of eye contact, and their low tone when responding to interview questions. Paranoia was noted in their fear of engaging with the researchers, as they were afraid of the police and other organisations that remove children from the streets.

The findings show that FSCs use various kinds of drugs to cope with the stressful situations they face on the streets. This resonates with the findings of the United Nations Office on Drugs and Crime [UNODC] (2018), which noted that young people exposed to extreme living conditions tended to use drugs to manage their difficult circumstances. This maladaptive way of coping with street life is often linked to negative behaviours such as risky sexual activities, thievery, robbery, and violence; however, FSCs view it as a means of coping with their daily challenges. For instance, Makanaka said it was difficult to spend a day on the streets while sober. Similarly, Samatha highlighted that:

I usually sniff glue and use other cheap drugs like low-grade marijuana. I just want to be high when I am moving around because it helps me think of my problems less. I have so many things I find myself thinking when I haven't smoked. I think of my parents a lot, some of my friends I left

home and other things. I don't want to think about that every time, who would want to think of loss anyway (Samantha, July 2020).

The sniffing of glue among street children in Zimbabwe is not new; Ndlovu and Tigere (2022) observed that some street children sniff contact adhesive glue and use other drugs that offer temporary relief. These findings corroborate the results of a study by Embleton et al. (2013), which states that 60% of street children in developing countries use substances that include glue and thinners. The FSCs in this study had little or no knowledge of the long- and short-term effects of using drugs and substances. They highlighted the influence of friends who introduced them to drug and substance abuse. For instance, Melody (13) indicated that:

Yes, indeed, most of us girls who smoke or anyone who uses drugs here on the streets were introduced to these by a friend. I for myself wanted to fit in since I was the only one among my friends who didn't smoke so I ended up using all sorts of drugs (Melody, July 2020).

This section has unpacked the mental health challenges faced by FSCs and highlighted that these challenges emanate from the difficult lives FSCs experience on the streets. To cope with these mental health challenges, they take drugs that further expose them to additional health risks.

5.4 COVID-19-induced health challenges and coping strategies for FSC

Findings show that FSCs faced the challenge of limited knowledge about the COVID-19 pandemic. Nyasha, a 12-year-old girl, indicated that she was not sure what COVID-19 was or the need for and use of face masks. Similarly, Rumbi, aged 13, highlighted, *"I think it's flu, and I have had flu before, so I think I will be okay."* However, some girls had a basic understanding of certain World Health Organization preventative measures against the spread of the disease, such as social distancing and the need to wear face masks. For instance, Makanaka, aged 15, understood the importance of social distancing when she noted, *"I have heard that you have to stay far away from people."* Similarly, Samantha, aged 15, shared that:

Yes, I know that it is important to wear a face mask and if you don't have a proper face mask you can use anything to cover your mouth and nose (Samantha, July 2020).

Most of the girls who took part in this study showed that they had some form of understanding that lemons help the immune system fight and resist the COVID-19 virus. These girls revealed that from their exposure to supermarkets and shops where they help with small jobs like emptying trash bags, they can get lemons for free. Asked about how she was protecting herself from the virus, Laulinda (14) indicated that she was consuming lemons whenever she felt flu-like symptoms. The FSCs who participated in this study noted that they chewed lemons despite their bitter taste, which according to Samantha (15) was better than dying from COVID-19.

Even though some of these girls had a basic understanding of COVID-19, their makeshift housing situation and limited access to resources were setbacks in their attempts to implement COVID-19 safety measures. However, FSCs used the limited resources at their disposal to safeguard themselves from the COVID-19 pandemic. FSCs used homemade masks from torn cloths to protect themselves from the COVID-19 virus. Chido (9) had some form of cloth covering her mouth, and she said:

"I can't afford a proper face mask, but I feel that the one I made is good enough to protect me from contracting the virus" (Chido, July 2020).

It is also important to note that the FSC's situation was worsened by higher costs of living in Zimbabwe, coupled with drastically reduced incomes. Thus, FSCs like Chido could not afford to buy single-use masks for daily use that were sold in pharmacies for about US\$2 each – far more than most Zimbabweans would earn in a day (Van Blerk et al., 2020). Apart from the use of clothes noted above, Van Blerk et al. (2020) observed that some street youth in Harare used discarded masks, which

exposed them to the virus. Tatenda (8) was seen wearing worn-out latex gloves, which she said would protect her from contracting the virus from the money she receives from begging. She added another measure that she had in place to avoid contracting COVID-19 from the money she receives from begging when she said:

After collecting the money, I expose it to direct sunlight for some time so that if the money has the virus, then the virus can be destroyed by direct sunlight (Tatenda, July 2020).

Masten (1994) argues that resilience refers to how people make use of adaptive tactics to cushion themselves in dangerous situations. This section has shown how FSC coped with COVID-19-induced health challenges like limited opportunities to scavenge for food, limited job opportunities, and challenges in adhering to safety measures. The mechanisms devised by FSC, such as the use of facemasks, show that FSC are not partial victims but creative and resilient human beings with the urgency and ability to adapt to the challenges they face on the streets.

6. Limitations, Implications and Recommendations

Though this study was conducted comprehensively, observations drawn from it prompted new questions regarding this area of study. It is relevant for studies focusing on the reasons that drive children to the street and recommendations for addressing those cases to be undertaken. This will help in understanding why children in Zimbabwe end up on the streets and what can be done to reduce these cases. Furthermore, this study was conducted in Harare CBD alone, which was a limitation; future studies can be expanded to all towns and cities in Zimbabwe to understand this phenomenon on a national level. This may also include conducting comparative studies between various cities and towns in Zimbabwe. Additionally, this study was carried out during the COVID-19 era when some FSCs had been removed from the streets, and some were hesitant to talk to strangers due to the fear of the police and the virus. This could have deprived the study of insights from participants who might have avoided the researchers. Therefore, future studies can examine the challenges and coping mechanisms in the post-COVID era. Such studies may be interesting as they will uncover the current conditions for FSC and compare them to the pre-COVID-19, COVID-19, and post-COVID-19 eras.

The findings of this paper indicated that FSC in Zimbabwe needs food. They consume substandard and inadequate food, which causes malnourishment, stunted growth, and delayed cognitive and physical development. To that end, the government of Zimbabwe should make it its mandate to provide daily meals to children on the street to promote their physical, mental, and psychological well-being since these children have the same rights as any other child in Zimbabwe. The findings also indicated that FSC are unaware of the dangers involved in drug and substance abuse, as they see the use of psychoactive substances as a positive coping mechanism against stress-induced problems. It is thus recommended that NGOs and the Ministry of Health and Child Care conduct awareness campaigns in Zimbabwe to engage street FSC on the effects of drug and substance abuse. These awareness campaigns will impart knowledge among these girls and go a long way in ensuring their well-being. In addition, the paper noted that FSC need access to psychological health facilities because their poor living conditions deprive them of privacy, safety, a sense of belonging, and pride, which contribute to deep-seated psychological problems such as low self-esteem, anxiety, insomnia, and paranoia. Therefore, providers of psychological services, for example, the Friendship Bench, DSW, and Childline, should regularly provide psychosocial support and counselling services to children on the street in Zimbabwe.

7. Conclusion

This paper has articulated the health challenges that FSCs (8-15 years) face, many of which were arguably caused by the COVID-19 pandemic. The paper uncovered that FSCs have a plethora of health challenges that they fail to adequately address due to widespread incapacitation and

vulnerability. It has highlighted that one of the challenges faced by FSCs is the lack of necessities associated with their monthly periods, leading them to use toilet paper and torn clothes to cope with this issue. However, during the COVID-19 pandemic, FSCs received dignity kits to help them manage their monthly periods. The paper has also highlighted that FSCs face challenges related to poor diet, hygiene, and living conditions, which expose them to diseases such as diarrhoea and mental health challenges due to stress. They cope with these difficulties by scavenging and begging for money and food, while NGOs and well-wishers often provide temporary shelter, food, and clothing.

The paper has also shown that the challenges faced by FSCs result in psychological harm, leading many to abuse drugs as a means of coping with stress. It is thus recommended that NGOs, well-wishers, and the government conduct awareness campaigns to engage FSCs on the effects of drug and substance abuse. Providers of psychological services, such as the Friendship Bench and Child Line, should regularly offer psychosocial support and counselling services to children on the streets in Zimbabwe. The paper has highlighted that during the COVID-19 pandemic, FSCs encountered challenges such as a lack of proper shelter that would allow them to maintain social distancing, a lack of knowledge about the pandemic, and a lack of face masks, among others. Using the resilience theory, the paper illustrated how FSCs managed to cope with some of these challenges by using homemade face masks made from cloth and consuming lemons to boost their immunity. This paper concludes that, even though most existing literature paints street children as helpless, FSCs possess the agency to cope with the health challenges they face on the streets, demonstrating their resilience.

8. Declarations

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