Exploring the Lived Experiences of Children-Of-The-Street in Mthatha

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ABSTRACT This paper reports the findings of a qualitative South African study that explored the lived experiences of *children-of-the-street* in Mthatha in the Eastern Cape Province of South Africa. The study involved 19 children who had been involved in street life for periods ranging from 10 months to 10 years. The participants were aged from 9 to 18 years. The researchers conducted one-on-one interviews with the participants and content-analysed them. The findings showed that the participants experienced emotional problems, however; they had developed survival strategies that enabled them to cope with streetism. The findings challenge researchers and mental health practitioners not to be blind to processes that render some street-involved children psychosocially vulnerable and the mechanisms that others use to maintain mental health in the context of streetism. These processes and mechanisms need to be considered in designing secondary intervention programs for erstwhile street children.

INTRODUCTION

A sizeable number of studies has been conducted on street children and the phenomenon of streetism. These studies have confirmed streetism as a contemporary problem worldwide (Le Roux 2001; Vogel 2001). In many African countries, children have reduced access to vital resources and their normal development through childhood is blighted by family disorganization, poor socioeconomic conditions and political instability (Boakye-Boaten 2008). In this regard, some of the children who are exposed to the afore-mentioned risks to resilience are forced to adopt streetism, a phenomenon that is rapidly increasing worldwide. Street children are a heterogeneous group, and at least four sub-groups can be identified (Panter-Brick 2002).

The first group is that of children who use the streets for their daily activities that include working, eating and sleeping on a permanent basis (Altanis and Goddard 2004; Ayuku et al. 2004; Schurink 1994). Children who work on the streets during the day and sleep in abandoned buildings, under bridges, in shop doorways or in city parks in the evening are referred to as *children-of-the-street (Mitchell et al. 2007; West 2003).* Children-of-the-street, are often forced to be involved in drug abuse, street-beg-ging, prostitution or stealing in order to meet their needs for adequate clothing, food and shelter (Altanis and Goddard 2004; Ayuku et al. 2004; Schurink 1994). Street life exposes *children-of-the-street* to risks that threaten their resilience; however they develop coping mechanisms that enable them to resile in the context of streetism (Malindi and Theron 2010).

The second group is that of children who work on the streets but maintain ties with their families (Kerfoot et al. 2007; West 2003). These children are referred to as *children-on-the-street.* The *children-on-the-street* work on the streets and in shopping malls in order to earn income to augment family income without necessarily sleeping there (Ayuku et al. 2004; Pare 2004; Sauvé 2003). This renders them vulnerable to risks such as frequent abuse, bullying and arrest by authorities nevertheless.

The third group consists of erstwhile street children who permanently live in safe houses or alternative accommodation provided by the state, Non-Governmental or Faith-Based Organisations (Ayuku et al. 2004; Panter-Brick 2002). These children do not have links with their families of origin. Lastly, the street child concept refers to children who search for food and sellable items in places where unwanted items are disposed of in addition to living and working on

the streets (Panter-Brick 2002; Terrio 2004; Van Rooyen and Hartell 2002; West 2003). These children are exposed to risks such as harsh weather conditions, persecution by authorities, abuse by societies and food poisoning. They also lose opportunities to attend school as children should. It is important to note that street-involved children tend to be mobile and enter and exit the afore-mentioned categories as the need arises.

In the absence of a suitable term, this study sees a street-involved child as one who is 18 years old and below, who spends considerable amounts of time living and/or working on the streets, lives in sheltered accommodation but pursues street-life activities such as begging or searching for edibles and/or sellable items from rubbish dumps or dirt bins.

The focus of this study was on street-involved children who are classified as *children-of-the-street*, who had severed ties with their families, and lived permanently on the streets of Mthatha. The researchers wanted to explore their lived experiences so as to understand what enabled them to cope adaptively in the context of streetism.

Risk and Resilience among Street Children

The resilience phenomenon has been the subject of vigorous research over decades. The debate continues on what resilience is however; there is agreement that resilience denotes one's ability to overcome adversity (Rutter 1999). Masten (2001) feels that resilience depends on the optimal functioning of one's ordinary adaptational systems. This characterises resilience as a process rather than a personal characteristic. Resilience is seen as a navigation process towards resources that sustain mental health (Ungar 2011). Resilience, therefore, depends on personal and socio-ecological processes that a child's physical and social ecology must be able to provide in culturally meaningful ways (Ungar 2011).

Street children can be seen as vulnerable children since they survive in environments that are devoid of resilience resources such as a warm, loving family, parental care, shelter, medical and social services. They exist on the periphery of society where resilience resources are inaccessible to them. According to Bourdillon (2001), street children who are visible on the streets are a sign of society's failure to take care of the most vulnerable. Some street children sever ties with their families and grow up without parental care and supervision on the streets. Children who cut ties with their families are called *children-of-the-street*.

Children-of-the-streets completely disengage from school and lose meaningful connections that schools make accessible. However, erstwhile *children-of-the-street* cope resiliently with life when they reside in sheltered accommodation and re-engage in schools where they reconnect with other children and teachers (Malindi and Machenjedze 2012). Vogel (2001) noted that *children-of-the-street* form groups that provide social support to each member. These groups enable newcomers to learn street-survival skills that enhance resilient coping. Research shows that *children-of-the street* in South Africa are mainly male (Bourdillon 2001; Speak 2005). Girls are fewer on the streets since they are absorbed into the sex industry or do gainful domestic work. Involvement in the sex industry can be considered to be an atypical way of coping that is reminiscent of hidden resilience (Ungar 2007). Studies by Malindi and Theron (2010) and Theron and Malindi (2010) showed that street children coped resiliently with streetism through atypical means which included stealing, substance abuse, fighting and the vandalism of payphones.

Research indicates that children-of-the-street do scavenging and rubbish-picking in addition to living and working on the streets (Panter-Brick 2002). In this regard they search for edibles from rubbish dumps and sellable items. Gravitating towards the streets is an attempt on the side of at-risk children to escape hardships, pain and suffering, family violence, abuse, parental alcoholism, poverty, parental mortality due to HIV and AIDS (Conticini and Hulme 2007; Evans 2005; Human and Thomas 2008; Vogel 2001) and to seek freedom and security.

It is important to note that *children-of-the-street* sleep in inhabitable buildings, under bridges, in shop doorways or in city parks where they are vulnerable to risks to resilience (Mitchell et al. 2007; West 2003). Children-of-the-street, are involved in drug abuse (glue-sniffing), street-begging, sex trade or theft in order to obtain clothing and food (Altanis and Goddard 2004; Ayuku et al. 2004; Schurink 1994). Little is known about the lived experiences of *children-of-the-*

street in rural South African towns. This is where the researchers positioned this study. In this study, the researchers aimed to explore the lived experiences of children-of-the-street and fully understand how street children ascribed meaning to streetism.

METHODS

This was an exploratory qualitative study that used semi-structured, one-on-one interviews as data collection strategies. The researchers used the snowball sampling approach (Nieuwenhuis 2007b) and obtained 19 *children-of-the-street*. The researchers stopped after interviewing 19 children because they had reached data saturation. The children fitted the definition of a child according to the Constitution of the Republic of South Africa, Act 108 of 1996, namely that a child is anyone who is 18 years old and below. The participants were aged from 9 to 18 years and had been living outside their homes for various reasons for periods ranging from 10 months to 10 years. They fell into the category of street children referred to as *children-of-the-street* since they had no links to their families of origin (Panter-Brick 2002). The participants included boys (n-16) and girls (n-03).

The researchers met the participants near a fast-food outlet in Mthatha where the participants obtained remnants of various food items discarded by customers in dirt bins. The meetings with all the participants were scheduled for late in the afternoon as the participants worked (begging, pushing trolleys for customers) during the day but spent their nights in the vicinity of the fast-food outlet. The researchers, accompanied by care-workers of two Non-Governmental organisations, explained the nature and purpose of the study to the participants. The researchers conducted one-on-one interviews with all 19 participants over a period of two months. The interviews were conducted according to an interview guide in the language that the participants understood namely, IsiXhosa. The participants allowed the researchers to record the interviews and to use excerpts for the transcripts in disseminating the findings of the study. The interviews lasted on average, 30 to 45 minutes each.

The recorded interviews were transcribed and translated into English. The researchers then asked an IsiXhosa-speaking colleague to trans-

late the interviews back into Isi-Xhosa in order to eliminate inconsistencies. After the researchers had satisfied themselves that the transcript was accurate, they made two copies of it and they independently coded the data. The researchers generated *inductive codes* as opposed to *a priory codes* (Nieuwenhuis 2007a), grouped them and arrived at broad themes. The researchers then held a robust consensus meeting where they discussed their themes and reached consensus on two broad themes. In this, they were forced to re-visit and revise their initial codes and categories. The afore-mentioned member-checking exercise enhanced the trustworthiness of the findings.

Ethics

Street children are a vulnerable group of children. This calls for special care to be taken in research involving them. The researchers received expressed permission to conduct this study from the Non-Governmental Organisations that cared for the participants, even though they were on the streets, by occasionally providing them with clothing, blankets, bread and soup. The researchers explained the participants' rights to privacy and human dignity to them. The researchers assured them that their responses would be treated confidentially and that in publications based on these responses, their names would not be made known so as to protect their identities.

The participants understood that their participation in the study would be strictly voluntary and that they could withdraw from the study without any consequences. They signed, consenting to take part in the study. Care-workers affiliated to the NGOs oversaw the participation of the participants. Care-workers looked at the consent forms and the ethics approval documents. They co-signed the consent forms in *loco parentis*.

The researchers were further guided by the code of ethics of their Universities, and the Health Professions Council of South Africa. The participants gave them permission to tape-record the interviews. They understood that the researchers were going to use their interview responses while disseminating the findings but that their identities would be concealed. The researchers let the participants and NGOs know that they were going to give the participants pseudonyms

so as to protect their privacy. They expressly gave permission for their responses to be used in disseminating the findings.

FINDINGS

The interviews were transcribed and a process of open and *in vivo* coding followed (Nieuwenhuis 2007a). This process generated inductive codes that were grouped and two major themes emerged namely, the participants experienced emotional problems and the participants developed survival strategies. The themes will be discussed singly.

The Participants Experienced Emotional Problems

The findings of this study showed that all the participants had moments when they experienced emotional problems. Emotional problems, for some participants, involved feelings of sadness and depression. In this regard, Thala reported feelings of sadness and depression as the excerpt shows:

I feel sad when things are bad but I feel happy when thing are good. Yes, because I cannot always expect others to assist me. I feel bad....I feel depressed....Yes....but after taking drugs I do not think seriously about the problems.

This shows that Thala experienced feelings of sadness and depression and that he coped through substance abuse since his peers were not always available to provide social support. Taking drugs enabled him not to ruminate over the adverse circumstances inherent in streetism.

Rasa reported that when she experienced pain she spoke out. She however indicated that her preferred coping strategy was social withdrawal, a symptom of depression. It is also evident from the quotation that Rasa was peer-pressured into street life.

I just speak out when I feel pain. When things are right I feel happy but when they are bad I isolate myself. Yes, because some friends encouraged me to live the street life. I feel happy because they don't like me. They are my enemies. I smoke dagga and sleep. After that I forget about what has been worrying me. Yes. Dagga helps me because I sleep well.

Rasa demonstrated an unusual delight in others not liking her. She clearly regarded them as enemies. She further coped by abusing *dagga* in order to induce sleep.

All the participants indicated that they begged and helped shoppers carry parcels to obtain money and food. However, the majority of the participants reported that they felt bad and helpless in their situations as the following quotation by Teko shows:

I beg and carry parcels, in the night we make fire and have enough clothing for the cold. I told myself that there is no way out. I am stuck here. I feel bad because my father is still alive but he does not assist me. Begging and carrying parcels for people is the only way to survive.

It is clear that Teko felt that there was no way out of their situations. Teko indicated that he felt bad since he was a neglected child who was ostensibly forced to beg on the streets as others did.

The participants indicated that humour made it easy for them to cope with sadness associated with street life. Humour enabled them to experience relief from distress as the following remark by Khona shows:

Yes. I enjoy laughing with friends and that can relieve me of my sadness. I always talk to my friends about things that worry me. Yes, I always give other people food when they have nothing to eat and sad. I always tell those who are close to me when I am sad and I feel happy sharing jokes with my friends. When things are bad I sometimes isolate myself to be alone. Sometimes they assist me but sometimes they have no time.

It is clear that Khona discussed his worries with friends and shared his food with them however, Khona also periodically socially withdrew when life was challenging for her. Friends were not always there to support him when he was in need of social support.

All the participants reported that they experienced anxiety because of the abuse and humiliation by the public. In this regard, Lefty said:

Yes, some people insult us out there. They say we have left our homes. I find it difficult to talk openly especially when subjected to criticism. I am happy when everybody is happy but I prefer to stay alone when things are bad. Sometimes, I am depending on the attitudes of helpful people. In some cases I feel scared as if strange people can do something bad to me.

The excerpt shows that Lefty and peers were occasionally insulted, judged and criticized by the public. He coped by socially withdrawing

and relied on the kind support of caring strangers to survive. It is noteworthy that Lefty was scared that he could be harmed by the public.

Some of the participants reported feelings of anger. They were involved in physical fights, spoke out or just kept quiet when they were angry, as the following quotation by Bob shows:

I find happiness when I am with my friends. Friends assist me with food when I have nothing to eat. Sometimes I laugh when I have taken drugs. I find fun when I sleep together with my friends in one spot. I carry parcels and sometimes beg for food. I feel angry when annoyed by people. When angry I feel satisfaction because I feel as if I have beaten the person who annoyed me. I am always angry and sometimes I just keep quiet. Moreover I speak my mind while angry.

It is interesting that Bob enjoyed social support from his peers although he abused drugs that made him laugh a lot when he was high. Lira, another participant, felt sad when she found herself surviving without some resources because she had adopted street life:

I always make means to get money so as to cope with street life. It is painful to see people comfortable at their homes, watching T.V. I only watch T.V. when furniture shops are open but once they close I have nowhere to go.

What Lira was experiencing was a clear indication that she lived on the periphery of society where resources are scanty. In general, the findings show that the participants experienced depression, sadness, anxiety and anger as a result of street life and its challenges.

The Participants Developed Survival Strategies

All the participants reported that they developed relevant coping strategies that enabled them to deal with the challenges of street life. Their strategies included pooling their meagre resources, tolerance, substance abuse and begging for money and food on the streets. For example Thato said:

I ask my friends to help me with food or money. I always make fire and smoke dagga to protect myself from cold. I think I am used to the street life; I can tolerate whatever happens here. I do not feel happy at all to be homeless but I carry parcels and beg for food or money to survive.

It is important to note that Thato coped with street life due to habituation. This means that he had adapted to street life and that he coped better as a result of that. Ntando added that he demonstrated empathy towards his peers as the following excerpt shows:

No. What can solve my problems is to drive trolleys and beg for food and money. I always ask my friends to assist me and I also beg for leftovers from the shop owners. Yes. I give my friends food when they have nothing. I always nurse other people's feelings. They must not misjudge me. I rejoice with other people when things are good but when things are bad I pray because I believe in God.

The excerpt shows further that Ntando did not like being judged unfairly and that he enjoyed seeing good things as they happened in others' lives. Ntando demonstrated a religious character since he believed in God and prayed. Thula added that he received courage and strength from his prayerfulness. The following excerpt bears evidence of the above assertion:

I rejoice with other people when things are good but when things are bad I pray because I believe in God. I ask God to give me courage and strength.

A teenager, Nepo, who was also a nursing mother, admitted that she had to work in order to take care of the baby. It is clear that the female participant could not find anyone who could take good care of her baby in her community. The following excerpt demonstrates the above assertion:

Yes, but I have to look after my baby. No one is prepared to assist me in the community. I do art-work e.g. tables, chairs etc. I get leftovers from the bus rank or eat from the dustbin at the restaurant.

Nepo indicated that she did art-work, ate leftovers from the nearest bus rank and dustbins in order to survive.

All the participants had to contend with the elements at night. In this regard, the participants often made open fires to keep themselves warm. In this regard, Litho said:

We make fire and put on a lot of clothing. I always share my problems with my friends. I feel bad and I always talk to Social Workers to assist me. I pick-pocket those who are drunk even if they are my friends. I also carry parcels.

Litho, as the excerpt shows, shared his problems with peers and social workers. He also

coped with financial difficulties by engaging in pick-pocketing, especially against those who were intoxicated.

All the participants were able to cope with streetism because of the solidarity that had developed among them. It is important to note that solidarity did not always help them cope; rather others made things even worse for some of the participants. Sihlangu made the following remark:

No, because they do not solve problems instead they make things worse. I am always with three friends. Yes, they always help where I fall short. People around me always assist me...people love me. Yes. I play soccer and I am good at woodwork. I beg and carry parcels. I smoke dagga and sniff glue and don't feel cold.

Sihlangu enjoyed the company and support of friends. He had strengths such as being good at playing football and woodwork. He however coped by abusing glue and other drugs in order to avoid feeling cold.

Street life is always a choice between two difficult situations, namely a difficult upbringing and the hazards of street life. While streetism exposes children to risk, it is on the other hand a source of relief from difficulties experienced at home, as the following remark by Mini shows:

For me life is better in the street than at home. I do some jobs to survive like building and cutting grass. Sometimes I commit crime for example, stealing and selling so as to get money. At night I make fire or sometimes I just tolerate the cold.

Street life is better for Mini than life at home. It is clear that she stole and sold the stolen items to earn income.

Apart from eating from dustbins and glue-sniffing in order to numb the pain of hunger and the cold, it is important to note that the participants had access to healthy food as Shona said:

I eat from the dustbins (ukufoja). I cover myself with plastics and sniff/suck glue. I feel relieved when invited to the town hall for the free meals. I do not like home. I ran away from school to beg, carry parcels and sometimes have free meals in the hall.

Shona did not like home and he had dropped out of school, preferring to go and beg on the streets and to help shoppers at the nearest shopping complex. The majority of the participants reported that they truly enjoyed being on the streets without parental supervision. For exam-

ple, Piet reported that he liked being on the streets where there are no laws that regulate behaviour as the following remark shows:

I have a home. But I feel comfortable in the street. Here there are no laws to abide by. You do whatever you like, and no one stops you.

Piet tended to enjoy independence and being all alone. The majority of the participants indicated that they experienced fights that required protection by peers. The following quotation by Sfiso bears evidence of this observation:

I am always with friends because my friends protect me when adults beat me. Last week I was attacked by an old boy and my friends protected me. Yes, they take me to hospital when I am sick. I do not feel happy but I just keep quiet. Yes, some people support me; they give me food when I have nothing to eat. I always work hard in order to survive. Sometimes I spend days without having food but I still survive. My weakness is to say sorry even if I have not offended the person. Once I fail to convince the person I just say sorry even if I am not guilty.

Mutual protection is considered to be helpful as a coping strategy for the weak however, apologising even when one is guiltless proved helpful for Sfiso. The findings show that the participants went out of their way to console one another when others felt lonely and lost. For example, Silo made the following remark:

I tell my friends that I do not have parents and my friends always tell me that my parents will never come back. That consoles me. I also pray, I believe in prayer. I am always with friends. I am the eldest in the group and my duty is to protect the youngsters. When people or children from other groups try to beat me up especially when I am drunk, these youngsters protect me. When I am arrested they bail me out.

Silo was the eldest in the group and it was he who protected the young and vulnerable in the group. The younger peers also protected Silo against those who attacked him when he was drunk. The younger peers bailed Silo out when he was arrested. This shows that the participants stood by each other.

Telling untruths was useful as a coping strategy. It was clear that although telling untruths was an effective coping strategy, it made Lumko feel bad:

Yes I always assist other people. If what I am going to tell the people is true I just say it out

without fear of being criticized. But if I know that what I tell people is not true I feel bad. I am always happy and I know there are people who feel happiness in my presence. I feel comfortable talking to strangers because I always expect them to give me money or food.

Peers felt good around Lumko, who seemed to be a popular figure among them. It is clear that Lumko was assertive, since he could express his feelings without fear. All the participants had developed strategies to make the public sympathetic to their plight while begging. The participants would lie about their situations so as to appeal to the public's conscience. In this regard, Sebe said the following:

Yes I get food and shelter. I am good at begging. I know how to convince people so that they sympathize with my situation. Sometimes I tell stories that are not true. Like I sometimes tell people that I am stranded I want to go home by taxi and I do not have enough money. They feel sorry and help me.

Sebe had studied the public and unconventionally manipulated them in order to receive the support he needed.

All the participants depended on drugs, notably dagga and glue in order to cope with street life. It is evident that the participants such as Rona, experienced visual hallucinations when they were high. The following excerpt bears evidence of this assertion:

I am very shy and sometimes I keep quiet and suffer in silence. I do drugs and after taking drugs I see a picture of many television sets in front of me but when I try to touch them they are untouchable. When facing that situation I laugh to myself and feel good. It is like a game. I enjoy it.

The quotation shows that Rona was shy, and probably low in self-esteem too, and enjoyed experiencing visual hallucinations.

Mutual support was crucial for the participants to survive on the streets. It is however, clear that the participants ensured that their basic needs were met before they could lend a helping hand, as Ntaka remarked:

I always give my friends food. But I make it a point that my stomach is full before sharing. I do not talk about myself. I always think that people will laugh at my background because I am from a poor background. However, I end up giving up. When things are bad I cry.

Ntaka was also careful not to disclose too much to others since he feared being laughed at. Despite adversity, the participants had moments of laughter and fun. For example, all the participants indicated that in spite of the challenging circumstances they lived in, there were moments of laughter and fun. In this regard, Tami said:

Having fun and laughing can solve my problems but only employment can solve my problems forever. Now I eat from the dustbin. Yes..... I do and I like sharing what I have with others.

Tami pointed out that such light moments were not going to help solve their problems and it was clear to him that gainful employment could solve their problems.

DISCUSSION

Research has documented the characteristics of streetism as observed in different contexts. Different groupings of street-involved children have been studied and research points out that *children-of-the-street*, who severed ties with their families (Altanis and Goddard 2004; Ayuku et al. 2004; Schurink 1994), are not easy to study since they are mobile and more preoccupied with survival and the need to meet their basic needs. In this study, the researchers nevertheless focused on *children-of-the-street*, and sought to understand what enabled them to cope with streetism.

Previous South African studies involving street children in institutional care who also attended school (Mathiti 2006; Malindi and Theron 2010; Theron and Malindi 2010; Malindi and Theron 2011; Malindi and Machenjedze 2012), showed that hardiness, faith, humour, social support, cultural practices such as traditional circumcision, vandalising payphones, connections to each other, girlfriends, teachers and social workers enabled resilience in the participants. However, the participants in this study were aided by unconventional means such as substance abuse, begging, stealing, fighting and lying to resile or cope in the context of streetism.

It is also noteworthy that the participants adopted maladaptive strategies and reported depression, sadness, anxiety, anger and visual hallucinations. Emotional problems resulted from neglect, abuse, and poor socio-economic backgrounds. In this regard, the findings did not unearth further issues of causality and it was

not clear whether poverty set in before or after streetism had been adopted.

The findings of this study confirmed findings from previous South African studies such as those of Vogel (2001), Malindi and Theron (2010), Theron and Malindi (2010), Malindi and Machenjedze (2012) that showed that street children resiled because of the solidarity that had developed among them and that the groups of street children were led by older and more experienced peers.

The findings of this study further showed that street children stole not only from the public but also from one another especially from those who were intoxicated. Studies by Bourdillon (2001) and Le Roux (2001), showed that in Zimbabwe and in South Africa fewer girls were visible on the streets. Likewise, in this study three girls took part and one of them was a nursing mother. This suggests that there could be a growing number of children born to street children since the phenomenon of streetism is not abating.

Ungar (2011) feels that resilience should be seen as a navigation process towards resources that sustain mental health and that it depends on personal and socio-ecological processes that a child's physical and social ecology must be able to provide in culturally meaningful ways. However, since *children-of-the-street* do not have access to resilience resources and services that communities should provide in meaningful ways, street children rely on atypical ways of coping with adversity. This finding is confirmed by this study. The participants relied heavily on substance abuse (*dagga* and glue), begging and stealing in the absence of health, shelter, food and social services (Altanis and Goddard 2004; Ayuku et al. 2004; Schurink 1994).

Masten (2001) characterizes resilience as a result of the optimal functioning of ordinary human adaptational systems (personal strengths and socio-ecological resources). The findings of this study showed that if these adaptational systems are out of reach, psychopathology develops and that atypical coping strategies are used. This phenomenon is characterized as hidden resilience that was found in street children too (Ungar 2004; Malindi and Theron 2010).

CONCLUSION

The findings highlighted the daily experiences, coping mechanisms as well as psychopa-

thology among street children that included depression and visual hallucinations. The existence of psychopathology seems to suggest that some of the *children-of-the-street* were psychosocially vulnerable.

The findings point to caveats with respect to ethical and methodological issues relating to research involving children who grow up outside their homes. As far as research ethics are concerned, *children-of-the-street* who are unconnected to adult figures are vulnerable to abuse since their rights to participate or not to participate in a study can be overridden through promises of food or money. Care should be taken as in this study, to involve youth care workers who are attached to NGOs as gatekeepers.

Methodologically, the children had dropped out of school and experienced backlogs with respect to literacy. The researchers could therefore, not use pen-and-paper instruments as data collection strategies. Interviews were a challenge too since the participants were ostracised and mistrusted adults. Researchers are therefore, challenged to employ other child-friendly data collection strategies such as visual methods.

The findings are confirmatory on the one hand and add to existing knowledge on the other. The processes that enhanced coping within the context of streetism as well as the pathology that the researchers discovered can inform secondary intervention programs. Such intervention programs should use the strengths that the participants displayed (humour, mutual support, belief in God, independence, habituation, resourcefulness and adaptability) and focus more on developing other life skills such as coping with trauma, stress, loss, disappointment and coping behaviour such as assertiveness, social competence, conflict management, problem-solving and relationship formation.

Notwithstanding the findings and contributions of this study, it was limited by the smallness of the sample. Research shows that street children classified as *children-of-the-street* are a minority compared to children on the street. Children-of-the-street are very mobile and this makes it difficult for researchers to find large groups of them in one place. Families, schools and wider communities clearly need strengthening in order to prevent the flow of children into streetism.

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