

# Silent Cries at the Crossroads: Unmasking the Psychological Toll of Street Begging in Harare, Zimbabwe

Yvonne Sanyanga., Isaac Mutelo

Arrupe Jesuit University

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## ABSTRACT

Street begging in Harare is a visible yet often misunderstood phenomenon, typically framed in economic or moral terms while its psychological dimensions remain underexplored. This qualitative study examines the lived experiences of psychological distress among adult street beggars, with attention to culturally embedded expressions of suffering. Using a phenomenological design, in-depth, semi-structured interviews were conducted with ten purposively sampled individuals who had been begging at Harare's busiest intersections for at least six months. Thematic analysis revealed persistent emotional and psychological challenges, frequently articulated through idioms such as *kufungisisa* ("thinking too much") and *kupererwa* ("being completely overwhelmed"). These experiences were shaped by intersecting adversities, including chronic poverty, homelessness, family breakdown, social exclusion and daily verbal abuse. Grounded in a culturally sensitive lens, the study highlights a critical gap in Zimbabwe's mental health support systems for transient, stigmatized urban populations. It contributes to psychological and public health literature by foregrounding localized expressions of distress and calls for exploratory, street-based psychosocial support initiatives, anti-stigma education, and cross-sectoral dialogue to address the complex interplay of urban poverty and mental health.

**Key words:** Street begging, Psychological toll, Mental health, Urban poverty, Harare.

## INTRODUCTION

Public space begging is a persistent global phenomenon that is frequently visible in urban centers, often rooted in structural poverty, social exclusion and psychological trauma. Research in various countries has shown that individuals who engage in begging experience high levels of mental health challenges. A study that was carried out in Greece among homeless individuals, revealed the disproportionately high incidences of mood disorders (16.1%), anxiety disorders (11.8%), and psychotic disorders (13%) compared to the general population (Kondilis et al., 2013). Similarly, in Vietnam, serious psychological distress among street-dwelling individuals was linked to economic marginalization, labor exploitation and chronic debt (Nguyen et al., 2023). These findings illustrate that begging, while often treated as a socio-economic issue, is also indicative of unaddressed psychological suffering.

Within Africa, mental health distress among street beggars remains understudied but critically important. In Ethiopia, Kebede et al. (2014) posit that 90% of street-homeless adults in Addis Ababa had a diagnosable mental or substance use disorder, with alarming rates of psychosis (41%) and hazardous alcohol use (60%). In Ghana, visually impaired beggars reported frequent experiences of fear, sadness, and low self-worth, signaling deep psychological vulnerability (Avortri, 2022). Similarly, the South African street beggars of Johannesburg cited chronic feelings of alienation and helplessness, stemming from unemployment, stigma, and social neglect (Rule, 2013). These studies across sub-Saharan Africa demonstrate that beyond the visible manifestations of deprivation, begging is frequently accompanied by profound mental health distress.

Despite a growing global body of literature on street begging, there remains a notable gap in Zimbabwean research, particularly regarding the psychological experiences of adult street beggars. Most local studies have focused on the socio-economic dimensions of street life, often centered on children (Chikadzi, 2022), with little attention to the mental health challenges faced by adults living on the streets. Yet, psychological distress

in Zimbabwe is frequently expressed through idioms like *kufungisisa* and *kupererwa* translated as “thinking too much” and “to be completely overwhelmed” which locally signifies conditions such as anxiety or depression (Patel et al., 1995). The exclusion of these culturally embedded expressions from formal mental health frameworks contributes to a systemic failure to align care with the lived realities of those in distress.

This study seeks to address a critical gap in the Zimbabwean body of knowledge by examining the psychological distress experienced by adult street beggars at Harare’s busiest intersections. Their mental suffering is shaped not only by entrenched poverty and homelessness but also by persistent social exclusion, verbal abuse and systemic neglect. In a context characterized by scarce mental health resources and widespread stigma toward psychological disorders, these intersecting vulnerabilities contribute to profound and chronic emotional hardship. Developing a nuanced understanding of these experiences is essential not only to lessen the psychosocial toll of urban poverty but also to guide the design of culturally responsive mental health interventions and inclusive urban policies. By grounding this inquiry in Zimbabwe’s distinctive socio-cultural and economic context, the study emphasizes the urgent need to conceptualize psychological distress among street populations as a complex phenomenon amidst public health and social justice.

Basically, while public discourse and research often frame street begging primarily as a socio-economic issue, a growing body of international and regional evidence underscores its profound psychological dimensions. In Zimbabwe, however, the psychological experiences of adult street beggars remain largely overlooked, particularly within culturally grounded and context-specific frameworks. This study seeks to fill this critical gap by examining how psychological distress is experienced, articulated and shaped by intersecting factors such as poverty, social exclusion and systemic neglect. Through this lens, the research positions street begging not only as a matter of urban poverty but also as a pressing public mental health and social equity concern.

## Objectives of the Study

1. To identify the symptoms of psychological distress experienced by adult street beggars in Harare.
2. To analyze the role of culturally specific idioms in articulating mental health experiences among those engaged in street begging.
3. To examine the influence of socio-environmental factors on the psychological wellbeing of adult street beggars.
4. To evaluate the existing mental health resources and support systems available to adult street beggars in Harare.

## The Theoretical Framework

This study is grounded in an integrated theoretical framework that draws from the Biopsychosocial Model and the Diathesis Stress Model to understand psychological distress among street beggars in Harare. The **Biopsychosocial Model** (Engel, 1977) provides a holistic perspective by recognizing that mental health outcomes are shaped by the interaction of biological factors, psychological processes, and social determinants. In the context of Harare, street beggars are frequently exposed to severe environmental stressors, food insecurity, stigma and lack of social support that interact with existing vulnerabilities to exacerbate emotional suffering. The **Diathesis Stress Model** (Monroe & Simons, 1991) complements this by emphasizing how the stressors encountered in daily street life may trigger or worsen underlying predispositions to mental illness. Within Zimbabwe, psychological distress is often expressed through culturally specific idioms such as *kufungisisa* (thinking too much) and *kupererwa* (being completely overwhelmed) which conveys symptoms associated with anxiety, depression and chronic rumination (Patel et al., 1995).

To further account for the social context of distress, the framework integrates **Labeling Theory** and **Social Rank Theory**, which explain how societal dynamics contribute to the persistence and deepening of psychological suffering. Labeling Theory (Becker, 1963) posits that individuals publicly categorized such as being labeled “beggars” or “mentally unstable” may internalize these identities, resulting in shame,

marginalization and social withdrawal. The Social Rank Theory (Gilbert, 2000) highlights how sustained experiences of low social status and social defeat can produce chronic feelings of inferiority, hopelessness, and depression.

These frameworks are especially pertinent in urban Zimbabwe, where economic instability and limited access to mental health services intensify the vulnerability of already marginalized populations. Together, these theoretical models offer a comprehensive and culturally attuned foundation for analyzing the mental health challenges faced by street beggars. This foundation will guide the exploration of psychological distress symptoms, culturally specific expressions of mental health, socio-environmental influences and the adequacy of existing support systems thereby enabling the development of informed and context-sensitive interventions.

## LITERATURE REVIEW

### Introduction

Street begging in urban Africa, including Harare, Zimbabwe, remains a highly visible yet underexplored social phenomenon. While research has often addressed the economic and moral dimensions of begging, the psychological experiences of adult street beggars are largely overlooked. This literature review critically examines existing knowledge related to the psychological distress, cultural expressions of suffering, socio-environmental influences and the mental health services that are relevant to adult street beggars while also highlighting the significant gaps that this study aims to address.

### Psychological distress among street beggars

Street-involved populations worldwide face heightened risks of mental health disorders such as depression, anxiety, and trauma-related conditions due to prolonged exposure to adverse living conditions (Fitzpatrick-Lewis et al., 2011). In Sub-Saharan Africa, studies indicate that poverty, social exclusion and violence compound these risks among street adults (Asante, 2019). However, research specifically focusing on adult street beggars in Zimbabwe is scarce. Most existing mental health studies in Zimbabwe concentrate on clinical or institutional populations, leaving a critical knowledge gap about the psychological wellbeing of those living and begging on the streets. This gap limits the understanding of the prevalence and nature of psychological distress symptoms among this marginalized group, which this study seeks to fill by directly investigating their lived experiences.

The Diathesis Stress Model and the Biopsychosocial Model provide valuable conceptual frameworks for understanding the complex interplay between individual vulnerabilities and environmental stressors in shaping psychological distress. These models emphasize that exposure to chronic stressors such as those inherent in the harsh realities of street life can trigger or intensify underlying predispositions to mental health difficulties. Despite their broad applicability, there is a notable absence of empirical studies applying these frameworks specifically to the experiences of street beggars in Zimbabwe. This gap highlights the critical need for research that situates these theoretical models within the unique socio-cultural and economic contexts of Harare's urban environment, to better capture the multifaceted nature of psychological suffering among this marginalized group. While the psychological burden is well acknowledged, how individuals make sense of their distress is equally important. The next section explores how culturally embedded idioms of distress shape these interpretations in the Zimbabwean context.

### Cultural idioms of distress in Zimbabwe

The emerging mental health studies across the African contexts have drawn attention to the importance of culturally grounded idioms of distress, which shape how psychological suffering is communicated and understood (Nichter, 2010). These idioms encapsulate local conceptualizations of mental health and illness, profoundly influencing how symptoms are perceived, articulated and managed within their unique cultural and social environments (Sanyanga 2024). In Zimbabwe, idioms like *kufungisisa* ("thinking too much") and *kupererwa* ("being completely overwhelmed") are prevalent ways of describing emotional suffering and are linked to experiences of anxiety and depression. Despite their relevance, these cultural constructs are often

vague from mainstream mental health assessments and interventions which rely heavily on biomedical models (Chibanda et al., 2011). Nevertheless, few studies have examined how such idioms are used specifically by street beggars to communicate their distress. This represents a critical gap because culturally grounded understandings of suffering shape help-seeking behaviors and intervention acceptability. By focusing on the idiomatic expressions of distress among Harare's street beggars, this study addresses the paucity of culturally sensitive mental health research for marginalized urban populations.

### **Socio-environmental stressors and urban poverty**

The psychological wellbeing of street beggars cannot be disentangled from their socio-environmental context. Factors such as homelessness, food insecurity, family disruption, police harassment and social stigma are common stressors documented globally and regionally (Kamundia, 2017). These stressors are central to the social determinants of mental health, which link poverty and inequality with increased vulnerability to mental illness (Chikoko & Catch, 2024). Models like the Social Rank Theory (Gilbert, 2000) and Social Exclusion Theory (Silver, 1994) help explain how chronic exposure to low social status and marginalization can foster feelings of inferiority and hopelessness. However, empirical research applying these frameworks to understand the lived psychological experiences of street beggars in Zimbabwe is notably lacking. This omission contributes to a limited appreciation of how structural factors intensify mental health challenges in this group. By examining socio-environmental influences, the present study contributes valuable insights into how urban poverty and exclusion shape psychological distress among street beggars, addressing a key gap in existing knowledge.

### **Mental Health Services and gaps in support**

Zimbabwe's mental health care system faces significant challenges, including underfunding, workforce shortages, and urban concentration of services (WHO, 2014). While community-based innovations like the Friendship Bench have improved access for some populations, street-involved adults remain largely excluded from formal care due to logistical barriers, stigma, and transient lifestyles (Chibanda et al., 2016). The Labeling Theory (Becker, 1963) helps to explain how social stigma attached to street begging results in internalized shame and reluctance to seek mental health support. There is currently a lack of research evaluating the mental health resources and informal support systems available to this population in Harare. The absence of such knowledge impedes the design of effective, culturally appropriate interventions tailored to the needs of street beggars. This study addresses this critical gap by evaluating the availability, accessibility and cultural relevance of mental health resources from the perspectives of adult street beggars themselves.

### **Conclusion**

Despite the evident psychological vulnerabilities associated with street begging, the literature reveals a substantial gap in research focusing specifically on the psychological distress, cultural expressions, socio-environmental influences, and mental health support available to adult street beggars in Harare. This study seeks to bridge these gaps by employing culturally sensitive theoretical frameworks and qualitative methods that center the voices and experiences of this marginalized population, thereby contributing novel insights to both academic knowledge and public health practice.

## **METHODOLOGY**

### **Research Design**

This study adopted a qualitative phenomenological research design, which is appropriate for exploring the lived experiences and subjective meanings assigned by individuals to their psychological distress. Phenomenology focuses on the in-depth understanding of how people make sense of their emotional, cognitive, and social worlds, particularly within specific contexts (Creswell & Poth, 2018). The design was selected to allow street beggars to describe their psychological challenges in their own words, using their language, expressions, and cultural references. Given the complexity and cultural depth of mental distress in



Zimbabwe, this approach was best suited to uncovering nuanced insights that quantitative instruments may overlook.

### Study Population and Sampling

The target population consisted of Adult Street beggars located at Harare's busiest intersections, including areas such as Samora Machel Avenue, Julius Nyerere Way and Robert Mugabe Road. These locations were selected purposively due to their high visibility, foot traffic and concentration of street-dwelling individuals. Using a purposive and snowball sampling, 10 participants were recruited who met the inclusion criteria: (1) aged 18 and above, (2) actively engaged in street begging for at least six months and (3) able and willing to provide informed verbal consent. The sample size was deemed sufficient to achieve thematic saturation, as no new themes emerged during the final stages of data collection. Given the hard-to-reach nature of the population and the study's focus on lived psychological experiences, this sample allowed for a rich and nuanced understanding of participants' realities.

### Data collection procedures

The required data was collected through semi-structured and in-depth interviews that were conducted face-to-face in discreet public spaces that ensured privacy and comfort for participants. Interviews lasted between 30–45 minutes and were conducted in Shona or English, depending on the participant's preference. An interview guide was developed based on the study objectives and the theoretical framework, with open-ended questions exploring experiences of psychological distress, perceived causes, coping strategies and personal encounters with stigma. To ensure ethical safety, all interviews were audio-recorded with participant consent and later transcribed and translated into English for analysis. Anonymity and confidentiality was strictly maintained along with informed consent. Additionally, participants showing signs of acute psychological distress were referred to local organizations for appropriate support.

### Data Analysis

Data was analyzed using thematic analysis, following Braun and Clarke's (2006) six-step approach: familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the final report. A manual coding process was employed to identify emerging patterns and recurring themes related to the manifestations of distress, cultural idioms, sources of stress, stigma and support systems. NVivo software was not used due to the small sample size and the interpretive nature of the analysis. To enhance trustworthiness, peer debriefing and member checking were employed where possible and an audit trail was maintained to ensure transparency.

## FINDINGS AND DISCUSSION

Data from interviews with 10 adult street beggars revealed several interrelated themes that reflect their lived experiences of psychological distress. The findings are organized under four major themes: (1) Manifestations of psychological distress, (2) Perceived causes and life stressors, (3) stigma, exclusion, and identity and (4) Coping mechanisms and support networks. These were discussed in light of the theoretical framework and prior research.

### Manifestations of Psychological Distress

The participants described experiencing intense emotional and psychological symptoms, which were often expressed through culturally specific idioms such as *kufungisisa* ("thinking too much"), *kusungikana* (feeling paralyzed or hopeless), and *kunetsekana nepfungwa* (to be troubled in the mind). These expressions pointed to deep anxiety, persistent worry, low mood and in some cases, disorientation or loss of self-worth.

One participant explained:

"Zvinhu zvakaoma, unongogara uchifunga, kusvikira musoro wotanga kurwadza unenge wakaremerwa".  
("Life is hard, you're always thinking, until your head hurts, you feel like you're losing your mind.").

These accounts align with the Diathesis Stress Model, where prolonged exposure to stress in an already vulnerable individual leads to mental breakdown (Monroe & Simons, 1991). They also resonate with Patel et al. (1995), who posit that idioms such as *kufungisisa* capture core features of common mental disorders among the Zimbabwean populations.

### Perceived causes of life stressors

Participants linked their psychological distress to a variety of structural and personal life stressors. The most commonly reported factors were poverty, hunger, homelessness, family breakdown and unemployment. Many had migrated to Harare from rural areas in search of economic opportunities, only to find themselves without support or shelter.

A female participant shared:

*“Handina pekugara, ndakarasikira muHarare. Zvose zvandinoita ndinotira kuti ndirarambe. Ndiri kutonyarawo nazvo zvekupemha asi handina zvimwe zvokuira.”* (“I have no place to live; I am lost in Harare. Although I find begging as a shameful act, I have no other option for survival.”)

This illustrates the Biopsychosocial Model in action, where biological vulnerabilities are exacerbated by harsh social and environmental conditions (Engel, 1980). Similar findings have been observed in studies of homeless populations in Sub-Saharan Africa (Gebremariam et al., 2021; Owoaje et al., 2010), where chronic hardship and social isolation heighten psychological vulnerability.

### Stigma, exclusion and identity.

Participants reported facing daily verbal abuse, rejection and dehumanization from the public. Many described themselves as being “looked down upon” or treated as “less than human.” This stigma often reinforced feelings of worthlessness and self-stigmatization.

One man said:

*“Vanhu vanongonditarisa sendisina basa. Ndinotonzwa sendiri tsvina yeguta.”* (“People just look at me like I am worthless. It always feels like I am part of the city’s trash.”)

These experiences support the Labeling Theory (Becker, 1963), which posits that societal labels contribute to internalized stigma and social marginalization. They also align with the Social Rank Theory which suggests that perceived low status and chronic social defeat increase vulnerability to depression and anxiety (Gilbert, 2000). In the context of Harare, this daily experience of being ‘lesser’ compounds the participants’ psychological suffering.

### Coping mechanisms and support networks

Despite their difficult circumstances, the participants described both adaptive and maladaptive coping mechanisms. Some turned to prayer, peer support or local churches for emotional relief. Others admitted to using alcohol or marijuana as a way of numbing their emotional pain. One respondent had to say;

*“Dzimwe nguva, doro rinondibatsira kukanganwa nhamo dzangu.”* (“Sometimes, beer helps me forget my sufferings.”)

Another one had to say, *“Kazhinji kacho ndinonwa zvinhu zvinoita kuti ndiwane simba rekumira muzuva kwezuya rese kuti zvinhu zvifambe”*. “Most of the time I drink something that gives me the energy to hustle the whole day to make things work.”

These findings reflect both the resilience and risk embedded in street life. While informal support networks offer emotional refuge, substance use may deepen mental health issues over time. This duality highlights the

urgent need for community-based interventions, such as Zimbabwe's Friendship Bench, which could be adapted to reach transient populations in informal street settings (Chibanda et al., 2016).

## Synthese and Implications

The findings affirm that psychological distress among Harare's street beggars is both deeply felt and contextually rooted. The use of culturally relevant idioms allows individuals to articulate their emotional suffering in a way that is both personally meaningful and socially understandable. The study also shows how multiple theoretical lenses such as the Biopsychosocial, Diathesis–Stress, Labeling and the Social Rank intersect to provide a holistic understanding of people's lived realities. Essentially, this study reveals the gaps in existing mental health infrastructure, especially for adults living on the margins. One can deduce that unlike rural or clinic-based interventions, urban street beggars lack access to culturally sensitive, low-cost mental health support. As such, the findings call for policy action and the expansion of community-based mental health programs tailored to the needs of highly stigmatized populations.

## CONCLUSION

This study set out to explore the psychological distress experienced by street beggars at Harare's busiest intersections through a qualitative, phenomenological lens. The findings reveal that psychological distress among this population is both severe and multifaceted, expressed through culturally embedded idioms that are rooted in the lived experiences of poverty, trauma, social exclusion and stigma. The study confirms that mental health challenges among street beggars cannot be understood in isolation from their socio-economic context, personal histories and the structural forces that sustain their marginalization. This study not only contributes to the academic literature on urban poverty and mental health but also highlights the urgent need to address the psychological well-being of marginalized populations in Zimbabwe's urban centers. It opens space for culturally grounded interventions and underscores the value of listening to the voices of those most affected.

## RECOMMENDATIONS

Based on the findings, the following recommendations are proposed for policy, practice and future research:

### 1. Developing targeted mental health outreach programs

- NGOs and government health services should consider mobile mental health clinics or street-based counseling services that specifically engage adult beggars in high-traffic urban areas.
- Models like Zimbabwe's Friendship Bench could be adapted and deployed in informal and transient street settings to reach underserved populations.

### 2. Training of community health workers in culturally informed psychosocial support

- Training community health workers and peer educators in recognizing and responding to local idioms of distress can enhance culturally sensitive care delivery.
- Support services should focus not only on diagnosis but on trauma-informed and dignity affirming care.

### 3. Addressing public stigma and promote awareness

- Awareness campaigns targeting the general public, municipal authorities, and law enforcement should aim to reduce the stigma directed at street beggars and emphasize their humanity and mental health needs.
- Encourage the use of positive narratives and inclusive discourse to challenge societal stigma, cultivate empathy and mitigate the social exclusion of individuals engaged in street begging.

#### 4. Strengthening the inter-sectoral collaboration

- Collaboration between mental health professionals, urban planners, social workers, and faith-based organizations is essential to develop holistic support systems that address both psychological and material needs.

#### 5. Conducting further research

- Larger-scale qualitative and mixed-methods studies are needed to deepen understanding of the mental health experiences of other vulnerable street populations (e.g., informal vendors, waste pickers).
- Future research should explore gender-specific experiences, as women on the streets may face different forms of psychological harm, including gender-based violence.

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