

SHORT REPORT



Commercial sexual exploitation of children in Zimbabwe: A threat to human and social development

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Abstract

Commercial sexual exploitation of children (CSEC) in child sex work is reportedly rising in Zimbabwe. While children of both sexes are affected, more females than males are forced to engage in sexual acts in exchange for money, food, access to shelter, education or some other gains from adults who control these means of survival and commodities. Drivers of CSEC include socioeconomic factors, negative peer pressure, childhood abuse, the influence of uncensored social media, and, more recently, the economic impact of COVID-19. Involvement in underage sex work exposes children to severe adversities, such as psychosocial and mental health disorders, physical and biological injuries, venereal diseases and HIV. CSEC is a growing concern for resource-limited countries, disenfranchises children and robs particularly the girl child of a better future. The worsening socioeconomic landscape in Zimbabwe and the COVID-19 pandemic have exacerbated the problem. Solving the problem of CSEC requires a multipronged approach that involves stakeholders from several sectors, including public health, education, social services, security and the legal fraternity. There is a need to empower communities, empower civil society and development partners, enhance legal frameworks, provide messaging, education and vocational training, as well as rehabilitative services for affected children and their families. CSEC is a violation of the child's rights and a public health concern that needs to be addressed as a matter of urgency to preserve the next generation's human capital necessary for the sustainable development of Zimbabwe.

KEYWORDS

child sex work, CSEC, Zimbabwe

Key Practitioner Messages

- Commercial sexual exploitation of children (CSEC) is reportedly rising in Zimbabwe.
- The worsening socioeconomic landscape in the country and the COVID-19 pandemic has exacerbated the problem.
- Involvement in underage sex work exposes children to severe social and health-related adversities.
- Drivers of CSEC are multifaceted and require equally complex solutions.
- In this discussion article, the authors unpack CSEC in Zimbabwe and proffer solutions for combatting this harmful practice.

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INTRODUCTION

Commercial sexual exploitation of children (CSEC) is reported to have increased in Zimbabwe (Gwarisa, 2022; Manika, *n.d.*; Moyo, *n.d.*; Mushohwe, 2018), raising concerns about its short- and long-term effects on children and society. The magnitude of CSEC in Zimbabwe is difficult to ascertain due to inadequate data and an absence of proper surveillance systems. However, Zimbabwe is one of the countries with the highest rates of CSEC globally. A report from the Zimbabwe Republic police revealed that more than a hundred girls are sexually exploited daily in the country (Nyamanhindi, 2015). Further reports indicate that about 22 women are raped daily in the country, the majority of whom are girls under the age of 18 (International Commission of Jurists, *n.d.*). These reports do not include all forms of CSEC and hence are most likely gross underestimates. Any degree of magnitude of CSEC raises serious societal concerns and needs an urgent discourse to find long-lasting solutions. The problem of CSEC in Zimbabwe existed before the COVID-19 pandemic, but reports increasingly indicate that the pandemic has aggravated the situation (Matiashe, *n.d.*; Moyo, *n.d.*; Mukwenha et al., 2022; Murewanhema, 2020).

The International Labour Organisation (ILO) defines CSEC as the sexual exploitation of a child or adolescent (male or female) under 18 years of age by an adult, accompanied by a payment in money or kind to the child/adolescent or one or more third parties (ILO, *n.d.*). Forms of payment can include food, access to shelter or education, or some other gains from adults who control these means and commodities. CSEC is a gross form of child/adolescent rights violation (Guerra & Westlake, 2021), equivalent to slavery and forced labour, and should have no place in modern society. Even when children provide sexual services and willingly participate in the commercial sex industry, children/adolescents under 18 years of age are particularly vulnerable. They do not have the developmental capacity to provide meaningful consent. In Zimbabwe, providing sexual services under the age of 18 is against the constitution, and more recently, the court in Zimbabwe ruled that even a marriage to a girl under the age of 18 is illegal.

The ILO has several categories of activities listed under CSEC (ILO, *n.d.*). These include the use of children in remunerated sexual activities in the streets, indoors, brothels, massage parlours, bars, hotels and restaurants. This is commonly referred to as child sex work (or prostitution), which is on the rise in Zimbabwe. Other categories include trafficking of children/adolescents for the sex trade, child sex tourism, use of children in private or public sex shows and the production, promotion or distribution of pornographic material involving children. This is comparable to Articles 2 (a) and (b) of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography of 2002 (United Nations Human Rights, 2002).

CSEC is a severe form of child abuse that takes advantage of the vulnerability of young children and adolescents (Bang et al., 2013; Badoe, 2017; Tautz et al., 2006). Vulnerability, defined as the degree to which an individual is likely to experience the risk due to exposure to individual, household, community, and structural characteristics, can be regarded as a transactional relationship based on factors leading to negative outcomes (UNICEF, 2021). Due to the greater short- and long-term biological, psychological, emotional, socioeconomic and developmental consequences of CSEC on girl, their family, society and the country, this challenge is of great societal concern (Dzinamarira et al., 2021). According to Article 32 of the Convention on the Rights of the Child, to which Zimbabwe is a signatory, children have a right to be protected from commercial exploitation and from any work that is likely to be hazardous or interfere with their education or to be harmful to their health or physical, mental, spiritual, moral or social development (Convention on the Rights of the Child, 1989). The implication of Article 32 is a protection of children from sexual exploitation which used for economic and commercial gain by individuals, groups or sex-trafficking syndicates. Governments, including that of Zimbabwe, therefore have a responsibility to provide appropriate penalties or other sanctions to ensure the effective enforcement of protecting children/adolescents from CSEC.

In African societies, including Zimbabwe, adolescent girls are more susceptible to societal vulnerabilities than the teenage boys (Meinhart et al., 2021), and the risk worsens during crises. Reports from previous humanitarian crises, such as the Ebola viral disease outbreaks in West Africa, attest to this differential vulnerability (John et al., 2020; Meinhart et al., 2021). It is therefore not surprising that the emerging reports of child sex work in Zimbabwe have focused on female children and adolescents. Beyond CSEC, the girls in Zimbabwe, and other parts of sub-Saharan Africa, have been exposed to early child marriage, teenage pregnancy and a resurgence of cases of female genital mutilation (UNICEF, 2020a; Dzinamarira & Musuka, 2021; Murewanhema, 2020; Musa et al., 2021). Therefore, an urgent debate and redress by all relevant stakeholders is needed to safeguard the girl-child and establish non-stigmatising rehabilitative services and policies for them and their families.

In this article, we discuss the drivers of CSEC in Zimbabwe and the urgent need for expedited solutions to the problem. Despite the lack of primary research, we feel that this is a critical topic that needs urgent discourse. We draw our perspectives from a non-systematic narrative review of the diverse sources of information available to us, including newspapers and social media reports, official government reports, reports from civic organisations and viewpoints from other authors. We synthesise the information from these different sources to identify both facilitators and barriers to ending CSEC, with a view to providing a catalyst for addressing this urgent societal challenge.

DRIVERS OF COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN IN ZIMBABWE

The first stride towards stopping CSEC is understanding the driving factors and protective factors. This is premised on the relevant stakeholders recognising CSEC as a significant societal challenge that needs expedited solutions. Stakeholders who need to be engaged in collective advocacy and lobbying government and parliament towards prevention of CSEC include faith-based organisations, such as the Zimbabwe Council of Churches; CSOs and civil society actors working in children's development and safeguarding sector, such as REPSSI, Shamwari Yemwanasikana, Child Protection Society, Zimbabwe National Group to End Child Marriage (Girls Not Brides), the Zimbabwe National Council for the Welfare of Children; traditional authorities such as the National Council of Chiefs; legal aid bodies such as Zimbabwe Lawyers for Human Rights and ZWLA; collaboration is needed with UNICEF, UNHCR, UN Women initiatives related to ending violence against children and child protection (Bounds et al., 2020).

Drivers of CSEC can be categorised in many ways. One approach is the ecological model presented by the Institute of Medicine and National Research Council (IOM/NRC), which highlights four risk factors for child sexual exploitation at the individual, relationship, community and societal levels (Bounds et al., 2020; Clayton et al., 2014). Based on these levels of risk factors, some of the key drivers of CSEC include negative peer pressure, socioeconomic challenges and poverty, dysfunctional families with abusive environments at the household level, and being orphaned. Orphaned children with no one to take care of them or living in homes where they are abused physically or emotionally or neglected by family members are at higher risk of CSEC than their peers from stable home environments. In Zimbabwe, at least 17.2 per cent of households have orphans (Kaufman & Stavrou, 2004). Lack of social support, family dysfunction, involvement of abuse or domestic violence between parents, neglect and physical and sexual abuse have been implicated as driving factors for children to run away from home and end up in child sex work for survival (Stoebenau et al., 2016).

Zimbabwe's economic situation has been worsening progressively over the years, with increasing unemployment rates and poverty. Consequently, some parents, especially in marginalised communities, have failed to pay school fees for their children, increasing school dropouts. In the patriarchal Zimbabwean society, there are some communities where girls are still grossly disadvantaged, and in the face of limited resources, priority is given to the boys. During the first term of 2020 non-payment of school fees due to economic hardships resulted in more than 50.3 per cent of school-going children who had attended school before the COVID-19 pandemic being sent away from school (ZimVAC, 2020). Socioeconomic factors such as these have widened the pre-existing gap between the haves and the have-nots, pushing more adults out of jobs and children onto the streets to engage in a wide variety of activities, including sex work, to earn a living. Evidence shows that children can be forced into sexual activities to cope with economic hardships, but may also engage in sexual activity in exchange for other gains such as grades in educational settings (Stoebenau et al., 2016).

IMPACT OF THE COVID-19 PANDEMIC ON COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

The COVID-19 pandemic aggravated the vulnerability of adolescent girls and children to CSEC, both directly and indirectly. Prolonged school closures to control the chains of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) transmission meant young girls were at home for prolonged periods due to the lockdowns at a time when most non-essential services were closed, and so they spent more time in society with older men who were not going to work. This has resulted in increases in school dropouts, child marriages and teenage pregnancies, all of which increase the vulnerability of girls (Dzinamarira & Musuka, 2021; Murewanhema, 2020) to poor health and development outcomes. There have been multiple losses at multiple levels; the loss of income by usual caregivers due to loss of means of survival; the loss of parents/guardians who died because of COVID-19 infection; the loss of social protection usually offered by welfare or law enforcement agencies; and the loss of other traditional safety nets, such as being in school and going to church. Schools not only provide academic and vocational educational but, together with teachings in a religious setting, are a primary provider of sexual and reproductive health education that can help to prevent early sexual activity. Reports indicate that the COVID-19 pandemic might have exposed children to online sexual exploitation due to increased access to online platforms, though the extent of the problem needs evaluation.

The pandemic control measures significantly contributed to worsening the ongoing socioeconomic crisis and hyperinflation in Zimbabwe. World Bank reports indicate that most Zimbabweans live under the poverty datum line, with a Gross National Income of US\$910 per annum (World Bank, 2022). The pandemic resulted in loss of sources of livelihoods for many families, which in turn drove many children onto the streets to fend for themselves (Gumbo, 2020). There have been over 5,000 cumulative COVID-19 deaths in Zimbabwe since the first COVID-19 death was recorded in the country in March 2020 (MoHCC, n.d.). Many of these deaths occurred in family groups, often resulting in the loss of both parents' lives, creating broken families and leading to remaining children being vulnerable.

CONSEQUENCES OF COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

CSEC is associated with several short- and long-term biological, psychological, emotional, socioeconomic and developmental consequences for children, their families, society and the country. Thus, the problem has a myriad of concerns beyond just public health. Girls forced into CSEC frequently drop out of school, leaving them with few other skills for earning a living. CSEC impedes the educational development of the victims and compromises the realisation of their full potential as productive young and adult citizens. CSEC “robs” society of balanced and empowered human capital, essential for sustainable development, safety and security of societies.

Reports also indicate that, in most cases, the victims of CSEC are exposed to sexual exploitation with no protection such as male or female condoms, which are critical for preventing venereal disease transmission (Govender et al., 2020; Grosso et al., 2018; Hounmenou, 2018). In addition to physical injury commonly associated with forced sex and repeated sexual activity which sexually exploited children are exposed to, there is a very high risk of sexually transmitted infections (STIs) such as chlamydia, syphilis, gonorrhoea and the human immunodeficiency virus (HIV). The prevalence of such STIs is high in Zimbabwe, and evidence suggests that specific populations, such as those involved in commercial sex work, are at a notably higher risk (Steen et al., 2019). Children and adolescents who contract STIs due to commercial sexual exploitation may not access testing and treatment services easily. Unfortunately, some STIs remain asymptomatic and propagate the chains of transmission (Martin et al., 2021). Untreated ulcerative and non-ulcerative STIs are a risk factors for HIV acquisition. UNAIDS statistics reveal that in sub-Saharan Africa, adolescent girls and young women are at the highest risk of HIV infection, with an estimated 4,200 incident infections in this population weekly in 2020 (UNAIDS, 2020). The rise in child sex work and sexual exploitation compounds the situation.

Children rely on adults to access healthcare services and treatment for financial and material resources. Access and uptake of health promotion messages in this population may be limited because of lack of information and knowledge. Policy restrictions and fears of actual or perceived stigma and discrimination can act as barriers to seeking healthcare. As commercially exploited children are unlikely to attend school, coupled with a lack of the usual parental/guardian attention, symptoms of their poor health are often not identified and, subsequently, treatment is either delayed or not sought at all. Health-seeking behaviour in this population is thus highly compromised. Therefore, some medical challenges, such as STIs, may persist, and infections may go undiagnosed for long periods. Short- to long-term sequelae of untreated STIs include pelvic inflammatory disease (PID), subfertility, chronic pelvic pain, tubal or ectopic pregnancies, cancer of the cervix and resultant infections in babies born to infected mothers (Deal et al., 2004). Early and unplanned pregnancies (EUP) commonly occur, leading to unsafe abortions, complicated childbirth, dropping out of school and withdrawal from constructive social activities (Ssebunya et al., 2019).

Children who are sexually exploited may resort to drug use as a coping mechanism for the trauma they are subjected to; they may be forced into drug use by those who sexually exploit them or use them of their own volition to gather the courage to undertake these activities (UNICEF, 2020b). Children born to teenage mothers also experience social problems, including social rejection, not going to school and may end up homeless (Mangeli et al., 2017). Children exposed to harsh living circumstances such as the loss of a parent, maltreatment and exploitation may often turn to drugs and substance abuse to ‘numb the pain’ in the absence of other safety nets and forms of social protection structures. While some children may use drugs and substance abuse for entertainment (Belcher & Shinitzky, 1998), the development of addiction and dependence on drugs or alcohol deepens children’s vulnerability to being sexually exploited. To sustain this dependency, some turn to criminal activity, further exacerbating vulnerability. This implies the need to integrate substance abuse literacy and support into strategies for ending the commercial sexual exploitation of children.

ENDING COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN: A CALL TO EXPEDITED ACTION

Effectively dealing with the problem of CSEC in Zimbabwe requires an expedited multipronged approach that involves stakeholders from several sectors such as public health, education, social services, security and the legal fraternity. Children who are sexually abused or exploited delay reporting (McElvaney et al., 2020), with many incidents only coming to light years after the occurrence, if at all (Appleton, 2014), thereby reducing the effectiveness of the interventions available for their assistance. The involvement of children in sex work and their exploitation usually follows a “grooming cycle” which includes three stages: recruitment, control and exploitation (Sutton House Academy, n.d.). It is, therefore imperative that intervention modalities are aimed at breaking the chains at all these levels to have a sizeable impact.

The first step requires academics and non-profit organisations to support the government of Zimbabwe to estimate the true extent of the problem and recognise it as a public health, human and social development concern. To facilitate the design of effective preventive and intervention programmes, it is important to understand the true extent of CSEC and its associated vulnerabilities and pathways leading to underage entry into sex work within the country (Servin et al., 2015). This should include children's exposure to digital networks and social media platforms and involve evaluation of which digital platforms expose children to sexual predators in Zimbabwe. This is important to design interventions and safety nets that protect children from these. As part of protecting children from online predators, extensive education must be given in schools, radio, television and all digital platforms, highlighting to children/adolescents some of the dangers uncensored social media usage may expose them to. This education must focus on both physical (real-world) CSEC as well as online CSEC including child pornography. To be more effective, the education must encompass parents, communities and other institutions including religious organisations. Sexual and reproductive health and rights education must be incorporated into school curricula from an early age in primary school and continue throughout secondary school. In designing this, educationists must closely collaborate with experts in sexual and reproductive health to design age-appropriate education material. Parents must also be encouraged to break traditional barriers and discuss issues such as this, which are perceived as sensitive from religious and cultural perspectives.

Legal frameworks are required to protect young girls against sex offenders with tough penalties. Within the current legal frameworks, age of consent for sexual intercourse in Zimbabwe is 18 years. This means that children under the age of 18 are protected from sexual abuse or exploitation by the Constitution. There is a significant opportunity to harmonise and review laws and policies to ensure no contradictions to this ruling exist in any current legislation relating to age of consent, including elements related to child marriage, which is a route for sexual abuse and exploitation. When children under 18 years are forced to engage in sex, either for their own survival or by coercive adults in their environment, this contradicts the new constitutional ruling, unlike adults, who may choose to be engaged in sex work, with all the information at hand and with other options.

The civic society, organisations involved in adolescent sexual and reproductive health and other relevant stakeholders must step up their efforts to raise awareness of this critical challenge. Social services departments must find effective ways of identifying vulnerable children, especially those who are orphaned or from marginalised communities, and support them with educational or vocational training, equipping them with the necessary skills for survival. Children and youth who have gone through any form of sexual exploitation are usually disconnected from societal tethers and hence need robust support systems (Bounds et al., 2020) that help them reintegrate into society and work towards healing from the trauma they have experienced. The Ministry of Education must consider reintegration for children who fall pregnant or who have dropped out of school, as well as those who are already in the sex trade. The aim should be to return them to school so that they can complete their education, with the government providing financial support as appropriate. Finally, yet importantly, targeted messages that emphasise abstinence and/or healthy sexuality practices in attractive and persuasive language and formats are needed and must be widely distributed on different media platforms until saturation point, though the effectiveness of abstinence programs has been questionable (Society for Adolescent Health and Medicine, 2017).

CONCLUSION

CSEC must be visualised as a significant societal challenge with far-reaching consequences for the children, adolescent and their families. To this end, the problem requires well-calculated multipronged approaches that incorporate multiple stakeholders from the central government of Zimbabwe, public health and medical fraternities, the legal fraternity, the education sector and even civic society. All the relevant stakeholders must recognise the problem of CSEC for the societal ill it is, accord it the necessary attention it deserves and expeditiously seek to develop solutions to this problem. Ending the problem is one objective, but reintegrating the girls into society, restoring their educational status or empowering them with vocational skills for self-sustenance are just as critical. It is equally important to ensure that, going forward, there are minimal disruptions to school calendars and that the safety nets that protect young girls are retained. Incorporating sexual and reproductive health and rights education into school curricula is also an urgent priority. With children and young people comprising the demographic dividend on the African continent, an investment in ending CSEC is critical to safeguard our human capital, with the realisation that protecting children is an ethical and moral challenge for all concerned stakeholders.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ETHICS STATEMENT

Not applicable.

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How to cite this article: Murewanhema, G., Gwinji, P.T., Gwanzura, C., Chitungo, I., Eghtessadi, R., Musuka, G. et al. (2023) Commercial sexual exploitation of children in Zimbabwe: A threat to human and social development. *Child Abuse Review*, 32(2), e2794. Available from: <https://doi.org/10.1002/car.2794>