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Child disciplinary practices, abuse, and neglect: Findings from a formative study in Chitungwiza, Zimbabwe

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Abstract

Background: Zimbabwe has a high prevalence of children who have experienced abuse according to national data.

Objective: To understand how parents/caregivers and children describe child discipline, abuse, and neglect and what factors influence each, in order to inform the adaptation of a positive parenting/caregiving intervention in Chitungwiza, Zimbabwe.

Participants: A total of eight focus groups were conducted, four with parents/caregivers (N = 40) and four with their children ages 10–14 (N = 40), separately, between June-July 2016.

Setting: Chitungwiza, Zimbabwe.

Methods: We used an inductive and deductive analytic approach to analyze focus group transcripts, using MAXQDA 12.

Results: There were similar themes across focus groups of children and parents/caregivers. Findings suggest that parents/caregivers and children may be somewhat aware of the differences between discipline and abuse, but they are not completely clear about what the definitions of discipline and abuse are, and where the boundaries between discipline and abuse lie. The use of both non-physical and physical forms of discipline were described in the community, however physical discipline was a reoccurring theme in the focus groups of both parents/caregivers and their children. There were several factors that influenced discipline and/or abuse of children in the community, including the child's gender and theseverity of the child's misbehavior/actions. Parents/caregivers shared that orphan/non-biological children were particularly vulnerable to forms of abuse and neglect committed by parents/caregivers in the community, for example, withholding food and overworking a child.

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Declaration of Competing Interest

The authors report no declarations of interest.

Conclusions: Understanding the differences between discipline, abuse and neglect, as well as factors that influence occurrences of abuse/neglect and/or severity of abuse/neglect, need to be considered when assessing the vulnerability of children, in order to develop and refine parenting/caregiving interventions for the Zimbabwean context.

Keywords

Child discipline; Child abuse; Child neglect; Zimbabwe; Positive parenting; Positive discipline

Introduction

The United Nations Convention on the Rights of a Child recommends banning corporal/physical punishment due to adverse health outcomes on children (United Nations Human Rights, Office of the High Commissioner (UNHCR), 2019). In addition, one of the United Nations Sustainable Development Goals aims at ending violence against children (United Nations, 2015). Researchers and experts underscore the strength and consistency of the associations between corporal/physical punishment and adverse health outcomes and advocate against it (Afifi et al., 2017; Gershoff, 2013). Corporal or physical punishment is one of the most common forms of violence experienced by children in middle and low income countries, (Akmatov, 2011; UNICEF, 2020b) and ending its use in favor of positive discipline (Afifi et al., 2017; Gershoff, 2013; Sege, Siegel, & Council on Child Abuse & Neglect, 2018), is critical to ending violence against children.

Violent discipline, which has been defined as psychological aggression and/or physical punishment, is one of the most prevalent forms of violence experienced by children (UNICEF, 2020a). A report of over 80 low and middle-income countries showed that among children ages 1–14 years, violent discipline was found to be very prevalent in Sub-Saharan Africa, with most children having experienced this form of abuse (UNICEF, 2020a). In addition, national data in Zimbabwe specifically showed that approximately 76 % of boys and 64 % of girls reported physical violence, with most of the perpetrators of physical abuse being parents/caregivers (Zimbabwe National Statistics Agency (ZIMSTAT), United Nations Children's Fund (UNICEF), & Collaborating Centre for Operational Research & Evaluation (CCORE), 2011). While campaigns against child violence have gained momentum in Africa, with seven countries prohibiting physical punishment (Global Initiative to End All Corporal Punishment., 2020), countries like Zimbabwe with a high prevalence of violence have not implemented such bans yet.

There are numerous factors that contribute to violence against children globally, including parental attitudes which endorse physical punishment (Cappa & Khan, 2011), substance abuse, and poor mental health of parents/caregivers (Chaffin, Kelleher, & Hollenberg, 1996). Data from one study in Africa described factors contributing to physical discipline, including household tension, poverty, and "difficult children" (Mudany, Nduati, Mboori-Ngacha, & Rutherford, 2013). In addition, several studies in Africa have shown orphans/non-biological children are particularly vulnerable to abuse and neglect (Morantz et al., 2013), and need to be incorporated in child protection programming.

The World Health Organization (WHO) defines physical abuse of a child as the "intentional use of physical force against a child that results in or has a high likelihood of resulting in harm for the child's health, survival, development of dignity [and can include] hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating." Emotional abuse is defined as "involving both isolated incidents, as well as a pattern of failure over time on the part of a parent or caregiver to provide a developmentally appropriate and supportive environment [and can include]: the restriction of movement, patterns of belittling, blaming, threatening, frightening, discriminating against or ridiculing, and other non-physical forms of rejection or hostile treatment." Neglect is defined as "including both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and well-being of the child in one or more of the following areas: health, education, nutrition, shelter and safe living conditions" (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002, p. 10).

While there are several factors that contribute to abuse, there is clear evidence on what can be done to prevent it, such as positive parenting/caregiving interventions (Cluver et al., 2018). Adopting consistent, positive parenting/caregiving practices, has repeatedly been highlighted as critical to any attempt to reduce child abuse and neglect (Sanders et al., 2004; Sege et al., 2018; World Health Organization, 2019). In addition, parent and caregiver support programs is one of the seven strategies outlined in INSPIRE, an evidence-based resource for ending abuse against children (World Health Organization, 2019). As part of an effort to strengthen families in Zimbabwe and reduce violence against children, a positive parenting/caregiver support program (i.e. Families Matter Program) was identified. Since the program was implemented in several sub-Saharan African countries, the program was identified as a potentially promising positive parenting/caregiving intervention in Zimbabwe. Thus, formative research was conducted to refine and make this program contextually appropriate for the Zimbabwean setting.

As part of the formative research, we sought to understand the forms of discipline parents/caregivers used and where communities draw the line between discipline and abuse in order to inform the adaptation of the positive parenting/caregiver program for the local Zimbabwean context. Narratives from both parents and their children were used in order to provide a more complete view of discipline and abuse in the area. Through an analysis of focus group discussions of parents/caregivers and their children, this study specifically helps address the following questions in Chitungwiza, Zimbabwe: 1) What are parents'/caregivers' and children's understanding of discipline, abuse and neglect, and how do they describe each? and 2) What factors influence child disciplinary practices, abuse, and neglect?

Methods

The focus group discussions were administered in Chitungwiza, Zimbabwe as part of a formative study to specifically inform the adaptation of content on prevention and response to child abuse for the Families Matter Program (a positive parenting/caregiving program focused on effective parent-child communication, including risk for abuse and gender-based violence). The Families Matter Program specifically builds the knowledge and skills of

parents/caregivers and allows them opportunities to role-play and practice their positive parenting skills with their children (Centers for Disease Control and Prevention, 2019b).

Study setting

Separate focus groups were conducted with parents/caregivers and their children ages 10–14 in Chitungwiza, Zimbabwe between June-July 2016. Chitungwiza is a large town located 30 kilometers south of the capital city of Harare and is made up of three townships: Seke, Zengeza and St. Mary's. Although some residents in Chitungwiza are formally employed, most of them run small businesses for a living (e.g. carpentry, welding, weaving, and selling items at the market).

The focus group discussions were intended to tap into the group dynamic and provide perspectives and ideas regarding disciplinary practices, abuse and neglect to inform the refinement of the Families Matter Program. Disciplinary practice is a sensitive topic and the study team wanted to remove the pressure from both parents/caregivers and their children from responding to questions based on their personal experiences, and allow participants to draw on their community-level knowledge and experiences. During the focus group discussions, participants were asked questions such as: "Please tell me about ways parents/caregivers in the community discipline children?", "How did/did not gender of child influence discipline in the community?" and "What are examples or ways in which children are harmed or mistreated by parents/caregivers?"

A local research center in Zimbabwe was engaged to help lead the work and they selected study staff who were fluent in both English and Shona and who also had prior research experience and knowledge of qualitative methodology. Staff received additional training in research ethics, confidentiality procedures, obtaining and documenting informed consent/permission and child assent, secure record-keeping, and conducting focus group discussions. Prior to the study, staff worked with community leaders and stakeholders to inform the community about the study.

The qualitative study team consisted of two focus group facilitators and a notetaker. Throughout data collection, the two facilitators reflected on their own power dynamics and the rapport with both parents/caregiver and child participants. After each focus group, the study team debriefed about each session, listened to recordings, and discussed ways to minimize bias and potential for leading questions. Facilitators also emphasized confidentiality and explained that they wanted to learn from participants' experiences and that there were no right or wrong answers. Throughout all focus group discussions, facilitators tried to maintain neutrality. Specifically, both facilitators were "insiders" and had been residing in Zimbabwe for long enough to know and share certain cultures and meanings with participants. Thus, facilitators set aside their preconceptions and became aware that meanings were not fixed, and probed to seek clarity on all vague terms that appeared to be commonly understood among participants.

Participant recruitment

With regards to participant recruitment, study staff used purposive sampling techniques to recruit parent-child dyads for the focus groups discussions. Parent-child dyads were

recruited from local organizations that served pre-adolescents and adolescents (e.g. schools, churches, and community centers) as well as via recruitment fliers in communities where the study was introduced to the study participants. Informational meetings were held with both the parents/caregivers and their children, where staff provided an overview of the study, described the voluntary and confidential nature of the study activities and the time commitment required, and addressed questions and concerns. To be eligible for the focus group discussions, participants had to either be a parent or caregiver of a child aged 10–14 years, or a child ages 10–14, living in Chitungwiza, Zimbabwe, understand and speak Shona, and provide informed consent/assent to participate in the study. If there was more than one eligible child of the parent/caregiver, the older child was given preference to participate in the focus group. Prior to the focus group discussions, written informed consent and permission for participation were obtained from the parents/caregivers and verbal assent from all the children. Participants (parents/caregivers and children each) received $5.00 USD toward their travel expenses. Institutional Review Board approval for the study was granted by the Medical Research Council of Zimbabwe and the Centers for Disease Control and Prevention.

Data collection

Forty parents/caregivers and 40 children, ages 10–14 years, separately participated in the eight focus groups (four groups with parents/caregivers and four groups with children), with an average of 10 participants per focus group. Basic demographic characteristics (age and sex) were collected prior to the sessions. Since data were collected from participants from a moderately sized town outside Harare, in order to maintain confidentiality, and not inadvertently disclose participant's identity, we only collected data on age and sex of participants.

Sessions lasted approximately one hour and were recorded, transcribed in Shona, and then translated to English. A note-taker was present at each focus group to document observations regarding group dynamics and emerging themes, ideas, non-verbal cues, and comments made during the discussions.

Data analysis

Authors of this paper analyzed focus group discussion data using both an inductive and deductive approach (Fereday & Muir-Cochrane, 2006). Each focus group transcript was read and reread for parents/caregivers and children line-by-line to capture emerging themes (inductive approach). The authors also used the main research questions to help guide the textual analysis (deductive approach). Themes were then organized into categories, followed by codes and sub-codes. To ensure consistency during data analysis, a codebook was developed with definitions as well as inclusion and exclusion criteria for codes where there was ambiguity. Three coders, independent of the qualitative study team in Zimbabwe coded the data. There was one main coder who coded the qualitative data using MAXQDA 12. In addition, two independent coders performed an intercoder agreement exercise before the final codebook was generated (Creswell & Creswell, 2017). In this exercise, two focus group transcripts (one transcript from the parent/caregiver and one for the child) were randomly selected to code. Once each transcript was coded, the main coder and two independent

coders met to discuss discrepancies and refinements. Ninety percent of the assigned codes matched; coders discussed discrepant coding before a consensus was achieved, and a final codebook was developed. In addition to developing a codebook, the coders analyzed commonalities and differences by themes, between parents/caregivers and children, as well as the intersections between themes. After the analysis was complete, the coders shared the analysis/codebook with the study team in Zimbabwe to ensure the main coders captured the nuances of the textual data, for example, this step helped clarify terms like "taking rat poison" which meant to attempt suicide, which the coders did not fully understand, but the team in Zimbabwe did. The study team in Zimbabwe provided clarifications to about 5% of the analysis/codebook which altogether, reaffirmed the trustworthiness of the data. The final focus group analysis described in this article represents all 40 parent-child dyads.

Results

Of the 40 parents/caregivers and children (80 total) who participated in the study, the average age of parents/caregivers was 37, and age range was 20–61 years of age. Most of the parent/caregivers were female, and 20 % were male. The average age of the children was 12, with an age range of 10–14 years, and there were equal numbers of male and female children.

A list of themes and sub-themes from the analysis are presented in Table 1. Themes and subthemes with illustrative quotes are presented below.

Disciplinary practices

During the focus group discussions of children and parents/caregivers, participants described how children in the community were disciplined. Both physical discipline and non-physical forms of discipline emerged as themes. Children and parents/caregivers provided examples such as giving a child "a warning," being "counseled" or "advised," "scolded," and beaten with a "whipping stick" or other objects. An example of non-physical discipline where a child is advised/counseled is represented in the following quote:

> "If a child does not listen, I will sit down with him every day, even if my neighbors speak about how my child does not listen… When I get home, I will sit down with my child and tell him that what he is doing is wrong."

In addition, some parents described a progression or a continuum of disciplinary practices, moving from non-physical discipline to physical discipline, for example:

> "Let's say the chores that she is supposed to do are so obvious like to remove utensils after she is done eating. If you notice that there are some breadcrumbs that have remained behind and then ask her to sweep, [and you tell him/her first] and you will see that she does not want to [and] she [is] stubborn. In that situation I will beat her with the back of my hand. I will not beat her hard but if she does that, I will surely beat her."

Overlap between disciplinary practices and abuse

Narratives on discipline overlapped with narratives on abuse. For example, when asked how the community describes discipline specifically, both children and parents/caregivers commonly described beating with hands or an object, such as “whipping stick,” “chain,” or “electrical cord.” This finding indicates that violent discipline might be a normative practice and that the lines between physical discipline and physical abuse may be blurred. For example, a child shared a personal experience (even though the question was about disciplinary practices in the community) that when disciplined for doing something mischievous:

> “…My parents will pin down my head between their legs whilst they make me hold on to a chair and then they beat me.”

Another child shared that when children are disciplined:

> “[Parents/caregivers] pull an electricity cable and tell him/her that if he/she does not touch the cable, they will beat him.”

In addition, the misconception between discipline and abuse was further underscored when, for example, a parent/caregiver shared:

> “There are times when a [child] can be beaten in a way that [parents/caregivers] think is reasonable. That child will be beaten using hands not a whipping stick because it is [not] reasonable to be beaten with stick so will [be] slapped [instead] and that child will cry, but there is a time when you will see that the child is now in pain.”

Abuse

At the same time, parents/caregivers and children accurately described examples of physical mistreatment/abuse such as “beating a child severely to the extent of hurting him or her” or “using something very dangerous to beat a child with like an iron rod.” In addition, while there were no specific questions on emotional abuse, narratives of parents and children included how “scolding,” and vulgar words” can be forms of emotional abuse. One child shared:

> “Some parents use vulgar words when scolding a child and this will affect the child. If the child thinks about this when she is at school, her pass rate might decrease. The child will not perform better in school because of the bad things that parents say at home.”

While the *impact* of abuse on children was not explicitly asked in the focus groups, the effect on mental well-being did emerge within the context of emotional abuse. One parent/caregiver shared the impact on a child when “scolding” was taken too far:

> “It’s just like scolding. There is a certain type of scolding in which if done to you, you will think that you are a curse. There is a child who was talking to me yesterday telling me that she is a curse, and I said to her, ‘No, you are not a curse.’ She said that she thinks she is a curse because of the way the people that she lives

with talk to her. There are some words that are used which can make you take rat poison [commit suicide]."

Neglect

While questions in this study focused on disciplinary practices and abuse, examples of what might be considered neglect also emerged from the focus group narratives. Discussions of parents/caregivers and children included themes of responsibilities/chores of children not being age-appropriate and overworking a child. A parent/caregiver described it this way:

> "Some children may be given a directive to sell a dish full of vegetables for the whole day …which is not age-appropriate."

In addition, under the theme of overworking the child, the impact on a child's well-being emerged, including not being able to take medication on time or attend school. For example, a parent/caregiver explained how overworking a child like fetching water did not allow the child to take their HIV medication on time:

> "There is [a child] …she is supposed to take her medication at 6 pm, she is on medication [antiretroviral therapy] but you might see her getting home around 9 or 10 pm, coming from fetching water…"

Focus group discussions of children and parents/caregivers also described withholding children's food or controlling portion size of foods. Narratives of parents/caregivers described this as becoming increasingly common in Zimbabwe due to the prevailing economic conditions. A parent/caregiver shared, that "Even by their actual parents, if [the child] does something wrong, their parent might not give them food." Portion control was also used to assert control and facilitate behavior change. Another parent/caregiver described the fine line between discipline and abuse in terms of withholding food and serving different portions to different children:

> "When it is time to eat, one can be outside whilst the other one is inside the house eating… When serving food, you can even notice that this child did not get the same portion as the others. So that will affect the child. So, you would have abused the child because that's not right."

Factors which influence disciplinary practices, abuse and neglect

Aside from 'how gender influenced how children were disciplined,' there were no explicit questions on factors that influenced disciplinary practices, abuse or neglect administered in the focus group discussions; however, such themes emerged in the narratives.

Discipline: gender of children

Narratives of children and parents/caregivers included how gender differences influenced how children were disciplined. Children and parents/caregivers shared how male children might be disciplined differently from female children. For example, they perceived boys were "beaten" more compared to girls whereas girls were disciplined by increasing their chores or workload. In narratives of parents/caregivers, some parents disagreed with using

different disciplinary practices based on the gender of the child; however, this point did *not* come up in the narratives of children. For example, a parent/caregiver shared:

> "If it is a girl, I will tell her what she is supposed to do as a girl. And for the boy I will tell him that your friends are too many they will influence you to do bad things, concentrate on your books. So, the way I discipline them is just the same, but the only difference is that the other one is a girl and the other one is a boy, but a child is a child."

Discipline & abuse: severity of children's misbehaviors/actions

A community's perception of parents'/caregivers' disciplinary practices emerged as a subtheme in the narratives. For example, if a child did not complete his/her chores, then she/he would be considered "spoilt" or lacking morals which would negatively reflect on the parents'/caregivers', and such perceptions influenced disciplinary practices. For example, one child shared:

> "…[discipline] might be different [based on] the kind of mischief committed, for example if a child does not clean the plates and other utensils on time, I cannot chase that child away, but I can simply say, 'take the dishes and clean them now,' but if a child is into drugs that's when I will chase them away."

Discipline: community perceptions of disciplinary practices

The severity of children's behaviors or actions also influenced the forms of discipline parents and caregivers used, for example, discipline could be less severe if a child did not complete their chores compared to doing something "bad or dangerous" such as "doing drugs" or "getting impregnated whilst still in school." Narratives of parents and children indicated that if a child in the community did not do his/her chores properly or on time, they could be, for example, "counseled/advised," "scolded," or "beaten" by parents/caregivers, and when a child did something "dangerous or bad" such as doing drugs, children could receive more severe forms of discipline or abuse such as being taken to the police to be beaten or be "chased away" from their home. A parent/caregiver shared:

> "It will [influence parents/caregiver] because when people [in the community] talk about the [child's behavioral] issue, they will be talking about the mother and the father. The community can say that this child was spoilt by her mother, and her mother is the one who will be scolded."

Abuse: orphan/non-biological children

Children and parents/caregivers described that being an orphan or non-biological child influenced abuse. Referring to a child's physical attributes or deformities, bringing up HIV status of parents or child, and/or mentioning a child's deceased parents, were specific examples of emotional abuse towards orphan/non-biological children. An example is illustrated in the following quote shared by a child:

> "A child might be an orphan or might have lost her mother and then her father will marry someone else whom she will refer to as stepmother. If the child does

> something wrong, the stepmother may abuse the child by scolding her saying, 'that is why your mother died of cancer.'

A parent also described an example of emotional abuse an orphan/non-biological child can face in the community:

> "The words that are used when scolding a 10− 11-year-old child who has come back from school and has finished washing her stockings [her chores] … Obviously she will begin asking her mother for food [as she is hungry]. Then [the caregiver] will say, 'You are giving me a burden, your mother died because she was a prostitute.' Those words about her mother being a prostitute will be said whilst the food is being put on the table for her to eat."

Neglect: orphan/non-biological children

Being an orphan/non-biological child influenced neglectful practices in the community. Parents/caregivers shared that orphan/non-biological children were perceived to be treated differently from biological children, including being given more chores, not provided with new clothes, and not sent to school regularly. In addition, non-biological children were perceived to be particularly vulnerable to neglect including withholding food, not attending school regularly, and being overworked. A parent/caregiver provided an example of this differential treatment:

> "Usually when you have other children in your household who are not your biological children the way those children are treated is different from the way biological children are treated. The child may not be going to school and the child is given more work [chores] to do than the biological children."

and

> "Usually biological children will not do any work while the other [non-biological] children do all the work. The child will find no time to go outside to play with other children, or even time to rest. The child will be the servant or maid of the house."

Discussion

There were similarities across themes and subthemes of narratives of children and parents, which may provide support for prioritizing and intervening on areas to help mitigate severe forms of discipline and abuse in Chitungwiza, Zimbabwe. Understanding how parents/caregivers define discipline and abuse, what forms of discipline and abuse are used in a community, as well as the factors that influence them, can help identify disciplinary practices that are helpful and/or harmful for children.

The overall findings from this formative study in Chitungwiza, Zimbabwe suggest that parents/caregivers and children may not be completely clear about where the boundaries between discipline and abuse lie. For example, beating with hands or an object, such as "whipping stick," "chain," or "electrical cord" were described as *both* forms of discipline and forms of physical "abuse." Physical discipline has shown to heighten risk for abuse and other adverse mental health outcomes (Meinck, Cluver, Boyes, & Mhlongo, 2015),

and there is a theoretical framework to describe the continuum between discipline, abuse, and injury (Cousins, 2005). In addition, severity of misbehavior was described as a factor that influenced disciplinary practices. A study in Africa showed that parents/caregivers believed that physical punishment was necessary and appropriate, for example when children engaged in dangerous behavior or to promote compliance (Zuilkowski et al., 2019). Thus, child protection programs and specifically parenting/caregiving programs need to focus on building awareness and knowledge about the differences between discipline and abuse in the community. In addition, providing knowledge and skills on anger and stress management, joint problem-solving, and non-violent discipline are important components of positive parenting/caregiving programs and have shown to have had a reduction on physical child abuse in low- and middle-income countries (Cluver et al., 2016).

In addition, while narratives did not specifically describe norms surrounding disciplinary practices in the community, the findings on factors that influenced discipline, including community perceptions on disciplinary practices and gender-based practices, suggest that discipline may be influenced by community norms and expectations. Moreover, when parents/caregivers perceive physical discipline to be normative, they may be inclined to use those disciplinary strategies (Lansford & Dodge, 2008; McLoyd, Kaplan, Hardaway, & Wood, 2007). Thus, there needs to be a sound understanding of underlying community norms and expectations surrounding discipline that are harmful and address these in positive parenting/caregiving programming. In addition, since focus group discussions in this study were intended to inform the refinement of a positive parenting/caregiving program in Chitungwiza, ensuring recipients of the program are aware of factors that negatively impact children's well-being, may be critical to facilitating beliefs/norms changes and ultimately building knowledge and skills in favor of positive parenting/caregiving.

Narratives of children and parents/caregivers showed that verbal discipline can be taken too far and the use of "vulgar words" and "scolding" are forms of emotional abuse. National data from Zimbabwe showed that 38 % of boys and 29 % of girls experienced emotional abuse before the age of 18 (Zimbabwe National Statistics Agency, 2013). Moreover, being an orphan/non-biological child seemed to have heightened risk of abuse including emotional abuse and being treated differently compared to biological children. Zimbabwe's rapid economic decline beginning in 2000, along with the HIV epidemic, has contributed to Zimbabwe's large orphan population (UNAIDS, UNICEF, & USAID, 2019). Given Zimbabwe's high concentration of orphans and the studies of abuse and neglect of orphan/non-biological children (Morantz et al., 2013), teaching positive disciplinary strategies to caregivers of orphan/non-biological children is critical.

Like children who experience abuse, neglect has long-term effects on children's development (Norman et al., 2012). Neglectful practices such as overworking a child and assigning chores that are not age-appropriate can impact the health and well-being of a child (Krug et al., 2002). Moreover, depriving children of food can prevent them from consuming essential nutrition which is critical for their development. In addition, physical punishment has been associated with parental stress and lower economic status (Nkuba, Hermenau, & Hecker, 2018), and while these domains were not explored in this study, we may also need to understand and appreciate these additional factors to help support and recognize

parental challenges in the programming we offer them. Neglectful and abusive practices may be mitigated by teaching parents/caregivers what is developmentally (i.e. physically and emotionally) appropriate based on the age of the child, as well as sharing the negative consequences on children when developmental standards are not met (De Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008).

Some experts describe acts of child abuse as “deliberate and intentional”, but the harm experienced by the child may or may not be the intended consequence (Centers for Disease Control and Prevention, 2019a). Some researchers believe that abusive acts need to be further categorized as “willful,” “deliberate,” and/or “malicious” versus an act of negligence, which could be for example, due to “lack of knowledge”or “forgetfulness” (Golden, Samuels, & Southall, 2003, p. 105). The “willful deprivation of needs” for example, withholding food could also be considered as “deprivational abuse” according to other definitions (Golden et al., 2003, p. 105). Economic and social policies in Zimbabwe have contributed to poor living standards and poverty (Jenkins & Knight, 2002), and such factors can create environments that place children at risk for abuse and neglect. Few studies have addressed child neglect specifically in Chitungwiza, Zimbabwe, and acts of child neglect and deprivational abuse may be more common than we know, particularly given the social and economic landscape. Future studies should also include parents/caregivers’ and children’s knowledge of child neglect in order to bridge the gap and facilitate norms change to improve protections against neglect for children.

In the past few years strategies to address violence have been increasingly implemented in Zimbabwe, including creating safe spaces for children in the community, increasing provision of medical and psychosocial services, strengthening household income (Together for Girls, 2019; UNICEF, 2019), and providing parent/caregiver support; however work remains to ensure that the country’s most vulnerable children are protected against abuse and neglect.

While focus group data were collected prior to the coronavirus disease 2019 (COVID-19) pandemic, child protection during COVID-19 and specifically positive parenting/caregiving programs is of critical importance because of the additional risk factors the pandemic has placed on families, including increased parental stress and anxiety, unemployment, and disruption of social support in the community (UNICEF, 2020b).

Limitations

This study has several limitations. First, this was a formative study in one area within Zimbabwe so it is unclear to the extent that we can apply these findings more broadly. Second, while the qualitative findings offer insight to help adapt/refine a parenting intervention for the local context, they are not conclusive. While there was heterogeneity in responses for both focus groups of parents/caregivers and their children, concurrency of viewpoints was not assessed, thus it is difficult to ascertain if fellow participants agreed or disagreed with viewpoints shared in each discussion. In addition, there were more female parents/caregivers who participated in the study, compared to male parents/caregivers, which may have influenced beliefs and attitudes about discipline and abuse. In addition, due to the nature of the focus group discussions and the sensitive questions that were asked

about child abuse, social desirability bias may have been observed in parents/caregivers and children's responses, although focus group facilitators tried to maintain neutrality, emphasized confidentiality during discussions, and tried to enhance comfort to minimize this type of bias.

Conclusion

This paper describes parents'/caregivers' and children's understanding of child disciplinary practices, abuse, and neglect, as well as the factors that influence each of them in Chitungwiza, Zimbabwe. This study offers important areas to consider for informing the refinement of a parenting/caregiving intervention for the local Zimbabwean context, including the potential for shifting deeply entrenched beliefs and support for physical punishment of children in the community, by increasing knowledge and skills of non-violent discipline, changing norms which endorse violent discipline, and increasing knowledge of the consequences of child abuse and neglect on the community.

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Table 1

Themes and sub-themes of focus group discussions with parents/caregivers and children on disciplinary practices, abuse, neglect, and the factors that influence each.

DISCIPLINARY PRACTICES
● Non-physical
● Physical
● Progression/continuum of disciplinary practices (from non-physical to physical)
OVERLAP BETWEEN DISCIPLINARY PRACTICES AND ABUSE
ABUSE
● Physical
● Emotional
NEGLECT
● Responsibilities/chores of children not being age-appropriate
● Overworking children
● Withholding food/controlling portion size
FACTORS THAT INFLUENCE DISCIPLINE
● Gender of children
● Community perceptions of disciplinary practices
● Severity of children's misbehavior/actions
FACTORS THAT INFLUENCE ABUSE
● Severity of children's misbehavior/actions
● Orphan/non-biological children
FACTORS THAT INFLUENCE NEGLECT
● Orphan/non-biological children