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FACALTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK



Title*: The role of care givers in addressing juvenile delinquency behavior among children in Bindura Urban*

BY

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A Dissertation report submitted to the Department of Social Work, Bindura University of Science Education, in partial fulfillment of the requirements for the Bachelor of Science Honors Degree in Social Work.

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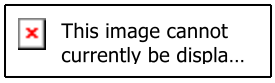
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DEDICATION

I dedicate this dissertation to my beloved father and Mother whose unwavering love, support, and sacrifices have been the foundation of my academic journey.

LIST OF ACRONYMS

CCT	**Conditional Cash Transfer**
DSD	**Department Of Social Development**
FGD	**Focus Group Discussion**
FFT	**Functional Family Therapy**
MST	**Multisystemic Therapy**
NGO	**Non-Governmental Organization**
PMT	**Parent Management Training**
PLH	**Parenting for Lifelong Health**
SFP	**Strengthening Families Program**
ZIMVAC	**Zimbabwe Vulnerability Assessment Committee**

ABSTRACT

This study explored the pivotal role of caregivers in addressing juvenile delinquency among children in Bindura Urban, with the overarching aim of developing a caregiver-centered intervention model to strengthen prevention efforts. The objectives were to examine caregivers' perceptions of the causes of delinquent behaviour, to assess the strategies employed in mitigating delinquency, and to design a model that capacitates caregivers to respond effectively to children's behavioral challenges. The study was anchored in Behavioral Theory, which emphasizes reinforcement, modelling, and supervision as determinants of behaviour modification. A qualitative research approach was adopted, and purposive sampling technique was used yielding 15 participants, comprising of 12 caregivers and 3 key informants who were social development officers. Data was collected through in-depth interviews and focus group discussions, guided by semi-structured instruments. Findings revealed that delinquency in Bindura Urban is driven by family environment factors, socio-economic deprivation, peer influence, and weak caregiver supervision which undermines caregivers' ability to provide adequate supervision, education, and basic necessities, thereby exposing children to truancy, petty theft, and substance abuse. The study further established that caregivers mitigate delinquency through strategies such as corporal punishments, increased supervision, moral and spiritual socialization, positive reinforcement and modelling appropriate behavior. Recommendations urged policymakers, social workers, and communities to integrate caregiver training, psychosocial support, and resource provision into child protection frameworks, advancing holistic interventions aligned with Zimbabwe's Education 5.0 strategy and the Ubuntu philosophy of collective responsibility.

Key words: Caregivers, Juvenile deliquency, Behavior, Children, Bindura Urban

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CHAPTER 1

1.0 Introduction

The role of caregivers in Zimbabwe's urban communities is becoming more widely recognized as a critical factor in shaping children's social behaviour. Neglecting this role risks perpetuating cycles of juvenile delinquency, while socio economic stressors and inadequate parental guidance further exacerbate children's vulnerability. It is therefore vital to reframe interventions not only around structural and institutional responses but also around the everyday practices of caregivers who directly influence children's choices and resilience. This research puts forward a caregiver-centered model that interrogates the underlying causes of delinquency, strengthens the capacity of caregivers to mitigate risk, and promotes inclusive participation in child development. Without such a model, efforts to address juvenile delinquency risk becoming fragmented and disconnected from the lived realities of families and communities. Using Bindura Urban as its primary setting, the study examines the extent to which caregivers contribute to addressing delinquent behaviour among children.

1.1 Background of the study

Juvenile delinquency has emerged as a fundamental developmental challenge in Zimbabwe and beyond, eroding social cohesion and jeopardizing the futures of at-risk children. Despite the proliferation of child welfare initiatives, many interventions remain reactive and institutional in nature, offering temporary relief without fostering long-term resilience or family empowerment. According to Garrett (2024), weak caregiver involvement and disjointed social responses risk entrenching cycles of delinquency, ultimately limiting the transformative potential of social work. This has resulted in persistent behavioural problems, exclusion, and limited resilience among children in urban communities. At the same time, caregivers living with delinquent children face their own vulnerabilities including economic hardships, emotional stress, and lack of institutional support which weaken their ability to provide consistent supervision and guidance. Recognizing these caregiver challenges is essential to understanding why many interventions fail to produce sustainable outcomes. The researcher is prompted to undertake this study after observing that efforts to address juvenile delinquency in Bindura Urban have not delivered sustainable results, particularly where caregiver involvement remains minimal and poorly resourced.

Globally, similar patterns have been observed. According to Jarldorn (2020), many juvenile justice systems place heavy emphasis on punitive measures such as detention and probation and yet consistently fail to tackle deeper structural causes like family instability, poverty, and inadequate caregiver support. In the United States, studies have shown that children from households with absent or disengaged caregivers are disproportionately represented in juvenile correctional facilities, highlighting the centrality of family involvement in prevention. These findings also reveal the strain placed on caregivers, who often lack resources, training, and psychosocial support to manage delinquent behaviour effectively. Across Europe delinquency interventions have tended to often focus on institutional rehabilitation while neglecting the role of caregivers in shaping children's socialization, thereby limiting long-term behavioural transformation (James Dominic Shalom Sithole, 2023). Spain offers a notable example where austerity-driven policies weakened family support structures, leaving caregivers ill equipped to provide consistent guidance, which contributed to persistent delinquency rates among urban youth.

Regionally, African countries have also struggled to align delinquency prevention with broader developmental priorities. Cheney & Rotabi (2017), notes that many African child protection frameworks are shaped by donor-driven models that emphasize institutional care over family-based interventions. In Nigeria, juvenile delinquency programs have drawn criticism for prioritizing punitive responses at the expense of caregiver empowerment, leaving children vulnerable to repeat offending. A 2021 survey revealed that over 25% of Nigerian urban youth admitted to engaging in delinquent behaviour, often citing lack of parental monitoring as a contributing factor (Ngui et al., 2023). In South Africa, Ngui et al. (2023) argue that community-based interventions remain fragile, as caregivers often lack both the means and guidance to effectively guide children away from delinquency. These examples highlight that caregivers themselves are vulnerable, often unsupported, and exposed to social and economic pressures that diminish their effectiveness in preventing delinquency.

Zimbabwe presents a particularly instructive case at local level. Despite the existence of several child welfare initiatives such as the National Case Management System (NCMS) and community-based child protection committees, studies have shown that these interventions are poorly coordinated, underfunded, and lack a caregiver-centered orientation. Adebayo (2019), observed that in urban centers such as Bindura, Harare, and Chitungwiza, delinquency among children is exacerbated by socio-economic stressors, peer influence, and inadequate parental

guidance. UNICEF (2024) reports that only 23% of children in poor households receive consistent caregiver support in tandem with social assistance, while over 51% of food-poor households lack adequate family-based interventions. This reflects not only the vulnerability of children but also the precarious position of caregivers, who struggle to balance economic hardship with the demands of supervising and guiding delinquent youth. National statistics reinforce this concern. According to ZIMSTAT (2023), juveniles account for nearly 18% of arrests in Zimbabwe's urban centers, with the most cases linked to petty theft, alcohol abuse, and school absenteeism. A recent study in Gweru Urban revealed that over 32% of adolescents reported involvement in delinquent activities such as theft, substance abuse, and truancy (Mpofu & Machingauta, 2023). In Bindura Urban specifically, police records from Mashonaland Central Province show that juvenile-related offenses increased by 12% between 2020 and 2023, underscoring the growing prevalence of delinquent behavior among children. UNICEF (2024) further reports that 40% of children in urban poor households lack adequate caregiver supervision, a factor strongly correlated with delinquency. These statistics also reveal the hidden struggles of caregivers, who are often left without adequate support systems, making them vulnerable to burnout, stress, and diminished capacity to intervene effectively.

1.2 Statement of the problem

According Papakitsou (2024), Effective prevention of juvenile delinquency should proactively strengthen family structures, empower caregivers, and reduce social vulnerabilities, thereby advancing the goals of child development and social justice. The problem is that in Zimbabwe, existing programs run by welfare agencies and community committees remain narrowly concentrated on managing the visible symptoms of delinquency such as school dropout, substance abuse, and petty crime rather than addressing its deeper structural causes such a s poor parenting. At the root of this problem is lack of capacity among caregivers to respond and mitigate delinquency in children which erodes family resilience and leave children susceptible to delinquent pathways. Compounding this, caregivers themselves experience significant vulnerabilities when living with delinquent children, including economic strain, emotional stress, social stigma, and lack of institutional support. These burdens steadily diminish their ability to provide consistent supervision and guidance, and often leave them isolated in navigating complex behavioral issues. This is a problem because interventions continue to operate in a reactive and piecemeal fashion, offering temporary relief without tackling root causes, and in doing so perpetuating cycles of vulnerability among children. As a result,

families and communities continue to struggle with persistent behavioural challenges, while the social work profession is constrained in fulfilling its developmental mandate, unable to move beyond crisis management toward empowering caregivers and promoting long-term resilience. Without addressing caregiver vulnerabilities alongside children's delinquency, prevention efforts risk remaining superficial and unsustainable.

1.3 Justification

This study, which investigate caregiver involvement in tackling juvenile delinquency in Bindura Urban, holds remarkable significance for a number of stakeholders:

Body of Knowledge (Existing Literature)

This research contributes to the literature on juvenile delinquency in Zimbabwe's urban centers by addressing gaps that remain underexplored. While Mpofu and Machingauta (2023) documented the prevalence of delinquent activities among adolescents, and UNICEF (2024) highlighted inadequate caregiver supervision, these works remain largely descriptive and emphasize poverty and social protection deficits. Regional studies in South Africa and Kenya similarly foreground structural drivers, while global evidence demonstrates the effectiveness of caregiver involvement and resilience-building in reducing delinquency. Yet, such caregiver-centered approaches have rarely been sufficiently examined within the specific contexts of Zimbabwe's socio-economic realities. By reorienting prevention around caregiver empowerment and inclusive participation, this study advances the discourse beyond structural explanations. It positions caregivers as central actors in mitigating risk, strengthening family resilience, and fostering positive developmental outcomes, thereby offering both theoretical enrichment and practical insights for community-based interventions.

Social Policy and Programmes

This study provides valuable insights for the formulation of social policies and programs aimed at curbing juvenile delinquency. By foregrounding caregiver vulnerabilities such as poverty, limited training, and inadequate psychosocial support it advocates for a transition away from reactive, punitive responses toward proactive caregiver-centered strategies. The findings can assist welfare agencies and policymakers in designing targeted interventions that strengthen caregiver capacity, enhance coordination of child protection mechanisms, and embed family-based approaches within prevention frameworks. In Zimbabwe, where child protection systems

are still maturing, this research supports forward looking policy reforms that advance holistic child and family well-being.

Community and Study Participants (Education 5.0)

The study carries practical value for caregivers, educators, and communities by offering strategies to reinforce family supervision, community support, and institutional collaboration. Caregivers stand to benefit access to knowledge and resources tailored to their long-term role in guiding children, while educators and social workers will acquire tools to foster resilience and inclusion in academic and social contexts. By fostering meaningful partnerships between families, schools, and communities, the research resonates with Zimbabwe's Education 5.0 agenda, which emphasizes holistic learning and active community engagement. Ultimately, it advances the Ubuntu philosophy "I am because we are" by promoting inclusive care and collective responsibility in addressing delinquency.

Advancing Education and University Curriculum

The insights generated from this study have the protentional to inform university curricula and pedagogical approaches across social work, psychology, and child welfare. By weaving real-world issues of caregiver vulnerabilities and juvenile delinquency into academic discourse, the research enriches the preparation of future professionals and strengthens the link between theory and practice. This contribution is crucial for developing evidence-based interventions and preparing students to engage meaningfully with communities in addressing delinquency.

In summary, this study not only contributes to academic literature on juvenile delinquency and caregiver involvement but also delivers actionable recommendations for policymakers, educators, and community stakeholders. By centering caregivers in delinquency prevention, the research aims to produce a ripple effect one that fortifies families, empowers communities, and promotes inclusive development in line with Zimbabwe's broader Education 5.0 goals.

1.4 Aim of the study

To develop a model that capacitates caregivers in mitigating juvenile delinquency behaviour among children in Bindura Urban.

1.5 Objectives of the study

1. To examine perceived causes of delinquency behaviour among children by caregivers in Bindura urban.
2. To assess the role of caregivers in mitigating delinquency behaviour among children in Bindura urban.
3. To design a model that capacitate caregivers to address delinquency behaviour among children in Bindura urban

1.6 Research Questions

1. What are the perceived causes of delinquency behaviour among children?
2. What are the roles being performed by care givers in trying to mitigate delinquency behaviour among children?
3. What efforts can be been done to address juvenile delinquency among young children?

1.7 Delimitation of the Study

This study is situated in Bindura Urban, with particular focus on juvenile delinquency and the roles of caregivers in mitigating delinquent behaviour among children. While juvenile delinquency is a national concern in Zimbabwe, the scope of this research does not extend to other districts or provinces. The study is further narrowed to caregiver-led interventions and family-based dynamics, excluding broader institutional or donor-driven programs unless they directly intersect with caregiver responsibilities in Bindura Urban. The research engages key stakeholders such as caregivers, social welfare officers, and selected community leaders who are directly involved in child protection and delinquency prevention. It deliberately excludes national policymakers, law enforcement agencies beyond the district level, or private sector actors, as the emphasis are on localized caregiver roles and district-level operational realities.

1.8 Definition of key terms

1.8.1 Caregivers

According to the World Health Organization (WHO, 2024), caregivers are individuals, either paid or unpaid, who provide physical, emotional, and social support to persons unable to fully care for themselves.

1.8.2 Juvenile Delinquency

UNICEF (2022) defines juvenile delinquency as the involvement of children and adolescents in behaviours that conflict with the law, ranging from status offences to more serious criminal acts.

1.8.3 Role

According to Biddle (1996), role refers to a set of socially defined expectations and responsibilities attached to a particular position within a group or institution.

1.8.4 Behavior

Behavior is the observable actions, responses, or activities of an organism in relation to its environment (Zechuan, 2024).

1.8.5 Children

The United Nations Convention on the Rights of the Child (1989, Article 1) defines a child as every human being below the age of 18 years, unless majority is attained earlier under national law.

1.8.6 Bindura Urban

Bindura Urban is the administrative capital of Mashonaland Central Province in Zimbabwe, located approximately 89 kilometers northeast of Harare. According to the Bindura Municipality (2024), it comprises twelve wards and serves as a district-level hub for governance, commerce, and social development.

1.9 Dissertation structure

This entire dissertation is divided into five chapters as follows:

The first chapter serves as the introduction. It lays the background to the study, outlines the research objectives, and establishes the scope of the investigation. The chapter situates juvenile delinquency within the Bindura Urban context and emphasizes the role of caregivers in addressing delinquent behavior among children.

The second chapter presents the related literature in detail, organized chronologically and thematically. It identifies behavioral theory as the lens through which the problem is examined.

The chapter also reviews global, regional, and local scholarship on juvenile delinquency, caregiver roles, and behavioral interventions, thereby situating the study within broader academic and policy debates.

The third chapter discusses the research methodology employed in the study. It explains the qualitative research design adopted to capture descriptive and context-rich data. The chapter elaborates on sampling, data collection methods such as interviews and focus groups, and ethical considerations relevant to studying children and caregivers.

The fourth chapter is devoted to data presentation, analysis, and interpretation. The findings are presented in ways that illuminate the lived experiences of caregivers and the realities of juvenile delinquency in Bindura Urban. Qualitative methods were applied to interpret participant narratives and expressions, linking them to behavioral theory and existing literature.

Chapter five provides the summary, conclusion, and recommendations. It draws together the key findings, arrives at conclusions on the role of caregivers in mitigating delinquency, and proposes practical recommendations. The chapter also introduces a caregiver-centered model tailored to Bindura Urban, designed to strengthen community-based interventions against juvenile delinquency.

1.10 Chapter summary

This chapter outlined the background to the study, problem statement, research aim, objectives, research questions, and justification of the study. The background explored how juvenile delinquency has emerged as a global and local concern, with countries and communities striving to strengthen behavioral and social interventions to safeguard children. Despite these efforts, persistent challenges such as weak caregiver involvement, peer influence, and fragmented institutional responses continue to undermine efforts to address delinquent behavior. The research gap identified under the problem statement is the need to critically examine how caregivers in Bindura Urban can be capacitated to play a proactive role in mitigating juvenile delinquency among children. The aim was broken down into three objectives that include: to examine the perceived causes of delinquency behavior among children by caregivers in Bindura Urban; to assess the role of caregivers in mitigating delinquency behavior among children in Bindura Urban; and to design a model that capacitates caregivers to address delinquency behavior among children in Bindura Urban.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

This chapter outline the theoretical foundation underpinning the study and reviews relevant literature informing its direction. The research draws on Behavioral Theory, which emphasizes how environmental influences, reinforcement, and social learning influence children's behaviour. The theory asserts that delinquency often emerges when caregivers fail to provide consistent supervision, positive discipline, and emotional support, making caregiver involvement central to prevention. Building on this foundation, the researcher explores how caregivers in Bindura Urban interact with children to mitigate delinquent tendencies, and whether their practices reflect the principles of guidance, reinforcement, and social support outlined in behavioral perspectives. The chapter further surveys relevant literature related to

caregiver roles across various settings, offering comparative insights into strategies such as parental monitoring, family counseling, and community-based interventions. Attention is also given to the documented effects of caregiver engagement on reducing truancy, substance abuse, and peer-driven delinquency, identifying both successes and limitations. Lastly, the chapter reviews previous efforts to strengthen caregiver capacity, extracting lessons from existing studies to inform the proposed model. The researcher is cognisant that caregivers in Bindura Urban face challenges such as poverty, migration, and weak institutional support. However, the extent to which caregiver's roles reduces delinquency remains the central focus for this discussion.

2.1 Theoretical Framework

This study is examined through the lens of Behavioral Theory, which provides a broader conceptual foundation for understanding how caregivers influence children's conduct and delinquency outcomes. Behavioral Theory was advanced in the mid-20th century by scholars such as B.F. Skinner, Albert Bandura, and John Watson, who emphasized that human behavior is shaped by observable actions, environmental stimuli, and reinforcement patterns rather than internal states alone (Skinner, 1963). The theory explains that children's actions can be learned, modified, or extinguished through consistent caregiver practices, modeling, and reinforcement. In the context of juvenile delinquency, Behavioral Theory highlights that children's choices are not random but are conditioned by the patterns of discipline, supervision, and role modeling they experience within their families and communities.

Behavioral Theory rests on four core principles: operant conditioning, observational learning, reinforcement schedules, and punishment. These elements advocate for deliberate caregiver involvement in shaping children's conduct, ensuring that positive behaviors are strengthened, delinquent tendencies discouraged, and resilience fostered through consistent family practices. It is upon these principles that this research seeks to assess and question the applicability of Behavioral Theory in understanding the role of caregivers in Bindura Urban.

Operant Conditioning is central to Behavioral Theory. Skinner demonstrated that behaviors are influenced by the consequences that follow them. Applied to delinquency prevention, this implies that caregivers can encourage children to adopt socially acceptable behaviors (such as attending school or respecting authority) by consistently rewarding them with praise, recognition, or privileges. Conversely, delinquent behaviors such as truancy or theft can be discouraged if consistently followed by negative consequences such as withdrawal of

privileges or disapproval. The researcher therefore seeks to examine whether caregivers in Bindura Urban actively use operant conditioning to reinforce positive conduct and deter delinquency.

Observational Learning is another foundational principle. Bandura's social learning perspective emphasizes that children learn by observing and imitating the behavior of significant others, particularly caregivers. In the family context, if caregivers model respect, responsibility, and resilience, children are more likely to internalize these values. However, if caregivers themselves exhibit neglect, aggression, or substance abuse, children may replicate these patterns, increasing their vulnerability to delinquency. This study will interrogate whether caregivers in Bindura Urban provide positive role models that children can emulate in their everyday lives.

Reinforcement Schedules highlight that the timing and consistency of reinforcement determine the strength of behavior. Behavioral Theory suggests that intermittent reinforcement may weaken desired conduct, while consistent reinforcement strengthens it. Children who receive predictable reinforcement for positive behavior are less likely to engage in delinquency (Watson & Rayner, 1920). Yet, UNICEF (2024) reports that many children in Zimbabwe's urban poor households lack consistent caregiver supervision, suggesting that reinforcement schedules are often irregular or absent. This study will assess whether caregivers in Bindura Urban have the capacity to provide consistent reinforcement that deters delinquent behavior.

Punishment is also critical, as it explains how undesirable behaviors can be reduced when followed by negative consequences. In delinquency prevention, punishment may involve verbal reprimands, withdrawal of privileges, or other non-violent corrective measures. Sun et al. (2025), argue that when caregivers fail to apply appropriate and consistent punishment, children often generalize delinquent tendencies to school and community settings, perpetuating cycles of deviance. This study will therefore explore whether caregivers in Bindura Urban apply punishment strategies effectively and in ways that promote discipline without fostering resentment or rebellion.

Behavioral Theory provides a robust lens through which to examine the nature and impact of caregiver involvement in delinquency prevention. Its four foundational principles, operant conditioning, observational learning, reinforcement schedules, and punishment offer a benchmark for assessing whether caregivers are effectively shaping children's behavior. Operant conditioning calls for consistent pairing of behaviors with consequences.

Observational learning emphasizes the importance of caregiver role modeling. Reinforcement schedules highlight the need for predictable and consistent caregiver support. Punishment insists that delinquent behavior must be discouraged through corrective measures that promote discipline. Therefore, this study seeks to examine how caregivers in Bindura Urban apply these principles in addressing juvenile delinquency, and whether Behavioral Theory provides a viable framework for strengthening caregiver capacity in delinquency prevention.

2.2 Literature Review

This literature review explores global, regional, and national efforts aimed at questioning the role of caregivers in addressing juvenile delinquent behavior among children. It examines how caregiver practices such as supervision, discipline, and emotional support have been designed, implemented, and reformed to influence child behavior. Emphasis is placed on strategies that promote resilience, accountability, and community participation, while also interrogating the limitations of caregiver interventions. The review draws from comparative case studies to highlight both successful models and lessons from failed approaches. Particular attention is given to how these efforts align with the principles of Behavioral Theory, which explains how children's actions are shaped by reinforcement, punishment, and observational learning within family and community settings. Within the Zimbabwean context, the review assesses the capacity of caregivers in Bindura Urban to deliver consistent guidance in environments marked by poverty and institutional gaps, setting the foundation for evaluating the effectiveness and adaptability of current interventions.

2.2 PERCEIVED CAUSES OF DELINQUENCY BEHAVIOR AMONG CHILDREN

2.2.1 Family Environment

Family environment is widely recognized as one of the strongest predictors of juvenile delinquency. At its core, the family environment refers to the influence of parental supervision, family cohesion, and household stability on children's behaviour, factors consistently identified as predictors of delinquency (Papakitsou, 2024) . Weak family bonds, inconsistent discipline, and exposure to domestic violence often create conditions were delinquent behaviour thrives. As Connors (2011), argues, family dysfunction is not just a private matter but a social determinant of crime, shaping children's values and coping mechanisms from an early age.

Globally, extensive research highlights the centrality of family environment in shaping juvenile outcomes. Hoeve et al. (2009) found that poor parental monitoring and inconsistent discipline were among the strongest predictors of delinquent behaviour across diverse contexts. In the United States, longitudinal findings from the Cambridge Study in Delinquent Development revealed that children from single-parent households were significantly more likely to engage in delinquent behaviour compared to those from intact families, highlighting the role of parental absence and weak supervision (Farrington, 2017). In India, research on observation homes in Delhi revealed that most juvenile offenders came from families marked by conflict, neglect, or economic strain, showing how family breakdown directly feeds into delinquency (Sharma, 2015). Similarly, in Europe, studies in the Netherlands demonstrated that harsh parenting styles and poor communication were strong predictors of persistent offending among adolescents (Junger-Tas & Marshall, 1999). These findings collectively affirm that family environment is a universal determinant of delinquency, transcending cultural and geographic boundaries.

Regionally, African case studies reinforce these global insights. In South Africa, Chikadzi (2017) observed that children from households affected by poverty and domestic violence were more vulnerable to delinquency, particularly in urban townships where caregivers struggled to balance survival with supervision. UNICEF (2019) documented in Kenya that family counseling and community-based parenting programs reduced delinquency rates by strengthening caregiver-child relationships, demonstrating that interventions targeting family cohesion can mitigate risk. In Nigeria, Adebayo (2013) found that adolescents exposed to parental neglect and family instability were more likely to engage in truancy and petty crime, pointing out the regional relevance of family environment as a determinant of delinquency. These African examples highlight the dual challenge of economic hardship and weak family structures, which often converge to heighten juvenile vulnerability.

In Zimbabwe, economic hardship and migration have contributed to fragmented family structures, leaving many children under the care of overstretched caregivers or extended relatives. Skovdal et al. (2014) noted that children in rural Zimbabwe often experienced weak supervision due to caregiver fatigue and poverty, increasing vulnerability to delinquent peer networks. In Bindura Urban, high unemployment and poverty have weakened family resilience, while cultural norms sometimes discourage open communication between caregivers and children. Without adequate support, caregivers may resort to punitive measures that fail to address underlying behavioral issues. This study therefore situates family

environment as a critical cause of juvenile delinquency, highlighting the need for a model that empower caregivers to provide consistent guidance, emotional support, and positive discipline. For Bindura Urban, where economic instability and cultural barriers compound family stress, caregiver capacitation models must prioritize strengthening family bonds, promoting positive discipline, and enhancing communication. By situating family environment within broader social development frameworks, this study accentuates its centrality in both the etiology and prevention of juvenile delinquency.

2.2.2 Peer Influence

Peer influence is one of the most powerful social drivers of juvenile delinquency, referring to the tendency of children to adopt behaviour, values, and attitudes modeled by their peers, often in pursuit of belonging and acceptance (Thornberry et al., 2003). Warr (2002) is of the view that delinquent peer groups provide both opportunity and reinforcement for antisocial behaviour, making peer association a critical predictor of offending. The social learning perspective suggests that children internalize behaviour observed in their peer networks, and when these networks normalize deviance, delinquency becomes a pathway to social inclusion rather than exclusion (Geeraert et al., 2024).

Globally, extensive research demonstrates the strength of peer influence in shaping juvenile behaviour. In the United States, Thornberry et al. (2003) found that gang membership significantly increases the likelihood of violent crime among adolescents, with peer groups acting as both motivators and enablers of delinquent conduct. In Brazil, studies of urban favelas revealed that peer networks often substitute for absent family structures, encouraging petty crime and drug use as survival strategies (Zaluar, 2004). Similarly, in the United Kingdom, case studies of youth gangs in London highlight how peer pressure normalizes theft and violence among marginalized youth, with delinquent behaviour becoming a marker of group loyalty and identity (Smith, 2011).

Regionally, In South Africa, Burton (2008) observed that peer groups in townships often act as "schools of crime," where children learn delinquent behaviour through imitation and reinforcement. Adebayo (2013) documented in Nigeria how peer influence in urban centres contributed to truancy and petty theft among adolescents, noting that peer networks often provide a sense of belonging that compensates for weak family structures. In Uganda, Nsubuga (2014) found that peer pressure was a significant factor in school dropouts, with adolescents leaving education to join peer groups engaged in informal economic activities and delinquent

practices. These findings confirm that peer influence is not only a behavioural driver but also a structural issue, shaped by poverty, urbanization, and limited youth opportunities.

In Zimbabwe, peer influence is particularly pronounced in urban areas such as Bindura, where overcrowding and limited recreational facilities push children into unsupervised peer groups. Economic pressures often prevent caregivers from closely monitoring these associations, leaving adolescents vulnerable to negative peer networks. Research by Chikadzi (2017) highlights that in contexts of poverty and unemployment, peer groups frequently become substitutes for family support, but in doing so, they expose children to risky behaviour such as substance abuse, truancy, and petty crime. Without structured youth programs or community-based interventions, peer networks can easily transform into breeding grounds for delinquency. Critically, peer influence must be understood as both a risk factor and a potential protective mechanism. While negative peer associations increase delinquency, positive peer engagement through sports, clubs, and community initiatives can foster resilience and prosocial behaviour. For Bindura Urban, where structural challenges limit recreational opportunities, caregiver-led interventions that promote constructive peer engagement are essential. This study therefore situates peer influence as a critical cause of juvenile delinquency, while also recognizing its potential as a site of intervention. By empowering caregivers to guide peer associations and by investing in structured youth programs, communities can transform peer networks from drivers of delinquency into agents of positive socialization.

2.2.3 Poverty and Socio-Economic Hardship

Poverty is a structural driver of juvenile delinquency, shaping children's opportunities, choices, and survival strategies. Aber et al. (2012), defines poverty as "pronounced deprivation in well-being, encompassing low income and the inability to access basic services such as education, health, and safe water." Beyond income deprivation, poverty also entails social exclusion and limited access to opportunities, which collectively constrain children's life chances. Merton's strain theory provides a useful lens for understanding this dynamic, suggesting that when legitimate means of achieving success are blocked, individuals may turn to delinquency as an alternative pathway (Agnew, 1992). Thus, poverty is not only an economic condition but also a structural context that shapes behavioral outcomes.

Globally, research consistently demonstrates the link between poverty and delinquency, showing the pathways through which deprivation shapes behavior. Kurlychek & Johnson (2019), in their seminal work on life-course criminology, found that children from low-income

households in the United States were disproportionately represented in juvenile justice systems because economic deprivation disrupted family stability, weakened parental supervision, and limited access to education, creating conditions where delinquent behavior became a survival strategy. In India, case studies of street children in Mumbai revealed that poverty-driven survival strategies pushed children into theft, substance abuse, and informal economies (Banerjee, 2010). Without food security or shelter, children engaged in petty crime to meet immediate needs, while substance use provided temporary escape from hardship. In Latin America, UNICEF (2018) documented how economic deprivation in urban slums correlated strongly with juvenile crime, noting that children in impoverished households often joined delinquent peer networks as coping mechanisms. Limited legitimate opportunities and normalized deviant associations provided both material support and social belonging, reinforcing delinquent pathways. These findings highlight that poverty is not only a background factor but a direct driver of delinquent behavior across diverse global contexts, operating through survival pressures, weakened family bonds, and peer influence.

Regionally, African studies provide comparable insights into how poverty shapes juvenile behavior. In Kenya, Mutua (2015) found that poverty and unemployment in Nairobi's informal settlements drove children into petty theft and truancy as survival strategies. Families struggling to meet basic needs often left children unsupervised, and the lack of school fees pushed them out of classrooms, creating conditions were delinquent activity became a means of coping with deprivation. In South Africa, Leoschut (2009) highlighted that economic hardship in townships increased children's vulnerability to crime and gang recruitment. Poverty operated both as a push factor forcing youth into delinquent networks to secure income and protection and as a barrier to rehabilitation, since impoverished households lacked resources to support reintegration. In Nigeria, Adebayo (2013) observed that adolescents from impoverished households were more likely to engage in truancy and petty crime, with economic deprivation weakening parental oversight and normalizing deviant peer associations. These findings illustrate that structural deprivation, compounded by weak social safety nets, creates fertile ground for juvenile offending by limiting legitimate opportunities, destabilizing family structures, and embedding children in survival-driven peer networks.

In Zimbabwe, poverty and socio-economic hardship are particularly pronounced due to prolonged economic instability, high unemployment, and migration. These conditions have contributed to fragmented family structures, leaving many children under the care of overstretched caregivers or extended relatives. Skovdal et al. (2014) noted that children in rural

Zimbabwe often experienced weak supervision due to caregiver fatigue and poverty, increasing vulnerability to delinquent peer networks. In Bindura Urban, widespread unemployment and poverty push children into petty crime and informal survival strategies such as vending, scavenging, or joining delinquent peer groups. Caregivers often lack the resources to provide adequate supervision or opportunities, leaving children exposed to risky pathways. Critically, poverty must be understood not only as a root cause of delinquency but also as a structural barrier to prevention. Economic deprivation limits caregivers' ability to provide consistent guidance, emotional support, and positive discipline. For Bindura Urban, where poverty intersects with weak institutional support, caregiver empowerment models must address both economic and social dimensions. This study therefore identifies poverty as a root cause of delinquency, emphasizing the need for integrated interventions that strengthen caregiver capacity while simultaneously addressing structural deprivation

2.2.4 School Failure and Dropout

School failure and dropout are interconnected processes that undermine children's educational attainment and increase vulnerability to delinquency. Poor academic performance, truancy, and disengagement from education reduce children's attachment to conventional institutions, thereby increasing susceptibility to crime. School failure refers to persistent academic underachievement, truancy, and disengagement from learning, which weaken a child's attachment to school and heighten the risk of antisocial behaviour (Rumberger, 2011). School dropout, in turn, is defined as the premature exit of a student from formal education before completing the prescribed cycle of schooling (Hunt, 2008). Together, school failure and dropout represent critical pathways through which children lose access to protective educational environments, thereby increasing exposure to delinquent peer networks and risky behaviour. Hirschi's social bond theory emphasizes that weak ties to school undermine conformity and encourage delinquency, as children who disengage from education lose a key source of social control (Hirschi, 1969).

Globally, evidence demonstrates the strong correlation between school disengagement and juvenile offending. In the United States, Rumberger (2011) documented that school dropouts are significantly more likely to be arrested for delinquent acts, with dropout rates serving as a reliable predictor of juvenile justice involvement. In Japan, research revealed that truancy and academic disengagement were precursors to juvenile offending, with students who skipped school more likely to engage in theft and substance abuse (Yoshikawa, 2012). Similarly, in the United Kingdom, case studies of excluded students demonstrated that school failure often

coincides with entry into delinquent peer networks, where disengaged youth find belonging in groups that normalize deviance (Smith, 2011). This highlights that school failure and dropout consistently erode protective structures and increase vulnerability to delinquency.

Regionally, Adeyemo (2014) found in Nigeria that school dropout rates were directly linked to juvenile crime in urban centres, with children who left school prematurely more likely to engage in truancy, theft, and gang activity. Burton (2008) documented in South Africa that truancy and poor school engagement increased vulnerability to gang involvement, noting that schools in impoverished townships often lacked the resources to retain students, thereby pushing them into delinquent peer networks. In Uganda, Nsubuga (2014) observed that adolescents who disengaged from school were more likely to join informal economic activities, many of which exposed them to petty crime and substance abuse.

In Zimbabwe, school failure and dropout are particularly pronounced due to structural challenges such as overcrowded classrooms, limited resources, and high poverty levels. Bindura Urban faces significant educational constraints, with children often disengaging from school due to economic hardship, inability to pay fees, or lack of motivation in under-resourced learning environments. Those who drop out frequently spend unsupervised time in the streets, increasing exposure to delinquent peers and risky behaviours. Caregivers, constrained by economic pressures, struggle to re-engage children with education, leaving them vulnerable to delinquency. Research by Chikadzi (2017) highlights that poverty and unemployment, disengagement from school often coincides with entry into delinquent peer networks, reinforcing the cycle of vulnerability.

2.2.5 Substance Abuse

Substance abuse is both a cause and consequence of juvenile delinquency, creating a cyclical relationship that undermines children's health, judgment, and social functioning. It impairs decision-making, lowers inhibitions, and increases the likelihood of criminal behaviour. The World Health Organization (WHO, 2014) defines substance abuse as "the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs, leading to dependence and adverse health outcomes." Obando et al. (2014), argue that substance use among adolescents is closely tied to delinquent peer networks and weak family supervision, with drug and alcohol use often serving as gateways into broader patterns of antisocial conduct.

Globally, research demonstrates the strong correlation between substance abuse and juvenile offending. D'Amico et al. (2008), found in the United States that alcohol and drug use were

strongly associated with violent crime among juveniles, with substance abuse acting as both a predictor and facilitator of delinquent behaviour. In Brazil, studies of Rio de Janeiro's favelas revealed that adolescent drug use was a gateway to gang involvement, as peer networks centered around substance use often normalized criminal activity (Zaluar, 2004). Similarly, in the United Kingdom, case studies of juvenile offenders highlighted substance abuse as a recurring factor in delinquent behaviour, with alcohol and drugs frequently cited as catalysts for theft, assault, and other forms of crime (Smith, 2011). These findings underscore that substance abuse is not merely a health issue but a structural driver of delinquency across diverse global contexts.

Regionally, Parry et al. (2004) documented in South Africa how alcohol and drug abuse among youth contributed to high rates of violent crime, noting that substance abuse was often intertwined with gang activity and community violence. Ndetei (2009) found in Kenya that substance abuse was a major driver of juvenile delinquency in urban centres, with adolescents reporting that drug use facilitated truancy, theft, and aggressive behaviour. In Nigeria, Obot (2005) observed that cannabis and alcohol abuse among youth were strongly associated with school disengagement and petty crime, reinforcing the regional relevance of substance abuse as a determinant of delinquency.

In Zimbabwe, substance abuse among youth has become a growing concern, particularly in urban areas such as Bindura. Easy access to cheap alcohol and drugs, including locally brewed spirits and illicit substances such as mutoriro (crystal methamphetamine), exacerbates risky behaviour among adolescents. Economic hardship and unemployment further compound the problem, as children often turn to substance use as a coping mechanism for stress and social exclusion. Caregivers, constrained by limited resources, frequently lack access to rehabilitation services or counseling, leaving children without adequate support. Research by Chikadzi (2017) highlights that substance abuse in Zimbabwean urban centres is closely linked to peer influence and weak family supervision, with adolescents who abuse drugs more likely to engage in theft, violence, and truancy. Substance abuse must be understood as both a symptom of structural deprivation and a catalyst for delinquency. While poverty and weak family structures create conditions for substance use, drug and alcohol abuse in turn intensify vulnerability to crime, creating a self-reinforcing cycle. For Bindura Urban, where economic instability and limited institutional support exacerbate the problem, caregiver-led interventions that combine supervision, counseling, and community support are essential. This study therefore identifies substance abuse as a critical cause of delinquency, underscoring the need

for integrated models that empower caregivers to monitor peer associations, provide emotional support, and facilitate access to rehabilitation services.

2.3 ROLES OF CAREGIVERS IN BEHAVIOUR MODIFICATION AMONG CHILDREN.

This section reviews the diverse roles caregivers play in shaping and modifying children's behavior within family and community contexts. It explores how caregivers have responded to challenges in child discipline not by relinquishing their responsibilities, but by adopting adaptive strategies that reflect evolving social realities and developmental needs. These responses underscore a growing recognition that effective behavior modification requires more than authority; it demands intentional modeling, emotional support, and consistent guidance. The literature highlights several key roles that have emerged as corrective and transformative tools. Positive reinforcement has been used to encourage desirable conduct, linking praise and rewards to the development of self-discipline and pro-social values. Modeling appropriate behavior has provided children with tangible examples of respect, responsibility, and empathy, reinforcing learning through observation. Supervision and monitoring have reduced exposure to harmful influences, ensuring that children's activities align with family and community expectations. Communication and counseling have strengthened trust and openness, enabling caregivers to address behavioral challenges through dialogue rather than coercion. Meanwhile, moral and spiritual socialization has grounded children in ethical frameworks, recognizing that resilience is not only behavioral but also moral. This review provides a foundation for the proposed model in this study one that builds on global lessons of caregiver engagement while responding to the specific challenges and opportunities in Bindura.

2.3.1 Parental Supervision and Monitoring

One of the most critical caregiver roles in behavior modification is parental supervision and monitoring. This is not merely a domestic routine but a structured behavioral tool designed to align children's daily activities with developmental and social expectations. As Swaim & Stanley (2025) emphasize, parental monitoring encompasses awareness, communication, concern, supervision, and tracking of adolescent behavior. By keeping track of children's whereabouts, peer associations, and daily routines, caregivers reduce exposure to risky environments and reinforce pro-social conduct. From a social control perspective, consistent supervision strengthens bonds between children and conventional institutions, thereby limiting opportunities for deviance and discouraging antisocial behavior.

Globally, case studies consistently highlight the protective role of parental monitoring. In the United States, Multisystemic Therapy (MST) has demonstrated success in lowering recidivism rates among juvenile offenders by embedding caregiver supervision into therapeutic interventions (Garrett et al., 2024). MST requires parents to take accountability for structured monitoring, showing that when caregivers are actively engaged, children are less likely to reoffend. In Sweden, family-based interventions integrated into juvenile justice systems emphasize caregiver involvement, resulting in improved rehabilitation outcomes and reduced delinquency (Sundell et al., 2008). These examples illustrate that across diverse contexts, parental supervision functions not only as a preventive measure but also as a rehabilitative tool.

Regionally, African evidence reinforces this global trend. In South Africa, Burton (2008) found that parental supervision reduced vulnerability to gang recruitment in townships, where unsupervised children were more likely to be drawn into delinquent peer networks. UNICEF (2019) documented in Kenya that community parenting programs strengthened caregiver monitoring, leading to lower truancy rates and improved school attendance. In Nigeria, Adebayo (2013) observed that adolescents with strong parental oversight were less likely to engage in petty crime, underscoring the regional relevance of supervision as a protective factor. These findings confirm that in contexts marked by poverty and social instability, parental supervision remains a critical determinant of juvenile behavior.

In Zimbabwe, however, caregivers often struggle to supervise children due to economic pressures and migration. High unemployment forces caregivers into informal work, leaving children unsupervised for long periods. Migration patterns, particularly labor migration, have also contributed to fragmented family structures, weakening parental oversight. In Bindura Urban, these challenges are particularly pronounced, with children frequently left in the care of overstretched relatives or left to navigate unsupervised peer environments. Without structured support, caregivers may find it difficult to balance economic survival with effective monitoring. Research by Chikadzi (2017) highlights that weak parental supervision in Zimbabwean urban centers correlates strongly with juvenile delinquency, as unsupervised children are more likely to engage in truancy, substance abuse, and petty crime.

Critically, parental supervision must be understood as both a micro-level practice and a structural issue. While individual caregivers can provide monitoring, broader socio-economic conditions often constrain their capacity to do so. For Bindura Urban, where economic hardship and migration weaken family structures, caregiver support models must prioritize

strengthening supervision through community-based initiatives, economic empowerment, and structured parenting programs. The feasibility of such interventions is strongly supported by global and regional evidence, while locally implemented models provide a practical foundation for replication. This study therefore situates parental supervision as a critical factor in both the prevention and mitigation of juvenile delinquency, emphasizing the need for integrated interventions that enable caregivers to balance economic survival with effective monitoring.

2.3.2 Emotional Support and Guidance

The integration of emotional support and guidance into caregiving roles has emerged as a transformative strategy for modifying juvenile behavior and fostering resilience. Emotional support is defined as a structured form of social support that encompasses affection, encouragement, and validation, promoting psychological well-being and social adjustment (Feeney & Collins, 2015). Baumrind (1996), further explains that authoritative parenting marked by warmth combined with firm guidance creates a behavioral environment where children internalize values, develop self-regulation, and resist delinquent influences. Emotional support is therefore not limited to comfort; it is a deliberate process of modeling trust, empathy, and responsibility, enabling children to replicate prosocial conduct within family and community settings.

Globally, the limitations of punitive or authoritarian approaches have prompted a shift toward emotionally supportive models of behavior modification. In the United States, Functional Family Therapy (FFT) has demonstrated success in reducing recidivism among juvenile offenders by strengthening caregiver-child bonds and teaching parents to model constructive dialogue and emotional regulation (Liddle, 2010). This approach shows that when caregivers demonstrate patience and empathy, children learn to manage conflict without aggression. In Japan, studies reveal that emotional closeness between parents and children acts as a behavioral model, reinforcing attachment to conventional norms and reducing susceptibility to peer pressure. These examples illustrate that emotional support is not passive reassurance but an active modeling process that shapes children's conduct.

Regionally, African evidence underscores the behavioral impact of emotional guidance. In Nigeria, Nyamu & Wamahiu (2022), observed that households with emotionally supportive caregivers reported fewer cases of juvenile delinquency, as children mirrored the empathy and responsibility demonstrated by their parents. In South Africa, UNICEF (2019) documented that family counseling initiatives reduced behavioral problems among adolescents by equipping

caregivers to model respect, patience, and constructive conflict resolution. These findings confirm that emotional support functions as a behavioral template, guiding adolescents toward prosocial choices in contexts marked by poverty and instability.

In Zimbabwe, however, caregivers often face socio-economic stressors that limit emotional availability. In Bindura Urban, poverty and cultural norms sometimes discourage open dialogue between caregivers and children, weakening the modeling of prosocial behavior. Without structured interventions, children may replicate negative peer behaviors rather than internalize positive examples from caregivers. Research highlights that weak emotional bonds correlate strongly with truancy, substance abuse, and petty crime, underscoring the need for deliberate caregiver engagement. This study therefore situates emotional support and guidance as a vital caregiver role, emphasizing the need for training programs that equip caregivers with communication and counseling skills. Strengthening emotional bonds is both a micro-level practice and a structural necessity in contexts marked by hardship and instability, where children's vulnerability to delinquency is heightened.

2.3.3 Discipline and Behavior Management

Discipline and behavior management represent a central caregiver role in shaping children's conduct and reinforcing social norms. Wilder et al., (2009), defines discipline as the strategies caregivers employ to correct misbehavior and instill values, emphasizing that effective discipline is consistent, fair, and constructive. Hirschi's social bond theory (1969) further highlights that discipline strengthens attachment to conventional norms, thereby reducing opportunities for deviance. Discipline is therefore both a corrective tool and a modeling process, where caregivers demonstrate fairness, responsibility, and respect for authority behaviors that children internalize and replicate in their own interactions.

Globally, evidence underscores the importance of constructive discipline in behavior modification. A notable example is Patterson's Parent Management Training (PMT) program developed at the Oregon Social Learning Center in the United States. The program trained caregivers to replace harsh punishment with structured routines, clear rules, and predictable consequences (Kazdin, 1997). Parents were taught to model calm authority, apply discipline consistently, and reinforce positive behavior through praise and rewards. This approach worked because children quickly learned that misbehavior always led to the same outcome, reducing boundary-testing and fostering respect for rules. At the same time, caregivers modeled self-control and problem-solving, which adolescents imitated in peer interactions, leading to

reductions in aggression, truancy, and petty crime. Similarly, family intervention projects in the United Kingdom demonstrated that structured discipline curbed youth offending by teaching caregivers to model patience and constructive conflict resolution rather than punitive control (Bank et al., 1987). These findings emphasize that discipline, when applied fairly and consistently, fosters respect for authority and provides children with behavioral templates that discourage antisocial conduct.

Regionally, African studies provide comparable insights into how constructive discipline shapes behavior. In Kenya, Alvero (2001) reported that households practicing consistent and fair discipline experienced lower delinquency rates because caregivers established clear rules and predictable consequences. Children learned that misbehavior always led to the same outcome, which reduced boundary-testing and encouraged respect for authority. Importantly, caregivers modeled patience and fairness in their responses, and adolescents mirrored these behaviors in peer interactions, reinforcing prosocial conduct. In South Africa, Burton (2008) observed that harsh punishment often backfires, increasing aggression among adolescents by modeling violence rather than self-control. By contrast, households that adopted nonviolent correction strategies such as dialogue, withdrawal of privileges, and structured routines saw reductions in aggression, as children learned to associate discipline with guidance rather than hostility. UNICEF (2019) further documented in East Africa that positive discipline programs reduced truancy and improved school attendance by training caregivers to model respect and constructive conflict resolution. These programs worked because children internalized the calm authority and problem-solving strategies demonstrated by their parents, which provided behavioral templates that discouraged antisocial conduct. Collectively, these regional findings reinforce the principle that discipline must be developmental, shaping behavior through example rather than coercion.

In Zimbabwe, cultural norms and limited training in alternative discipline methods often lead caregivers to rely heavily on punitive measures (Patterson et al., 2010). Within Bindura Urban, this reliance on punishment fails to address the underlying behavioral causes of delinquency, leaving children vulnerable to antisocial conduct. From a behavioral theory perspective, punitive approaches emphasize negative reinforcement without providing consistent opportunities for positive reinforcement or prosocial modeling. Economic stressors and social fragmentation further weaken caregivers' ability to apply constructive discipline strategies, resulting in inconsistent behavioral cues for children. Research by Chikadzi (2017) demonstrates that punitive approaches in Zimbabwean urban centers correlate strongly with

truancy, substance abuse, and petty crime, as children tend to model aggression rather than internalize prosocial conduct. This underscores the importance of equipping caregivers with behavioral tools such as positive reinforcement, consistent rule-setting, and modeling desirable behaviors to mitigate juvenile delinquency and foster healthier developmental outcomes. This study therefore situates discipline as a critical caregiver role, emphasizing the need for models that promote positive behavior management strategies. Such models must integrate caregiver training, community support, and structural interventions to ensure discipline fosters resilience rather than reinforcing delinquency. By equipping caregivers to model fairness, patience, and responsibility, discipline can be transformed from a reactive measure into a proactive tool of behavior modification one that strengthens social bonds and reduces vulnerability to delinquent influences in Bindura Urban.

2.3.4 Educational Support and Engagement

Educational support represents a critical caregiver role in shaping children's conduct and reinforcing attachment to conventional norms. Rumberger (2011) defines educational support as the strategies caregivers employ to encourage school attendance, assist with learning, and collaborate with teachers to prevent truancy and dropout. From a behavioral theory perspective, consistent caregiver involvement in education provides positive reinforcement for prosocial behavior, strengthens children's attachment to school, and reduces opportunities for delinquency (Lamari-Fisher & Bond, 2021a). Education therefore functions both as a protective factor and as a pathway to social mobility, offering children constructive behavioral templates that discourage antisocial conduct.

Globally, evidence underscores the protective role of educational engagement, but its effectiveness lies in how caregivers use education as a tool of behavior modification. In the United States, parental involvement in schooling has been linked to lower dropout rates and reduced juvenile crime because caregivers actively reinforce persistence and responsibility by monitoring homework, attending school meetings, and praising effort (Armsden & Greenberg, 1987a). These actions provide positive reinforcement that strengthens prosocial behavior and discourages delinquency. In Finland, caregiver support for education fosters resilience by modeling commitment and self-discipline; when caregivers show interest in schoolwork and collaborate with teachers, they demonstrate constructive routines and problem-solving strategies that adolescents replicate in peer interactions. Education therefore becomes not just an academic pursuit but a behavioral template, where caregivers guide children to associate learning with responsibility, patience, and long-term rewards. From a behavioral theory

perspective, education works because caregivers act as consistent reinforcers of school attachment, shaping conduct through encouragement, predictable consequences, and modeling desirable behaviors.

Regionally, African studies provide comparable insights into the role of educational support in mitigating delinquency. In Nigeria, Balcazar (1985) found that caregiver involvement in education reduced truancy and delinquency, as children learned to associate school attendance with predictable consequences and positive reinforcement. Burton (2008) observed in South Africa that parental involvement in schooling served as a protective factor against gang involvement, reducing vulnerability to delinquent peer networks. UNICEF (2019) further documented in East Africa that caregiver-led educational support programs improved school attendance and reduced delinquency by modeling responsibility, patience, and constructive conflict resolution. Collectively, these findings reinforce the principle that education, when supported by caregivers, strengthens children's prosocial attachments and reduces susceptibility to antisocial influences.

In Zimbabwe, however, economic hardship often limits caregivers' ability to support education. Within Bindura Urban, many children drop out due to school fees or lack of resources, leaving them vulnerable to delinquency. This lack of consistent educational reinforcement weakens children's attachment to prosocial norms and increases susceptibility to antisocial peer influence. Economic stressors and social fragmentation further undermine caregivers' capacity to provide constructive educational support, resulting in inconsistent reinforcement of school-related behaviors. Research highlights that children excluded from education are more likely to engage in truancy, substance abuse, and petty crime, as they lack the protective structure that school provides (Armsden & Greenberg, 1987b). This study therefore situates educational support as a vital caregiver role, emphasizing the need for models that empower caregivers to promote educational resilience despite economic constraints. Such models must integrate caregiver training, fee subsidies, and community-based learning support to ensure that education functions as a protective factor rather than a vulnerability. By equipping caregivers to reinforce school attendance, model responsibility, and collaborate with teachers, educational support can be transformed from a fragile resource into a proactive tool of behavior modification one that strengthens social bonds, fosters resilience, and reduces vulnerability to delinquent influences in Bindura Urban.

2.3.5 Community Involvement and Advocacy

Community involvement is also a critical caregiver role in shaping children's behavior by extending discipline and support beyond the household into the wider social environment. Bronfenbrenner's ecological systems theory (1979) emphasizes that children's conduct is influenced by interactions across family, school, and community contexts, situating caregiving within a broader ecological framework. When caregivers engage in community programs, collaborate with social services, and advocate for resources, they provide consistent reinforcement of prosocial norms and create protective networks that reduce opportunities for delinquency.

Globally, community-based parenting programs have demonstrated success in reducing juvenile crime by strengthening caregiver networks and modeling collective responsibility. In the United States, initiatives documented by Kumpfer and Alvarado (2003) improved child outcomes because caregivers learned how to reinforce positive behavior through shared routines, peer support, and collaboration with community services. These programs worked by teaching caregivers to apply consistent reinforcement across home and community settings, ensuring children received predictable cues that discouraged delinquency. In Brazil, family involvement in youth programs reduced gang recruitment because caregivers provided children with alternative behavioral models rooted in community engagement. By participating in structured activities and advocating for youth resources, caregivers demonstrated prosocial conduct that children internalized and replicated. Community involvement functions as an extension of caregiver discipline, where reinforcement and modeling are amplified through collective networks, thereby shaping children's conduct and reducing vulnerability to antisocial influences.

Regionally, African studies highlight similar protective effects, but their strength lies in how caregivers use community involvement to reinforce prosocial behavior. In Kenya, UNICEF (2019) documented caregiver participation in community child protection committees, which reduced delinquency rates because caregivers provided consistent monitoring and reinforcement of positive conduct. By working collectively, caregivers ensured that children received predictable cues across home and community settings, discouraging boundary-testing and delinquent behavior. In South Africa, community parenting initiatives strengthened caregiver capacity to manage adolescent conduct by equipping them with strategies to replace punitive control with constructive guidance. This worked because caregivers modeled patience, dialogue, and problem-solving within community networks, which adolescents internalized

and replicated in peer interactions. These highlight that community engagement amplifies caregiver influence by embedding discipline and support within a wider social network, ensuring children consistently experience reinforcement of prosocial norms.

In Zimbabwe, however, caregivers often lack access to strong community support structures. Within Bindura Urban, weak institutional coordination limits caregiver involvement in community programs, leaving children exposed to delinquent environments without consistent reinforcement of positive behavior. Economic stressors and fragmented social services further undermine caregiver advocacy, reducing opportunities to model collective responsibility. This absence of community reinforcement weakens the consistency of behavioral cues children receive, increasing susceptibility to antisocial peer influence. This study therefore situates community involvement as a critical caregiver role, emphasizing the need for models that integrate caregivers into broader child protection networks. Strengthening community involvement requires institutional coordination, resource mobilization, and caregiver advocacy to ensure children are consistently exposed to prosocial reinforcement. By equipping caregivers to engage in community programs and advocate for supportive structures, community involvement can be transformed into a proactive tool of behavior modification one that strengthens social bonds, fosters resilience, and reduces vulnerability to delinquent influences in Bindura Urban.

2.4 WAYS TO CAPACITATE CAREGIVERS IN MITIGATING DELINQUENCY BEHAVIOUR AMONG CHILDREN

2.4.1 Structured Training Programs

One of the most widely adopted strategies to mitigate juvenile delinquency has been the implementation of structured training programs for caregivers. These interventions are designed to strengthen parenting capacity in supervision, discipline, and communication, thereby reducing the behavioral risks that often lead children into delinquent pathways. Molinas & Campo (2010) define structured parenting programs as organized interventions with defined curricula, standardized delivery methods, and measurable outcomes, aimed at improving parenting practices and reducing vulnerability to delinquency. Globally, the Strengthening Families Program (SFP) in the United States has demonstrated success in lowering adolescent substance abuse and delinquency by enhancing family communication and resilience (Kumpfer & Alvarado, 2003). Similarly, in Norway, family-based interventions integrated into juvenile justice systems have shown positive rehabilitation outcomes and

reduced reoffending, highlighting the importance of caregiver involvement in formal correctional processes (Gross et al., 2017). These examples affirm that structured training programs, when properly resourced and sustained, can transform family environments into protective spaces against delinquency.

Regionally, African initiatives reflect both promise and limitations. In South Africa, the Parenting for Lifelong Health (PLH) program, supported by UNICEF and WHO, has reduced harsh discipline and improved caregiver-child relationships (Cluver et al., 2018). Its affordability and accessibility make it attractive, yet evaluations highlight weaknesses such as limited coverage and reliance on NGO facilitation, raising concerns about sustainability. In Kenya, community parenting programs have strengthened caregiver monitoring and emotional support, leading to lower truancy and petty crime. However, without consistent funding and community ownership, these programs risk collapse once external support is withdrawn. These regional experiences demonstrate that while structured training programs can reduce delinquency by improving caregiver practices, their long-term success depends on embedding them within community structures and ensuring local ownership.

In Zimbabwe, caregiver training has been piloted through NGO-led workshops and community child protection committees, showing promise in raising awareness but remaining fragmented and under-resourced. In Bindura Urban, economic hardship and migration pressures further weaken program effectiveness, as caregivers often lack time and resources to attend training sessions. Critically, while structured training programs have proven effective in principle, their weaknesses high resource demands, dependence on external funding, and limited sustainability must be addressed if they are to succeed in contexts like Bindura. For such settings, programs must be low-cost, community-driven, and integrated into existing structures such as schools and churches, while also incorporating economic empowerment components to ensure caregivers can balance survival with participation. Thus, structured training programs remain a valuable tool in mitigating juvenile delinquency, but their long-term impact depends on cultural adaptation, institutional coordination, and sustainable support systems that empower caregivers to sustain positive parenting practices.

2.4.2 Psychosocial Support Services

The integration of psychosocial support into caregiver-focused interventions has emerged as a transformative strategy for mitigating juvenile delinquency, particularly in contexts where poverty, stress, and emotional strain undermine caregiver resilience. Psychosocial support

encompasses counseling, peer support groups, and stress management resources designed to strengthen caregiver coping capacity and improve family functioning. As Henggeler (2009) explain, programs such as Multisystemic Therapy (MST) in the United States have successfully embedded caregiver counseling into juvenile rehabilitation, significantly reducing recidivism by enhancing communication, supervision, and emotional stability within families. While MST has proven effective, its limitations lie in high resource demands and reliance on trained professionals, which restrict replication in low-resource settings. In Sweden, family therapy embedded in social services has improved caregiver coping skills and reduced child behavioral problems, but challenges remain in sustaining long-term engagement and ensuring access for marginalized families who may distrust formal institutions (Piquero et al., 2008). These global examples demonstrate that psychosocial support can reduce delinquency risks by addressing caregiver stress and strengthening family resilience, yet sustainability and accessibility remain critical concerns.

Regionally, African initiatives highlight both successes and limitations. In Uganda, caregiver support groups for families affected by HIV/AIDS improved supervision and reduced vulnerability among children (A. K. Johnson & Sloth-Nielsen, 2021). These groups were effective because they were community-driven and culturally sensitive, but weaknesses included dependence on donor funding and limited coverage beyond targeted communities. In South Africa, psychosocial interventions targeting caregivers reduced stress and improved parenting practices, lowering delinquency risks. However, evaluations noted that without consistent institutional support, caregivers often reverted to old practices once programs ended, exposing sustainability gaps. These regional experiences affirm that psychosocial support can mitigate delinquency by strengthening caregiver resilience, but long-term effectiveness requires institutional integration and community ownership.

In Zimbabwe, caregivers often lack access to psychosocial support due to weak institutional coordination and underfunded social services. In Bindura Urban, poverty and unemployment exacerbate caregiver stress, limiting their ability to provide consistent guidance and supervision. While NGO-led initiatives have attempted to fill this gap, they remain fragmented and short-lived. The strategy therefore works in principle, but its weaknesses resource intensity, reliance on external funding, and limited institutional integration must be addressed. For Bindura Urban, psychosocial support can be applied effectively if adapted to local realities; programs must be low-cost, community-based, and embedded within existing structures such as schools, churches, and local clinics. Moreover, integrating economic empowerment with

psychosocial support would strengthen caregiver resilience, ensuring that stress management and counseling are not undermined by persistent poverty. Thus, psychosocial support remains a critical intervention in mitigating juvenile delinquency, but its long-term success depends on sustainability, cultural adaptation, and institutional coordination that empower caregivers to consistently provide positive guidance to children.

2.4.3 Community-Based Networks

Bringing community based networks into delinquency prevention is now widely seen as a crucial way to empower caregivers and create safer spaces for youth. These networks provide collective support, mentorship, and collaboration with schools, churches, and local organizations, embedding caregiving within broader social structures that reinforce positive parenting. Globally, evidence demonstrates that community-based networks can be highly effective because they teach caregivers how to reinforce prosocial behavior consistently across home and community settings. In the United States, community parenting programs reduced juvenile crime by strengthening caregiver networks and improving family resilience, as caregivers learned to model responsibility and apply predictable consequences (Kumpfer & Alvarado, 2003). In Brazil, family involvement in community youth programs curtailed gang recruitment and improved child welfare by offering children alternative behavioral models rooted in collective responsibility. These programs worked because caregivers, supported by community structures, modeled patience, dialogue, and constructive routines that children internalized and replicated in peer interactions. Despite these successes, weaknesses include reliance on sustained community participation and institutional support; without consistent engagement, networks risk fragmentation and loss of impact, reducing the reinforcement of prosocial norms that children depend on for behavior modification.

Regionally, African experiences highlight both promise and limitations. In Kenya, UNICEF (2019) documented caregiver participation in community child protection committees, which reduced delinquency rates by fostering collective responsibility and shared accountability. In South Africa, community parenting initiatives strengthened caregiver capacity to manage adolescent behaviour, but evaluations noted that these networks often struggled with limited resources and uneven coverage, leaving some communities underserved (Miedema et al., 2023). These regional examples affirm that community-based networks can mitigate delinquency by fostering collaboration and resilience, yet their effectiveness depends on inclusivity, sustainability, and the ability to maintain engagement beyond donor-driven cycles.

In Zimbabwe, community child protection committees have been established in several districts, showing potential to provide collective resilience, mentorship, and advocacy against delinquency. However, in Bindura Urban, their reach remains limited due to weak institutional coordination, resource constraints, and inconsistent caregiver participation. While the strategy has worked in principle, its weaknesses fragmentation, dependence on external support, and limited integration into formal child protection systems reduce its effectiveness. For Bindura Urban, community-based networks could be applied successfully if adapted to local realities, they must be low-cost, inclusive, and embedded within existing structures such as schools, churches, and local organizations. Strengthening institutional coordination and ensuring community ownership would address sustainability challenges, enabling these networks to provide consistent support to caregivers and reduce delinquency risks. Thus, community-based networks remain a valuable strategy, but their long-term success depends on overcoming weaknesses related to sustainability, inclusivity, and institutional support. In contexts like Bindura Urban, their effectiveness will hinge on integrating them into broader socio-economic and child protection frameworks that empower caregivers collectively rather than leaving them isolated.

2.4.4 Monitoring and Evaluation Mechanisms

Monitoring and evaluation mechanisms have also been recognized as indispensable components in the design and implementation of caregiver capacitation programs aimed at mitigating juvenile delinquency. These systems go beyond simply tracking activities; they measure caregiver practices, child outcomes, and overall program impact, thereby creating a cycle of continuous improvement and accountability. Globally, rigorous monitoring frameworks have demonstrated transformative potential. In Italy, family-based interventions linked to juvenile justice systems incorporate structured monitoring that ensures caregiver participation translates into measurable child outcomes such as reduced recidivism and improved family functioning (Rinaldi & Leone, 2023). In Canada, participatory monitoring frameworks have enhanced caregiver engagement by involving families directly in the evaluation process, which not only improves accountability but also strengthens program sustainability (Government of Canada, 2022). Despite these successes, weaknesses remain, as monitoring systems are often resource-intensive, requiring skilled personnel, advanced data collection tools, and consistent funding. This makes replication difficult in low-resource settings where institutional capacity is limited.

Regionally, African experiences highlight both the potential and the challenges of monitoring systems. In Malawi, the Zomba Cash Transfer Program demonstrated how conditional monitoring specifically tracking school attendance improved educational outcomes and reduced vulnerability among adolescent girls (Baird et al., 2011). While effective, the program's weakness lay in its dependence on external donor funding and its narrow focus on education, which limited its broader impact on delinquency prevention. In South Africa, monitoring systems embedded in parenting programs have ensured accountability and improved long-term outcomes, but evaluations reveal that fragmented governance and uneven implementation across communities reduce their effectiveness (UNICEF South Africa, 2021). These examples illustrate that monitoring works best when it is integrated into existing social structures and when communities themselves are actively involved in the process, thereby fostering ownership and legitimacy.

In Zimbabwe, however, monitoring of caregiver programs is often weak due to limited resources, fragmented governance, and lack of institutional coordination. In Bindura Urban, poverty and unemployment exacerbate these challenges, making it difficult to sustain systematic monitoring. Programs that exist are often donor-driven, short-lived, and fail to build lasting accountability mechanisms. This weakness undermines the effectiveness of capacitation models, as there is little evidence to track whether caregiver training translates into improved child outcomes. For Bindura Urban, participatory monitoring involving caregivers, schools, churches, and social workers could strengthen accountability and ensure that capacitation models achieve tangible results. Such an approach would reduce reliance on external funding, foster community ownership, and embed monitoring into existing structures, thereby enhancing sustainability.

Critically, monitoring and evaluation mechanisms must be understood as both technical and social processes. While data collection and reporting are essential, the real strength of monitoring lies in its ability to empower caregivers and communities to hold programs accountable and adapt them to local realities. In contexts like Bindura Urban, the success of monitoring systems will hinge on their inclusivity, affordability, and integration into everyday community structures. Thus, while monitoring and evaluation mechanisms remain indispensable, their long-term success depends on overcoming weaknesses related to resource intensity, sustainability, and institutional coordination. When adapted to local realities, they can transform caregiver capacitation programs from short-term interventions into sustainable models of child protection and delinquency prevention.

2.4.5 Integration with Social Protection Systems

Embracing social protection systems as cornerstone of caregiver support is now seen as a transformative step forward for ensuring that caregiver capacitation is sustainable and aligned with broader developmental goals. By linking caregiver support to education, health, and livelihood programs, integration moves beyond short-term interventions and embeds parenting support within wider social safety nets. From a behavioral perspective, conditional cash transfers (CCTs) function as reinforcement mechanisms: caregivers and children receive tangible rewards when they comply with prosocial behaviors such as school attendance or health checkups. This reduces idle time, strengthens caregiver involvement, and limits exposure to delinquent environments.

Globally, this approach has demonstrated significant impact. In Italy, conditional cash transfers tied to employment and education pathways transformed welfare from passive assistance into active empowerment, ensuring that caregivers not only received financial support but also engaged in structured developmental activities that reinforced responsibility and reduced recidivism (Rinaldi & Leone, 2023). In Brazil, integrated social protection programs combined caregiver support with community services, reducing juvenile crime and strengthening family resilience. These programs worked because caregivers were incentivized to keep children engaged in school and community activities, thereby reducing gang recruitment and antisocial peer influence. Yet, weaknesses remain: such programs are resource-intensive, require strong institutional coordination, and risk excluding marginalized families who cannot meet conditional requirements, thereby reinforcing inequality if not carefully designed.

Regionally, African experiences highlight both promise and limitations. In Malawi, the Zomba Cash Transfer Program demonstrated how conditional monitoring specifically tracking school attendance improved educational outcomes and reduced vulnerability among adolescent girls (Baird et al., 2011; Lighta et al., 2024). By keeping children in school, caregivers indirectly reduced exposure to risky peer networks and delinquent behavior. However, the program's narrow focus on education limited its broader influence on delinquency prevention, and its dependence on donor funding raised sustainability concerns. In South Africa, integration of parenting programs with social services improved sustainability and reduced fragmentation, ensuring that caregiver support was embedded within national child protection systems (UNICEF South Africa, 2021). Nonetheless, uneven implementation across provinces and bureaucratic inefficiencies weakened long-term outcomes, showing that integration requires consistent institutional commitment and equitable coverage.

In Zimbabwe, UNICEF has piloted conditional cash transfers requiring caregiver participation in health and education programs, demonstrating that integration can improve child outcomes and strengthen caregiver engagement (Skovdal et al., 2014). These programs worked by reinforcing caregiver responsibility and ensuring children remained in structured environments, thereby reducing vulnerability to delinquency. However, weaknesses include fragmentation, underfunding, and heavy reliance on external donors, which undermine sustainability. In Bindura Urban, poverty and unemployment exacerbate these challenges, limiting caregivers' ability to consistently participate in integrated programs. Without economic empowerment components, integration risks becoming burdensome for caregivers who must balance survival with participation. Critically, integration with social protection systems must be understood as both a micro-level intervention and a structural necessity. At the micro level, caregivers benefit from linked services that reduce stress and improve their capacity to guide children. At the structural level, integration aligns caregiver capacitation with national developmental goals, ensuring that child protection is embedded within broader social and economic frameworks. For Bindura Urban, successful integration would require low-cost, community-driven models embedded within schools, clinics, and churches, supported by institutional coordination and economic empowerment initiatives. When properly adapted, integration can transform caregiver capacitation from isolated interventions into sustainable, system-wide approaches that reinforce prosocial behavior, reduce delinquency, and align with national child protection strategies and developmental priorities.

2.6 Research Gap

Despite extensive scholarship on juvenile delinquency, a significant gap persists in understanding how caregivers themselves act as frontline agents in prevention and mitigation. Much of the existing literature has concentrated on structural and institutional factors, such as poverty, peer influence, and school environments, while overlooking the everyday strategies employed within households. For instance, Gozho, Muzingili, and Muridzo (2024) examined delinquency drivers in residential care facilities, identifying insecure attachment, single parenting, and spirit possession as contributing factors, yet their analysis remained confined to institutional contexts rather than domestic caregiver practices. Similarly, Mazumba (2024) investigated child justice procedures in Zimbabwe, but her focus was on legal frameworks and institutional protection rather than on the proactive roles caregivers play in shaping children's conduct at home. This imbalance underscores the need for research that situates caregivers at

the center of delinquency prevention, recognizing them as active participants rather than passive background figures.

Existing studies have also tended to treat caregiver practices as peripheral influences, leaving cultural dimensions underexplored. Beliefs attributing delinquency to supernatural causes, for example, remain largely undocumented in relation to caregiver responses, despite their influence on how families interpret and manage children's behavior (Gozho et al., 2024). Furthermore, comparative evidence from regional contexts such as South Africa's Child Support Grant or Kenya's cash transfer programs demonstrates the importance of integrating caregiver roles into broader social protection frameworks. Yet, there is no locally grounded model that systematically links caregiver practices in Bindura Urban to these wider lessons. This absence of contextualized analysis highlights a critical gap in scholarship and provides the rationale for a study that investigates caregivers not only as household actors but as community agents capable of shaping delinquency outcomes.

Furthermore, while behavioral theories have been widely applied to explain juvenile delinquency, limited attention has been given to how caregivers interpret and adapt these theories in practice. The daily strategies employed by caregivers such as culturally relevant disciplinary methods, reliance on extended family networks, or mobilization of community-based support are seldom documented in academic discourse. This omission weakens the applicability of theoretical frameworks to real-world contexts, as they fail to capture the lived realities of families navigating delinquency challenges. By foregrounding caregiver-driven approaches, this study seeks to bridge the gap between theory and practice, offering insights that not only enrich scholarly debates but also inform policy and community interventions. In doing so, it positions caregivers as indispensable actors in juvenile delinquency prevention, thereby addressing a neglected dimension of research and contributing to a more holistic understanding of youth behavior in Bindura Urban.

2.7 Chapter Summary

This chapter examined the causes of juvenile delinquency among children in Bindura Urban through the lens of behavioral theory, which provides a structured framework for understanding how environmental stimuli and reinforcement patterns shape behaviour. It highlighted key determinants such as poverty, poor parenting, peer influence, drug use, supernatural phenomena, media exposure, and abusive home environments, all recognized as critical drivers

of delinquent behaviour worldwide. In Bindura, caregivers and key informants provided testimonies showing how these factors manifest in everyday life, influencing children to engage in behaviour such as truancy, theft, violence, and substance abuse. While these causes align with theoretical principles, they remain compounded by structural challenges such as limited caregiver capacity, weak community support systems, and inadequate institutional responses. Addressing these causes would strengthen caregiver interventions, improve resilience among households, and advance efforts to reduce juvenile delinquency.

The chapter also reviewed the roles caregivers can play in mitigating juvenile delinquency. These roles include providing consistent supervision, fostering open communication, engaging children in education, promoting positive peer associations, discouraging substance abuse, and seeking spiritual or community support where necessary. Caregivers were shown to be central actors in shaping children's behaviour, with their capacity to guide, discipline, and protect determining whether children resist or succumb to delinquent influences.

The chapter examined the feasibility of developing a locally grounded model to enhance caregiver capacity in addressing juvenile delinquency, drawing lessons from international practices. Comparative analysis of interventions in South Africa, Kenya, and Rwanda shows that when caregivers are supported through community-based programs, psychosocial services, and educational reinforcement, children are more likely to adopt positive behaviour. These initiatives demonstrate that when delinquency prevention is framed through a behavioral lens prioritizing caregiver involvement, resilience, and inclusive support, children can be guided toward long-term empowerment. In Zimbabwe, caregivers already embody aspects of this approach by offering guidance, prayer, supervision, and community engagement, though these efforts remain fragmented. Synthesizing these strategies into a coherent, multi-sectoral model anchored in caregiver participation, institutional coordination, and behavioral targeting could strengthen Zimbabwe's juvenile delinquency prevention framework. Such a model would enhance effectiveness, sustainability, and equity, ensuring interventions promote both immediate behavioral correction and long-term transformation.

CHAPTER 3

METHODOLOGY

3.0 Introduction

According to Creswell (2014), research methodology is a plan and structure of investigation conceived so as to obtain answers to research questions, guiding the researcher in choosing appropriate procedures for collecting, analyzing, and interpreting data. For this study, a qualitative approach was deemed most appropriate, enabling the researcher to explore caregiver experiences and perspectives in depth. Participants purposively selected to ensure the study drew from those directly involved with delinquent or at-risk children are included. Information was gathered using semi-structured interviews, focus group discussions and will be analyzed thematically to identify recurring patterns and insights. Ethical principles such as informed consent, confidentiality, and voluntary participation will guided the entire process.

3.1 Research Philosophy

Research philosophy is a system of assumptions and beliefs about the development of knowledge, which underpins the methodological choices made by the researcher (Saunders et al., 2019). This study is grounded in an interpretivist philosophy, which emphasizes understanding social phenomena through the subjective meanings and lived experiences of participants. Denzin and Lincoln (2018) define interpretivism as concerned with understanding the world from the perspectives of those living within it, recognizing that reality is socially constructed and context-dependent. From an ontological standpoint, interpretivism is grounded in relativism, acknowledging that reality exists in multiple forms shaped by socio-economic

backgrounds, institutional support, and community dynamics. Epistemologically, it underscores the importance of knowledge emerging from human interaction and cultural meaning (Creswell, 2023). Axiologically, the study embraces the reality that research is never entirely value free and so principles of respect, inclusivity, and advocacy were woven into every stage of the process to safeguard participants' dignity and well-being. The justification for adopting interpretivism lies in its ability to capture nuanced, context-specific realities of caregivers enabling co-construction of knowledge that is culturally sensitive and practically relevant. Through employing qualitative methods such as interviews and focus groups, interpretivism provides a robust framework for generating insights that can inform responsive, developmental interventions for addressing juvenile delinquency in Bindura Urban.

3.2 Research Approach

Research approach refers to the overall plan or strategy that directs how a study is conducted, including the selection of methods, data collection procedures, and analysis techniques (Creswell, 2014). In line with this framework, the present study adopts a qualitative research approach. Qualitative inquiry is defined as a process of exploring social phenomena by engaging with meanings, experiences, and perspectives situated within their natural contexts (Creswell & Poth, 2018). This approach is particularly suited to examining the lived realities of caregivers and children in Bindura Urban, as it allows for an in-depth exploration of social protection practices and juvenile delinquency within their contextual environment. Guided by inductive reasoning, the study builds understanding from participant narratives collected through in-depth interviews and focus group discussions. Themes and patterns emerge iteratively from this open-ended data, offering insights into how the Department of Social Development (DSD) designs and delivers programs, how these interventions affect vulnerable groups, and how institutional and cultural dynamics shape outcomes. By keeping participants' own perspectives, qualitative research produces context-sensitive insights that can inform the development of responsive models to strengthen Caregivers capacity in behavior modification (Bingham & Witkowsky, 2023).

3.3 Research design

A research design as a structured plan aimed at answering specific research questions by integrating strategies and methods for gathering and analyzing data (Saunders et al. 2019). This study adopts a case study design to investigate the role of caregivers in addressing juvenile delinquency within Bindura Urban. (Dumez, 2015), defines a case study as an empirical inquiry

that examines a contemporary phenomenon in depth and within its real-life context, particularly when the boundaries between phenomenon and context are not clearly evident. This design is well suited particularly for exploring the complex social realities of caregivers and children, as it enables the researcher to capture lived experiences, institutional practices, and community dynamics that shape juvenile behavior. Unlike survey or experimental designs that prioritizes breadth or control, the case study privileges depth, contextual richness, and participant voices, making it especially valuable for social policy research. By focusing on Bindura Urban, the design facilitates holistic analysis of how caregivers' practices intersect with policy frameworks and institutional support, while triangulating data from interviews and observations to enhance credibility and validity. This approach generates nuanced insights that can inform responsive, locally grounded strategies for addressing juvenile delinquency.

3.4 Target population

Target population refers to a specific group of individuals who share similar characteristics and are identified as the focus of a research inquiry (Willie, 2024). Implied in this definition is the understanding that the target population includes all individuals who possess characteristics relevant to the research problem and from whom a sample can be drawn. In this study, the target population comprises caregivers of children exhibiting delinquent behavior in Bindura Urban, as well as key informants from the Department of Social Development. Key informants are defined as individuals who, by virtue of their expertise, position, or experience, can offer valuable insights into the research problem beyond those provided by the primary participants (Marshall & Rossman, 2016).

3.4.1 Primary Population

Primary population refers to the main group of interest or the direct participants from whom data will be collected. Ritchie and Lewis (2003) explain that the primary population is composed of individuals who directly embody the characteristics under investigation and whose experiences provide essential insights into the research problem. For this study, the primary population consists of caregivers living with children who exhibit delinquent behavior in Bindura Urban. Caregivers occupy a central position in this study because they directly influence children's socialization, discipline, and access to support systems. Their day-to-day experiences of navigating delinquent behavior, the challenges encountered in providing guidance, and the strategies employed to mitigate risks associated with juvenile misconduct provide critical household-level perspectives.

3.4.2 Secondary Population

Secondary population refers to individuals or groups who, while not the main focus of the study, possess relevant knowledge, expertise, or influence that enriches the understanding of the research problem. Ritchie and Lewis (2003) observe that secondary populations often consist of stakeholders whose roles intersect with the experiences of the primary population, thereby offering complementary insights. In this study, the secondary population will consist of social development officers from the Department of Social Development. These officers serve as key informants bringing professional insights into institutional interventions, the practicalities of policy implementation, and community-level support mechanisms for addressing juvenile delinquency. Their insights complement those of caregivers by highlighting systemic challenges, available resources, and the effectiveness of social development programs. Including social development officers ensures that the study does not remain confined to a single vantage point but captures both household-level experiences and institutional responses, thereby offering a comprehensive understanding of how juvenile delinquency is managed in Bindura Urban.

3.5 Study setting

A study setting refers to the physical, social, and institutional environment in which research is conducted, providing the contextual backdrop that shapes participants' experiences and the phenomena under investigation (Marshall & Rossman, 2016). This study will be conducted in Bindura urban District, with particular focus on the local office of the Department of Social Development and selected communities where caregivers engage with children and where government programs are implemented. The choice of Bindura as the study site is informed by the need to address gaps in existing scholarship on juvenile delinquency and the role of caregivers in Zimbabwe. While numerous studies, such as the Zimbabwe Vulnerability Assessment Committee's (ZimVAC) Rural Livelihoods Assessments, have concentrated on rural contexts, fewer have examined the complexities of urban environments where delinquent behavior among children is shaped by socio-economic pressures, weakened family structures, and limited institutional support. As a growing urban center, Bindura presents unique challenges including rising urban poverty, deteriorating social services, and increasing exposure of children to delinquent influences (Mugumbate & Nyoni, 2021). Conducting the study in this setting allows for an honest engagement with the lived realities of caregivers and children in an urban environment, thereby opening the door to meaningful rural-focused findings and enabling comparative analysis. This urban perspective is essential for

understanding how caregivers respond to juvenile delinquency within the constraints of institutional support and community dynamics, ensuring that interventions are evaluated and enhanced in ways that are contextually relevant and inclusive.

3.6 Sample Size

A sample is understood as a subset of the population selected to participate in a study, representing the group from which data is collected to generate insights about the wider population (Cohen, Manion, & Morrison, 2018). Sample size refers to the number of participants drawn from this subset, and in qualitative research it is determined by the richness of information rather than statistical representativeness (Patton, 2015). With this in mind, the sample of this study will consist of 12 caregivers drawn from the target population. This number is considered sufficient for qualitative inquiry, as it strikes a workable balance between enabling deep, meaningful engagement with participants while ensuring manageability of data collection and analysis. Focusing on this group allows the study to surface a range of caregiving experiences, challenges, and strategies used to address juvenile delinquency, thereby producing contextually grounded insights that can inform family- and community-based interventions.

Alongside caregivers, the study also engages key informants to provide professional and institutional perspectives. Key informants are defined as individuals who, by virtue of their expertise, position, or experience, can offer valuable insights into the research problem beyond those provided by the primary participants (Marshall & Rossman, 2016). For this study, the key informants will consist of three social development officers from the Department of Social Development (DSD). This number, though modest is well justified in qualitative research where depth of understanding takes precedence over the volume of voices included (Patton, 2015). The inclusion of three officers ensures triangulation of perspectives while maintaining feasibility in terms of data collection and analysis. Their contributions are critical, as they provide insights into institutional interventions, policy frameworks, and community-level support mechanisms that directly influence how juvenile delinquency is addressed in Bindura Urban.

3.7 Sampling Techniques

Sampling techniques refer to the strategies used to select participants from a target population, ensuring that the study captures relevant perspectives and experiences (Etikan, Musa & Alkassim, 2016). This study will adopt purposive sampling and apply specific criteria to identify parents and caregivers of children exhibiting delinquent behavior in Bindura Urban.

This approach ensures that participants are directly connected to the phenomenon under investigation, thereby providing rich, context-specific insights into caregiving practices and responses to juvenile delinquency.

3.7.1 Purposive sampling technique

Purposive sampling is a non-probability technique in which the researcher deliberately selects participants who are most relevant to the study objectives, ensuring that those chosen can provide rich and meaningful information about the phenomenon under investigation (Etikan, Musa & Alkassim, 2016; Palinkas et al., 2015). In this study, purposive sampling will be applied using clear criteria to identify parents and caregivers living with children who exhibit delinquent behavior in Bindura Urban. This technique is particularly well suited to the research because it directly targets individuals with knowledge and lived experience of juvenile delinquency, enabling the collection of detailed insights into caregiving practices, challenges, and coping strategies. Engaging participants who are closely connected to the issue, purposive sampling ensures that the data reflects authentic realities and provides depth of understanding necessary for developing contextually relevant interventions

3.7.2 Criterion sampling technique

Criterion sampling is defined as a purposive technique in which participants are selected based on predetermined criteria that are directly linked to the objectives of the study (Patton, 2015). This method ensures that only individuals who meet specific conditions relevant to the research problem are included, thereby strengthening the quality and focus of the data collected. In this study, criterion sampling will be applied specifically to the selection of key informants, social development officers from the Department of Social Development (DSD). These officers are chosen because they satisfy the criterion of being directly involved in institutional responses to juvenile delinquency, including policy implementation, community support, and child welfare interventions. Their professional perspectives are essential for complementing the lived experiences of caregivers, as they provide professional insights into systemic challenges, available resources, and the effectiveness of social development programs. By applying criterion sampling to the key informants, the study ensures that data is collected from individuals most capable of offering meaningful institutional perspectives, thereby enhancing the depth and comprehensiveness of the findings.

3.8 Data collection methods

Data collection methods refer to the systematic techniques and procedures employed by researchers to gather information relevant to a study, ensuring that evidence is credible, accurate, and aligned with research objectives (Creswell, 2014). In this study, data will be collected through in-depth interviews, which allow parents and caregivers of delinquent children to share detailed accounts of their lived experiences and provide rich, qualitative insights into the challenges of managing juvenile behavior (Osborne & Grant-Smith, 2021; Berkovic, 2022). Focus groups on the other hand will be used to capture collective perspectives, stimulate dialogue among caregivers, and highlight shared challenges and coping strategies within the community (Khan & Abedin, 2022; Mwilongo, 2025). Using these two complementary methods strengthens the depth and breadth of the findings, as interviews foreground individual voices while focus groups illuminate group dynamics and areas of shared consensus. Together, they provide a comprehensive understanding of how caregivers in Bindura Urban respond to juvenile delinquency, the support they receive, and the institutional and community dynamics that shape their experiences.

3.8.1 Key Informant Interviews Method

Key informant interviews are defined as a qualitative method that involves in-depth conversations with individuals who possess specialized insights into a particular issue, allowing the researcher to explore perspectives that are both informed and contextually grounded (Boyce & Neal, 2006). In this study, the key informants will be Social Development Officers from the Department of Social Development (DSD), as they are uniquely positioned to provide professional insights into the challenges faced by parents and caregivers of delinquent children, the strategies employed in managing juvenile behavior, and the forms of institutional support available. To facilitate this process, semi-structured interviews guided by open-ended questions will be used, enabling participants to narrate their experiences in their own words while allowing the researcher flexibility to probe emerging themes. Recording and transcribing these interviews will preserve the richness of narratives, while the open-ended nature of the questions fosters trust and encourages discussion of sensitive issues related to caregiving and delinquency. This approach ensures that the data collected is both authentic and nuanced, providing a strong foundation for analyzing how caregivers navigate the complexities of juvenile delinquency in Bindura Urban.

3.8.2 Focus Group Discussions

A focus group discussion (FGD) is defined as a qualitative data collection method that brings together a small group of participants to discuss a specific topic under the guidance of a facilitator, with the aim of generating collective views, shared experiences, and interactive dialogue (Krueger & Casey, 2015; Morgan, 1997). FGDs holds particular value in this research because they allow the researcher to uncover group dynamics, consensus, and divergence in perceptions among caregivers, thereby producing insights that go beyond individual interviews and clarifying issues that may remain ambiguous in one-on-one conversations. To achieve this, the study will conduct two focus group discussions, each comprising six caregivers of delinquent children. The discussions will be guided by a semi-structured focus group discussion guide containing open-ended questions designed to elicit participants' perceptions, caregiving experiences, and collective views on juvenile delinquency. This format ensures that discussions remain aligned with the study objectives while allowing flexibility for participants to raise new issues. Recording and transcribing the FGDs verbatim will preserve the richness of group dialogue, while triangulation with interview data will enhance validity. Focus group discussions are therefore critical for ensuring that the findings reflect both individual and collective experiences of caregivers managing juvenile delinquency in Bindura Urban.

3.8.9 In-depth interviews

The researcher conducted in-depth interviews with the selected participants. An in-depth interview involves a conversation between an interviewer and an interviewee that is characterized by thorough questioning (Coghlan and Brannick, 2014). The decision to use in-depth interviews was based on the desire to attentively listen to the responses, experiences, and emotions of participants in order to grasp the conveyed meaning. Additionally, this method allowed for follow-up questions, probing for more information, and revisiting critical questions later in the interview to acquire a thorough knowledge of participants' attitudes and perceptions. Establishing rapport with participants through in-depth interviews also helped to create a comfortable and relaxed setting which allowed the participants to elaborate on their answers. This also helped to generated more insightful responses especially regarding sensitive topics such as issues of parenting challenges and this enabled the researcher to obtain first-hand information from particular individuals with knowledge of issues under discussion.

3.9 Data presentation and Analysis

Data presentation refers to the systematic organization and display of information in a manner that makes it accessible, coherent, and meaningful to the reader (Creswell, 2014). It involves

arranging raw data into manageable forms such as transcripts, tables, or thematic summaries, thereby ensuring that findings are clearly communicated and aligned with the study objectives. In this study, data presentation began with transcribing interviews and focus group discussions with caregivers of delinquent children in Bindura Urban, followed by organizing the narratives into categories that reflected caregiving challenges, coping strategies, and institutional support. Data analysis, on the other hand, is defined as the process of systematically examining and interpreting data to identify patterns, themes, and relationships that provide deeper understanding of the phenomenon under study (Cohen et al., 2007). In qualitative research, this typically involves breaking down large volumes of textual information into smaller fragments that can be meaningfully coded and categorized. Thematic analysis was adopted in this study because it was most suitable for the qualitative nature of the research. This approach provided the flexibility needed to allow themes to emerge inductively from the data rather than being imposed by pre-determined theories or rigid frameworks.

To ensure rigor and transparency, thematic analysis was conducted through the following stages:

1. Familiarization with the data: The researcher transcribed recorded interviews and focus group discussions from Shona into English, reading and re-reading the transcripts to ensure authenticity and immersion in participants' experiences.

2. Generating initial codes: Recurring patterns and meaningful segments were systematically coded, focusing on issues related to caregiving challenges, coping strategies, and institutional support.

3. Searching for themes: Codes were grouped into broader categories, such as caregiving challenges, coping strategies, institutional support, and community dynamics, to capture overarching patterns across the dataset.

4. Reviewing themes: Preliminary themes were checked against the coded data and the entire dataset to ensure accuracy and representativeness. Weak or overlapping themes were refined, combined, or discarded.

5. Defining and naming themes: Each theme was clearly defined and labeled to reflect its essence.

6. Producing the report: The researcher integrated the findings into the study's report by providing narrative explanations supported by direct participant quotations. Literature and the theoretical framework were used to interpret themes, ensuring that findings were both grounded in lived experiences and connected to broader scholarly debates.

By following these systematic stages, the study ensured that data presentation and analysis were rigorous, transparent, and reflective of participants' voices. This structured yet flexible approach generated meaningful insights into how caregiving practices and institutional support intersect, ultimately informing recommendations for more responsive interventions in

3.10 Ethical Considerations

3.10.1 Informed Consent

Informed consent is defined as an ethical principle in research that requires participants to voluntarily agree to take part in a study after being provided with sufficient information about its purpose, procedures, risks, and benefits (Beauchamp & Childress, 2013). At its core it ensures respect for participants' autonomy by allowing them to make knowledgeable decisions about their involvement. In this study, informed consent will be applied by providing parents and caregivers of delinquent children in Bindura Urban with detailed information sheets and consent forms outlining the objectives of the research, the nature of their participation, and any potential implications. Participants will be explicitly assured that their involvement is entirely voluntary, that they may withdraw at any stage without penalty, and that confidentiality will be strictly maintained. By adopting this ethical practice, the study safeguards participants' rights while fostering trust and openness, which are essential for collecting authentic and meaningful accounts of caregiving experiences in relation to juvenile delinquency.

3.10.2 Confidentiality and Anonymity

Confidentiality refers to the obligation of the researcher to keep participant's data secure and inaccessible to unauthorized persons, while anonymity ensures that individuals cannot be identified from the information provided (Wiles et al., 2008). In this study, confidentiality and anonymity will be rigorously upheld by removing all personal identifiers from transcripts and reports, using pseudonyms in place of real names, and securely storing data to prevent unauthorized access. These measures carried particular weight given the sensitivity of issues surrounding juvenile delinquency, as it protects parents and caregivers from potential stigma or social repercussions. Upholding these ethical principles not only preserves participants' trust

but also enhances the credibility of the research by ensuring that the data collected reflects genuine experiences shared in a safe and respectful environment.

3.10.3 Ethical Sensitivity

Ethical sensitivity is defined as the researcher's ability to recognize, respect, and respond appropriately to ethical issues that may arise during the research process, particularly when working with vulnerable populations (Campbell, 2003). It emphasizes safeguarding participants' dignity, rights, and well-being by ensuring that research practices are culturally appropriate, respectful, and non-exploitative. Throughout this study, ethical sensitivity will be exercised at every stage to protect parents and caregivers of delinquent children in Bindura Urban. This will involve adopting culturally appropriate methods of communication, respecting participants' comfort levels, and ensuring that no harm, stigma, or undue pressure arises from their involvement. This commitment to ethical sensitivity not only upheld the integrity of research integrity but also cultivate trust and openness, enabling participants to share authentic accounts of their experiences in a safe and respectful environment.

3.10.4 Ethical Approval

Ethical approval is defined as the formal authorization granted by recognized ethics committees or regulatory bodies, ensuring that a study adheres to established ethical standards and protects the rights and welfare of participants (Resnik, 2018). It is the mechanism through which research is conducted responsibly, transparently, and in line with both academic and national guidelines. In the context of this study, ethical approval will be sought from the university's ethics committee as well as relevant government bodies in Zimbabwe. This process ensures that the research involving parents and caregivers of delinquent children in Bindura Urban is reviewed for compliance with ethical principles such as respect, beneficence, and justice. By obtaining ethical clearance, the study demonstrates accountability to institutional and national frameworks, while reassuring participants that their dignity, safety, and rights will be rigorously protected throughout the research process.

3.10.5 Reflexivity of the Researcher

Reflexivity is defined as the process by which researchers critically reflect on their own role, values, and potential influence throughout the research process, acknowledging that social inquiry is inherently value-laden and shaped by the researcher's positionality (Finlay, 2002). Throughout this study, reflexivity will be maintained by consistently examining how personal perspectives and assumptions may affect interactions with parents and caregivers of delinquent children in Bindura Urban. This will involve consciously adopting respect, empathy, and

advocacy as guiding principles during data collection, ensuring that participants' voices are authentically represented. By practicing reflexivity, the study enhances credibility and trustworthiness, while safeguarding the dignity and rights of participants engaged in sensitive discussions about juvenile delinquency.

3.11 Trustworthiness of the Research

Trustworthiness in qualitative research refers to the integrity and accuracy of findings, ensuring they genuinely reflect participants' realities (Lincoln & Guba, 1985). It is established through credibility, transferability, dependability, and conformability. Together, these principles strengthen the study's rigor and relevance in addressing juvenile delinquency.

3.11.1 Credibility

Credibility refers to the confidence that findings accurately reflect participants' realities (Lincoln & Guba, 1985). In this study, credibility will be strengthened through triangulation of data sources (interviews, focus groups, and observations), member checking where participants validate interpretations, and pre-testing of instruments in Chinhoyi to refine clarity and cultural appropriateness. Together these strategies strengthen authenticity and ensure that the voices of parents and care givers are faithfully represented.

3.11.2 Transferability

Lincoln and Guba (1985) define transferability as the degree to which qualitative findings can be transferred to other contexts, emphasizing that it is the responsibility of the researcher to provide sufficient descriptive data so that readers can judge the applicability themselves. In this study, transferability will be addressed by providing detailed accounts of the Bindura setting, including socio-economic conditions, institutional structures, and participant characteristics. This level of detail equips readers to evaluate whether insights are relevant to similar communities, thereby extending the applicability of the study beyond Bindura.

3.11.3 Dependability

According to Merriam (1998) Dependability refers to the extent to which research findings can be replicated. It requires the researcher to account for or describing the changing contexts and circumstances that are fundamental to consistency of the research outcome. To ensure this, the study will maintain an audit trail documenting all research decisions, interview guides, coding processes, and analytical steps. Systematic documentation will allow other researchers to follow the same procedures and arrive at comparable insights, thereby reinforcing methodological rigor.

3.11.4 Conformability

Lincoln and Guba (1985) define conformability as the criterion of trustworthiness that ensures findings are clearly derived from the data, not the researcher's predispositions. In this study, conformability will be pursued through reflexivity, where the researcher critically reflects on their interpretive stance, values, and influence on the inquiry. Triangulation and peer debriefing will further strengthen the grounding of conclusions in participants' narratives. By centering the voices of parents and care givers and embedding reflexivity throughout the process, the study ensures transparency and minimizes bias.

3.12 Research Ethics

Research ethics is defined by Resnik (2015) as the application of fundamental ethical principles to scientific research, including its planning, conduct, and reporting. In practice, this means researchers are obligated to uphold beneficence by maximizing benefits and minimizing harm, ensure justice through fair distribution of risks and rewards, and follow non-maleficence by avoiding harm altogether.

3.12.1 Respect for Persons

Respect for persons, often framed as autonomy, requires that individuals are treated as capable of making their own informed decisions about participation (Belmont Report, 1979). In this study, this principle will be upheld through informed consent, where participants are provided with clear explanations of the research purpose, procedures, risks, and benefits before agreeing to take part. Consent forms and verbal briefings will ensure that participation is voluntary and based on full understanding, safeguarding participants' autonomy.

3.12.2 Beneficence

Beneficence refers to the ethical obligation to maximize benefits while minimizing harm to participants (Beauchamp & Childress, 2019). This principle will be applied by designing interview questions with sensitivity, creating a safe environment for participants to share their experiences, and ensuring that findings contribute to strengthening social protection programs in Bindura. The study will prioritize participants' well-being, avoid unnecessary discomfort and ensure that their contributions lead to meaningful outcomes.

3.12.3 non-maleficence

Non-maleficence, closely related to beneficence, emphasizes the duty to avoid causing harm, whether physical, emotional, or social (Orb, Eisenhauer, & Wynaden, 2001). In this study, non-maleficence will be upheld by maintaining strict confidentiality, using pseudonyms in

transcripts and reports, and securely storing all data to prevent unauthorized access. Particular attention will be taken to ensure that participants are not exposed to risks such as stigmatization or retaliation for their views, thereby protecting them from negative consequences of participation.

3.12.4 Justice

Justice in research ethics requires fairness in the distribution of benefits and burdens, ensuring that no group is exploited or excluded (Reisch, 2002). This study will uphold justice by including diverse stakeholder's officials, beneficiaries, and community leaders so that findings reflect multiple perspectives. The results will be disseminated in ways that promote accountability and fairness in social protection policy, ensuring that the benefits of the research are shared equitably.

3.13 Possible Limitations

This study acknowledges several limitations that may affect its scope and applicability. As a case study centered on Bindura Urban, the findings may not be easily generalizable to other communities without contextual adaptation. The study's reliance on self-reported data from caregivers and children through interviews and focus group discussions introduces potential biases, such as recall inaccuracies and social desirability effects. The sensitive nature of juvenile delinquency may also lead some participants from fully disclosing information due to fear of judgment, though the researcher will assure them that all responses remain confidential and used solely for academic purposes. Additionally, gaining institutional access to schools, social services, or legal records may pose challenges, requiring formal approvals and negotiations, which will be carefully managed to preserve the integrity and relevance of the research.

3.14 Chapter Summary

Chapter Three laid out the methodology employed to examine the role of caregivers in mitigating juvenile delinquency among children in Bindura Urban. The study was guided by a qualitative paradigm, considered most suitable for capturing the lived experiences and perspectives of caregivers. A case study design was adopted to enable a detailed exploration of caregiving practices within their real-world context, allowing theoretical insights to be interpreted alongside practical realities. Bindura Urban was identified as the study site due to its high prevalence of juvenile delinquency and the relevance of caregiver interventions to the research objectives.

Participants were selected purposively, focusing on caregivers, community leaders, and social development officers with direct knowledge of juvenile behaviour and caregiving challenges. In-depth interviews and focus group discussions were used as the primary instruments for data collection, enabling the researcher to gather rich narratives and diverse viewpoints. Data analysis was conducted through thematic analysis, with themes emerging inductively from participants' accounts to make sense of their experiences and strategies. Ethical considerations were emphasized, including informed consent, confidentiality, and sensitivity when engaging with vulnerable children and their caregivers. The chapter also acknowledged limitations such as the scarcity of prior caregiver-focused research in Zimbabwe and the challenges of accessing sensitive family information. Overall, the chapter provided a comprehensive account of the methodological framework, ensuring that the study was ethically grounded and designed to generate credible findings that inform a caregiver-centered model for addressing juvenile delinquency in Bindura Urban.

CHAPTER 4

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

The preceding chapters have laid the foundation of this study, reviewed relevant literature, and applied a qualitative research methodology. Key themes connected to the study objectives were identified and discussed in relation to the literature presented in Chapter Two. This chapter offers a structured presentation and analysis of the data collected. The findings are interpreted through the lens of behavioral theory, which emphasizes how learned behaviors, reinforcement, and environmental influences shape children's conduct and responses to social norms. The focus group discussions and interviews conducted sought to explore the role of caregivers and social development officers in mitigating juvenile delinquency, while addressing the objectives outlined in Chapter One. The researcher engaged twelve caregivers and three key informants and conducted two focus group discussions to uncover practical challenges, institutional gaps, and opportunities for strengthening interventions through caregiver involvement and community-driven approaches. Questions were framed around the study objectives, providing

clear boundaries for the inquiry. The participants included caregivers directly responsible for children's upbringing alongside social development officers responsible for carrying out community-based initiatives aimed at curbing delinquent behavior.

Table 4.1: Demographic Characteristics of Caregivers

PARTICIPANT NUMBER	LEVEL OF EDUCATION	GENDER	AGE	PROFESSION	TIME SERVED
Participant 1	Degree	Male	49	Clerk	17 years
Participant 2	Degree	Male	44	Teacher	10 years
Participant 3	A Level	Female	53	Informal work	9 years
Participant 4	Degree	Male	46	Accountant	9 months
Participant 5	Degree	Female	31	Receptionist	6 years
Participant 6	O Level	Male	23	Unemployed	4 years
Participant 7	ZJC	Female	29	Informal work	3 years
Participant 8	O Level	Female	26	Informal work	5 years
Participant 9	Degree	Male	34	Pastor	6 years
Participant 10	ZJC	Female	28	Unemployed	3 years
Participant 11	O Level	Female	32	Informal work	3 years
Participant 12	O Level	Female	20	Informal work	4 years

Table 4.1.2: Demographic Characteristics of Key informants

KEY INFORMANT NUMBER	LEVEL OF EDUCATION	GENDER	AGE	PROFESSION	TIME SERVED
Key informant 1	Degree	Female	49	Social development officer	17 years
Key informant 2	Degree	Female	44	Social development officer	10 years

Key informant 3	Masters	Male	53	District social development officer	22 years

The table above presents the distribution of participants by age, gender, education level, and caregiving experience, which is essential in understanding and interpreting the study's findings. Although the distribution was uneven due to availability and consent, the diversity reflected inclusivity across caregiver engagement. The predominance of female participants mirrors the broader reality that women constitute the majority of frontline caregivers, shedding critical insights into how male-dominated program structures are experienced by those most directly involved in child protection. Mature adults contributed rational, experience-based reflections, while younger caregivers provided lived accounts of program reception, and educational backgrounds further shaped interpretations of delinquency prevention initiatives. Sensitive testimonies, particularly from women and persons with disabilities, added depth to the thematic analysis by highlighting resilience, vulnerability, and adaptation. Overall, the table's distribution accentuates the richness of perspectives that strengthened the study's credibility.

4.2 THE PERCEIVED CAUSES OF DELINQUENCY BEHAVIOUR AMONG CHILDREN BY CAREGIVERS IN BINDURA URBAN.

This theme examines various views attributed by caregivers regarding the causes of juvenile delinquency among children in Bindura Urban. The sub themes that emerged include: Poverty, poor parenting skills, peer influence, Drug use, supernatural phenomenon and media.

4.2.1 Material Deprivation

This research has established that material deprivation the lack of food, clothing, shelter, and other basic necessities is one of the most critical drivers of juvenile delinquency in Bindura Urban. Participants consistently highlighted how the struggle to meet household survival needs undermines caregivers' ability to provide adequate supervision, education, and basic necessities, thereby exposing children to behaviour such as truancy, petty theft, and substance abuse. Accounts revealed that when children are deprived of educational opportunities, such as consistent school attendance and learning resources, they often turn to delinquent behaviour as a coping mechanism. Caregivers described how unemployment and precarious informal work limited their ability to provide for children, leading to school absenteeism, unsupervised peer group involvement, and behaviour that contravened social norms. Key informants reinforced

this view noting that many offenders come from economically disadvantaged families where deprivation forces children into acts such as stealing food or groceries to meet basic needs. Collectively, these testimonies demonstrate that deprivation both material and educational weakens caregiver capacity and creates environments where delinquency becomes normalized as a survival strategy. This idea was cemented by participant 1 who was quoted verbatim saying,

> *"We are struggling to afford everything our child needs. She is not going to school because we cannot pay her fees, and when she wanted new shoes, we could not buy them for her, so she stole them from a shop. Sometimes, I feel like I could do more as a parent to provide for her, but she needs to understand that times are tough. Because sometimes, when there is no money, the child does not go to school and ends up spending the day under bridges, engaging in mischief, which makes things even more difficult."* **(Participant 1)**

The position of this participant on deprivation as a cause of juvenile delinquency also corresponds with the words of Participant 6 who was quoted saying:

> *"In low-income, high-density suburbs there are many children who come into conflict with the law. But when you look at children living in low-density areas, such cases are far fewer. The difference in circumstances contributes to this disparity, with deprivation playing a major role. One of the main factors pushing children into crime is the economic hardships faced by residents. Many of the crimes committed by children stem from deprivation. For example, a child living in a one-room house with both parents may witness them engaging in sexual activity and then go on to experiment inappropriately with a sibling or neighbor."* **(Participant 6)**

The key informants interviewed strongly believed that one of the causes of juvenile delinquency is deprivation, as evidenced by the bulk of cases they handle coming from low-income households. One key informant explained:

> *"Many offenders come from economically disadvantaged families. Numerous cases are recorded in areas such as Chipadze, which have high levels of deprivation. For*

example, there is a case of a child who stole groceries from a supermarket because their family could not afford necessities." **(Key informant 1)**

The findings of this study indicate that material deprivation plays a significant role in driving juvenile delinquency in Bindura Urban, as participants repeatedly described how unmet basic needs undermine caregiver capacity and expose children to behaviour such as truancy, theft, and risky peer associations. These accounts suggest that deprivation goes beyond material shortages extending in to the psychosocial consequences of exclusion, where children internalize feelings of neglect and inferiority compared to peers with greater access to resources. This interpretation is reinforced by international studies which demonstrate that children deprived of education, food, or shelter often resort to maladaptive coping strategies that manifest as delinquent behaviour (Dako-Gyeke et al., 2022; Omboto et al., 2013). The evidence also aligns with Merton's strain theory, which explains how structural inequalities and unmet aspirations push youth toward deviant survival strategies (Farhan Ahmad et al., 2025). In Bindura Urban, deprivation creates a scenario where children are aware of societal expectations such as attending school or acquiring material possessions yet lack legitimate means to achieve them, thereby resorting to theft, truancy, or substance use as alternative pathways. At the same time, behavioral theory equally provides a clear lens for interpreting these testimonies. According to Skinner (1963), children's behaviour is shaped by reinforcement and environmental stimuli. In contexts of deprivation, where caregivers are unable to provide consistent rewards such as school attendance, food, or emotional support, children are exposed instead to negative stimuli like hunger, neglect, and peer pressure. These circumstances act as reinforcers of maladaptive coping strategies for example, stealing shoes when legitimate means are blocked, or engaging in mischief when school attendance is disrupted. Therefore, deprivation does not simply create material shortages but it actively conditions children to adopt delinquent behaviour as an adaptive response to their environment, demonstrating how caregiver capacity and reinforcement patterns directly influence outcomes.

The participants' testimonies further illustrate how material deprivation erodes caregiver capacity, leaving children unsupervised and susceptible to peer influence, while overcrowded living conditions expose them to risky behaviour that become normalized within their communities. When children are deprived of basic necessities, delinquency emerges not as a conscious rejection of social norms but as a survival strategy, reflecting the intersection of economic hardship and psychosocial strain. These findings suggest that deprivation perpetuates

cycles of vulnerability, where children adapt to unmet needs through unlawful activities, thereby undermining broader efforts at juvenile delinquency prevention.

4.2.2 Poor parenting skills

From the key informants interviewed, it was clear that one of the critical roles of parenting in Bindura is to provide children with consistent guidance, emotional support, and strong relational bonds. However, the findings revealed that poor parenting practices often weaken this protective role, leaving children vulnerable to delinquent behaviour. Caregivers highlighted that when parents fail to maintain close relationships with their children, neglect their emotional needs, or provide inconsistent discipline, children are more likely to be influenced by negative peer pressure and make poor decisions during adolescence. To promote resilience and prevent delinquency, the researcher was made aware that effective parenting requires not only material provision but also emotional investment, communication, and spiritual guidance. This helps children to navigate the challenges of teenage years, resist unlawful behaviour, and pursue positive personal growth. This was detected from participant 8, who had this to say,

> *"Some of these children engage in unlawful behaviour because of how we parent them. As parents, we need to maintain a strong relationship with our children. We should pray for their well-being and personal growth. During their teenage years, children often make poor decisions, thinking of themselves as adults and being influenced by negative peer pressure. However, if we foster a strong bond, we can offer them valuable advice that helps guide them toward a positive future".* **(Participant 8)**

Participant 6 also aligned with this view and had this to say:

> *When parents lack positive parenting skills, children often suffer as a result. Many times, we find ourselves preoccupied with financial concerns and overlook the importance of addressing our children's psychosocial well-being. In situations where both parents are employed, children may be left in the care of strangers, who could inadvertently teach them undesirable behaviour.* **(Participant 6)**

Key informant 3 also had this to say:

> *Caregivers must enhance their parenting skills to provide effective support for children. While parents frequently pursue better opportunities, the necessity of leaving their children in the care of others can create significant challenges. Often, children are*

entrusted to individuals who may be well-intentioned but are emotionally unavailable, or to those who are present yet lack genuine concern for the child's well-being. This situation leaves children vulnerable, as they often do not receive the parental guidance and support essential for making informed and positive decisions. **(Key informant 3)**

Poor parenting was identified as a major driver of juvenile delinquency in Bindura Urban, with participants emphasizing that children's behaviour are shaped not only by external socioeconomic conditions but also by the quality of parental guidance and relational bonds within the household. The accounts gathered in this study show that weak parental bonds and lack of emotional or spiritual support heightened children's susceptibility to peer pressure and poor decision-making during adolescence. This resonates with Aazami et al. (2023), who found that family conflict, neglect, and inconsistent discipline are among the strongest predictors of delinquent outcomes, while positive parental bonds act as protective factors. In a Similar vein, Tiwari and Roy (2023) argue that dysfunctional family structures, including weak communication and authoritarian or neglectful parenting styles, significantly increase the likelihood of antisocial behaviour. The participants' accounts therefore confirm that effective parenting extends beyond material provision to encompass emotional investment, communication, and moral guidance. When parents foster strong bonds, they provide advice and direction that help children navigate adolescence and resist unlawful behaviour, a point also emphasized by Andersen et al. (2020). Case studies across Africa reinforce this interpretation, Mukuka (2026) in Zambia found that indulgent parenting styles correlated with aggressive behaviour among youth, while Ntshangase (2025) in South Africa reported that weak caregiver involvement left adolescents vulnerable to substance abuse and peer pressure. Ehiemua (2024), drawing on a comparative study across both developed and developing countries confirmed that authoritarian and neglectful parenting styles consistently produced delinquent outcomes.

Behavioral theory helps explain these dynamics by showing how children's responses are conditioned by reinforcement patterns. In the Bindura Urban, the absence of positive reinforcement and the presence of neglect or harsh discipline, as described by participants, create conditions where maladaptive behaviour are reinforced as adaptive coping mechanisms. This interpretation demonstrates that inadequate parenting is not simply a private family matter but a social process that diminishes resilience, prevents children from participating meaningfully in society, and enables vulnerable children to transition from dependency into deviance. This suggest that strengthening caregiver capacity is central to delinquency

prevention. Interventions must prioritize parental training in positive reinforcement, communication, and emotional support, while also addressing structural pressures that weaken caregiver involvement. By enabling parents with skills to provide consistent guidance and nurturing, communities can reduce vulnerability to peer influence, substance abuse, and other delinquent pathways, ultimately breaking cycles of deviance in Bindura Urban.

4.2.3 Peer Influence

Participant's accounts highlighted that peer influence plays a fundamental role in shaping children's behaviour, particularly during adolescence when identity formation and social belonging become critical. Caregivers and key informants reviewed that association with deviant peers often exposes children to unlawful behaviour such as drug use, theft, and other forms of misconduct. Children are frequently introduced to drugs and risky behaviour through their friends, sometimes under the belief that these substances will help them concentrate or perform better, which over time develops into harmful patterns of use. Participant 4 had this to say about peer influence,

> *"The friends my child plays with are a bad influence on him. They do drugs together, and I believe they may have encouraged him to break into a house that they planned to steal from. He associates with children known in the community to exhibit disturbing and deviant behaviour. While my child may misbehave at times, I want to be clear that he is not a thief".* **(Participant 4)**

Participant 9 also was also of the same view as she was quoted verbatim saying,

> *"Children often start using drugs because their friends do. Initially, children may be influenced by their peers to try smoking, believing it will help them read better and concentrate. Over time, this can lead to a pattern of drug use".* **(Participant 9)**

Key informant 2 also mentioned that:

> *If my child spends time with older girls who have completed their Form 4 education but are not currently attending school. In my opinion, these girls are a bad influence on her and may have encourage her to commit a crime. Some of these friends come from financially stable backgrounds, and if my child expresses a desire for shoes that most of her friends own, which we cannot afford. As a result, she will steal these shoes in an attempt to fit in.* **(key informant 2)**

Peer influence was found to play as significant role shaping juvenile delinquency in Bindura Urban, with participants describing how negative associations with friends often led children into behaviour inconsistent with their true character. Testimonies revealed that children were introduced to drugs, theft, and even housebreaking through peers, sometimes under the mistaken belief that substances would enhance concentration or performance. These accounts highlight how peer groups serve as powerful socializing agents, normalizing misconduct and weakening the protective role of caregivers. The data from this study align with Weng et al. (2016), who argue that many adolescents who participate in unlawful activities are influenced by peers from whom they seek security and approval. Malindisa and Winterdyk (2015) similarly point out that associating with unhealthy peer groups during adolescence can drive children toward criminal behaviour. McGloin and Thomas (2019) and Osei (2021) further support this confirming that negative peer influence markedly increases the likelihood of children committing crimes, showing that delinquency often emerges from the reinforcement of deviant norms within peer networks.

Behavioral theory offers a useful lens for interpreting these findings. Based on Skinner's principles, behaviour is molded by reinforcement and environmental stimuli. In Bindura Urban, peers operate as reinforcing agents by rewarding risk-taking and law-breaking with acceptance, status, or belonging. Children who might otherwise resist delinquent behaviour adopt it when immersed in peer environments that validate misconduct. The testimonies of participants demonstrate this conditioning process where peer approval becomes the positive reinforcement, and rejection or exclusion acts as the negative stimulus. Thus, delinquency is not simply a matter of individual choice but a learned response to the reinforcement structures embedded within peer networks.

Collectively, the accounts and related literature demonstrate that peer influence is not a peripheral factor but a central driver of delinquency. It operates by reshaping identity, offering belonging through deviant networks, and validating behaviour that contravene social norms. In communities where deprivation and weak parental bonds already undermine resilience, peer influence compounds vulnerability, creating pathways into substance abuse, theft, and other unlawful activities. These findings indicate that interventions must directly address peer dynamics by equipping caregivers with strategies to monitor and guide peer associations. Community programs that offer structured recreational opportunities and positive peer networks can counteract the reinforcement of deviance. Strengthening caregiver capacity to engage adolescents in constructive activities is therefore critical, as it reduces the appeal of

delinquent peer groups and fosters resilience against negative socialization pressures in Bindura Urban.

4.2.4 Drug use

This research has established that drug use is one of the most critical drivers of juvenile delinquency in Bindura Urban. Due to its destructive nature, drug use undermines children's ability to think clearly, respect authority, and maintain healthy relationships, thereby exposing them to behaviour such as violence, theft, and family conflict. Insights from participants revealed that one of the central challenges faced by caregivers is the easy availability of harmful substances such as *mutoriro*, which children experiment with under peer influence or stress. The researcher learned that drug-driven delinquency is not limited to the act of substance use itself, but also involves the psychological strain, aggression, and social exclusion that children experience when they become dependent on drugs. Through participant testimonies, it became clear that drug use not only weakens caregiver capacity but also creates an environment where delinquency becomes normalized as a coping mechanism. When drug use creates conditions of impaired judgment, aggression, and lack of positive reinforcement, delinquent behaviour emerges as an adaptive response to altered states of mind and social exclusion. This idea was captured from participant 5, who was quoted verbatim saying,

> *"My child began displaying deviant behaviour at the age of 15, using drugs such as 'mutoriro'. These drugs led him to engage in delinquent activities, as he does not think clearly when under their influence. When he takes drugs, he becomes violent and disrespectful, even damaging furniture and other family property"*. **(Participant 5)**

Participant 9 also indicated that,

> *"Many children in conflict with the law have a history of drug and substance use. Unlike in the past, children today can easily access drugs. Some of these children, under the influence of drugs, may physically abuse family members or resort to stealing to support their drug habits"*. **(Participant 9)**

A key informant noted that:

> *"Drugs have increasingly become a significant factor contributing to juvenile delinquency, with drug and substance abuse on the rise. Zimbabwe is not adequately prepared to address this issue, as there are very few facilities where children can undergo detoxification and receive proper rehabilitation services. As a result, drugs*

will continue to influence deviant behaviour until the root causes of the problem are effectively tackled." **(Key Informant 2)**

Drug use emerged as a structural contributor of juvenile delinquency in Bindura Urban, with participants emphasizing that substance abuse is not simply a health challenge but a lived reality that shapes children's behaviour, caregiver capacity, and community resilience. Their accounts revealed that drug use undermines caregivers' ability to provide supervision and emotional support, thereby exposing children to delinquent behaviour such as violence, theft, and risky peer associations. This observation is consistent with Annor et al., (2022), who found that marijuana (mbanje) was the most abused substance among adolescents in Gweru, with drug use strongly associated with indiscipline, theft, and violence in schools. Similarly, Brunelle, Cousineau, and Brochu (2005), in their qualitative study of youth trajectories in Canada, identified drug use as a precursor to sequential deviance and compulsion, reinforcing the behavioral theory perspective that maladaptive behaviour are learned and reinforced through repeated exposure.

The participants' narratives further reviewed how drug use creates rifts between children and their families, as behaviour exhibited while under the influence are often disturbing and disrespectful. Factors such as peer pressure, idleness, stress, and the easy availability of harmful substances in high-density areas were repeatedly mentioned as drivers of substance abuse (Kurevakwesu et al., 2023; Matanga et al., 2024). These accounts demonstrate how environmental conditions interact with peer dynamics to normalize drug use, making it a gateway to delinquency. African case studies reinforce this dynamic, Mpofu (2011) observed that students engaging in anti-social conduct such as fighting, bullying, and vandalism were often under the influence of drugs, confirming the ripple effect of substance abuse on school discipline and social cohesion.

Examined through the lens of behavioral theory, these testimonies show how repeated exposure to drugs alters reinforcement patterns, conditioning children to associate delinquent behaviour with social validation or temporary relief from stress. The evidence suggests that drug use not only weakens caregiver capacity but also wears down family resilience, leaving children vulnerable to peer influence and community pressures. Over time, substance abuse becomes embedded in the social fabric of high-density areas, perpetuating cycles of delinquency and undermining efforts to build cohesive, protective environments for youth.

4.2.5 Supernatural Phenomena

This research established that supernatural phenomena are perceived by many caregivers and key informants in Bindura Urban as significant drivers of juvenile delinquency. Insights from participants revealed that delinquent behaviour are sometimes attributed to forces beyond human control, with caregivers emphasizing that certain actions by children cannot be explained through ordinary social or economic causes. The researcher learned that when delinquent behaviour is believed to stem from supernatural causes, the solutions are often sought through spiritual interventions such as prayer, cleansing ceremonies, or consultation with pastors and traditional healers. Through participant testimonies, it became clear that supernatural explanations not only influence how delinquency is understood but also determine the strategies caregivers employ to address it. The position of supernatural phenomena as a cause of juvenile delinquency was bring to light by participant 7 who was quoted verbatim saying,

> *"Sometimes, it is difficult to identify what drives a child to behave in certain ways. There may be no concrete root causes, but the child just does it for reasons that are hard to explain"*. **(Participant 7)**

Participant 8 expressed the same view saying:

> *"The separation between my first wife and me was not amicable, and I believe she may have influenced my child negatively. I have had pastors from our church pray for him, and I have noticed an improvement following those prayers"*. **(Participant 8)**

A key informant also added to this view saying:

> *"Many parents believe that their child's delinquent behaviour is caused by evil spirits. In some instances, parents report that their child's behaviour improved after consulting spiritual healers. Conversely, others attribute a child's tendency to steal to an uncle who supposedly had a spirit of stealing. They believe that a traditional cleansing ceremony is necessary to drive away the evil spirits that compel the child to steal"*. **(Key Informant 1)**

Supernatural phenomena were recognized as perceived drivers of juvenile delinquency, with participants highlighting that delinquency is not always explained through poverty, poor parenting, or peer influence, but sometimes through spiritual and cultural beliefs that shape caregiver responses. Their accounts indicated that when delinquent behaviour is attributed to

supernatural causes, interventions such as *minyengetero* (prayers), *kuchenesa* (cleansing ceremonies), and pastoral support are considered necessary solutions. Informants observed that caregivers sometimes observed positive changes in behaviour following these spiritual interventions, reinforcing the belief that supernatural explanations require supernatural remedies.

This viewpoint find support in Kermen (2018), who notes that Christians often use interventions such as meditation, prayer, fasting, retreats, and reflective exercises to address behaviour that conflict with the law. The participants' narratives illustrate that in contexts where supernatural beliefs dominate, spiritual interpretations act as stimuli that reinforce caregiver strategies. Viewed through the lens of behavioral theory, these beliefs function as environmental cues that shape responses, with spiritual practices serving as reinforcement mechanisms that caregivers believe can redirect children's behaviour. Spiritual practices act as reinforcement mechanisms, conditioning both caregivers and children to associate improved behaviour with religious rituals. In this way, supernatural interpretations become integrated in to the wider framework of delinquency prevention, reflecting how cultural traditions and reinforcement patterns interact to influence behaviour.

The accounts also reveal that attributing delinquency to supernatural causes is not simply a cultural belief but a social process that influences how families and communities respond to misconduct. When caregivers perceive delinquency as the result of evil spirits or curses, they are more likely to seek spiritual rather than structural interventions, thereby shaping the trajectory of children's behaviour and community resilience. In this way, supernatural phenomena become embedded in the broader framework of delinquency prevention, reflecting the intersection of cultural traditions, religious practices, and behavioral reinforcement.

4.3.6 Media

The role of media in shaping juvenile delinquency was strongly emphasized by participants in Bindura Urban. Far from being a neutral source of entertainment, media was described as a powerful socializing agent that exposes children to violent, sexual, and deviant content, which they then imitate in their everyday lives. Caregivers noted that children are often left unsupervised, consuming television, internet sites, and music that blur the line between adult and child audiences. This exposure was said to normalize aggression, drug use, and sexual misconduct, thereby undermining parental guidance and community values. participant 12 explained,

"In my view, the internet and related media can negatively impact children's character. Often, children are left home alone, and the television does not distinguish between a child and an adult viewer. As a result, children are exposed to violent scenes in movies, which can shape their behaviour. For instance, boys may be more likely to engage in violent play, which I believe stems from what they watch. Additionally, I think that the music children listen to, which often glorifies drug use, encourages them to engage in delinquent behaviour". **(Participant 12)**

Participant 8 added:

"In my opinion, as parents, we do not protect our children from harmful sites that may have material such as pornography. When they learn inappropriate behaviour from the internet, they then act them out on other children". **(Participant 8)**

A key informant also reinforced this view:

*"Influencers make it look like smoking drugs is cool, and children want to be accepted and fit in society and engage in delinquent behaviour… they want to have content to post on their media pages, which often includes content on deviant behaviour… media has played a major role in juvenile delinquency.***" (Key Informant 3)**

Media was found to be a competing authority to parents, shaping children's perceptions of acceptable behaviour. Participants explained that children often imitate what they see on screens and online platforms, modelling themselves on celebrities or influencers who glorify deviance. These perspectives suggest that delinquency is not purely a product of poverty or poor parenting but also of cultural consumption patterns that expose children to harmful role models. Academic literature lends considerable weight to evidence this position. Bandura's (1977), social learning theory closely aligns with behavioral theory, emphasizing that children learn behaviour through observation and imitation of models, particularly when these behaviours are reinforced by popularity or material success. Grusec (1994) similarly contended that repeated exposure to violent or deviant content acts as reinforcement, encouraging imitation and maladaptive responses. Gentile et al. (2017) confirm that media violence increases aggressive behaviour among adolescents, while Coyne et al. (2019) highlight that exposure to antisocial role models in entertainment normalizes deviance and weakens parental authority.

African case studies highlighted in the literature further illustrate this dynamic. In South Africa, Mncube and Harber (2013) found that television and social media were significant influences on school violence, with learners imitating behaviour seen in popular culture. In Nigeria, Okoro and Agbo (2018) reported that adolescents exposed to music videos and films depicting drug use and sexual deviance were more likely to engage in delinquent behaviour, particularly in urban high-density areas. In Zimbabwe, Mpofu (2011) observed that students engaging in anti-social behaviour such as fighting and vandalism often cited media portrayals of violence as justification, underscoring the role of cultural consumption in shaping delinquent identities.

From a behavioral theory standpoint, media provides stimuli that normalize delinquent behaviour, while the absence of parental regulation allows this behaviour to be reinforced without challenge. Children are not passive consumers but active imitators of the behaviour they encounter, and when aspirational lifestyles promoted through media cannot be achieved, strain theory suggests that youth may resort to deviant behaviour as alternative strategies for recognition and belonging. Media therefore functions not only as a channel of entertainment but as a structural driver of juvenile delinquency, requiring interventions that strengthen parental regulation and community resilience against harmful cultural consumption patterns.

4.3 THE ROLE OF CAREGIVERS IN MITIGATING DELINQUENCY BEHAVIOUR AMONG CHILDREN IN BINDURA URBAN.

This theme examines the perspectives shared by caregivers regarding their roles in modifying children's behaviour within Bindura Urban. The interviews revealed that caregivers view themselves as central actors in shaping discipline, instilling values, and guiding children toward responsible conduct. Their voices highlight the everyday strategies they employ to influence behaviour and prevent delinquency, reflecting both traditional practices and contemporary approaches. The sub-themes that emerged include: corporal punishment, where caregivers sometimes resort to physical discipline as a corrective measure; increased supervision and monitoring, which involves vigilance over peer groups, school attendance, and leisure activities; moral and spiritual socialization, emphasizing the role of religious and ethical guidance in shaping respect and discipline; positive reinforcement, where caregivers reward desirable actions to motivate children, and modeling appropriate behaviour, underscoring the importance of caregivers embodying discipline and honesty as examples for children to emulate.

4.3.1 Corporal Punishments

From the perspectives of caregivers, it emerged that one of the central roles they can play in behaviour modification involves the application of corporal punishment as a means of restoring discipline. Several participants argued that discipline administered with love was sometimes necessary, particularly in cases where verbal guidance and the setting of household rules failed to yield positive results. In such circumstances, a measured use of force was perceived as a corrective tool to prevent delinquency and shape behaviour constructively. This idea was clearly articulated by participant 4, who explained,

> *"Sometimes corporal punishment is the only method that works. Yes, it is often said that beating does not completely eliminate misconduct, but there are situations where one can clearly see that discipline through corporal punishment is necessary. I am not suggesting that sitting down with a child to talk is wrong, nor that counseling is ineffective. However, when every time a child commits an offense we only ask them to explain themselves or attempt to counsel them, the results are not always forthcoming. In certain cases, corporal punishment becomes the most effective corrective measure"*. **(Participant 4)**

Participant 11 was also in line with the same view and had this to say,

> *"Sometimes beating is the only way he listens, for words alone dissolve without effect. Counseling and advice fall on deaf ears, and the same mistakes return like echoes of neglect."* **(Participant 11)**

Key informant 3 concurred with participant 3 and was quoted verbatim saying,

> *"Caregivers often resort to corporal punishment, yet they are encouraged to apply it sparingly. Excessive harsh discipline risks fueling resistance, and may escalate rebellion rather than instill respect."* **(Key informant 3)**

Participant 11's testimony highlights the debated role of corporal punishment in behaviour modification. The caregiver concede that while dialogue, counseling, and rule-setting are important, there are circumstances where these strategies fall short to produce the desired behavioral change. In such cases, corporal punishment is perceived as the most effective corrective measure. This perspective reflects a pragmatic approach to discipline, where caregivers balance "discipline with love" against the perceived inefficacy of purely verbal

interventions. From the standpoint of behavioral theory, this testimony illustrates the tension between positive reinforcement and punishment as mechanisms of shaping behaviour. Behavioral theory posits that actions are influenced by reinforcement patterns: desirable behaviour is strengthened through rewards, while undesirable behaviour ia suppressed through punishment (Bandura, 1974). Participant 4's words suggest that when positive reinforcement (praise, dialogue, counseling) fails to deter misconduct, caregivers resort to punishment as a form of negative reinforcement intended to extinguish deviant behaviour. This is consistent with Skinner's operant conditioning framework, where punishment is seen as a stimulus designed to reduce the recurrence of undesirable actions. Yet the same theory cautions that repeated or harsh application risks reinforcing maladaptive responses, such as defiance, withdrawal, or aggression. Social learning perspectives further suggest that children exposed to aggressive correction may replicate aggression in peer interactions, normalizing violence as a legitimate response to conflict (Khadka, 2024).

Empirical evidence from the literature reinforces this ambivalence. Research across African and global contexts shows that corporal punishment can produce immediate behavioral control but is associated with increased aggression and diminished trust in caregiver relationships (Breen et al., 2015). In Zimbabwean schools, physical discipline remains common despite legal restrictions, with teachers and caregivers often justifying it as necessary for maintaining order. In South Africa, cycles of violence have been linked to corporal punishment practices in schools, undermining respect for authority and escalating rebellion. Nigerian studies similarly reveal that adolescents subjected to frequent corporal punishment are more likely to engage in delinquent behaviour outside the home, suggesting that punitive discipline can inadvertently normalize deviance.

Therefore, corporal punishment must be understood as a double-edged strategy. While it may suppress misconduct temporarily, its long-term consequences risk undermining resilience and reinforcing maladaptive behavioral patterns. The findings amplify the importance of balancing discipline with positive reinforcement, emotional support, and non-violent corrective measures. Caregiver capacitation models must therefore promote alternative strategies that achieve behavioral correction without eroding trust or perpetuating cycles of defiance.

4.3.2Increased Supervision and monitoring

Caregivers in Bindura described supervision and monitoring as central to behaviour modification, emphasizing that keeping track of children's peer associations, school attendance, and leisure activities helps reduce exposure to delinquent influences. Participant

explained that close supervision provides a preventive mechanism, allowing caregivers to detect early signs of misconduct and intervene before behaviour escalate into full delinquency. This vigilance was seen as a way of safeguarding children from risky environments and reinforcing positive behavioral patterns. Other participants echoed this view, noting that when caregivers actively monitor children's routines, they are better able to anticipate problems and guide them toward constructive activities. Participant 7 captured this perspective, noting that close supervision provides a preventive mechanism through which caregivers can safeguard children from risky environments and reinforce positive behavioral patterns. He had this to say,

> *"Close monitoring is also very important in behaviour modification. Knowing who your child's friends are, what they do when they go out, and what activities they enjoy helps you to understand the kind of person your child is becoming. Even the Bible says, 'How can two walk together unless they agree?' This means that if I know the people who associate with my child, I can clearly anticipate the behaviour that will follow. Therefore, if I begin to disagree with the company my child keeps, I can easily intervene before it is too late".* **(Participant 7)**

In support to this sentiment was participant 9 who had this to say,

> *"I check his phone and know his friends, because without guidance he easily strays. If I don't monitor his associations, he mixes with boys who smoke and skip school. Such company drags him into harmful habits, and soon his future risks being derailed"* **(Participant 9)**

Key informant 2 also added

> *"Close monitoring of peer groups is critical, as unsupervised associations often expose youth to risk. Caregivers who supervise daily routines and friendships help shield children from negative peer influences. Such vigilance reduces opportunities for delinquent behavior, and strengthens pathways toward responsible development***". (Key informant 2)**

The findings underscore the centrality of close monitoring and peer regulation in behaviour modification, as caregivers emphasizing the importance of knowing a child's friends, activities, and leisure interests to anticipate and prevent delinquent tendencies. The biblical reference, "How can two walk together unless they agree?" underscores the perception that peer influence is a powerful determinant of behaviour, requiring vigilant parental oversight. From a behavioral

theory perspective, this testimony aligns closely with Bandura's social learning theory (1977), which posits that children acquire behaviour through observation, imitation, and reinforcement within their social networks. By keeping a watchful eye on peer associations, caregivers attempt to control the stimuli and reinforcement patterns to which children are exposed, thereby reducing the likelihood of negative behavioral modelling. The value on early intervention resonates with Grusec's (1994) assertion that timely corrective action prevents maladaptive behaviour from becoming entrenched. Literature further supports this view with structured parental monitoring programs in Malawi having been documented to reduce truancy and delinquency (Chirwa, 2019). Caregiver involvement in South Africa lowered school absenteeism and gang affiliation (Mncube & Harber, 2013), and participatory monitoring in Italy enhanced accountability and reduced delinquency (Cavadini, 2016).

Taken together these insights affirm that behavioral theory is crucial in examining caregiver roles, as it explains how supervision and monitoring function as proactive strategies that harmonize lived experience with theoretical principles. In essence, the caregiver's words illustrate that supervision and monitoring are proactive roles that allow parents to anticipate behavioral risks and intervene before misconduct escalates. This testimony reinforces the argument that caregiver vigilance is not just reactive but a deliberate behavioral modification strategy, firmly grounded in both lived experience and behavioral theory.

4.3.3 Moral and spiritual socialization of children

Participants explained that caregivers play an active role in shaping children's moral and spiritual development by encouraging them to attend church and participate in religious activities. They described how this involvement reinforces values such as honesty, respect, and discipline, conditioning children to internalize and repeat socially acceptable behaviour. Caregivers noted that the guidance provided within the home is strengthened by religious institutions, which offer extended networks of mentors and role models that complement their efforts. Participant emphasized that moral and spiritual socialization is central to safeguarding children against deviant influences, highlighting how the combination of caregiver reinforcement and institutional support creates a protective environment that nurtures pro-social behaviour and reduces the likelihood of delinquency. Participant 8 articulated this perspective emphasizing the importance of moral and spiritual socialization in shaping children's conduct and safe guarding them against deviant influences by saying,

"I am able… though stammering… to encourage my child to follow our traditional cultural practices, such as greeting elders respectfully, which are highly valued in our Shona society. I also encourage my child to attend church, particularly Sunday school, as is customary for young people in our community. This is beneficial because they learn many important lessons there". **(Participant 8)**

Participant 2 was also of the same view, he had this to say,

"We take them to church so they learn respect, and discipline becomes part of their daily conduct. Spiritual guidance instills values that shape character, reinforcing honesty, humility, and self-control. It protects them from drifting into bad company, and anchors their choices within a moral framework". **(Participant 2)**

Key informants also stressed the importance of social institutions in instilling good behavior by highlighting the roles of religious leaders and social institutions in behavior modification. Key informant 1 had this to say,

"Religious institutions provide mentors who guide children, reinforcing honesty, patience, and moral discipline. These mentors act as role models beyond the household, offering consistent lessons in respect and integrity. Their influence complements caregivers' daily efforts at home, creating a unified framework for positive behaviour formation". **(Key informant 1)**

These caregiver's statement highlights the role of moral and cultural socialization in behaviour modification. By encouraging children to respect elders through traditional Shona practices such as formal greetings, the caregiver emphasizes the transmission of cultural values that reinforce respect and discipline. At the same time, the promotion of church attendance and participation in Sunday school reflects the integration of spiritual development into everyday upbringing, where children are exposed to moral teachings and role models beyond the household. Religious institutions provide mentors who guide children, reinforcing honesty, patience, and moral discipline. These mentors act as role models beyond the household, offering consistent lessons in respect and integrity. Their influence complements caregivers' daily efforts at home, creating a unified framework for positive behaviour formation.

These testimonies further illustrates how caregivers use positive reinforcement to condition socially acceptable behaviour. By consistently encouraging respect, honesty, and participation in religious activities, caregivers create an environment where pro-social conduct is rewarded

and repeated. The dual emphasis on cultural traditions and religious instruction also broadens the sources of reinforcement, ensuring that children internalize values from both the family and wider community. From a behavioral theory perspective, this aligns with social learning principles, where children acquire behaviour through observation, imitation, and reinforcement (Bandura, 1977; Grusec, 1994). The presence of mentors within religious institutions strengthens these reinforcement patterns, providing additional authority figures who model discipline and integrity, thereby reducing the likelihood of delinquent behaviour.

Comparative case studies from the literature reinforce this point. Research in Ghana has shown that children raised in households where caregivers actively promote religious and cultural practices are less likely to engage in delinquent behaviour, as these institutions provide extended networks of accountability and mentorship (Amoateng & Kalule, 2018). In Kenya, structured church-based youth programs were found to reduce truancy and delinquency by embedding children within moral communities that reward discipline and respect (Njoroge, 2019). Similarly, studies in Zimbabwe highlight how moral and spiritual guidance acts as a protective factor, countering the influence of delinquent peers and harmful media (Mpofu, 2011).

This dual emphasis on cultural traditions and spiritual instruction broadens the sources of reinforcement, ensuring that children internalize values from both the family and wider community. Therefore, moral and spiritual socialization is not incidental but a deliberate strategy that embeds children within value-based systems. This approach shapes individual conduct while situating children within a broader cultural and spiritual framework that discourages delinquency and promotes social cohesion.

4.3.4 Positive reinforcement

Testimonies from participants revealed that positive reinforcement is a deliberate caregiver strategy for shaping pro-social behaviour. Caregivers reported that by intentionally rewarding desirable actions, they reduce the likelihood of delinquency by creating a cycle in which children associate good conduct with affirmation and encouragement. This process not only strengthens the repetition of socially acceptable behaviour but also fosters a stronger caregiver–child relationship, which serves as a protective factor against negative peer influence. Participant 2 articulated this perspective, emphasizing that encouragement and recognition are effective tools for guiding children away from misconduct and towards constructive social engagement.

"When my child performed well, I bought him a bicycle. I did this so that in the coming term he would work harder, knowing that if he passes again, I will buy him something else. This motivates him to enjoy doing good things. For example, his elder brother, who is outside, passed four subjects in the last term but received nothing. His father told him that if he wants a PlayStation, he must achieve eight subjects or more. So doing good things for a child can work to encourage them to maintain good behaviour". **(Participant 2)**

Participant 4 was also of the same and had this to say,

"When he passed his exams, I bought him a phone, because success deserves recognition and encouragement. Rewarding good behavior strengthens his determination, and motivates him to keep working hard in school. Each gift becomes a symbol of achievement, instilling discipline and a drive for excellence". **(Participant 4)**

Key informant 1 also had this to say about positive reinforcement

"Encouragement and recognition prove more effective than punishment, because children thrive when their efforts are acknowledged. Praise builds confidence and nurtures self-esteem, creating motivation to repeat positive behaviors. Caregivers who affirm achievements strengthen trust and respect, guiding children toward discipline through affirmation, not fear" **(Key informant 1)**

Caregivers provided testimonies that highlight how positive reinforcement operates as a behavioral conditioning strategy within the family context. One caregiver explained that rewarding academic success with tangible incentives such as a bicycle deliberately establishes a motivational cycle where achievement is linked to affirmation. The promise of future rewards, such as a PlayStation for higher achievement, was described as a way of encouraging children to strive for excellence by associating effort with meaningful outcomes. The comparative element between siblings was particularly significant, as the elder brother who received no reward for passing fewer subjects experienced a different reinforcement pattern. This communicated that rewards are contingent upon higher performance, setting clear behavioral expectations within the household. Such strategies were seen to cultivate resilience, discipline, and competitiveness, while simultaneously reinforcing the caregiver–child bond through recognition and encouragement.

Scholarly evidence supports these accounts. Skinner (1953) emphasized that operant conditioning strengthens desirable behaviour through consistent reinforcement, while Bandura (1977) highlighted goal-oriented reinforcement as a way of motivating children to pursue excellence. Grusec (1994) further argued that recognition and encouragement reinforce pro-social conduct by linking effort to affirmation. Comparative studies confirm these dynamics, D. A. Johnson (2015) in Nigeria and Mncube & Harber (2013) in South Africa found that households employing structured reward systems reported lower incidences of truancy and misconduct, as children internalized the association between good behaviour and affirmation.

From a behavioral theory perspective, these testimonies illustrate how reinforcement patterns condition children to repeat socially acceptable behaviour. Rewards act as stimuli that strengthen pro-social conduct, while the absence of reinforcement communicates boundaries and expectations. The implications of this strategy are significant: by embedding reward systems within family life, caregivers not only encourage academic achievement but also protect children from seeking validation in delinquent peer groups or harmful external influences. Positive reinforcement therefore functions as both a developmental tool and a preventive mechanism, situating caregivers as active agents in behaviour modification and aligning with behavioral theory's emphasis on reinforcement as a cornerstone of learning and conduct regulation (Lansford et al., 2014).

4.3.5 Modelling appropriate behaviour

During the focus group discussions, Participants 1, 2, 4, 5, 9, emphasized that one of the most important roles caregivers play in behaviour modification is through modelling appropriate behaviour. They explained that children tend to learn more from what they observe than from what they are told, making caregiver conduct a powerful tool in shaping values. Participants also highlighted that caregivers must embody honesty, respect, patience, and discipline in their daily lives, because these traits provide living examples for children to emulate. Participant 5 captured this perspective clearly, noting that the demonstration of positive conduct by caregivers serves as a practical and influential method of instilling discipline and guiding children toward socially acceptable behaviour. He had this to say,

> *"As parents, we must conduct ourselves in such a way that our children copy behaviour from us, because we are the ones who spend most of the time with them. Young children especially enjoy imitating what they see from their father, mother, or even their elder sibling"*. **(Focus group discussion 1)**

Participant 1 also concurred to this and had this to say,

> *"Children learn more from what they see, absorbing lessons through daily observation. If I show respect and practice honesty, those values become part of their behavior. They copy the actions modeled before them, turning example into discipline and integrity"*. **(Participant 1)**

Key informant 3 also was of the same and was quoted verbatim saying,

> *"Caregivers must embody discipline in daily life, for children absorb values through constant observation. Modeling pro-social conduct becomes a living lesson, instilling honesty, respect, and responsibility in youth. Such daily examples serve as preventive tools against delinquency, strengthening resilience and guiding children toward positive choices".* **(Key informant 3)**

The participant's testimonies emphasize the centrality of observational learning in child socialization, showing that children absorb values and conduct primarily through daily observation of those closest to them. The accounts highlight that caregiver behaviour functions as a living curriculum, where respect, honesty, patience, and discipline are not simply taught but consistently demonstrated in everyday interactions. This underscores the principle that children learn more from what they see than from what they are told, making caregiver conduct a deliberate and powerful strategy of behaviour modification.

The emphasis on caregivers embodying discipline and integrity illustrates that modeling is not a passive process but an intentional reinforcement mechanism. When parents and siblings consistently display pro-social conduct, children internalize this behaviour as part of their own repertoire, reducing the likelihood of delinquency. This perspective aligns with Bandura's social learning theory (1977), which posits that behaviour is acquired through observation, imitation, and reinforcement. Consistent modeling provides reinforcement patterns that condition children to view pro-social behaviour as normal and desirable, while also strengthening resilience against negative peer influence.

Empirical studies support this dynamic. Grusec (1994) explains that reinforcement through lived example is more effective than verbal instruction alone, as children are more likely to replicate behaviours they observe repeatedly. Gentile et al. (2017) found that consistent pro-social modeling reduced aggression among adolescents, while Lansford et al. (2014) demonstrated that caregiver modeling of patience and respect lowered externalizing behaviour.

African case studies further reinforce this point. In South Africa, Mncube and Harber (2013) observed that children exposed to consistent pro-social conduct at home were less likely to replicate violent behaviour in school. In Zimbabwe, Mpofu (2011**)** highlighted that households where caregivers embodied respect and discipline reported lower incidences of truancy and misconduct. Similarly, research in Kenya showed that children raised in families where caregivers modeled honesty and responsibility were more resilient against peer pressure and delinquent influences (Njoroge, 2019).

These testimonies demonstrate that caregiver conduct serves as a preventive tool against delinquency by embedding discipline, respect, and integrity into children's social development. Modeling appropriate behaviour situates caregivers as active agents of behaviour modification, ensuring that children internalize values through lived example rather than abstract instruction. This strategy strengthens the caregiver–child bond, promotes social cohesion, and reduces the likelihood of delinquency by conditioning children to see pro-social behaviour as both normal and desirable.

4.4 DESIGNING A MODEL THAT CAPACITATE CAREGIVERS TO ADDRESS DELINQUENCY BEHAVIOUR AMONG CHILDREN IN BINDURA URBAN

This theme explores strategies that can strengthen caregivers in guiding children's behaviour within Bindura Urban. Interviews revealed that capacitation requires both knowledge and supportive structures. The sub-themes that emerged include: caregiver conscientisation, which builds awareness of children's rights and positive discipline; regulating social media access, to protect children from harmful influences, collaboration with institutions, ensuring consistent guidance across settings, resource provision, offering safe spaces and materials; and parental training and support groups, equipping caregivers with skills and emotional resilience. Together, these strategies emphasize the multi-dimensional ways caregivers can be capacitated to promote responsible behaviour and prevent delinquency.

4.4.1 Caregiver Conscientization

During the second focus group discussion with Participants 5, 8, and 9, and key informants 1, 2, and 3 caregivers expressed uncertainty about their rights and responsibilities when disciplining children. They explained that many parents assume the law prohibits them from administering any form of corporal correction, which leaves them hesitant and fearful of

exercising authority in the home. Key informants interviewed also revealed a recurring concern that many caregivers felt uncertain about their rights and responsibilities when disciplining children, often assuming that the law prohibits them from administering any form of corporal punishment correction. This perception was captured during the second focus group discussion were emphasis on teaching and demystifying myths surrounding corporal punishments were discussed. Participant 12 was recorded saying,

> *"I think when it comes to issues of child rights, there needs to be adjustments. Yes, children have rights, but I also need to know mine so that I can discipline my child without fearing the law. The government should give us clarity so that there is balance, because if I am afraid to discipline my child, it becomes impossible. So if you are saying what I am saying isn't incorrect then the public should be educated on these matters"* **(participant 12)**

Participant 8 was also of the same view with participant 10 and had this to say,

> *"We need workshops to understand children's rights; sometimes we punish without knowing the law. If we are taught clearly, we will stop making mistakes. Many of us grew up with harsh discipline, so we think it is normal. Training would help us see better ways of correcting children. Without knowledge, we act out of ignorance, not malice."* **(Participant 10)**

A key informant also added,

> *"Conscientization empowers caregivers, once they know the law and positive discipline methods, they stop harmful practices. Awareness changes attitudes and builds confidence. When caregivers understand rights, they discipline with care. It reduces cases of abuse and strengthens family bonds. Knowledge is the first step toward transformation."* **(Key informant 2)**

These testimonies from participants reflect a critical misconception that parental discipline is legally prohibited, yet the findings show that caregivers are uncertain about their rights and responsibilities when disciplining children. Many assume that the law prevents them from administering any form of correction, which leaves them hesitant and fearful of exercising authority in the home. In reality, the Constitution of Zimbabwe Amendment (No. 20) Act, 2013 does not outlaw parental discipline. Section 51 guarantees the right to human dignity, while Section 53 prohibits "physical or psychological torture or cruel, inhuman or degrading

treatment or punishment." These provisions protect children from abuse but do not prevent parents from administering reasonable discipline. Furthermore, the Children's Act [Chapter 5:06] affirms parental responsibility and allows "reasonable punishment" by parents and guardians, while the Criminal Law (Codification and Reform) Act (2004) also recognizes moderate correction within the family context. The Constitutional Court ruling of 2019 outlawed corporal punishment as a judicial sentence, but it did not abolish parental authority to discipline at home. The gap between what the law states and what caregivers believe highlights the urgent need for consentization programs that educate parents about constitutional provisions, statutory allowances, and international child protection frameworks.

Scholarly evidence reinforces this concern. Skovdal et al. (2010) documented caregiver fatigue in Zimbabwe, noting that confusion about rights frameworks discouraged discipline and weakened household regulation. Farrington's Cambridge Study in Delinquent Development demonstrated that consistent parental discipline, when combined with warmth, reduced delinquency, while inconsistent or absent discipline increased risk (Murray & Farrington, 2010). These findings confirm that clarity of rights and responsibilities is as important as training in non-violent methods, showing that misconceptions about the law can undermine household regulation and increase vulnerability to delinquency. From a behavioral theory perspective, conscientization strengthens the application of behavioral principles. Behavioral theory emphasizes that effective modification requires both reinforcement and corrective boundaries (Martin & Pear, 2019). If caregivers avoid discipline due to misconceptions, children may fail to internalize limits, increasing vulnerability to delinquency. Conversely, when caregivers understand lawful discipline, they can apply consistent reinforcement without fear, aligning with Skinner's operant conditioning and Bandura's social learning theory. In this way, consentization becomes a practical tool for capacitating caregivers, ensuring that their authority is exercised responsibly and effectively.

The implications of these findings are significant. Misconceptions about the law weaken caregiver authority, leaving children without consistent boundaries and increasing their exposure to delinquency. Consentization programs bridge the gap between child rights and caregiver authority by dispelling myths, clarifying legal provisions, and equipping parents with lawful, constructive discipline strategies. By restoring caregiver confidence, consentization ensures that discipline is consistent, rights-respecting, and effective, thereby strengthening the

household's role in shaping pro-social behaviour and safeguarding children against delinquency.

4.4.2 Regulating Social media access

From the interviews conducted, it became evident that one of the proposed strategies to capacitate caregivers in promoting behaviour modification among children is the regulation of social media access. Participants emphasized that policies, technological tools, and community guidelines which restrict children's exposure to harmful online content empower caregivers to safeguard their children more effectively. By limiting access to materials such as pornography, music or videos that glorify drug use, and platforms that facilitate cyberbullying, caregivers are better positioned to protect children from delinquency drivers that undermine moral and social development. This perspective was clearly articulated by Participant 1, who remarked that without structured regulation, caregivers are left vulnerable and unable to shield children from the pervasive influence of digital environments. The participant had this to say,

> *"I think if you look at what Australia did last year, they banned all minors from accessing the internet and social media platforms as a way of avoiding issues of delinquency. Right now, if you go online, pornography is everywhere, movies glorifying drug lords are easily accessible, and our children are exposed to all of this and begin to desire it. If the government could adopt such policies, it would help in shaping our children, because a parent can monitor a child during the day, but at night the child is in their room with a phone, and that is when they are exposed to harmful content without the parent noticing."* **(Participant 1)**

Similarly Participant 4 also agreed with this view and was quoted verbatim saying,

> *"If there were controls on what children watch, it would be easier for us to guide them at home. Children copy what they see online, even bad habits. We cannot monitor every site or video they access. Regulation would protect them from harmful influences. It would also make our work as parents less stressful."* **(Participant 4)**

Key informants also agreed with caregivers regarding the regulation of social media to children noting that with this current digital age we are living in regulations needs to be put in place to assist caregivers so as to have a collective responsibility in shaping positive behavior among children. Key informant 1 had this to say,

> *"Policies that regulate social media protect children and capacitate caregivers, who otherwise feel powerless against digital risks. Without rules, children are exposed to violence, drugs, and pornography. Caregivers cannot compete with the internet's influence. Regulation gives them authority to say no. It balances freedom with protection."* **(Key informant 1)**

The words of participant 1and 2 reveal a strong concern about the unregulated influence of social media and internet access on children's behaviour, situating digital exposure as a modern driver of delinquency. The participant draws on the example of Australia's policy banning minors from accessing social media platforms, framing it as a protective measure that shields children from harmful content. The testimony highlights the pervasiveness of online risks pornography, media glorifying drug lords, and cyberbullying which are seen as shaping children's desires and normalizing delinquent behaviour. Importantly, the caregiver points out the limitations of parental monitoring, noting that while supervision is possible during the day, children often retreat to private spaces at night with their phones, where harmful content is consumed beyond the caregiver's view. From a behavioral theory perspective, this concern is significant because children's behaviour is shaped by reinforcement and imitation. Exposure to online content that glamorizes deviance acts as a form of reinforcement, encouraging imitation of delinquent models(Skinner, 1963). Bandura's social learning theory further explains that children internalize behaviour observed in media, especially when such behaviour is portrayed as rewarding or prestigious (Bandura, 1974). Without regulation, caregivers are left powerless to counteract these influences, as the digital environment provides constant reinforcement of undesirable conduct. The participant's words therefore highlights the need for capacitation programs that integrate digital regulation into caregiver support. This involves government-led policies restricting harmful content, technological tools such as parental controls, and community guidelines that empower caregivers to act as digital gatekeepers. By harmonizing child rights with caregiver authority in the digital sphere, such interventions restore the caregiver's role in shaping pro-social behaviour while mitigating the risks of delinquency driven by unregulated online exposure.

Studies have shown that youth immersed in social media are more likely to engage in deviant behaviour such as bullying, dangerous dares, and consumption of harmful content, with platforms like Instagram and YouTube shaping attitudes toward crime and violence (Park et al., 2016). Research on youth culture demonstrates how idolization of online figures and exposure to cyberbullying reinforce delinquent identities, mirroring Bandura's explanation of

imitation and reinforcement. In Zimbabwe, caregivers in residential care centres have reported that children idolize drug lords and violent heroes encountered online, undermining moral development. Child protection officers in Bindura have observed that while parents can monitor during the day, children often consume harmful content privately at night, echoing the concerns raised by Participant 1. Similar findings in the United States show that caregivers emphasize monitoring digital devices as essential, since unsupervised online activity frequently leads to delinquent peer associations (Lamari-Fisher & Bond, 2021b).

The participants' words therefore highlight the need for capacitation programs that integrate digital regulation into caregiver support. This involves Government-led policies restricting harmful content, technological tools such as parental controls, and community guidelines can empower caregivers to act as digital gatekeepers. By harmonizing child rights with caregiver authority in the digital sphere, such interventions restore the caregiver's role in shaping pro-social behaviour while mitigating the risks of delinquency driven by unregulated online exposure. This ensures that caregivers are not sidelined by digital influences but remain central agents in behaviour modification and delinquency prevention.

4.4.3 Institutionalizing Counselling to Strengthen Caregiver Capacity

Caregivers highlighted that counselling should be institutionalized within the school curriculum to support behaviour modification. Participants stressed that children need counselling regularly as part of the curriculum so that guidance at school complements what caregivers provide at home. From the key informants interviewed, it was clear that one of the most promising strategies to enhance caregiver capacity in behaviour modification is through the institutionalization of counselling within the education curriculum. Counselling programs in schools provide caregivers with structured support, ensuring that children receive consistent guidance both at home and in the classroom. This perspective was captured in the words of Participant 11, who stated,

> *"In my view, children should receive counselling in schools not just once a month or once a week, but it should be a subject that is part of the curriculum. That way, when I try to guide my child at home, the school also provides support"*. **(Participant 11)**

Participant 3 also added,

> *"When schools and churches work with us, children listen more because the message is the same everywhere. At home we teach respect, and at school the teacher repeats it. In church they hear about discipline and honesty. This consistency makes children*

*believe the values are important. Alone, we cannot achieve the same impact."***(Participant 3)**

Key informant 2 also agreed with the participants and had this to say,

"Collaboration ensures caregivers are not isolated; institutions provide reinforcement and resources to sustain discipline. When schools, churches, and community leaders join hands, children receive one message. Caregivers feel supported instead of overwhelmed. Institutions bring expertise and authority. Together, we create a united front against delinquency." **(Key informant 2)**

These testimonies accentuate the importance of embedding counselling as a formal subject rather than treating it as an occasional intervention, as caregivers and key informants agreed that institutionalized counselling provides reinforcement of positive behaviour and correction of maladaptive patterns, ensuring that children internalize discipline and coping mechanisms through consistent exposure. Evidence provided in the literature supports this sentiment. Assink et al. (2015) in their meta-analysis of interventions against juvenile delinquency found that early, school-based counselling significantly reduced persistent antisocial behaviour. Ntshangase (2015) in South Africa argued that juvenile delinquency in Gauteng schools required multi-pronged interventions, including counselling, to address escalating antisocial behaviour. Ndayisenga (2023) in Uganda demonstrated a significant relationship between peer counselling and reduced delinquent behaviour among secondary school students, recommending government-mandated counsellors in schools. These findings resonate with the participant's view that counselling should be institutionalized, not sporadic, to ensure continuity and effectiveness. Case studies discussed reinforce this analysis. In Kenya, the integration of guidance and counselling into secondary school curricula has been linked to reductions in dropout rates and improved discipline. South Africa's Life Orientation subject incorporates counselling elements that equip learners with coping skills, moral grounding, and resilience against peer pressure. Locally, Skovdal et al. (2010) highlighted caregiver fatigue in Zimbabwe, noting that institutional support such as school counselling is essential to complement household discipline. These examples demonstrate that institutionalized counselling strengthens caregiver capacity by providing professional allies who reinforce discipline and moral guidance in structured environments.

From a behavioral theory perspective, counselling provides reinforcement of positive behaviour and correction of maladaptive patterns, ensuring that children internalize discipline

and coping mechanisms through consistent exposure. Skinner's operant conditioning framework (1953) emphasizes that behaviour is shaped through reinforcement and punishment; counselling institutionalized in schools provides structured reinforcement of desirable conduct, reducing reliance on punitive measures at home. Bandura's social learning theory (1977) further explains that children learn through modelling and reinforcement, and counselling sessions create opportunities for children to observe, practice, and internalize pro-social behaviour.

The implication is that capacitating caregivers cannot be achieved solely through household interventions; schools must act as partners in behaviour modification. Institutionalizing counselling ensures continuity between home and school, reduces the burden on caregivers, and creates a holistic support system that addresses both emotional and behavioral needs. In essence, counselling embedded in the curriculum transforms schools into active agents of delinquency prevention, harmonizing child rights with caregiver authority and reinforcing the behavioral conditioning necessary for pro-social development.

4.4.4 Resource Provision

During the interviews caregivers consistently pointed out that their ability to guide children is often undermined by the absence of supportive resources. When households are consumed by economic hardship or lack of structured facilities, caregivers struggle to prioritize behaviour modification, as survival needs take precedence. Participant 5 illustrated this concern by noting,

> *"The government should assist by establishing recreational facilities where children can play safely under the supervision of their parents. Counselling services on such issues should also be free of charge".* **(Participant 5)**

Participant 7 was also of the same view and had this to say,

> *"If we had safe play areas and after-school programs, children would not roam the streets and get into trouble. They would spend time in sports or reading instead of mixing with bad company. Many parents cannot afford private facilities. Community resources would keep children busy and safe. It would also give us peace of mind."* **(Participant 7)**

Key informant 3 also added,

> *"Resource provision from educational materials to recreational facilities reduces caregiver stress and strengthens supervision. When children have structured activities,*

*they stay away from crime. Caregivers can focus on guidance instead of constant policing. Resources also build children's talents and confidence. They are a direct investment in prevention." (***Key informant 3)**

These statements reflects the recognition that without tangible support whether educational, economic, or institutional caregivers remain overstretched and unable to consistently reinforce discipline. The provision of resources directly influences the quality of behavioral guidance within families. Parenting manuals and behaviour modification guides equip caregivers with practical strategies, while income-generating initiatives reduce stress and free up time for supervision. Recreational facilities and after-school programs create safe, structured environments that keep children engaged, thereby reducing opportunities for delinquent behaviour. These interventions resonate with the broader literature reviewed, which highlighted how structural deficits such as poverty, unemployment, and lack of safe spaces exacerbate juvenile delinquency. For instance, Duncan & Bruwelheide (1985) observed that economic hardship in Zimbabwe led to caregiver fatigue, weakening their ability to regulate children's behaviour. Similarly, Deluga & Andrews (1985) demonstrated that interventions addressing structural risk factors significantly reduced persistent delinquency, underscoring the importance of resource provision as a preventive measure.

The relationship between resource provision and behavioral outcomes can also be understood through the lens of behavioral theory. Consistent reinforcement of pro-social conduct requires caregivers to have both the capacity and the environment to apply it. When stress is alleviated through economic empowerment, caregivers are more likely to maintain reinforcement schedules at home. Safe recreational spaces and structured after-school programs provide external reinforcement by modelling positive behaviour and reducing exposure to delinquent peers. Bandura's social learning framework further explains that children imitate behaviour observed in their environment; thus, resource-rich settings that promote constructive activities act as protective factors against delinquency. Case studies discussed in the literature reinforce this analysis. The Isibindi Program in South Africa demonstrated that community-based facilities and structured activities reduced delinquency by keeping children engaged under supervision. In Ghana, community parenting circles showed how institutional support and shared resources strengthened caregiver authority and reduced juvenile misconduct. Scandinavian family support systems, which combine financial assistance with community facilities, have been linked to lower delinquency rates, illustrating the effectiveness of resource provision in diverse contexts.

Resource provision is not a peripheral strategy but a foundational one. By equipping caregivers with educational materials, economic empowerment, counselling services, and safe community facilities, governments and institutions create an enabling environment for consistent behaviour modification. This harmonizes caregiver authority with structural support, ensuring that reinforcement of pro-social conduct is both possible and sustainable, thereby reducing the drivers of juvenile delinquency.

4.4.5 Parental training and support groups

During the interviews, caregivers consistently emphasized that parental training and support groups play a pivotal role in helping them manage children with patience and composure. They explained that such initiatives provide practical strategies for discipline, reduce the likelihood of reacting with anger, and foster a supportive environment where positive behavior can be nurtured. Participant 5 illustrated this concern by noting:

> *"In parenting circles, I learn from others; it helps me handle my child without anger. We share experiences and solutions. I realize I am not alone in my struggles. Advice from other parents gives me courage. Support groups make me calmer and more patient."* **(Participant 5)**

Participant 6 also added,

> *"Support groups and structured training equip caregivers with skills in communication, non-violent discipline, and positive reinforcement. Training sessions teach practical methods that replace shouting and beating. Caregivers gain confidence in handling difficult behavior. They also learn to support each other emotionally. This collective learning strengthens families."* **(Participant 6)**

Key informants stressed that structured training and peer support networks are vital in strengthening caregiver ability to guide children effectively. This was denoted from key informant 2 who had this to say,

> *"When parents are trained in methods of using positive reinforcement together with non-violent discipline and communication skills, it helps greatly Parenting circles provide emotional support and shared strategies among caregivers".* **(Key informant 2)**

These testimonies highlight the dual role of parental training, equipping caregivers with technical skills while simultaneously offering emotional solidarity through peer networks.

Training programs reshape caregiver practices by introducing structured approaches to discipline that emphasize reinforcement rather than punishment. Parents learn to establish predictable behavioral boundaries, communicate effectively, and model pro-social conduct. Parenting circles complement this by creating communal spaces where caregivers share strategies, observe successful practices, and gain confidence in their own abilities. The literature discussed also reinforces these insights. Kagotho and Ssewamala (2012) demonstrated in Kenya that parental training combined with economic empowerment reduced reliance on corporal punishment and improved caregiver confidence in managing behaviour. Ndayisenga (2023) found in Uganda that peer counselling and parental support groups significantly reduced juvenile delinquency by providing both emotional support and practical strategies. In South Africa, community-based parenting circles have been linked to reductions in juvenile misconduct, as they provide caregivers with collective responsibility and shared coping mechanisms.

This dynamic reflects the principles of behavioral theory, which emphasizes that behaviour is shaped through reinforcement and modelling. When caregivers observe peers applying non-violent discipline successfully, they are more likely to adopt similar approaches, creating a ripple effect of positive reinforcement across households. The integration of parental training and support groups into child protection frameworks therefore strengthens caregiver authority while reducing isolation. By equipping caregivers with practical skills in positive reinforcement and communication, and by embedding them in supportive peer networks, these initiatives ensure that behaviour modification is consistent, non-violent, and sustainable. They harmonize individual caregiver authority with community support, aligning with behavioral theory by reinforcing pro-social conduct and reducing the drivers of delinquency.

4.5 Chapter Summary

This chapter examined the roles of caregivers in mitigating juvenile delinquency among children, guided by behavioral theory, which posits that behavior is shaped through reinforcement, modeling, and consistent cues within the child's environment. The theory emphasizes that caregivers, as primary agents of socialization, influence children's conduct by rewarding prosocial actions, discouraging antisocial tendencies, and modeling responsible behavior. Literature reviewed in the study highlighted that for caregiver interventions to remain impactful, they must go beyond temporary control measures and embed consistent reinforcement strategies that address long-term behavioral risks such as peer influence, poverty, and weak community structures.

Findings from the study revealed that caregivers in Bindura Urban play multiple roles in delinquency prevention, including discipline, educational support, emotional guidance, community involvement, and advocacy. Each of these roles functions as a behavioral mechanism: discipline provides clear consequences for actions, educational support reinforces persistence and responsibility, emotional guidance strengthens attachment and resilience, while community involvement and advocacy embed prosocial norms within wider networks. However, the effectiveness of these roles has been constrained by limited resources, fragmented support systems, lack of monitoring and evaluation, and inadequate integration with social protection structures.

The data further indicated that vulnerable children such as orphans, youth from impoverished households, and those exposed to delinquent peer groups require diverse and evolving forms of caregiver reinforcement. Participants emphasized the importance of strengthening caregiver capacity through livelihood opportunities, psychosocial support, and community-based networks that enable consistent modeling of prosocial behavior.

The next chapter provides a synthesis of the research findings, draws conclusions, and offers recommendations. It also designs a behavioral intervention model that integrates discipline, educational support, psychosocial care, and community advocacy into a holistic framework. This model situates caregivers as central actors in shaping behavior, ensuring that reinforcement and modeling are consistently applied to mitigate juvenile delinquency in Bindura Urban

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter brings together the consolidated findings of the study, draws conclusions from the evidence gathered, and advances practical recommendations. It also identifies areas for further inquiry and proposes a model for intervention. The central concern of this study is the role of caregivers in mitigating juvenile delinquency among children in Bindura Urban, with particular attention on how their perceptions, practices, and capacities shape behavioral outcomes. While caregivers are indispensable actors in shaping children's moral and social development, their interventions are constrained by poverty, limited institutional support, and fragmented community structures. The evidence makes it clear that delinquency is not simply a matter of

individual deviance but rather is deeply is embedded in socio-economic realities that demand capacitated, context-sensitive caregiver responses. Without systematic empowerment, caregivers remain reactive rather than proactive, and delinquent behavior persists.

5.1 Summary of finding

The study found out that juvenile delinquency in Bindura Urban stems from a complex mix of deprivation, poor parenting skills, peer pressure, substance abuse, cultural beliefs, and unregulated media exposure, all of which weaken caregiver authority and expose children to deviant influences. In response, caregivers employ strategies such as supervision, positive reinforcement, moral and spiritual socialization, and modelling pro-social conduct, though these efforts are constrained by poverty and limited institutional support. To strengthen caregiver capacity, the study proposes a model built on caregiver conscientization, regulation of social media, collaboration with institutions, resource provision, and parental training and support groups. This integrated approach shifts caregiving from fragile, reactive discipline to proactive developmental guidance, aligning with behavioral theory and supported by literature, and ultimately aims to empower caregivers, reinforce pro-social behaviour, and reduce the drivers of delinquency.

5.1.1 Objective 1: Perceived causes of delinquency behavior among children by caregivers in Bindura urban.

In examining the perceived causes of delinquency behavior among children, the study revealed a complex interplay of structural, cultural, and social factors. Poverty was consistently identified as a central driver, undermining caregivers' ability to provide adequate supervision, education, and basic needs. Poor parenting skills, including inconsistent discipline, neglect, and lack of communication, were also cited as weakening parental authority and leaving children vulnerable to deviant influences. Peer pressure emerged as a powerful socializing force, often normalizing antisocial behavior and encouraging children to engage in truancy, theft, or substance abuse. Drug and alcohol use were described as both symptoms and catalysts of delinquency, reinforcing cycles of deviance and undermining children's capacity for self-control. Interestingly, some caregivers attributed delinquent tendencies to supernatural phenomena, reflecting cultural interpretations of deviance that extend beyond material explanations. Finally, unregulated media exposure was seen as a significant contributor, with

harmful content such as violent films, pornography, and drug glorification shaping children's attitudes and behaviors. These findings highlight that delinquency in Bindura Urban is structurally rooted, reflecting the intersection of family breakdown, socio-economic hardship, cultural beliefs, and community disorganization. The causes align with behavioral theories, which emphasize that children's behavior is shaped by the quality of their immediate environment and the strength of social bonds.

5.1.2 Objective 2: The role of caregivers in mitigating delinquency behavior among children in Bindura urban.

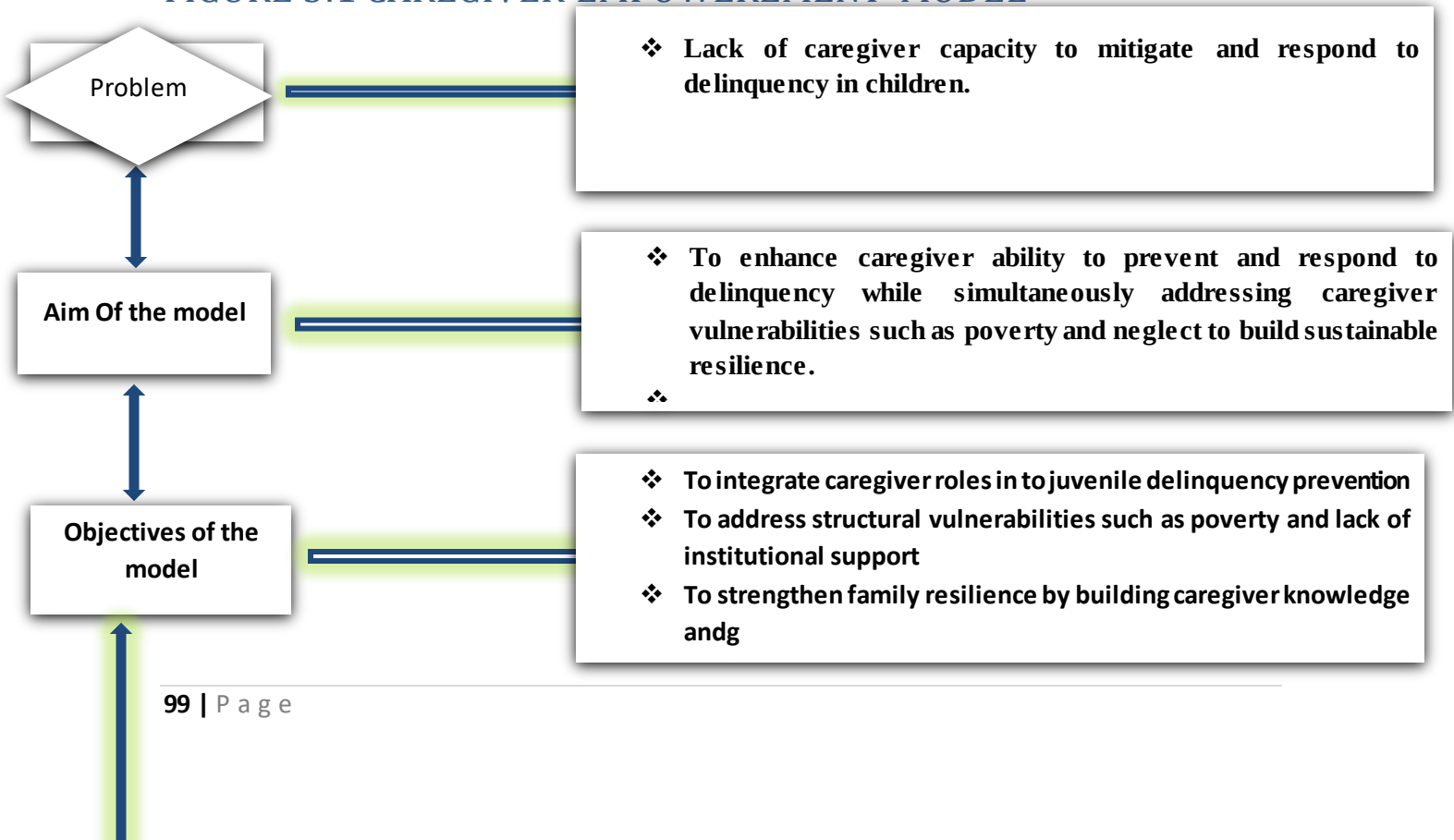
In assessing the role of caregivers in mitigating delinquency behavior among children, the study uncovered a range of strategies employed within households and communities. Corporal punishment was frequently used as a corrective measure, though it was criticized for its potential to reinforce aggression rather than instill discipline. Increased supervision and monitoring were emphasized as essential, with caregivers tracking children's movements, peer associations, and school attendance. Positive reinforcement was also employed, rewarding desirable behavior to encourage repetition and instill self-confidence. Caregivers sought to model appropriate conduct, demonstrating pro-social behavior for children to emulate. Moral and spiritual socialization was another key strategy, with caregivers instilling values through religious teachings, cultural practices, and moral dialogue. These roles affirm caregivers as frontline agents of socialization and discipline. However, the findings also reveal significant constraints. Poverty limits caregivers' ability to provide consistent supervision, while fragmented community structures reduce collective responsibility for child welfare. Institutional support from schools, social services, and local authorities is often inadequate or inaccessible. Consequently, caregivers' efforts, though critical, remain fragile and uneven. The study amplify that capacitating caregivers requires systemic reinforcement through training, resources, and community-based support structures. Only then can caregivers move from reactive discipline to proactive developmental guidance.

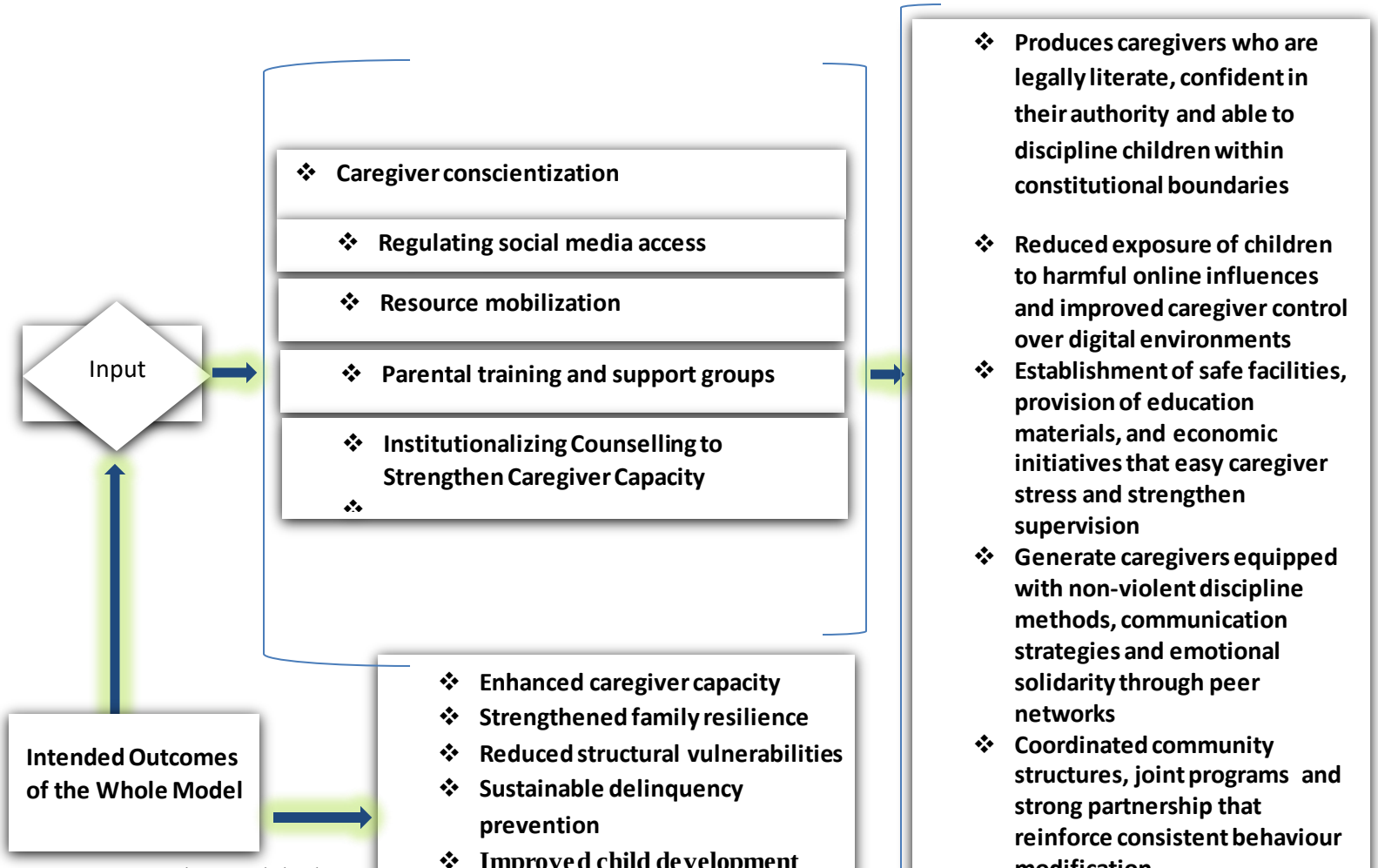
5.1. 3 Objective 3. Designing a model for intervention

To design a model for intervention, the study examined what can be done to capacitate caregivers in behavior modification and prevention of delinquency. Findings revealed that caregiver conscientization is essential, raising awareness of child rights, behavioral theory, and non-violent discipline methods. Regulating social media access was also emphasized, with caregivers calling for policies and tools to shield children from harmful online content. Collaboration between caregivers and institutions such as schools, churches, and local

authorities was seen as critical to building coordinated responses. Resource provision, including manuals, counseling services, and economic support, was highlighted as necessary to enhance caregiver capacity. Finally, parental training and support groups were recommended as platforms for caregivers to share experiences, learn skills, and build resilience collectively. These strategies emphasize adaptability, integration, and empowerment. The proposed model responds to entrenched challenges such as poverty, peer pressure, and substance abuse by equipping caregivers with structured tools, knowledge, and institutional backing. Its overarching aim is to transform caregiving from a fragile, individualized effort into a coordinated, developmental strategy that promotes empowerment, resilience, and inclusive growth

FIGURE 5:1 CAREGIVER EMPOWEREMENT MODEL





The model above can carefully structured ation and juvenile delinquency prevention in Bind nsentization, which requires the preparation of legal literacy materials that explain constitutional provisions, statutory allowances, and international child protection frameworks in clear and accessible language. These resources must be translated into Shona and English to ensure inclusivity, while trained facilitators such as social workers, legal experts, and community leaders deliver sensitization workshops in schools, churches, and community halls. Financial support is necessary to cover printing, transportation, and facilitation costs, and partnerships with government ministries and NGOs guarantee that the information disseminated is accurate, consistent and aligned with national child protection policies.

Closely linked to this is the regulation of social media access, which requires technological investments such as parental control software, monitoring applications, and secure internet filters. Caregivers must be equipped with digital literacy skills through structured training sessions, while partnerships with internet service providers and mobile operators ensure

affordable access to protective tools. Awareness campaigns conducted both online and offline sensitize families to risks such as pornography, drug glorification, and cyberbullying, while schools and community centres serve as hubs for training and dialogue. Financial inputs subsidize the cost of software and sustain awareness programs, while government regulators provide the policy frameworks that legitimize safe internet practices.

Resource mobilization forms another critical input, requiring financial investments to establish recreational facilities, after-school programs, and safe play spaces where children can engage constructively under supervision. Donor support and government allocations stabilize these initiatives, while community contributions enhance ownership and participation. Educational materials such as parenting manuals, behaviour modification guides, and counselling resources must be developed and distributed, supported by skilled personnel including teachers, counsellors, and social workers. Partnerships with NGOs, schools, and local authorities provide institutional backing, while income-generating projects for caregivers require seed funding and technical expertise to reduce household stress. Monitoring and evaluation systems ensure accountability and track the effectiveness of mobilized resources.

Parental training and support groups also require substantial inputs, beginning with professional trainers skilled in positive reinforcement, non-violent discipline, and communication strategies. Accessible venues such as schools, churches, and community halls provide spaces for caregivers to gather, while peer facilitators lead parenting circles that foster solidarity and shared learning. Counselling materials, including manuals, handouts, and audiovisual resources, support both technical and emotional aspects of training. Financial resources cover facilitation costs, transport allowances, and refreshments, ensuring consistent participation. Institutional support from NGOs and government agencies strengthens credibility and sustainability, while monitoring mechanisms evaluate caregiver progress, document shared strategies, and refine training content based on feedback.

Finally, Institutionalizing Counselling to Strengthen Caregiver Capacity requires formal agreements or memoranda of understanding that define roles, responsibilities, and shared objectives. Skilled counsellors, teachers, and social workers facilitate joint programs and provide professional guidance, while communication platforms such as community forums, WhatsApp groups, and school meetings serve as channels for coordination and information sharing. Financial resources support joint activities including counselling sessions, awareness campaigns, and referral systems for at-risk children. Institutional backing from schools,

churches, local authorities, and NGOs ensures legitimacy and integration into broader child protection frameworks, while logistical support such as transport and meeting facilities enables effective collaboration. Monitoring and evaluation systems assess the impact of partnerships, ensuring that they remain functional, accountable, and responsive to community needs.

5.2 Conclusions

From all the discussions highlighted above the following conclusions were made from the research findings: The findings demonstrate that juvenile delinquency in Bindura Urban is shaped by a constellation of interrelated structural, cultural, and social factors. Deprivation consistently emerged as a central driver, limiting caregivers' ability to provide adequate supervision, education, and basic needs, while poor parenting skills, peer influence, and exposure to deviant subcultures further weakened parental authority and normalized antisocial behaviour. Drug and substance use were also identified as both symptoms and catalysts of delinquency, reinforcing cycles of deviance and undermining children's capacity for self-control. Cultural interpretations, such as attributing delinquent tendencies to supernatural phenomena, and unregulated media exposure also contributed to shaping children's attitudes and behaviour in ways that promote aggression, truancy, and moral decay. These findings align with behavioral theories, particularly social learning and social control, which emphasize that children's conduct is shaped by the quality of their immediate environment and the strength of social bonds. Literature such as Skovdal et al. (2010) and Assink et al. (2015) reinforces that socio-economic hardship and structural deficits exacerbate delinquency. The implication is that delinquency in Bindura Urban is not a random occurrence but structurally rooted, requiring interventions that address poverty, family breakdown, and community disorganization alongside individual behaviour modification.

The study further concluded that caregivers employ a range of strategies in behavior modification, though their effectiveness varies depending on context and resources. Corporal punishment was frequently used as a corrective measure, though its potential to reinforce aggression rather than instill discipline was noted. Increased supervision and monitoring were emphasized as essential, with caregivers tracking children's movements, peer associations, and school attendance. Positive reinforcement was also employed, rewarding desirable behavior to encourage repetition and instill self-confidence. These practices align with behavioral theories, particularly Skinner's operant conditioning and Bandura's social learning, which emphasize reinforcement and modelling as central to behaviour modification. Literature from Kagotho and Ssewamala (2012) and Ndayisenga (2023) reinforces that caregiver strategies are most

effective when supported by training, resources, and community networks. Caregivers sought to model appropriate conduct, demonstrating pro-social behavior for children to emulate, while moral and spiritual socialization was another key strategy, with values instilled through religious teachings, cultural practices, and moral dialogue. These roles affirm caregivers as frontline agents of socialization and discipline. However, the findings also reveal significant constraints. Deprivation limits caregivers' ability to provide consistent supervision, while fragmented community structures reduce collective responsibility for child welfare. Institutional support from schools, social services, and local authorities is often inadequate or inaccessible. Consequently, caregivers' efforts, though critical, remain fragile and uneven. The study accentuates that capacitating caregivers requires systemic reinforcement through training, resources, and community-based support structures. Only then can caregivers move from reactive discipline to proactive developmental guidance.

Finally, the study concluded that capacitating caregivers is essential to strengthen their role in preventing delinquency and ensuring sustainable outcomes. Caregiver consentization was identified as a priority, raising awareness of child rights, behavioral theory, and non-violent discipline methods. Regulating social media access was also emphasized, with caregivers calling for policies and tools to shield children from harmful online content. Collaboration between caregivers and institutions such as schools, churches, and local authorities was seen as critical to building coordinated responses. Resource provision, including manuals, counseling services, and economic support, was highlighted as necessary to enhance caregiver capacity. Parental training and support groups were recommended as platforms for caregivers to share experiences, learn skills, and build resilience collectively. These enhancements demonstrate a strategic shift from fragmented, reactive caregiving to proactive, developmental approaches that embed resilience, dignity, and empowerment at the core of child protection. In sum, the findings of this study illustrate that caregivers in Bindura Urban are indispensable actors in mitigating juvenile delinquency, but their efforts must be systematically capacitated to achieve meaningful outcomes. By moving beyond residual, individualized responses and embracing coordinated, developmental strategies, caregivers can foster resilience, expand children's social capital, and restore dignity, thereby contributing meaningfully to community stability and social cohesion. The model presented in this study illustrates how structured, integrated strategies can transform caregiving into a tool for empowerment and inclusive growth, ensuring that children are not only protected from delinquency but are also nurtured toward responsible citizenship and sustainable development.

5.3 Implications to social work

The implications of this study for social work are profound, as the findings highlight the centrality of caregivers in mitigating juvenile delinquency and the necessity of reorienting practice toward approaches that are holistic, preventive, and participatory. Social workers are called to design and implement interventions that strengthen caregiver capacity, recognizing that delinquency is not merely an individual problem but a reflection of broader socio-economic, cultural, and familial dynamics. This requires practitioners to move beyond residual responses and embrace strategies that integrate psychosocial support, parenting education, livelihood strengthening, and community mobilization, thereby ensuring that caregiver interventions are both dignified and comprehensive.

The emphasis on resilience and precise targeting positions social workers as advocates for equity, requiring them to conduct household assessments, recognize intersectional vulnerabilities, and safeguard against exclusion errors. In this context, social workers must not only provide direct services but also act as facilitators of caregiver empowerment, equipping families with knowledge, skills, and resources to guide children away from delinquent pathways. The integration of parental training, support groups, and community collaboration expands the scope of practice into areas of behavioral change and family resilience, where social workers mentor caregivers, facilitate peer learning, and encourage investment in long-term wellbeing.

Community participation further reinforces the profession's ethos of people-centred development, as practitioners engage caregivers and local institutions as co-creators of solutions, fostering ownership, accountability, and trust. The call for regulating media exposure and strengthening institutional collaboration elevates the role of social workers in advocacy and governance, enabling them to influence policy reforms, resource mobilization, and institutional resilience. Taken together, these shifts position social work not only as a discipline of service delivery but as a transformative force in building inclusive, resilient, and sustainable futures for children and families. By embedding caregiver empowerment at the heart of delinquency prevention, social workers can contribute meaningfully to community stability, child protection, and national development.

5.4 Recommendations

Based on the findings of this study, several recommendations can be made to strengthen the capacity of caregivers in mitigating juvenile delinquency among children in Bindura Urban.

- For government and policy makers, there is need to institutionalize holistic and integrated interventions that go beyond fragmented household efforts. Caregiver support should be packaged in ways that combine awareness-raising, psychosocial guidance, educational reinforcement, and livelihood resources, thereby ensuring dignity and reducing dependency on punitive measures such as corporal punishment. By embedding these elements into caregiver practice, families can move toward proactive developmental guidance rather than reactive discipline.

- For community organizations and NGOs, interventions should be adapted to align with the contextual realities of communities. Rigid approaches to child discipline and supervision often fail to account for the socio-economic pressures faced by households. Flexible programming that recognizes poverty, unemployment, and cultural beliefs allows caregivers to withstand shocks such as economic downturns, peer influence, or exposure to harmful media. This requires planning mechanisms that are responsive to local rhythms and vulnerabilities, ensuring that caregiver strategies remain relevant and effective.

- For caregiver training institutions, interventions should embed sequenced pathways that enable families to graduate from reactive discipline to proactive developmental parenting. Integrating structured approaches such as parental training, mentorship, and peer support groups will ensure that caregivers are not trapped in cycles of punitive correction but are empowered to achieve sustainable behavioral modification through positive reinforcement, modeling, and moral guidance. This shift will foster resilience and self-reliance among children, reducing their susceptibility to delinquent influences.
- For regulatory authorities and schools, regulation of media and digital exposure must be prioritized. Caregivers should be capacitated with tools and policies that allow them to monitor and restrict harmful content while simultaneously promoting constructive educational and recreational use of technology. By linking media regulation with positive behavioral commitments such as school attendance and participation in

community activities, caregivers can encourage children to invest in long-term wellbeing while fostering social inclusion.

- For local communities and parenting committees, participation must be institutionalized as a foundational principle of delinquency prevention. Caregivers should be recognized as co-creators of solutions, with mechanisms such as local parenting committees, school-community partnerships, and feedback platforms ensuring that interventions reflect lived realities and foster ownership. This collective responsibility will reduce fragmentation and strengthen the social fabric that supports children's development.

- For churches, NGOs, and local authorities, resource provision must be diversified and stabilized. Partnerships should be pursued not only for financial contributions but also for complementary resources such as counseling services, school meals, and recreational facilities. At the same time, predictable domestic allocations should be secured to reduce reliance on external actors and to build institutional resilience. By ensuring that caregivers have access to both material and psychosocial resources, their capacity to guide and protect children will be significantly enhanced.

- For social welfare departments, targeting mechanisms should be strengthened through household-level assessments and reformed eligibility criteria. Door-to-door verification will minimize inclusion and exclusion errors, while intersectional frameworks will ensure that multidimensional vulnerabilities such as those linked to gender, disability, or caregiving roles are adequately captured. Preventive targeting should be prioritized so that at-risk households receive support before children collapse into delinquency.
- Finally, for multi-sectoral stakeholders, future reforms should broaden the scope of delinquency prevention beyond caregivers alone. Collaboration with schools, churches, social welfare departments, and community organizations will create a more comprehensive child protection system that addresses structural drivers of delinquency. By embedding intersectoral cooperation, Bindura Urban can move toward a caregiving model that is inclusive, resilient, and developmental. Such a model

will not only mitigate delinquency but also nurture responsible citizenship, thereby contributing meaningfully to community stability and social cohesion.

5.5 Area of future research

Future research should extend this study by examining the role of agents of socialization in shaping juvenile behavior. While caregivers are central to mitigating delinquency, peers, schools, churches, media, and community organizations also exert powerful influences on children's development. A study that focuses on these actors would provide a broader understanding of how socialization processes either reinforce or counteract caregiver interventions.

5.6 Chapter summary

Chapter Five presented the summary, conclusions, recommendations, and the proposed model for intervention on the role of caregivers in mitigating juvenile delinquency among children in Bindura Urban. The chapter began by synthesizing the major findings of the study, showing that while caregivers are indispensable actors in shaping children's moral and social development, their efforts remain constrained by poverty, limited institutional support, and fragmented community structures. The analysis highlighted that delinquency is driven by multiple factors, including poverty, poor parenting skills, peer influence, drug and substance use, supernatural interpretations, and unregulated media exposure. These causes underscore the multidimensional nature of delinquency, revealing that it is not simply an individual problem but a reflection of broader socio-economic and cultural realities.

The conclusions emphasized that caregivers employ a range of strategies in behavior modification, such as corporal punishment, increased supervision and monitoring, positive reinforcement, modeling appropriate conduct, and moral and spiritual socialization. While these efforts affirm caregivers as frontline agents of discipline and socialization, the study noted that their effectiveness is often undermined by structural poverty, weak institutional support, and limited community collaboration. To address these challenges, the chapter proposed capacitating caregivers through consentization, regulation of media access, collaboration with institutions, resource provision, and parental training and support groups. These strategies were presented as essential pathways for transforming caregiving from a fragile, individualized effort into a coordinated, developmental approach that promotes empowerment, resilience, and inclusive growth.

Recommendations were advanced to strengthen caregiver capacity and reorient delinquency prevention toward a developmental model. These included institutionalizing holistic support packages, embedding sequenced pathways for behavioral change, regulating media exposure, diversifying resource provision, strengthening targeting mechanisms, and fostering intersectoral collaboration between caregivers, schools, churches, and social welfare departments. The chapter further proposed a model for intervention that integrates these strategies into a coherent framework, demonstrating how coordinated efforts can transform caregiving into a proactive, empowering, and sustainable system of child protection.

Finally, the chapter underscored the implications of these findings for social work practice, highlighting the need for practitioners to act as advocates, coordinators, and facilitators of caregiver empowerment. It also pointed to areas for future study, recommending the use of quantitative methodologies to complement qualitative insights and the expansion of research beyond caregivers to include schools, churches, and social welfare institutions. In sum, Chapter Five consolidated the study's contributions by presenting a developmental model that positions caregiving as a tool for resilience, dignity, and long-term social justice, ensuring that children in Bindura Urban are not only protected from delinquency but are nurtured toward responsible citizenship and sustainable develop

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APPENDICES

APPENDIX 1: INDEPTH INTERVIEW GUIDE

Title of the study: The role of care givers in addressing juvenile delinquency behavior among children. A case study of Bindura Urban

Aim of the study: To develop a model that capacitates caregivers in mitigating juvenile delinquency behaviour among children in Bindura Urban.

Introduction

My name is Talent Mujakari, and I am conducting a study on the role of caregivers in addressing juvenile delinquency behaviour among children, focusing on a case study of Bindura Urban. The purpose of this interview is to explore your experiences, challenges, and strategies as a caregiver in dealing with juvenile delinquency. Your responses will remain confidential and will be used strictly for academic purposes. Participation is voluntary, and you are free to skip any question or withdraw from the interview at any time.

Section A: Biographic information

Gender of participant ☐ male ☐ female

Age .....

Highest level of education .....

Relationship to child ……..

Employment status ……

Section B: To examine perceived causes of delinquency behaviour among children by caregivers in Bindura urban.

1 What behaviour is expected as a result of good caregiving?
2 What is socially acceptable behaviours in children in an African setting/culture?
3 What are the causes of delinquency behaviours in children?
4 In your own opinion how can caregivers contribute to delinquency behaviour in children?

Section C: To assess the role of caregivers in mitigating delinquency behaviour among children in Bindura urban.

5 What role can caregivers play in behaviour modification?

6 Explain weather there is a relationship between delinquent behaviour and poor parenting.

7 What barriers are encountered during caregiving which might result in delinquency?

Section D: To design a model that capacitate caregivers to address delinquency behaviour among children in Bindura urban

8 In your own opinion what can be done to capacitate caregivers to adequately modify children's behaviour?

9 What can Bindura community borrow from other societies to adequately address delinquency in children?

APPENDIX 2

FOCUS GROUP GUIDE

Title of the study: The role of care givers in addressing juvenile delinquency behavior among children. A case study of Bindura Urban

Aim of the study: To develop a model that capacitates caregivers in mitigating juvenile delinquency behaviour among children in Bindura Urban.

Introduction

My name is Talent Mujakari, and I am conducting a study on the role of caregivers in addressing juvenile delinquency behaviour among children, focusing on a case study of Bindura Urban. The purpose of this interview is to explore your experiences, challenges, and strategies as a caregiver in dealing with juvenile delinquency. Your responses will remain confidential and will be used strictly for academic purposes. Participation is voluntary, and you are free to skip any question or withdraw from the interview at any time.

Section A: Biographic information

Gender of participant ☐ male ☐ female

Age .....

Highest level of education .....

Relationship to child ……..

Employment status ……

Section B: To examine perceived causes of delinquency behaviour among children by caregivers in Bindura urban.

1 What behaviour is expected as a result of good caregiving?
2 What is socially acceptable behaviours in children in an African setting/culture?
3 What are the causes of delinquency behaviours in children?
4 In your own opinion how can caregivers contribute to delinquency behaviour in children?

Section C: To assess the role of caregivers in mitigating delinquency behaviour among children in Bindura urban.

5 What role can caregivers play in behaviour modification?

6 Explain weather there is a relationship between delinquent behaviour and poor parenting.

7 What barriers are encountered during caregiving which might result in delinquency?

Section D: To design a model that capacitate caregivers to address delinquency behaviour among children in Bindura urban

8 In your own opinion what can be done to capacitate caregivers to adequately modify children's behaviour?

9 What can Bindura community borrow from other societies to adequately address delinquency in children?

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

INTERVIEW CONSENT FORM

Dear Participant

My name is Talent Mujakari, a fourth-year student at Bindura University of Science Education pursuing a Bachelor Honors Degree in Social Work. As part of the requirements of the degree, the student is expected to conduct a research project, which I cordially welcome you to participate in. Before deciding to engage in the research, you are welcome and free to ask anything you may need to know during the interview so i can explain. I am humbly asking you to assist me in carrying out my research by sparing a few minutes of your time to respond to the following questions openly. I am undertaking research on the roles of caregivers in addressing juvenile delinquency among children. The study is going to be confidential and any responses given will be used for research study only. Any person that is going to participate is going to do so on voluntary basis that means any person who feels uncomfortable has the power to withdrawal at any point. The discussion will not take more than 30 minutes of your time.

Tittle of the study

The role of care givers in addressing juvenile delinquency behavior among children. A case study of Bindura Urban

Purpose of the study

To develop a model that capacitates caregivers in mitigating juvenile delinquency behaviour among children in Bindura Urban.

Contact details

If you feel like adding more or asking something, you can contact me on

Contact: 0778 738 394/ 0717 364 910 Email: talentmujakari@gmail.com

If you are free to participate in this study, please enter your information in the sections provided below.

Participant's signature (pseudonym)……. Date…….

Researcher's Signature……. Date……

Thank you.


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