

The Lived Experiences and Needs of Children in Child Headed Households in Resource Poor Communities in Soshanguve, South Africa

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Abstract

One of the effects of HIV/AIDS in sub-Saharan Africa is the alarming increase in the number of orphaned and destitute children. Relatives of these children and even their immediate communities are unable to cope with the upkeep of affected children, who are consequently forced to look after themselves. This has led to the emergence of a new type of family termed child headed household. Our study aimed at determining the lived experiences and needs of children in child headed households (CHHs) in the resource poor communities of Soshanguve Extension 12 and 13 in Pretoria, South Africa. The study followed a qualitative, explorative design with a descriptive component for demographic data; and was conducted in the resource poor communities of Soshanguve Extension 12 and 13 in the Gauteng province of South Africa. The research question: "What are the lived experiences and needs of children of CHHs" guided the process to explore the lived experiences and the needs of children in CHHs in the resource poor communities. The participants for the study were purposively selected, and the criteria for inclusion in the study were children from 8-19 years of age and adult community members resident in the child headed households in Soshanguve Extension 12 and 13 as well as willingness to participate in the research. Data was collected using personal in-depth interviews and focus group interviews. From the data obtained, themes, categories and sub-categories were formed. The procedure for data analysis was adapted from the 8 steps Tesch's protocol. The following themes emerged after data analysis, (1) lived experiences of children in CHHs, (2) needs of children in CHHs and (3) resource poor communities' perceptions about CHHs. Based on our findings, government's response in terms of care and support for children of child headed households is recommended considering the serious socioeconomic problems faced by these households.

Key words: Child headed households, lived experiences, needs, resource poor communities, South Africa, HIV, AIDS,

Introduction

Recent research reports on child headed households have identified the issue of HIV and AIDS as a major contributory factor to their creation (MacLellan, 2005:3). This has led to a rapid increase in the number of single orphans and progressively double orphans. According to Meintjes, John-langba and Berry (2006:1-2), the total figure for maternal orphans was 619,000, the total figure for paternal orphans was 2,481,000, whilst the figure for double orphans was 3,768,000. Prior to the 1980's the existence of orphans in Africa was barely noticeable, few in number and generally cared for in the extended family system.

Deaths of both parents due to HIV and AIDS have been the leading factor while other factors have also contributed. This has led to the creation of child headed households, where the child takes on decision making and responsibilities usually carried out by parents, including the provision of care to other children. Children as young as 8 years of age act as



heads of such households (MacLellan, 2005:4; Mkhonto, 2008:12). Child headed households are recognized as a social problem; the needs of these households are not adequately fulfilled and the rights of the children are not protected.

Definition of Child Headed Household

There is absolutely no historical precedent ever for what is happening.... Country after country in the eastern and the southern Africa has more than a million orphans and they simply cannot cope... The grandmothers bury their own children first and then they have to look after their grandchildren. And when grandmothers die, given the fragmentation of the extended family, there is no one coming up behind. So you have the phenomenon of child headed households”

(Stephen Lewis’ speech in Tsegaye, 2007:2).

Sloth-Nielsen (2004:4) defined a child headed household as any household where a child up to or under the age of 18 years is called upon to perform caregiving responsibilities. Plan (2005:1) defined a child headed household as a household where the children are double orphans and is headed by a child that is recognized as being independent who along with other children is responsible for feeding and maintaining the household, caring for younger siblings and adopting de-facto adult/parent roles. In this study child headed household will be referred to as a household where a child does not exceed the “teen” years and the child fully or partially finances, controls, plans and implements the immediate management of the activities that affects the occupants of the household. This may be a child

- whose parent or adult member is debilitated, or has one adult in the household as a primary caregiver,
- who may or may not be a double orphan,
- who may have been abandoned by their parents due to any reason,
- whose childhood period incorporates both the legal as well as the contextual definition of a child and who may be looking up for assistance for daily needs from any other direction apart from immediate biological parents and lives in this kind of household (Skinner *et al.*, 2004:15; Tsegaye, 2007:4; Plan, 2005:1; MacLellan, 2005:3).

Child headed households are generally considered in two forms: *accompanied child headed households* with dependant adults, as opposed to *unaccompanied child headed households* where no adults more than 18 years of age are found (Foster *et al.*, 1997:155-168; Ayieko, 1997:8; Bronwyn, 2007:11; Tsegaye, 2007:5).

Living Condition of Children in Child Headed Households

The living condition of children in child headed households is very poor. They lack access to basic facilities like sanitation, water, income and very few attain matric level of education. Many of those above 15 years of age do menial jobs for a living. According to Meintjes and Hall (2009:3), roughly 122,000 children live in child headed households out of 18.2 million children in South Africa in 2006. Tsegaye (2008:7) while viewing the state of affairs in relation to CHHs said there is a tearing away of the social, cultural and economic fabric of families, communities and nations. It is resulting in a twisted population composition, low life expectancy and declining economic growth. In times gone by, innumerable households have been known based on parents, children and sometimes grandparents and relations. However, it is no more so in the case of these helpless children;



they decide to find shelter for themselves together, head a household as a child and provide for their own needs. These conditions and few others have left the children as early orphans, in a traumatizing condition of having to face the world without the care of their parents and in the hands of a handicapped extended family system. Identifying the needs of these children may aid the planning and development of an empowerment programme to support the children in CHHs and to help in building a positive culture that enhances good performance in their lives (Rennekamp, 2011:1).

Research Methods and Design

A qualitative and descriptive design was used to provide information on the demographic profile of the participants from child headed households, their lived experiences and their needs.

Research Context

The study was conducted in Soshanguve Ext.12 and 13. Soshanguve forms part of the greater Tshwane Metropolitan Municipality. It is a semi-formal settlement 45km North of Pretoria. The total number of people living in these extensions is unknown as informal houses are constantly erected. No healthcare facilities are available within a radius of 5km. They are resource poor communities with 56% unemployment rate and 75% of the population lived below the international poverty level of \$2 (Maree & Ferns, 2008:6-9). The Adelaide Tambo School of Nursing Science has been providing Primary Health Care services to both communities since 2005 through a mobile clinic located in Extension 12.

Population and sample selection

The target population for this study were children in child headed households, as well as adult persons residing in Soshanguve Extension 12 and 13. A non-probability, purposive sampling design was used to select participants for the study (Pilot & Beck, 2008:343).

The criteria for inclusion in the study were:

- Children from 8-19 years of age resident in child headed households in Soshanguve Extension 12 and 13.
- Adult community members resident in Soshanguve Extension 12 and 13.
- Willingness to participate in the research.

Sample size was determined by data saturation. That is when no new information or relevant data emerged (Leedy & Ormrod, 2001:219). Seventeen (17) households were identified in the resource poor communities. One child from each household who satisfied the criteria for inclusion was purposively selected for the study. Privacy and confidentiality were ensured for the participants. Therefore a total of 17 participants from child headed households in the resource poor communities were purposively selected for in-depth interviews. Data were saturated after fifteen ($n = 15$) interviews. Focus group discussions were also conducted and four distinct focus groups emerged as well after saturation of data. The focus group participants consisted of adult members of the communities and two children (per group) from among those purposively selected for in-depth interviews. A suitable sample size for each focus group should include 6 to 10 participants because the sample size for a focus group tends to be inadequate if the participants are few in number (Burns & Grove, 2009:513).



Data Gathering

Qualitative data gathering inquiries were done through unstructured in-depth interviews, focus groups, self-report and field notes. In-depth interviews were conducted for the children in child headed households to explore their lived experiences and needs. Focus group interviews centered on discussions about perceptions of the resource poor communities about child headed households (Yoo *et al.*, 2009:264). The interview sessions were written down in a book to aid free listing of identified issues and at the same time the interviews were recorded with a voice recorder. The free listing related to observed and identified issues on lived experiences and needs of children of child headed households. Data was collected through unstructured in-depth personal interviews from the children in CHHs and focus group discussions made up of adult participants and two children per group from the child headed households. The interviews took place in a private room in the mobile clinic in Soshanguve Extension 12 on different occasions and ensured privacy.

Data Analysis

Quantitative data on the demographic profile of the children from child headed households was analysed for the participants' age and gender in relation to their educational level and type of household. Also the source of income of the participants from the child headed households was analysed. The products of the qualitative data-gathering processes (field notes, self-report, transcribed audio-recordings of interviews and discussions) were thematically analysed to reveal the participants' (from child headed households) lived experiences and needs. They were also thematically analysed for the resource poor communities' perceptions about child headed households related to the resource poor communities' views about education, needs, risky behaviours, poverty, child labour and government grants for the children.

Measures to ensure trustworthiness

Trustworthiness or the merits of qualitative enquiry is the process of demonstrating credibility, transferability, dependability and authenticity. It refers to the degree of confidence qualitative researchers have in their data using the above criteria and as outlined below (Table 1) (Polit & Beck, 2008:539-540, 751).

Table 1: Measures to ensure trustworthiness

<i>Trustworthiness Criteria</i>	<i>Assessment Criteria</i>	<i>Implementation</i>
Credibility "Truth value"	Prolonged engagement	Known to community Trusting relationship Interviewed in a private room within the mobile clinic (privacy) Goes back to clarify/ask more questions
	Triangulation	Applied through various data gathering instruments
	Peer debriefing	Through discussions with similar status colleague Preliminary research findings presented to experts and peers (colloquium)
	Member checking	During interviews: statements were



		summarized and verified to be the truth
Transferability • Applicability	Selection of sources/sampling	Children in CHHs from ages 8-19 years and adult community members from Soshanguve Extension 12 and 13 were purposively sampled for this research
	Saturation of data	Interviews conducted until data saturated
	Thick/dense description	Thorough descriptions of the population, sampling and findings
Dependability • Consistency	Dependability audit	In-depth interviews
	Traceable variability ascribed to identifiable sources	Interviews were numbered and transcribed before allocation of themes
	Stepwise replication	Processes followed were exactly the same with all interviews
	Thick and dense description	Thorough descriptions of the research methodology of the research process
Confirmability • Neutrality	Confirmability audit	The findings of the research - are based on data gathered from the interviews - are not based on the researchers own opinions - does not reflect motive and perspectives
	Triangulation	Researcher implemented audit on trustworthiness of the research approach Applied through various data gathering instruments
	Reflexivity	Only the data gathered were described (reflected upon)
• Authenticity	Heightened sensitivity to the issues	Referring to the respondents own words heightened sensitivity

Ethical Considerations

Permission to conduct the research was obtained from the Ethics Committee of Tshwane University of Technology, the Departmental Research and Innovation Committee (DRIC), the Faculty Higher Degrees Committee, and the University-based Nursing Education South Africa (UNEDSA) NCoP Programme Manager who is the head of the mobile clinic. Informed assent was obtained from each participant below 18 years of age while informed consent was obtained from adult participants who participated in the focus group discussions and who formed the advisory committee. Confidential agreement forms were completed and signed by all participants. The transcribed interviews were numbered to ensure anonymity and confidentiality. No harm was intended and when emotional discomfort was experienced, time was allowed to give support and counselling. The interviews were conducted in a private room in the mobile clinic to ensure privacy and utmost respect of participants was maintained. Participation in the research was voluntary and therefore, participants were at liberty to decline or withdraw their participation at any time if they so desired.



Findings of the Study

The sample size for children from CHHs was 17 participants (n=17) with each child from 17 different child headed households in the resource poor communities, with saturation reached after fifteen (15) participants. The researcher then conducted further two interviews with no new information.

Demographic Profile of participants from Child Headed Households

The general characteristics of the 17 participants are presented using frequency table and graphical presentation. The distribution of the participants' age and gender in relation to their educational level and type of child headed households is shown in Table 2.

Table 2: Distribution of age and gender of participants in relation to educational level and type of child headed households (n=17)

Participants number	Gender	Age	Educational level in grade	Type of household
01	Female	11 years	1-7	Accompanied
02	Male	10 years	1-7	Accompanied
03	Male	15 years	1-7	Accompanied
04	Female	9 years	1-7	Unaccompanied
05	Male	19 years	Dropped out of school	Unaccompanied
06	Female	19 years	8-10	Unaccompanied
07	Female	17 years	Dropped out of school	Unaccompanied
08	Female	17 years	8-10	Unaccompanied
09	Male	17 years	1-7	Unaccompanied
10	Female	19 years	8-10	Unaccompanied
11	Male	14 years	1-7	Unaccompanied
12	Male	8 years	1-7	Accompanied
13	Male	8 years	1-7	Accompanied
14	Female	12 years	1-7	Unaccompanied
15	Male	14 years	1-7	Unaccompanied
16	Female	10 years	1-7	Accompanied
17	Male	13 years	1-7	Accompanied

From Table 2, the participants consisted of 9 males and 8 females, their age ranged from 8-19 years, 12 of the participants were in grade 1-7, and 3 participants were in grade 8-10 while 2 of the participants dropped out of school. The participants' distribution with respect to the type of CHHs showed that 10 were from unaccompanied CHHs while 7 were from accompanied CHHs. Five out of the 12 participants in grades 1-7 were above 12 years of age (the expected age for a smooth academic progression in school) and this may be



indicative of poor progress in school. The 2 participants who dropped out of school were from unaccompanied CHHs with no bias for gender as one was a male and the other a female.

The source of income for the participants is shown in Figure 1.

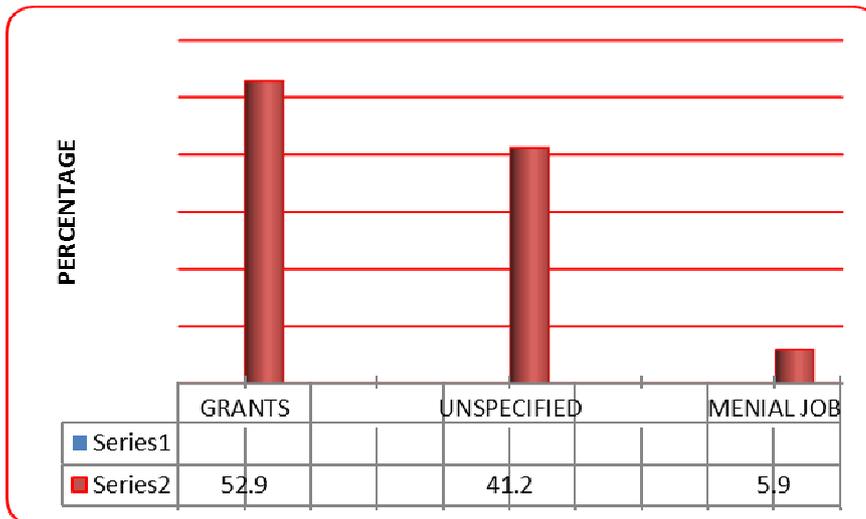


FIGURE 1: Source of income of participants (n=17)

From Figure 1, nine (52.9%) participants received government grants as source of their income, 7 (41.2%) participants had unspecified sources of income while 1 (5.9%) participant depended on menial job for income.

Findings from in-depth interviews of participants from child headed households

The following findings were obtained from the participants during in-depth interviews and include the main themes (lived experiences of children in CHHs, needs of children in CHHs and resource poor communities' perceptions about CHHs), categories and sub-categories that emerged from the data as shown in Table 3.

Table 3: Themes, categories and sub-categories from in-depth interviews

Themes	Categories	Sub-categories
Lived experiences of children in CHHs	Personal experiences	<ul style="list-style-type: none"> • Emotional disturbance • Sadness
	Experiences in the community	<ul style="list-style-type: none"> • Stigmatization and discrimination • Child labour • Sexual exploitation • Negative influence of friends
	Academic experiences	<ul style="list-style-type: none"> • Academic performance
	Access to grant	<ul style="list-style-type: none"> • Receiving grant • Not receiving grant
Needs of children in CHHs	Basic life needs	<ul style="list-style-type: none"> • Food, clothes, shoes and money for subsistence
	Educational needs	<ul style="list-style-type: none"> • School fees, money for transport

	Health issues	fare to school, scholastic materials and furthering of education • Psychological trauma • Physical injury
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Theme 1: Lived experiences of children in child headed households

A summary of the in-depth interviews exploring the participants' lived experiences are presented with verbatim quotes from the participants as shown in Table 4.

Table 4: Summary of lived experiences of children in child headed households

Theme	Categories	Sub-categories	Verbatim quotes
Lived experiences of children in child headed households	Personal experiences	Emotional disturbance	The thought of my late mother makes me sad and withdrawn. When my mother was alive I had everything and my performance in school was very good. Now everything is gone (sobs profusely).
		Sadness	When people are gossiping about my late mother and how she died, it makes me very sad.
	Experiences in the community	Stigmatization and discrimination	My neck and chest is full of injury because she spoke in a loud abusive manner to the hearing of neighbours saying - 'your mother died of AIDS with sores all over her body, everyone knows it and you are heading towards the same destruction', - and we fought. This has been a recurring experience in my life and my sorrows have known no end with abuses from the community members, and even those that were once friends at school are no more.
		Child labour	We are poor and there is no money for food.... I end up going to the shops to do some labour to bring back money. I perform cheap labour for some of these stores to enable me get money to pay my school fees, but it has not been possible to save a rand. This is because in my household there is no food for my sibling, the money I make is used for food.
		Sexual exploitation	My elder sister was helping me by



			<p>keeping a man friend who provided us with at least a meal. However, she has just delivered a baby and the man friend is not forth-coming as he was before the arrival of the baby. We are poor (became tearful after a pause).</p>
		Negative influence of friends	<p>The influence of bad friends is disturbing me. These bad friends are the reasons why I no more go to school. They made me drop out of school. If my parents were alive all this will not happen. I would never have dropped out of school.</p>
	Academic experiences	Academic performance	<p>There is no money to pay for my school fees, I dropped out of school because there is no money for school fees. Attending classes in school is very difficult because there is no money for transport fare to school.</p>
			<p>The name of my school is Ronymokwena Secondary School and I dropped out in grade 7. At school other children make fun of me because of my lateness to class, lack of concentration in class, unkempt uniform, my mother's death and other things. Paying of school fees and transport fares has been a big problem because there is no money. I don't concentrate in class; I failed my exams and had to drop out. I have not gone back to repeat the grade because there is no money.</p>
	Access to grant	Receiving grant	<p>Yes, I am currently receiving a child support grant of R250 every month after suffering for a long time; it helps me pay transport fare to school.</p>
		Not receiving grant	<p>In my household nobody has collected grant, even though I have a birth certificate.</p>



Theme 2: Needs of children in child headed households

A summary of the in-depth interviews exploring the participants' needs are presented with verbatim quotes from the participants as shown in Table 5.

Table 5: Summary of needs of children in child headed households

Theme	Categories	Sub-categories	Verbatim quotes
Needs of children in child headed households	Basic life needs	Food, clothes, shoes and money for subsistence	We need food to eat. It is worst when there is no food and I see my little brother cry, sleep and wake up yet there is nothing. There is no food and no clothes for us in the house. When there is nothing to eat this is the moment I pity my little brother most. When my mother was alive, she buys clothes and food for us always.
			In my household we need food, clothes, school uniform and transport money. I don't have government assistance, nice cloth or anything. I wear torn clothes to school and no shoes.
	Educational needs	School fees, money for transport fare to school, scholastic materials and furthering of education	Education is not free. I am in grade 11; uniform is paid for, about R450 is needed for transport fare to school (yearly) because the school is very far from Soshanguve Extension 12. There is no feeding for us in school these days, no free uniform, no shoes; we also pay R50 for practical. This year many are staying at home because of this money.
Health issues		Psychological trauma	I think of my late mother always. Even when the community offers us clothes because we cannot afford clothes, I will remember how my mother usually buys us new clothes. I cannot stop thinking of my mother in this life. Most things in my life have gone dead because my mother is dead.
		Physical injury	My neck and chest are full of injury because she spoke in a loud abusive manner to the hearing of other neighbours saying 'your mother died of HIV and AIDS with sores all over her body everyone knows it and you are heading towards the same destruction', and we fought.

Findings from focus group discussions

There were 4 focus groups consisting of adult community members and 2 children per group who were from the participants from child headed households. They include

- focus group one - mixed gender (n=10)
- focus group two - female gender (n=7)
- focus group three - mixed gender (n=8) and
- focus group four - male gender (n=7).

As noted by Burns and Grove (2009:513), focus group is a design for obtaining the participant's perceptions in a focused area in a setting that is permissive and non-threatening; hence its utilization to gather information on the resource poor communities' perceptions about child headed households. Initial categories and sub-categories emerged during the data analysis process and these were clustered together to form the theme. The theme generated from the focus group data which relates to resource poor communities' perceptions about child headed households is presented in Table 6.

Table 6: Themes, categories and sub-categories from focus group discussions

Themes	Categories	Sub-categories
Resource poor communities' perceptions about CHHs	Resource poor communities' views about child headed households	<ul style="list-style-type: none"> • Unaccompanied CHHs more improper • Poor school attendance and performance • Needs of children in CHHs • Risky behaviours of children in CHHs • Poverty and child labour
	Resource poor communities' views on grants for children in CHHs	<ul style="list-style-type: none"> • Awareness of government provision of grants • Awareness of lack of required documents for grant • Collection of and personal use of the children's grant by a third party

Theme: Resource poor communities' perceptions about child headed households

A summary of the focus group discussions exploring the resource poor communities' perceptions about child headed households are presented with verbatim quotes from the participants as shown in Table 7.

Table 7: Summary of resource poor communities' perceptions about child headed households

Theme	Categories	Sub-categories	Verbatim quotes
Resource poor communities' perceptions	Resource poor communities' views about	Unaccompanied child headed households more	For these children to stay alone without adult carers or adult supervision is not right.



about CHHs	CHHs	improper	
			We feel very much for these children who stay alone as siblings with no parents; they are struggling and suffering very much.
		Poor school attendance and performance	There is no school around here in Extension 12 and 13. The schools are in other Extensions (Block A, Block F, Block G) in Soshanguve which are far from here and the children need about R440 per month for transport fare. The children in these households lack such money just for transport and therefore trek the long distance to school and, most times get to school late. Most of these children do not perform well in school. They look hungry and unkempt with dirty, worn out and torn school uniforms and foot wears and some have dropped out of school because they don't have money for school fees and other school needs.
		Needs of children in child headed households	These children need food, winter clothes for cold and electricity in their sharks. Their school are located far from the community and they have no transport money, no food, their uniforms are old and they need new school uniforms.
		Risky behaviours of children in child headed households	Most children in these households that stay alone are very bad in their behaviour; they rarely listen to any correction from the community members. Even when you find them taking illicit drugs or the very small girls hanging out with boys, it is difficult to call them to order.
		Poverty and child labour	These children who live alone are very poor and therefore they do anything that can bring money to help them sustain the feeding and clothing of their siblings. They work for the people by selling tomatoes.
	Resource poor communities' views on grants for children in child headed households	Awareness of government provision of grants	We are aware that the government provides grants for these children. The counsellor helps with paper work. He gives them proof of residence, then sends them to the social worker. The social worker then attends to their problem. The children don't have money to do the up and down walk. They have



			to take a taxi to the counsellor and from there to the social worker, who keeps giving appointment dates. The stress is worst if a child does not have a birth certificate or identity document.
		Awareness of lack of required documents for grants	The government helps these children with grants but not all the children are getting it because some of the children do not have the required documents to enable them apply for the grants, such as birth certificates.
		Collection of and personal use of the children's grant by a third party	There are some members of the extended family that collect the government grant for these children, but will not hand over the money to the child. They visit the child after collecting the grant with bread and R50 for that day and then they are gone with the money. The children come to the community leaders and inform them of their suffering; 'my relative said I should not inform anyone that she came around'.

Discussion of findings

Child headed households has been legally recognized by the Children's Bill of Rights as a type of family unit in South Africa (Sloth-Nielsen, 2004:25; Maqoko & Dreyer, 2007:724; Department of Social Development, 2010:9). Hence this study was performed to study this group of family unit in the resource poor communities of Soshanguve Extension 12 and 13, their lived experiences and their needs as determined from the children themselves and from the perceptions of the resource poor communities about these households.

Lived experiences of children in child headed households

Generally the lived experiences of children in CHHs expressed an underlying problem of extreme poverty and the psychological trauma that result from the loss of a parent or parents. This resulted in many of them facing day-to-day difficulties and economic hardships.

Category 1: *Personal experiences*

The children in CHHs faced day-to-day personal experiences sub-categorized into emotional disturbance and sadness.

Sub-category 1: *Emotional disturbance*

Six participants were emotionally disturbed on account of the memory of their parents' demise. Children in CHHs were emotionally disturbed due to recollections of the death of their parent or parents. Some of them watched their terminally ill parents suffer and eventually die from the devastating effects of HIV/AIDS and its complications. This had a significant negative effect on their mental capacity and gradually become psychologically



traumatized by the experience. This is supported by Korevaar (2009:76) who noted that children in child headed households may develop emotional problems because of the different emotional stress they face early in life as well as the lack of social support. In Ethiopia, Tsegaye (2008:21) noted that CHHs face tremendous emotional and psychological challenges and live with the constant memory of their dead parents and their prolonged agony and death. Tsegaye (2008:21) also noted that most of the children feel lonely and depressed from grieving and stress associated with assuming an adult role at a young age, low self-esteem, fear, and a sense of alienation. These experiences may result in a persistent state of sadness.

Sub-category 2: *Sadness*

The participants suffered from feelings of sadness due to the memory of their late parents and the attendant lost privileges of not having parents to care for them and, when members of the community talk ill of their late parents. Similar report in the literature noted that these children experienced hidden grief which manifested in disturbing recollections about their late parents, deep sadness and fear of death (Korevaar, 2009:30). Tsegaye (2008:21) also noted that children in child headed households suffer stress on account of their taking on adult roles and the tasks of caring with minimal resources for the many needs of survival, parenting and security. Inability to cope with these challenges will definitely lead to sadness which may be further worsened by unpleasant experiences in the community.

Category 2: *Experiences in the community*

In addition to the personal experiences of emotional disturbance and sadness, the participants also faced unpleasant experiences in the community including stigmatization and discrimination, child labour, sexual exploitation and the negative influence of friends.

Sub-category 1: *Stigmatization and discrimination*

The participants also faced stigmatization and discrimination from both adults and other children in their lived experiences in the communities. The resultant effect is withdrawal by some children due to these experiences while other children became very aggressive and often engaged in scuffles. This is similar to other reports indicating that children in child headed households face stigmatization and discrimination in foster homes, schools and the community (Korevaar, 2009:32). Maqoko and Dreyer (2007:722) reported that orphans are disdained, discriminated and isolated by other children. Tsegaye (2008:21) also noted that children orphaned by AIDS or living with AIDS parents seem to have fewer friends and suffer from social isolation more than their peers during the parents' illness and after their demise with consequent stigmatization of the family and, rejection or discrimination against the children. These children find it difficult to socialize freely in school and in the community because of the attitude of people that were once close to them.

Sub-category 2: *Child labour*

Participants were involved in child labour as a means of sourcing for money for the household's subsistence. This corresponds to a report by Tsegaye (2008:23) that the dire economic situation faced by many of the children in child headed households led to their engagement in hazardous child labour. Tsegaye (2008:27) also reported that most of the heads of CHHs earn a livelihood for their household through daily labour and petty trade



and a significant number of girls are engaged in domestic employment, mainly as maids. Children in CHHs in urban areas are more susceptible to exploitative circumstances than those in rural areas. And this susceptibility to economic exploitation, hazardous work, forced labour and physical abuse is worsened by life on the streets and the desperate need to make money on a daily basis for their subsistence (Tsegaye, 2008:27).

Sub-category 3: *Sexual exploitation*

Participants also experienced sexual exploitation as was the case of a participant from CHHs whose head of household kept a male friend for financial support but who eventually lost the support after conceiving and giving birth to a baby. This also corresponds with a report from Tsegaye (2008:26) that girls heading CHHs trade sex for their siblings' school fees or to buy food and medicines. This exploitation occurs despite the young age of the children and their pitiable state which should rather have attracted support from the exploiters. A lot of these incidences are the result of impoverishment and idleness on the side of the child, apart from the lack of parental cover. Maqoko and Dreyer (2007:719) reported that impoverished children in child headed households who have no one to educate and protect them often pass through different types of risk and exploitation including exchanging sex for money, food, protection or shelter. They frequently become vulnerable to sexual and physical exploitation and HIV infection due to not having any source of provision and protection. Section 28 (1) (a) of the South African constitution offers the rights to protection from economic and sexual exploitation. This implies that the government has made provision for their protection. However, children in child headed households within the resource poor communities were ignorant of this provision.

Sub-category 4: *Negative influence of friends*

The lived experiences of the children from CHHs revealed that some of the children in the CHHs tend to be negatively influenced by friends. Often these children kept bad companies and thereby became negatively influenced by such companies. Most of these children were exposed to these situations because of the desire to satisfy their needs and be like other children. They therefore become involved in unbecoming behaviour such as pick-pocketing, gangsterism and antisocial behaviour with bad friends (Mogotlane *et al.*, 2010:30).

Category 3: *Academic experiences*

The academic experiences of the participants reflected in their academic performance at school.

Sub-category: *Academic performance*

The academic performance of the participants revealed that some of the children dropped out of school; others performed poorly in their school work due to lateness to school, poor concentration in class and poor attention to school work. Twelve participants were in grades 1-7 out of which 5 participants were above 12 years of age (the expected age to be in grade 7 if academic progression in school was good), a probable indication of poor progress in school. This also corresponds with the report by Tsegaye (2008:29) in Ethiopia who noted that children from CHHs have particularly low scores in Math and English from their teachers' report, often falling asleep or day dreaming in class and completely missing extra-curricular activities while also frequently missing exams. They therefore record repeated



low scores which lead to a sense of failure and, in the absence of parental support, these basically facilitates dropping out of school altogether. The underlying factor responsible for these problems remains the absence of adult support (Tesagye, 2008:29). Korevaar (2009:86) noted that orphaned children lack concentration due to inadequate provision, emotional stress and secondary trauma due to multiple losses. The rate of poor attendance to school among participants seemed to be high because they find it difficult to pay school fees, buy uniform and afford scholastic materials after the demise of their parents, coupled with failure in their exams. Also lack of money for transport fare and school fees led to absenteeism from school which resulted in missing classes with concomitant inability to cope and finally dropping out of school. This is similar to the report by Maqoko and Dreyer (2007:726) that children who are orphans are unhappy when they cannot pay their school fees, cannot buy uniform and do not have pocket money for school. This affects their education; they may gradually withdraw and finally drop out of school. The result may be unrealisable future dreams for these children. However, contrary reason for poor school attendance was noted in Kenya, where heavy household duties was the reason for non-school attendance by children in child headed households (Ayieko, 1997:9). Also in Namibia it was noted that poor school attendance of children in CHHs resulted from care duties, hunger and pregnancies (Phillips, 2011:153). However, one of the participants from CHHs from the resource poor communities had a good academic performance and expressed a desire to end up as a university graduate. This implies that despite the difficulties faced by these children, some of them are able to remain composed and demonstrated positive attitudes to excel in their academic performance.

Category 4: *Access to grants*

Under the Registration Act every citizen in South Africa has to be registered. Such registration as a citizen makes access to the available state resources including government grants possible (Maqoko & Dreyer, 2007:725). Sloth-Nielsen (2004:25) noted that fulfilling many rights of children depend on registration of birth and gaining an approved identity document. While some participants in this study had access to government grants, other participants expressed that despite having their birth registration certificate they had no access to government grants.

Sub-category 1: *Receiving grant*

Nine (52.9%) participants had access to grants which served to support income generation for their household. Grants provide reasonable relief for many children in child headed households. The child support grant (CSG) is provided for poverty stricken children by the South Africa Government through the Department of Social Development (Maqoko and Dreyer 2007:725). And as Jamieson *et al.* (2009:14) pointed out, it helps to alleviate poverty as well as provides for free education and free health care. This will help them to live above minimum acceptable standard of living. In a report by Mogotlane *et al.* (2010:29), 91.5% of CHHs did not have a source of income and had to resort to accepting donations or using the child support grant.

Sub-category 2: *Not receiving grant*

Eight (47.1%) participants received no grant and as noted earlier this was despite some of them having the required documentation to be a grant recipient. Nicholson (2008:413)



asserted that inadequate resources and the bureaucracy in accessing social grants may play a role in denying some children these grants. Also Mogotlane *et al.* (2010:30) noted that some of the children in affected households did not have the information on how to access services, while others did not have the right documents such as identification documents and birth registration certificates. Foreign nationals, especially those in the rural areas and informal settlements who did not have the right documents were mostly affected as they could not apply for grants.

Needs of children in child headed households

Following their lived experiences, children in CHHs expressed lots of needs categorized into basic life needs, educational needs and health issues. The needs of participants in their households also expressed the underlying problem of poverty faced by these children after the demise of their parents. This is supported by the report of Ayieko (1997:3) who noted that these children face economic challenges that result from glaring poverty. Mogotlane *et al.* (2010:29) noted that the children heading CHHs had a responsibility of providing food, clothes, shelter, education and looking after the sick occupants of the households.

Category 1: Basic life needs

The participants' basic life needs for food, clothes, shoes and money for subsistence also formed a primary challenge that influenced their day-to-day lifestyle.

Sub-category: Food, clothes, shoes and money for subsistence

The findings in this study showed that children in CHHs lacked some basic life needs like money, food, clothes and shoes including some household items like cupboard and plates. Oleke *et al.* (2007:537) reported that onlookers witnessed smaller children in child headed households walking from house to house in search of food. Similar report was made by Tsegaye (2008:22) in Ethiopia who noted that children in CHHs mostly suffer from low quantity of food and often survive on bad and discarded food stuffs. In some occasions the child or the caretaker cannot afford shoes, clothes, money for transport fare to school and many other necessities to attend functions of interest and, this contributes to the withdrawn attitude of some of these children (Korevaar, 2009:32).

Category 2: Educational needs

Participants' needs for school fees, money for transport fare to school, scholastic materials and furthering of their education revealed a yearning for sound education and a good future.

Sub-category: School fees, money for transport fare to school, scholastic materials and furthering of education

The findings of the study revealed the participants' need for school fees, transport fares, scholastic materials and furthering of their education. The participants noted that education was not free and that they paid for fees from certain grades. It is only at the commencement of school that uniform and shoes are provided for free; thereafter these and other school items were to be personally purchased. Maqoko & Dreyer (2007:719) reported that orphans are bankrupt without parents to educate and protect them. This may partly explain the many



life challenges faced by these children as well as their inability to meet up with adequate living standard as declared by UN Committee on the Rights of the Child (Philips 2011:146).

Category 3: *Health issues*

The participants expressed complaints which reflects their being psychologically affected either by the demise of their parents or by the day-to-day life challenges faced by them as orphans. Psychological trauma is a health risk that may lead to depression and mental imbalance as well as stress related illness such as hypertension and its attendant complications including cerebrovascular accident (stroke) or heart failure. These children also became ill from time to time including physical injuries after scuffles with other members of the community, but do not find help to receive treatment for these ailments due to their poor living condition. Tsegaye (2008:28) noted that children from CHHs suffer from many health problems, including severe malnutrition, diarrhoea, pneumonia, skin problems and stomach pains, caused by unhygienic and insufficient food, housing and environment and, coupled with their physical and psychological exhaustion many of the younger children exhibited stunted growth.

Sub-category 1: *Psychological trauma*

Six participants expressed psychological trauma which were mostly related to the memory of their parents' demise and the resultant missed privileges in life resulting from being parentless. This corresponds with a report which who noted that some of the experiences of HIV/AIDS orphans especially as heads of households include the psychological trauma of witnessing their parents' illness and death, dealing with the aftermath of the death of their parents as well as the absence of adult guidance and mentoring including the unmet need for love and security (Magoko & Dreyer, 2007:725; Sloth-Nielsen, 2004:3). These are issues that may ultimately affect the health of these children. Also Phillips (2011:155) noted that about 21% cases of children in child headed households suffer several specific healthcare problems which include psychological trauma due to death of parents at the prime state of their life. They hardly access medical care because of their poverty level, ignorance and mentality. Also in Rwanda, diagnosis of and treatment for psychological trauma, mostly due to the 1994 genocide and parental loss resulting from HIV/AIDS, is said to be practically non-existent (Phillips, 2011:155; MacLellan, 2005:13).

Sub-category 2: *Physical injury*

The participants often become aggressive to taunts from other members of the community which may lead to scuffles with resultant physical injuries to their body. Although the care for these injuries is free in the community health centres, the lack of adult support and probably the undue personal exposure of their situation that may result from relating the circumstances behind the scuffle may inhibit their willingness to seek medical attention. They may therefore prefer to keep their injuries unattended to. A participant related the story behind the physical injuries observed on her neck and chest including her breast as follows:

“My neck and chest are full of injury because she spoke in a loud abusive manner to the hearing of other neighbours saying ‘your mother died of HIV and AIDS with sores all over her body everyone knows it and you are heading towards the same destruction’, and we fought”



In Uganda, access to medical care is said to be highly limited and influenced by the children's lack of the resources to buy medication or pay for transport to healthcare facilities (Phillips, 2011:155). Maqoko and Dreyer (2007:719) noted that orphans and other affected children face every kind of abuse and risk, including becoming infected with HIV themselves due to being impoverished and without parents to educate and protect them. In Rwanda, children in CHHs often suffer from poor health and, access to Medical care for these children is frustrated by failure to obtain their birth registration and identity document (Phillips, 2011:155; MacLellan, 2005:13).

Resource poor communities' perceptions about child headed households

Category 1: Resource poor communities' views about child headed households

The resource poor communities' views about CHHs mostly reflected the effects of the children's lack of parental care and were related to unaccompanied CHHs being more improper, their poor school attendance and performance, needs of children in CHHs, risky behaviours of children in CHHs and, poverty and child labour.

Sub-category 1: Unaccompanied child headed households more improper

Unaccompanied CHHs was more in number in the findings from this study in Soshanguve and corresponds to findings by Germann (2005:239) in Zimbabwe which also revealed more (84) unaccompanied CHHs compared to accompanied (21) CHHs. The resource poor communities' concentrated their views on unaccompanied CHHs because such households were negatively viewed by the communities and therefore formed a focus for discussion. The communities generally considered unaccompanied CHHs as a wrong development, and which consisted of struggling and suffering children with no parents or adult supervision. The children often have no food, no clothes and are very vulnerable to abuse doing menial jobs for income or the boys stealing while the girls go into prostitution. The role of parents or adult caregivers may support the strong negative views expressed by the focus group participants on unaccompanied CHHs. Phillips (2011:156) noted that a household without an adult care giver does not provide children with the opportunity to learn skills important to their development, while also noting that moral standards are taught by parents by encouraging positive behaviour and discouraging unwanted behaviour displayed by children.

Sub-category 2: Poor school attendance and performance

The study revealed that the education of the children in CHHs suffered majorly from issues of lack of funds for the children's educational needs. This was compounded by a lack of school in Soshanguve Extension 12 and 13 and therefore requiring the children to attend school far from their home. The children had to walk the long distance to school due to lack of money for transport fare and this resulted in lateness to school most times. Academic performance of the children was poor and the child appeared unfed in outlook, unkempt with dirty, worn out and torn school uniforms and foot wears. Some dropped out of school due to lack of money for school fees and other school needs. Generally education is important in preparing the children for a positive future as well as guiding them against falling into similar circumstances that led to the formation of CHHs in their family.



Sub-category 3: Needs of children in child headed households

The needs of the children in CHHs from the views of the focus group participants include food, winter clothes for cold and as well as electricity in their homes. Others include money for transport fare to school, new school uniforms, government grants, and home supervision to counsel and educate them on life issues as well as love from community members. The above needs have been noted in most literature reports on CHHs (Magoko & Dreyer, 2007:719; Korevaar, 2009:31).

Sub-category 4: Risky behaviours of children in child headed households

The study in Soshanguve revealed several behavioural patterns considered to be risky to the health and even to the life of the children. While some of these behaviours reflect the search for money to fend for themselves, others probably reflect the lack of parental care or adult supervision in their lives which would have guided them on good behaviours and positive acts in life. Consumption of illicit drugs ranked very high among the males while the focus on the females was the very small girls hanging out with boys most times, with a few of the females engaged in prostitution. Other behavioural issues include stealing and street begging. Observations were made to the fact that the children were often resistant to correction when found engaged in any of these unwholesome practices. Korevaar (2009:34) in Zambia also noted the engagement of these children in risky behaviours such as crime (boys), commercial sex work (girls) as a result of financial hardship. Similar observations were noted by Phillips (2011:158) and include risky behaviours such as sexual abuse, child prostitution, stealing and living street life.

Sub-category 5: Poverty and child labour

The fact that these children are poor was expressed by the focus group participants and the resultant attempt to earn a good standard of life made some of these children vulnerable to child labour. They did whatever they feel can bring money to help them feed and clothe their siblings, including trading for people on the street to earn some money.

Similar findings were reported in a study in India where all the participating children from child headed households were involved in child labour except two (Alliance, 2007:28). The children worked 12 to 14 hours a day as casual labourers, construction workers, in factories, as shop helpers, domestic workers and as sales persons. Their income was used for house upkeep, and never did the payment correspond with the hours of work (Alliance 2007:28). Magoko and Dreyer (2007:718) summed the effect of the various challenges of survival on the child, by noting that the children pass through the pressure of working, taking care of parents and going to school, surely one out of the three must give way for the others to thrive.

Category 2: Resource poor communities' views on grants for children in child headed households

The resource poor communities' views on government grants for children in CHHs expressed their awareness of the provision of grants by the government for some children, their awareness of lack of required documents for grants among some children and the collection of the children's grant by a third party and the subsequent conversion of the grants for personal use by the third party.



Sub-category 1: Awareness of government provision of grants

The study revealed focus group participants' awareness of the provision of grants for some of the children by the government. They were equally aware of the process involved in obtaining the grant from the government which fundamentally requires some documentation such as birth registration certificate and identification document. The provision of government grant has been noted to play a significant role in easing the children's poverty and the attendant vulnerability consequent to their survival behaviours (Tamasane & Head, 2010:77). Tamasane and Head (2010:77) also noted that grants had an encouraging influence on children's schooling and enrolment.

Sub-category 2: Awareness of lack of required document for grants

The focus group participants were aware that some of the children lacked the required documents for government grants. However, the study also found that some children had the required documentation such as their birth registration certificate but were still not able to access the government grants. Factors that contributed to frustrate their application for government grants were frequent rescheduling of appointment with the designated government personnel, lack of money for transport fare for such appointments and unwillingness of officials to attend to these children due to their status in the society. Some of the factors are similar to reports which noted that people working for NGOs in the community confirmed that children are not taken seriously when they appear alone, and are even told to leave the premises (Dijk & Francien, 2009:924). They are considered as "just children" and who cannot speak for themselves (Dijk & Francien, 2009:924). Korevaar (2009:106) also noted that the ability to access grants is hindered by the lack of documentation of the child and logistical problems at the Department of Home Affairs, as children cannot access their grants without all the necessary documentation.

Sub-category 3: Collection of and personal use of the children's grant by a third party

The study also revealed that some of the children in CHHs had their grant collected by a third party such as a family relative, but who converts the children's grant for personal use. Similar findings were noted by Dijk and Francien (2009:923) in Port Elizabeth, South Africa. Phillip (2011:150) reported that due to the children in CHHs being considered as minors, they cannot assess their grant on their own or open an account without the assistance of an adult. This has led to abuse of the process by most people and NGOs as some have enriched themselves by taking advantage of their intended support to assist the children obtain government grants. Maqoko and Dreyer (2007:725-727) also reported that grants meant for vulnerable children were diverted by some people who converted the grants for personal use instead of the children for whom it was intended.

Conclusion

The study has shown that the lived experiences of children from CHHs reflect a deep level of poverty with its attendant effects on virtually every aspect of their existence and with a resultant indulgence in living life on the street in search for survival. A significant lived experience of the children within the communities reflect the effects of being orphaned children and being children of parents who died from HIV/AIDS, resulting in discrimination and stigmatization against the children, and in their living with a psychological burden in the communities. The needs of the



children were mostly in the areas of basic life needs, educational needs and psychological support. An empowerment programme is recommended to support these children and assist them to live normal lives within their communities.

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