Exploring the Experiences of Young Adults Emerging from Child-headed Households in Alice, South Africa

Getrude Shava[1], Constance Gunhidzirai[1] and Elvin Shava[2]

*[1]Department of Social Work/Social Development Faculty of Social Sciences and Humanities Private Bag X1314 University of Fort Hare Alice, Eastern Cape South Africa, 5700
[2]Department of Public Administration Faculty of Management and Commerce, University of Fort Hare, P.B. Alice, Eastern Cape South Africa, 5700*

KEYWORDS Experiences. Orphans. Child-headed Households. HIV/AIDS

ABSTRACT This paper is aimed at exploring the experiences of young adults emerging from child-headed households in the Alice community in the Eastern Cape Province of South Africa. Using a qualitative research design, interview schedules and focus group discussions were administered to young adults to assess their survival strategies as orphans in child-headed household prior to parents' death as result of HIV/AIDS. The sample was drawn from 10 young adults emerging from child-headed households in Alice community. Data was transcribed to verbatim and analyzed thematically depending on the flow of the paper's objectives. The paper revealed that senior members from child-headed households are compelled to drop out of school to look for employment to fend for the younger siblings. The paper indicated that child-headed households face a myriad of psychosocial and economic challenges such as hunger, starvation, high school dropouts, trauma and stress, exploitation, and vulnerability to various forms of abuse. The paper concluded by recommending the government to introduce various developmental initiatives to assist child-headed households.

INTRODUCTION

In sub-Saharan Africa, in the recent years, child-headed households (CHHs) have been on the increase especially in countries experiencing rapid population growth coupled with the rise in the spread of the HIV/AIDS pandemic (Chidziva 2013). Child-headed households have been regarded as a social plight in several developing countries in Africa (Ibebuike et al. 2014; Mavise 2011; LeRoux 2013). Children are separated from their parents, caregivers or caretakers and communities due to armed conflict (Rwanda), natural disasters, the HIV/AIDS pandemic and various forms of exploitation and abuse, among others (Moyo 2011). In South Africa, the apartheid legacy has left people destitute and poverty stricken. It destroyed families and caused people to be disjointed through migrant labor (Masondo 2006). The migrant labor system led to the emergence of the nuclear family and individualism, therefore the African kinship care system that would once have absorbed children without parents into communal life can no longer be relied upon to fulfill that function (Jansen van Rensburg 2000: 2). Child-headed families appear to be a reaction of the reduced capacity of the extended families to absorb orphaned children (Kuhamen et al. 2008). In this article child-headed households are those households where the oldest child assumes parentage prior to the death or abandonment by a parent. Such households are often characterized by inability or lack of capacity from senior children to sufficiently provide for their welfare of other siblings forming part of the household (Phillips 2011).

Objectives of the Study

The objectives of the study were to establish the main causes of child-headed households. The study also sought to examine the nature and experiences of child-headed households. It also seeks to determine the challenges facing child-headed households and provide suggestions to the government on how to improve the lives of children in child-headed households.

Problem Statement

Meintjes et al. (2010) were quick to point out that about ninety percent of child-headed households in South Africa are located in three provinces namely, KwaZulu Natal, Limpopo and the Eastern Cape. Kuhamen et al. (2008) acknowledge that the increased number of child-headed households in such provinces emanates from the reduced capacity of the extended families to absorb orphaned children. Meintjes et al. (2010)

and Ritcher and Desmond (2008) affirm that child-headed households do exist in South Africa with the majority at the risk of starvation due to the death of breadwinners, which results in the deterioration of their living standards. Most of these children do not have any dependable income while others are relegated out of the government social grant system due to issues related to remote locations, registration, poor service delivery or inequitable distribution of benefits by the Department of Social Development.

Meintjes et al. (2010) contends that the lack of support towards CHHs created income poverty, which is often linked to poor health, lack of basic education and physical environments, which can compromise their safety. Insufficient income among child-headed households infringes on their rights to nutrition and other healthcare services.

Although the *Constitution of South Africa 1996*, section 27(1)(c), says that "everyone has the right to have access to… social security, including, if they are unable to support themselves and their dependents, appropriate social assistance", little has been done to assist the vulnerable children. Government intervention in form of children grants was far for from eradicating poverty due to in competencies in the caregivers. The Donald Wood Foundation (2013) advocates for more research to be conducted in child-headed households, especially in the Eastern Cape communities where the majority have lost their parents to an AIDS-related illness, and have suffered the trauma of watching their loved ones die. This article therefore sought to interrogate the effectiveness of government interventions in assisting young adults in child-headed households to self-sustain themselves and improve their standards of living.

Literature Review

Child-headed Households within the Global Context

Brake and Julia (2008) discovered thatChild Headed Household within the Global Context children in the world are separated from their parents, caregivers or caretakers and communities due to armed conflict, natural disasters, pandemics (HIV/AIDS) and various forms of exploitation and abuse, among others. Factors such as revolutions, economic turmoil or natural disasters force societal changes and this will affect the family structure (Gladding 2002). Child-headed households are a new phenomenon which has come as an alternative family structure to help adapt to changing realities such as death or incapacitation of parents caused by HIV/AIDS, war and genocide. In view of Brake and Julia (2008) and Moyo (2011), child-headed households emerged primarily in Rakai District in Uganda and Tanzania in the early 1980s, and they spread into Zimbabwe and Zambia due to HIV/AIDS related deaths of parents. Due to the declining role of extended families in supporting child-headed households, Foster (2004) reasons that statistics reveals that four in every 1000 household in Zimbabwe are child-headed households. These attempts explain the emergence of child-headed households, which were becoming a common phenomenon in most African countries.

Foster (2004) explains that HIV/AIDS is causing the greatest threat and escalation on the number of orphanages globally. A great number of these orphans have become the heads of household and are forced to look after themselves and siblings, drop out of school and are vulnerable to many forms of abuse. Although there have been substantial gains in improving overall child survival, these gains are being eroded in African countries hardest hit by this epidemic (Foster 2004). Little is known of how children cope with the difficulties related to living without caregivers and how they are perceived and treated by societies (UNAIDS 2000). In order to be able to provide substantial support to these child-headed households more insight is needed in their composition, characteristics and coping strategies (Foster 2004).

Child-headed Households within the South African Context

Mogotlane et al. (2010) embarks on a situational analysis to extract evidence from child headed households across all provinces in South Africa. The study affirms that many young adults suffer similar problems with these in other CHHs. Most child-headed households have the support of the older persons or the neighborhood, in some cases they are also children who care for sick parents and who do not receive any adult support. Emerging literature in South Africa indicates that the AIDS epidemic is causing

the unchecked growth of orphans. Statistics of child-headed households indicate that the majority of children orphaned as a result of HIV/AIDS currently are not accommodated through formal placement in alternative care structures thus giving a rise to child-headed families across South Africa. The Advocacy Aid (2015) consented that child-headed households in South Africa show that seventy-one percent of the children living in poverty due to HIV/AIDS are in the Eastern Cape. Relevant literature suggests that, family members and official institutions such as orphanages have proven to lack either the willingness or the capacity to support large numbers of orphans. Most parents do not make alternative living arrangements for their children before they die. Relatives may sometimes live faraway and children do not necessarily have contact with them. Moreover relatives and friends often lack sufficient resources to foster orphans (Maqoko and Dreyer 2007).

Challenges Facing Young Adults in CHHs Challenges

The orphans and vulnerable children (OVCs) suffer from a myriad of psychosocial and economic challenges that affect their ability to cope with life in the absence of adult caregivers. The children are being forced to enter into employment prematurely without proper labor skills, which expose them to exploitation (AATISS 2006). They are forced to live on the streets and may turn to prostitution and crime for survival. While most of these children are born free of HIV they are highly vulnerable to infection (Kallamann 2003). These children lack psychosocial support nowhere to turn to for emotional and social support to help them to cope with problems they face. They also suffer from trauma caused by isolation from emotional connections with their deceased parents (Guest 2003). Children from child-headed families have limited access to education. Orphans are always forced to withdraw from school and most of them are not able to finish secondary education due to lack of financial resources and pressure of looking after siblings and parents. Section 28 of the *South African Constitution (1996)* grants every child the right to social services. This and other fundamental rights in the Constitution provide the platform for a rights-based approach to be ad-

vocated and enforced to address child poverty and the problem of child-headed households. Often, these heads of child-headed households are not recognized by the law and they are not eligible for the support grants (Foster 2004).

Psychological Trauma

A study by Ogina (2010) reveals that an increased number of orphans and vulnerable children in Africa, call for responsibility from various stakeholders. Usually parents exist to fulfill their parental roles in meeting the physical needs, social and psychological sense of love and affection. The study acknowledges further that parents play a significant role in educating their offspring on life experiences. The death of parents create orphan hood, in the process destroying child support structures. In most cases the orphaned children are traumatized by the death of their parents coupled with declining living conditions. The children suffer from emotional trauma, which requires a comforter that is when older siblings assume the parental role and responsibilities of taking care of the younger siblings. Upon the death of parents, Mchombu (2009) and Chidziva (2012) remark that stigmatization, name-calling, abuse, and being forced into unprotected sexual intercourse expose the children to infections such as HIV/AIDS virus and sexually transmitted diseases. Such a chain of problems affects the mental wellbeing of young adults, and causes emotional distress, withdrawal and behavioral regression. In such a scenario, children are overstrained emotionally and physically, which is shown through emotional and behavioral symptoms such as anxiety, anger, depression, outburst and regression.

Phillips (2011) concurs that most children in child-headed households suffer psychological trauma in their childhood as a result of parent's death. Despite assuming the parental role, communities and extended families at times reject them, which drive them straight into destitution. Evidence from the study proves that children in child-headed household's experience fear and desire to have their parents. In fact they will be missing their parental duties of taking care of them. Pillay (2011) contends that inadequate parental care, support, love and guidance leave marks of irreparable damage on the children's wellbeing. Phillips (2011) affirms that young adults in child-headed households report a

sense of religious disorientation due to their upbringing in the absence of religious guidance. This is worsened by the lack of social cohesion with other children with parents or from similar child-headed households. To that end, Du Toit and Forlin (2009) as cited in Pillay (2011) reason that the death of parents in a family ignites critics to interrogate the observance of values, beliefs and practices of children. The question is who will teach them. Lack of response to this question causes children to struggle with issues related to self-esteem, self-confidence, emotional stability, social guidance, low morale and sense of isolation.

Uncontrolled Fear and Depression

Ganga and Chinyoka (2010) denote that, the deaths of parents in a family often contribute to uncontrolled fear and continued depression in child-headed households. The children are left vulnerable to any form of harm or psychological risks associated with orphan hood. Maqobo and Dreyer (2007) supported this when they claim that, death effects and bereavement despite their perceived harm, they instill a sense or a reason to be responsible in older siblings taking care of the younger ones in order to survive. The majority of children in child-headed households show signs of disorders as observed in the study by Ganga and Chinyoka (2010). The disorders include Maniac Depressive Bipolar Disorder and the symptoms consist of uncontrollable weeping, suicidal threats and interjected with hyperactivity. Other symptoms are related to Minor and Partial Amnesia, which manifests itself through poor memory or forgetfulness that impact the learning and grasping of concepts. Daniel and Mathias (2012) endorsed further that child-headed households experience conflicting roles coupled with tension and poor problem solving techniques. At times when parents fall ill particularly in poor families, children come under duress and the effects often continue in different ways for the rest of their childhood. Children are traumatized by the illness of their parents especially if the family has been affected by HIV/AIDS. This trauma is exacerbated by the stigma and discrimination attached to HIV/AIDS (Maqoko and Dreyer 2007).

Economic Hardships

Prior to the death of parents, older siblings in child-headed households involuntarily as-

sume the role of the parents to support the family (UNICEF 2002). Apart from exercising parental role, ATTISS (2006) explains that older siblings in child-headed households work for not less than 12 hours a day as casual workers, construction workers, shop assistance, domestic workers and sales persons. These minors enter into employment prematurely in order to sustain the family and they end up being exploited. Most of these children drop out from school in order to look for jobs without necessary labor skills, which will make them prone to exploitation (AATISS 2006). In view of Meintjies (2010), child-headed households face economic hardships due to the inefficiencies in the government social grant systems. The author admits that a significant number of child-headed households are failing to receive social grants from the government to balance their income. The main reason is the lack of primary caregivers who can apply for the children grants since majority of children will be under the age of sixteen or younger. This is a serious problem, which challenges the South African government to conduct proper research on child-headed households, to determine whether they are receiving adequate care and support.

A primary caregiver as Snider (2006) proposes, refers to a person older than sixteen years who is either related or not related to a child in need. Financial challenges are persistent in child-headed households due to lack of caregivers, foster parents or voluntary guardians. In that regard, Tabazayo (2009) remarks that children grants have no real impact on the lives of children in child-headed households due to lack of people to assist them apply for the grant. Phillips (2011) echoes the same sentiments when he argues that majority of child-headed households in South Africa experience low standards of living as they lack proper housing, sufficient sanitation, clean water supplies and education. They often depend on charity living hand to mouth from donations by adults, community members, neighbors or relatives, which explains the higher rates of poverty in such households.

High Economic Hardships

School Dropout

Relevant literature agrees with UNICEF (2002) that young adults in child-headed households succumb to pressures of having to care

for parents and siblings while trying to earn an income and this can cause them to drop out of school even when their ill parents are still alive. A survey conducted in Andhra Pradesh, by India AIDS Alliance (2006) revealed that the majority of orphans studied up to middle school and only a few up to high school. All the children who participated in the same study were literate but wished to continue with their studies. Children from child-headed families have limited access to education. Orphans are always forced to withdraw from school and most of them are not able to finish secondary education due to lack of financial resources. In another study by Oghuvhu (2010) on the attendance and academic performance of students in secondary schools, it was discovered that those students who do not attend school regularly encounter various learning challenges due to late coming, absenteeism and inability to consult with a teacher. The research ascertains that such students, usually older siblings from child-headed households, tend to develop a negative attitude towards learning, which is in correlation with academic performance. It is evident from literature that pressure of looking after younger siblings contributes to immediate withdrawals of older siblings from school. The survey proves that a greater proportion of children in child-headed households terminate their studies due the parental roles that are heavy on their shoulders (Guest 2003; ATTISS 2006).

Malnutrition and Illness Malnutrition and Illness

The SARPN (2006) acknowledges that malnutrition and illness are some of the challenges faced by child-headed families. It states that food security is another challenge facing child-headed families. Child-headed families rely on food donations from the community and external sources such as Non-governmental Organizations (NGOs) and collection of food from the environment. A survey carried out by SARPN (2006) reveals that community members expressed their willingness and desire to offer aid in form of food parcels despite the fact that they were too, struggling to make ends meet. UNICEF (2002) acknowledges that orphans and other affected children were the most vulnerable to illnesses as a result of malnutrition. These children are also less likely to receive adequate medical attention and healthcare due to poverty, neglect and discrimination by adults and foster parents in whose care they have been left. Where children are unable to get work as casual laborers, they are forced to beg for food from neighbors or borrow money to buy or else to stay hungry. The research discovered that half of the child-headed families were affected by some illnesses such as stomach problems, headaches and body pain. Most of these are a result of their unfavorable living and working conditions (ATTISS 2006).

Increased Vulnerability to Physical and Sexual Abuse

Pillay (2014) admits that poverty and abuse in the societies are real, powerful and exigent, and they have created orphans and vulnerable children in child-headed households in the process exposing them to discrimination and oppression. Most children in child-headed households cannot claim sheltered upbringings and describe their worlds as generally normative and safe from challenges that they must endure. Vulnerability to Sexual AbuseKallaman (2003) argues that children, especially female heads of child-headed households, are at the risk of sexual abuse. Many girls may find employment in service industries such as restaurants and clubs challenging since they are often vulnerable to sexual abuse, which exacerbates stress and trauma. The author reiterates that in situations where these orphaned children are left with no shelter they are forced to live on the streets and usually resort to prostitution, drug abuse and other criminal activities for survival. Pillay (2011) in his study points out that most girls expressed their frustration due to the heavy burden of looking after siblings in child-headed households. They openly accept the challenge of failing to cope with parental roles of providing for the family, which causes depression, trauma and fear in the daily learning.

MATERIAL AND METHODS

This study was aimed at exploring the experiences of young adults emerging from child-headed households in Alice, a small community in the Eastern Cape Province in South Africa. The study adopted a qualitative research design whereby interview schedules and focus

groups discussions were used to gather data. The information acquired was analyzed qualitatively using thematic content analysis. The population sample in this article was drawn from all the residents of Alice community. The sample size for the survey was 10 participants drawn from young adults emerging from child-headed households in Alice community. A purposive sampling method was chosen to select these participants. This sampling method is based entirely on the judgment of the researcher, in that the sample is composed of elements that contain the most characteristic, representative or typical attribute of the population.

OBSERVATONS AND DISCUSSION

Biographical Information of Participants

The participants were all young black adults emerging from child-headed households. They were ranging between the ages of 18-25 years. Five were females and five were males, seven of the participants were once heads of child-headed households whereas three were once members of such households. Four of the participants were from an unaccompanied child-headed household, three were from an accompanied child-headed household while three were from a child-headed household that first lived with parents while they were ill and later became unaccompanied by the death of parents. Among the participants only one managed to finish Matric while most of the participants level of education was in between Grade 8-Grade 10. The participants (females) were given pseudo names such as Nina, Zodwa, Asanda, Memiwe and Loliwe, whereas the males were given names such as Zola, Zondile, White, Tina and Zeranda. These pseudo names were used several times in the discussion of findings as indicated below.

Reasons of the Existence of Child-headed Households

The Death or Illness of Caregivers

The participants attributed the existence of the child-headed households to the death or illness of the caregivers, abandonment or rejection by parents and the failure of the extended families to accommodate them. Death and illness

of caregivers is one of the reasons that led to the emergence of the child-headed households. Six out of ten participants attributed their parents' death to long illnesses and *isifuba* (the chest), which is a reference to tuberculosis, signs often related to HIV/AIDS deaths. For example, White, one of the participants stated, *"...I have no idea about the cause of his death but all I know is that he had been very ill for a long time..."* None of them directly attributed the cause of these deaths to AIDS. However, the ways in which they described their parents' painful illnesses suggested that most had died due to the HIV/AIDS virus.

In citing causes of parents' deaths one of the participants attributed these to accidents. Zola pointed out, *"...My father died in a mine accident in Gauteng where he was working and the whole family came back here a month later. Our mother became very ill and she was admitted in a hospital. A few weeks later she died of a severe heart attack and that was the beginning of difficult times..."* One of the participants mentioned illness of the parents as the cause for the existence of the child-headed household. Mandy mentioned, *"My father passed away due to stomach problems when we were still young. My mother became very ill. Since I was the eldest I ended up taking the parental role."* All these attempts stresses out those accidents contribute a lot to the emergence of child-headed households since there were no breadwinners to take care of the children. These results are in conjunction with a study by Ogina (2010) who reveals that large number of orphans is growing due to the death of parents as well as lack of parental duties such as providing love, care, affectionate and sense of belonging.

The Abandonment by Parents

The study established that abandonment of children by parents and caregivers was one of the main reasons that led to the establishment of child-headed households. The majority of participants who are the children in child-headed households claim that their parents and caregivers abandoned them, which gave them little choice or no option but to scramble for their own survival using whatever means possible. Out of ten participants, only two indicated that abandonment was the main reason for becoming a child-headed household. For instance Memiwe states, *"...My mother went to Durban*

to look for a job but she never came back". Loliwe said, *"My father passed away and my mother had to go look for a job. She never came back. Maybe she will remember us one day but she left us in plight."* Though pathetic, these responses show that most children found themselves in child-headed households involuntarily due to natural causes such as death or physical abandonment from either parent due to negligence and failure to take responsibility by parents. These responses correspond with a study by Ganga and Chinyoka (2010) which explains that the deaths of parents and abandonment often contribute to uncontrolled fear and continued depression in child-headed households. The children are left vulnerable to any form of harm or psychological risks associated with orphan hood.

The Refusal by Children to Join Extended Families

The researchers discovered that out the ten participants only three of the children refused to join their extended families resulting in them being a child-headed household. Memiwe for instance indicated, *"…After my father died I could not join my father's family. My maternal grandmother raised me, so when I went to my father's family I was like a well-prepared dish, you know. They could not teach me anything new. We clashed so I refused to stay with them."* Mandy clarified, *"…I just wanted to stay with my brothers and sister. Since we were four I did not want to give them a burden of looking after us."* Due to fear of ill treatment Mandy mentioned, *"I wanted to stay with my mother, my brothers and sister. I am afraid of ill treatment from my relatives. I would rather struggle to care for my siblings and my mother than to be treated as a dog."* From the above quotations, Mturi (2012) in his study argued that, at times children voluntarily have an input in the establishment child-headed households hence the blame cannot be fully shouldered on the disjointed family structures or extended families.

Limited Support from Extended Families

Failure of Extended Families

In South Africa, the increased number of child-headed households emanate from the failure by the extended families to take full responsi-bility. The responses from the interviews show that extended family members are reluctant to accommodate orphaned or vulnerable children although some are willing to give support while children are staying on their own. Some of the reasons cited by the participants are that extended families are poverty stricken and therefore, they could not afford to cater for a large family. Zeranda had this to say, *"…I only knew my mother's brother who passed away last year. He had nothing to help us with".* Meintjies (2010) in his study blamed the government for its failure to support child-headed households due to the inefficiencies in the government social grant systems. The study recognizes that several child-headed households do not have access to social grants from the government to improve on their household income. This is attributed to unavailability of primary caregivers who can stand to apply for the children and foster grants as the many of these children are under the age of sixteen or younger.

One of the participants cited disputes or the kind of relationships prior to the death of the children's parents. For instance, Zondile said, *"The only relative we knew refused to take us because he was not in good books with our mother".* In some cases lack of contacts with extended family members was another reason for existence of child-headed households. Memiwe mentioned, *"…My mother's relatives are scattered all over the country so we hardly have any contact."* Referring to conflicts between the members of the extended families Zola commented, *"…At first an uncle offered to take us to his family but it seems he never agreed with his wife on it because he never mentioned it again but he still pay us a visit here and there…"* In this statement Zola suspected there were conflicts in his uncle's family concerning their custody. Tina pointed out, *"My maternal sister wanted to take my younger brother soon after the death of my mother. My grandmother refused for the reasons I am not sure."* This statement corresponds with the results from a study by Kuhamen et al. (2008), which reveal that child-headed households appear to be a reaction of the reduced capacity of the extended families to absorb orphaned children.

Socioeconomic Factors

Socio-economic Experiences

Child-headed households encounter socio-economic challenges that threaten their day-to-

day lives and future aspirations. These include education, healthy, poverty, unemployment and vulnerability to various forms of abuse such as sexual, physical and emotional abuse. Below are some of the socioeconomic experiences of child-headed households.

The Need to Educate Child-headed Households

All the participants pointed out their educational life was greatly affected by the absence of parents in their lives. Five of the seven heads of child-headed households interviewed dropped out of school to look for employment and to take care of their families. Nina said, *"…As the oldest member I had to quit school to fend for my family but all my siblings were able to finish their matriculation but the results were not very good only the youngest performed above average."* Memiwe who was a head of the child-headed household also failed to continue with education when she became pregnant, thus increasing responsibility on her. To quote her, *"…But I failed because I got pregnant. I felt like going back to school as you can see I cannot go to school until these children are grown up."* The young adults also narrated that difficulties in their households affected their performance in classrooms. Common reasons cited include going to school on an empty stomach, without learning materials and proper clothing. This is in line with a study conducted by Oghuvhu (2010), which revealed that, the pressures of looking after siblings and parents could lead children to withdraw from school.

The Need to Improve on the Health of CHHs

Health

The lack of physical wellbeing is another experience cited by participants as having affected child-headed households. Due to shortage of money participants mentioned challenges such as lack of adequate food or proper diet and access to medical facilities. Hunger is one of the challenges experienced and reported by participants. Zeranda commented, *"It was a hard time not only for me but for the whole family. We were struggling to an extent of going for some days with water. It was a hard time*

especially when my siblings had to ask on what to eat in the next meal when I knew that there was nothing to eat." Mandy mentioned that, *"Sometimes we would go without enough food in the house."* Zolabonga had to say that "*Where the food was not enough we could only feed the youngest members and we could go to bed on an empty stomach.*"

Loliwe reported, *"At times we could not afford to pay as little as R2000 to be treated at the local hospital."* White indicated, *"Food was always been a problem. We used to eat in order to survive. It was never a matter of what we wanted to eat but what was there to eat. Sometimes we only had to eat umphokoqo. That would be the meal of the day"* Thus, child-headed families experience some health challenges and were likely to be malnourished as UNICEF (2002) stresses that orphans and other affected children are most likely to be malnourished and fall ill.

Challenges of High Unemployment

In the rest of the world of which South Africa is no exception, unemployment is the daily challenge affecting most children in child-headed households. The study depicts that lack of education in child-headed households has been an obstacle to reducing poverty in such households. The participants express that due to inadequate education most have been working as unskilled labors in bars, farms and the informal sector to look for the family. These jobs offer little to enhance the standards of living. Despite their age most are exposed to hard labor or abuse by their employers or fellow workmates. Other participants reveal that they secured jobs as part time workers while attending schools at the same time. Concerning employment Nina, a female participant remarks that, "*…I had to quit school and fend for my family but all my siblings were able to finish their matriculation…"* It can be seen that the heads of the child-headed families were in double tragedy, one of which is continuing with education and pressure to pass, while on the other hand, had to work tirelessly to provide for the family. Thus, as cited by AATISS (2006), most of these children forego education to look for jobs without necessary labor skills, which will make them prone to exploitation.

Concerning their level of education, two of the participants indicated that they could not manage to finish school after they had become pregnant. Memiwe indicated, *"...I was enrolled for matric, but I failed because I got pregnant."* Relating to how her sister was supporting the family Asanda indicated, *"Her boyfriend had a car so he often come to take her out and they spent the whole day out at times she would come the following morning but with money and a good grocery to make us survive."* Likewise, Kallamann (2003) mentions that children, especially female heads of child-headed families, are at risk sexual abuse. Girls may find employment in service industries such as restaurants where conditions and the nature of their work expose them to sexual abuse.

The Limited Support from Extended Families

Extended Families Support

Most of the participants mentioned lack of support from relatives. Referring to her maternal relatives Memiwe stated, *"...So they have never been able to help me through my tribulations."* Zeranda clarified, *"I only knew my maternal uncle who passed away last year. He had nothing to help us with. He was addicted to drugs and never thought that we needed his help."* Referring to his maternal sister Tina stated, *"...She never came back to see us. May be she was angry at my grandmother."* Relatives and friends often lack sufficient resources to foster orphans (Maqoko and Dreyer 2007). Only one respondent mentioned receiving support from one member of the extended family. Referring to his relative Zondile had this to say,*"…she occasionally visited us and gave us some things"*. These responses reflect that poverty inhibited extended families from supporting child-headed households despite their willingness. This calls for the government to empower local people through local economic development projects, so that they earn an income to assist the vulnerable children.

Inadequate Community Support

Community Support

Most of the responses showed the willingness of the community members to support the child-headed families. However, the assistance received from the community was not sustainable in many cases as it was in form of handouts. Some members assisted those families with emotional support, handouts and advice on how to get identity documents. Mandy stated, *"While I was looking for a job my neighbors helped me with school fees and school uniform."* In response to whether she was receiving any support from her relatives Loliwe had to say, *"Yes, if I asked them they provide at times."* Zodwa said, *"...They used to give some few things but not often. In fact most of them they didn't care."* Asanda stated, *"Some community members helped us a lot with groceries but not often."* White indicated, *"...I understand that it is because of poverty that they failed to help us. You can see how life is like in these villages."* One of the participants mentioned adequate provision of community support at a point in time. Zolabonga clarified, *"At first it was not smooth because we were not born here so somehow they perceive our behavior to be against their expectations. But later they discovered that we were just like their own children and they began to give us support as much as they could."*

Two participants mentioned failure of community members in addressing their needs, for instance Zeranda reported, *"They did nothing. They have their families to take care of..."* Tina also pointed out, *"Our neighbors have their families. Some families are also struggling with their own problems and they complain a lot about their circumstances."* These responses are in conjunction with the study by Pillay (2011), which agrees that communities and neighbors went out of their way and charitably donate income or food towards child-headed households.

The Need to Improve on Government Support (Grants and Social Services)

Most of the participants mentioned the support of the government in form of grants. However, most of them pointed out that the grants, which they received could not adequately meet their needs. Loliwe stated, *"No, the money was not enough."* Mandy pointed out, *"Although I was supplementing it with my salary, it was not enough. It got finished within a week."* Memi-

we indicated, *"I only received a grant for my daughter that is all I used to take care of this family."* Pointing to the government support Zeranda highlighted, *"We were in receipt of a childcare grant but the money was not enough to pay for our school fee, to buy groceries, uniforms and clothes."* Asanda indicated, *"...In form of child grant but was not enough, but at least half a loaf is better than nothing."* Tina stated, *"...We were left in the care of my grandmother who was in receipt of an old age grant. However, the grant was not enough to fend the family."* The responses expose the absence of specific government support programs targeting the needs of child-headed households.

One of the participants failed to access a social grant due to lack of identification cards and lack of knowledge on how to access it. Zodwa had this to say when asked about the social grants, *"You know the problem that we have is we didn't have the IDs so we failed to access those grants."* The difficulty faced by orphans in child-headed households and other vulnerable children is getting access to the grant since there might be no adult responsible to get the money (Sloth-Neilsen 2004:30-31).

Psychological Experiences

Most of the participants had some form of traumatic memories, which resulted from the experiences with the illness and death of either their caregivers or parents. When the interviewer probed on taking care of his sick grandmother Tina mentioned, *"It reminds me of the illness of my mother. She was very sick, she lost weight and her face was swollen. I cannot enjoy seeing people being sick worst of all being dead. I fear death. I no longer want to hear about funerals."* When Asanda was asked on coping with the challenges she indicated, *"Not much difficulty but this mere loss of our parents is something that haunts me everyday."* The traumatic memories of the illness and death of parents or caregivers haunts their lives. Nina had this to say, *"I still remember that it was a painful experience to watch them die. These were the most stressing periods in our family."* In coping with challenges of being a head of a child-headed household, Zeranda stressed, *"…I ended up taking drugs just to forget about the problems*

and the pressure that was mounting on me." These responses correspond to results from a study by Phillips (2011) who argues that majority of child-headed households in South Africa experience low standards of living as they lack proper housing, sufficient sanitation, clean water supplies and education. To reduce psychological challenges, the government and private sector organizations should join hands to assist these vulnerable children to improve on their standards of living.

The Denial of Future Aspirations

Most of the participants felt that their future aspirations were a dream that could never be fulfilled due to lack of finances to continue with their studies. Some participants felt that if their parents were still alive they could fulfil their ambitions and aspirations. Some argued that their future was already jeopardized by their past experiences. Memiwe had this to say concerning her future aspirations, *"I feel like going back to school, but at the moment I can't go back to school until these children are grown up."* Mandy pointed out, *"I was brilliant at school. My future was ruined. I don't deserve working as a cleaner."* Zeranda indicated, *"I thought I was going to finish my education and get a better job, drive a car and build a house for my family. All these dreams were buried when my mother was buried."* The lack of will power and hope within child-headed households acts against child development, and hence the government should intervene to restore the identities of such households.

CONCLUSION

The findings of this study show that extended families are willing to absorb and take care of the child-headed families but poverty is still the major constraint. Due to limited resources and low incomes, extended families find it difficult to integrate the orphans or vulnerable children into their own families as this may deplete their family incomes, hence they prefer to assist child-headed households at a distance where they would visit them periodically with handouts depending on affordability. The study established that child-headed households were a result of death of parents or caregivers due to HIV/AIDS related illnesses, natural deaths, accidents and

in a few cases by abandonment. However, the findings indicated that HIV/AIDS related illnesses were the leading cause of death. The study established that child-headed households experience socioeconomic and psychological problems, which affect their wellbeing and their future aspirations. The lack of resources, a reliable income, education and adequate health facilities contributed to the disruption of their livelihoods. Unfortunately, the community support structures such as support groups and home based care organizations were not effective in assisting child-headed households in Alice. Many reported that they have never been assisted by such community support structures and that they did not even know about their existence. However, of all the participants, only a few confessed that some neighbors would assist with handouts but not so often due to economic hardships. The results have shown that the South African government provides a social security system, which encompasses foster care grants, childcare grants, care dependence and social relief of distress. However, the findings indicated that not all children are able to access these grants due to lack of knowledge, documentation, time and resources required to access the social support.

RECOMMENDATIONS

Based on the conclusions above, the study sought to provide the following recommendations to the government, which will be valuable in assisting child-headed households to cope with their circumstances in Alice community and possibly other parts of the country. These recommendations have been created based on the results of the study and will include life skills programs, family reunification, income generating projects, and special services specifically for child-headed households and counseling services. The paper recommends the government to establish more institutionalized care facilities such as orphanages, which provides moral, emotional and all the support needed to orphaned children in child-headed households. The institutional care is one of the alternative forms of placements that may reduce the sprouting of child-headed households. There is also need to provide reunification services as part of reconnecting children in CHHs with their parents and extended families. Kinship care is the

primary mechanism that will enable a vast majority of children who have lost both parents to remain in family care in their community. It allows family relationships to continue, maintains the child within her culture and community, and avoids the anxieties related to placements with unfamiliar adults. Family support therefore forms an essential component of easing the problem of a child-headed household. The government should establishment community development programsCommunity-Based Programs3 to assist child-headed households to help improve household income and food security. The projects to be implemented involve home-based care, skills training and income-generation projects, aimed at helping child-headed households. It is imperative to note that these community-based projects can help construct the communities' capacity to attend to the holistic needs of children in Alice community. Counseling and Therapeutic Services should be provided by the Department of Social Development to orphaned childrenCounseling Services who have undergone extreme emotional turmoil in their lives. The social workers should train volunteers to assist in counseling services for child-headed households as way of generating emotional support, a sense of belonging, moral support and family discipline.

LIMITATIONS

The study focused on the young adults emerging from child-headed households in Alice alone, a small community, and hence the findings of this research cannot be generalized to other areas in the Eastern Cape. For further insight in the experiences of child-headed households, more quantitative studies can be conducted to assess the real numbers of child-headed households and their income levels. This will assist the government in providing aid to such households.

REFERENCES

Advocacy Aid 2015. From <www.advocacyaid.com/index.php/cross-cutting-issues/31-stats-sa-publishes-social-profile-of-vulnerable-groups> (Retrieved on 30 July 2015).
AIDS Alliance and TATA Institute of Social Science (AATISS) 2006. *A Situational Analysis of Child-headed Households and Community Foster Care in Tamil Nadu and Andhra*. India: Pradesh States.
Chidziva VN 2013. *The Schooling Experiences of Secondary School Learners from Child- Headed Households in Thulamahashe Circuit, Bushbuckridge Dis-*

trict, Mpumalanga Province, RSA. Master's Thesis, Unpublished. South Africa: University of South Africa.

Constitution of the Republic of South Africa 1996. Pretoria: Government Printers.

Daniel M, Mathias A 2012. Challenges and coping strategies of orphaned children in Tanzania who are not adequately cared for by adults. *African Journal of AIDS Research*, 11(3): 191-201. doi: 10.2989/16085 906.2012.734978.

Desmond C, Richter L, Makiwane M, Amoateng A 2003. Child-headed households: Dissecting our understanding of who is at risk. *Children FIRST* (Special Edition), 46: 56–58.

Donald D, Lazarus S, Lolwana P 2002. *Educational Psychology in Social Context*. Cape Town: Oxford University Press.

Donald Wood Foundation 2013. From <http:// www.donaldwoodsfoundation.org/what-we-do-caring-for-children.cfm.> (Retrieved on 30 July 2015).

Foster G 2004. Safety Nets for Children Affected by HIV/AIDS in Southern Africa. Monography 109. From <www.iss.co.za/pubs/Monographs/No109/ Chap4.htm> (Retrieved on 26 July 2015).

Ganga E, Chinyoka K 2010. Exploring psychological disorders caused by poverty amongst orphans and vulnerable children living within child-headed households. *Journal of Sustainable Development in Africa*, 2(4): 1-16.

Gladding ST 2002. *Family Therapy – History, Theory and Practice*. Ohio: Merrill Prentice Hall.

Guest E 2003. *Children of AIDS: Africa Orphans Crisis*. South Africa: Pluto Press.

Jansen van Rensburg L 2000. *The Denial of the South Africa Government to Provide Child-headed Households with Social Assistance Grants*. South Africa: North-West University.

Julia M, Brake S 2008. Development with the Poor in Kigali: Child-headed Households in a Post-Genocide Conte. Kigali. Rwanda. From< http://www. lausanneworldpulse. com/urban-php/1014/09-2008> (Retrieved on 16 August 2015).

Ibebuike JE, Van Belkum C, Maja TMM 2014. The Lived experiences and needs of children in child headed households in resource poor communities in Soshanguve, South Africa. *J of Good Gov and Sust Dev in Africa*, 2: 61-83.

Kallamann K 2003. *HIV/AIDS and Social Assistance South Africa*. South Africa: Black Sash.

Kuhamen J, Shemeikka R, Notkola V, Nghixulifwa M 2008. *Junior Headed Household as Possible Strategy for Copying with the Growing Orphan Crisis in Northern Namibia*. South Africa: NISC Pty LTD.

Mavise A 2011. Child-headed households as contested spaces. *An Inter J for Res Pol and Care*, 6(4): 321-329.

Le Roux-Kemp A 2013. Child headed households in South Africa: The legal and ethical dilemmas when children are the primary caregivers in a therapeutic relationship. In: Peter Bray, Diana Mak (Eds.): *People Being Patients: International, Interdisciplinary Perspectives*. Hong Kong, China: Inter-Disciplinary Press, pp. 13-35.

Maqoko Z Dreyer Y 2007. *Child-headed Household because of the Trauma Surrounding HIV/AIDS*. Department of Practical Theology. Pretoria: University of Pretoria.

Meintjies H, Hall K, Marera D, Boulle A 2010. Orphans of the AIDS epidemic: The extent, nature and circumstances of child-headed households in South Africa. *AIDS Care,* (in press).

Mogotlane SM, Chauke ME, Van Rensburg GH, Human SP, Kganakga CM 2010. A situational analysis of child-headed households in South Africa. *Curationis,* 33(3): 24–32.

Moyo L 2011. Child or youth-headed households – A gendered perspective. *Journal of Gender and Religion in Africa*, 17(1): 5-26.

Mturi AJ 2012. Child-headed households in South Africa: What we know and what we don't. *Development Southern Africa,* 29(3): 506-516.

Phillips C 2011. Child-headed Households: A Feasible Way Forward, or an Infringement of Children's Rights to Alternative Care? From <www.charlotte Phillips.org.> (Retrieved on 8 July 2015).

Pillay J 2011. Experiences of learners from child-headed households in a vulnerable school that makes a difference: Lessons for school psychologists. *Social Psychology Journal,* 33(1): 3-21.

Pillay J 2014. Challenges educational psychologists face working with vulnerable children. In: T Corcoran (Ed.): *Psychology in Education: Critical Theory-Practice*. Rotterdam: Sense Publishers, pp. 186-198.

Sloth-Nielsen J 2004. *Realizing the Rights of Children Growing up in Child-headed Households: A Guide to Laws, Policies and Social Advocacy*. Cape Town: Creda Communications.

Snider LM 2006. Pychosocial support and marginalization of youth-headed households in Rwanda. *AIDS Care,* 18(3): 220-229.

Tybazayo P 2009. *The Duty of the State to Give Effect on the Rights of Children in Child-headed Households in the Context of Section 28 (1) (b) and (c) of the Constitution of the Republic of South Africa*. Master's Thesis, Unpublished. South Africa: University of South Africa.

Oghuvbu EP 2010. Attendance and academic performance of students in secondary schools: A correlational approach. *Journal of Educational Research,* 4(1): 21-25.

Ogina TA 2010. Teachers 'pastoral role in response to the needs of orphaned learners. *International Journal of Education Policy and Leadership*, 5(12): 22-42.

UNICEF, USAID and UNAIDS 2002. *Children on The Brink- A Joint Report A New Orphans Estimates and a Framework for Action*. Washington.