

Child-Headed Households and Educational Problems in Urban Zimbabwe: The Case of Dikwindi Primary School in Masvingo Urban

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KEYWORDS Family. Child. Orphan. Educational Problems. Poverty. HIV/AIDS

ABSTRACT The present research investigates the educational problems faced by child-headed households in Masvingo, Zimbabwe. These households are a result of challenges such as divorce, domestic violence, and parental deaths (mainly due to HIV and AIDS). Since Zimbabwean families are traditionally extended, the increase in the number of orphans puts pressure on relatives who have to fend for additional children. Child-headed household arrangements seem to represent a new coping mechanism for orphans in Zimbabwe. Community-based organizations (CBOs) also help extended families to carry the burden of orphans. Using a qualitative research methodology and a case study design, the paper investigates the impact of child-headed households at Dikwindi primary School in Masvingo urban. Stratified random and purposive sampling techniques were used to select participants. Data were collected through interviews, questionnaires and observations. Research findings established that HIV/AIDS was the major cause of child-headed households. It was also established that child-headed households face a number of socio-economic problems. Thus, it was recommended that child-headed families should be supported by government and other 'parapublic' institutions. The present research contributes to the burgeoning body of knowledge on child-headed families and poverty.

INTRODUCTION

"Child-headed households are generally considered to be those where the main caregiver is younger than 18 years of age" (Sloth-Nielsen 2004: 1 in Anti Essay 2012: 1). The family is a group of individuals with a continuing legal, genetic or emotional relationship (Gladding 2002; see also Ibebuikwe et al. 2014 and Mavise 2011 for other 'family' definitions). Society relies on the family group to provide the economic and protective needs of individuals, especially, children. Good child rearing practices equip a child with relevant skills, norms, values and attitudes that make him/her fit well in the society. However, with the advent of urbanization, most people abandon their families and seek greener pastures in the cities. The problem of child-headed households (Ibebuikwe et al. 2014; LeRoux-Kemp 2013; Mavise 2011) seems to be pervasive in developing countries, especially in Africa.

The attainment of independence in Zimbabwe (1980) brought massive changes in family lifestyles. This was due to movement of people into various parts of the country and the world in search of greener pastures. This, therefore,

led to changes in children's life styles (see for example, Mavise 2011). Skolnick and Skolnick (1991: 82) echo that "Middle class people move to different parts of the world to live and work". The Zimbabwean socio-economic crisis (2000 to 2009) instigated migration of people into the 'diaspora'. Consequently some parents divorced and others died due to HIV/AIDS or overworking in foreign lands. This has therefore led to a number of children living in child-headed households. As observed by Ash (1973), such children will be vulnerable to a number of problems such as lack of parental guidance, physical abuse, and other harsh living conditions (Zhangazha 2014).

Boyden (1987) posits that the negligent behaviour of children is yet another aspect not well understood. Apart from specific symptoms such as physical injuries, negligence can lead to specific anxiety symptoms such as nightmares, loss of bladder control, sexually transmitted diseases, and depression, loss of confidence and loss of self-esteem. Piaget (1958) (a renowned behavioural theorist) suggests that early childhood experiences affect one's adult life. Usually abused children will end up fearing anybody

similar to their abusers. They can also be affected in their school work, and in some cases, they tend to bully others or live careless life-styles. According to Zhangazha (2014: 1), "...various deprivations faced by urban children that retard their physical, social and economic development." It is therefore against this background that the paper sought to examine the educational challenges faced by children child-headed households at Dikwindi Primary School.

Statement of the Problem

The present research sought to investigate the prevalence of child-headed households in Masvingo urban area. Dikwindi Primary School has many children living in child-headed households. This information was obtained through one of the researchers who was the chairperson of *Isheanopa* (interpreted "God gives"), club at the school. The club was established to help poor pupils with school fees, uniforms and stationery. The majority of pupils benefiting from the club come from child-headed families. One of the researchers, a teacher at the school, noted that individual record books showed many cases of orphans, deceased parents, separated parents, cross border traders or parents in the 'diaspora'.

Objectives of the Paper

The main objective of the paper was to investigate the educational problems faced by child-headed families in Masvingo using the case of Dikwindi Primary school. Sub-objectives included finding out the causes of child headed families and other social problems that affect child-headed families. It was also imperative to establish the kind of assistance needed by such households.

Literature Review

Internationally, child-headed households have not been known to society for a long period of time (see for example Ibebuike et al. 2014). They emerged as an alternative family structure in order to adapt to changing social realities (see Mavise 2011 for further discussions). Bequle (2007: 89) viewed that, there is a famous African adage that says "It takes a village to raise a child". The saying points to the idea, cherished by most

African societies, that children are a communal responsibility and the extended family is a safety net for orphans. This safety net, as propounded by Arvidson (1996), is now stretched to its limits by the effects of war (for example in Somalia), genocide (such as in Rwanda), armed conflict (such as in DR Congo), family disintegration and, most importantly, the HIV/AIDS pandemic (Maqoko and Dreyer 2007).

International Perspective on Causes of Child-headed Households

The first reports of large numbers of child-headed households were made in the late 1980s in the Rakai district of Uganda (Plan 2005). Foster-Fishman et al. (1998) in Plan (2005), mentions that until that time, orphans in Africa did not exist due to extended families within the African culture. The kinship system took orphans into its care. According to the national orphans and vulnerable children's policy of Uganda, nine hundred and forty thousand (940 000) children –fourteen percent (14%) of their child population had been orphaned by HIV/AIDS by the year 2003 (Ministry of Gender, in Plan 2005). Plan, together with the Ugandan government, has formulated the orphans and vulnerable children's policy in order to implement support programs for child-headed families (Plan 2005). It is common knowledge that the scourge of HIV/AIDS has far-reaching consequences (Maqoko and Dreyer 2007). The UNDP Blog (2012) states clearly that:

"Globally there are 34 million people living with HIV. While new HIV infections have declined by 20 percent between 2001 and 2011, the HIV epidemic continues to outpace the response. In 2011, 2.5 million people were newly infected with HIV and 1.7 million people died from AIDS-related causes."

The UNDP reports show that research into the area of child-headed families is exigent in the face of increasing numbers. The problem is likely to perpetuate unless the world manages to achieve the Millennium Development Goals (MDGs). HIV/AIDS, along with other social conditions, such as war and conflicts exacerbate the problem in question (Awino 2010). According to Aid Workers Network (2012), civil strife, war, and natural disasters have also contributed to an escalation in child-headed families in the world, especially in the African continent. Tak-

ing the above mentioned into consideration, it is important to discuss the situation of child-headed households in Zimbabwe (see for example Zimbabwe Independent 2014).

Causes of Child Headed Households: The Zimbabwean Context

Four out of every thousand households in Zimbabwe are child-headed (Foster-Fishman et al. 1998). Zimbabwe had fifty thousand child-headed households in 2002, three years later, the figure had jumped to three hundred and eighteen thousand (318 000) (Magure 2010). Latest figures from the UNICEF Zimbabwe (2011) state that there are about 100,000 child-headed households (CHHs) in Zimbabwe. "One in every four children in Zimbabwe has lost one or both parents due to HIV and other causes" (UNICEF 2012). Makufa et al. (2001) pointed out that, in Zimbabwe HIV/AIDS coupled with poverty (Zhangazha 2014) are the main factors leading to sprouting child-headed households (see Campbell et al. 2014 for further discussions). Foster (2000) also discussed the weakening of the extended family's safety nets in the country. The author explains that extended family members decline to take these children forcing them to adjust to these changing circumstances by means of accepting child-headed households as a resourceful problem solving strategy.

Challenges of Child-headed Households

Children living in child-headed households are vulnerable to many unsafe circumstances, such as poverty, all forms of abuse, erratic school attendance or dropping out from school, harassment and transactional sex (Greig and Taylor 1999), ill-treatment (UNICEF (1998, 2012), that lead to depressing trauma (Gregson et al. 1996; Claherty 2001; Merton 1976).

Bradley et al. (1994) and Campbell et al. (2014) assert that children from poor economic backgrounds are more likely to experience various health problems. The fact that there is often no one to monitor their health means that children living in child-headed families are additionally vulnerable (Ramsden 2002). The health problems include impaired vision, iron deficiency, anemia, growth retardation due to lack of proteins and prematurity (Ministry of Health and Child Wel-

fare 1994). This may also influence the individual's cognitive development and contribute to lower levels of school achievement.

Education is vital to the development of children and young people in a number of ways. It supports their psychosocial development, future opportunities identification and reduces vulnerability (Hughes 2002). According to World Health Organization (1990), millions of children around the world have been orphaned by the HIV/AIDS crisis (see also Ibebuike et al. 2014; Campbell et al. 2014). Contemporary knowledge suggests that when parents die, the amount of resources available for education decreases. As a result orphans are more likely to drop out (see for example Maphalala and Ganga 2014) of school than the none orphaned as school fees become unaffordable (Bloom 1964). These children drop out of school because they cannot afford school fees, uniforms, stationery and text books despite the right to education (Leighton 1996; Foster et al. 1995). Andrew (2007) is of the idea that though enrolment is one of the educational indicators, education is far more complex. Children may be enrolled at school but they may not learn because they will be hungry or unable to concentrate due to anxiety. Children living in child-headed households face stigmatization and discrimination (Grant 2001), isolation (Makufa et al. 2001) such that they have reduced self-esteem and lack confidence to participate in class activities. They also have problems with respect and discipline in the classroom (Garbarino 1995) since they lack parental supervision at home (Gladding 2007).

RESEARCH METHODOLOGY

This paper followed a qualitative research methodology and a case study design. These enabled exploration of complex patterns in sufficient depth and detail. The data collection techniques included interviews, a questionnaire and observations. It concentrated on one school for in-depth data collection. The sample was 270 pupils from three grade five and six classes and teachers of Dikwindi primary school, community and church leaders and Red Cross employees. Permission to collect data was granted by the school and the surrounding community. A combination of stratified random sampling, purposive sampling, systematic and convenience

sampling was adopted. Data collection involved interviews and observations. The discussions of all instruments were engaged, outlining the strengths and weakness and how weaknesses were counteracted.

RESULTS

Children's Questionnaire Responses on the Causes of Child-headed Families

Questionnaires were administered to twenty pupils to solicit information on why they were living alone. Pupils' responses are summarized and presented on Table 1.

Table 1: Pupils' responses on why they were living alone without any adults (n =20)

Statement	Responses	
	Yes	No
My parents died after long illness	17	3
My parents are outside the country	1	19
My parents divorced	1	19
My parents died in a car accident	1	19
My parents abandoned me	0	20

Findings in Table 1 indicate that the majority of the respondents' parents died after a long illness, which may be due to HIV/AIDS. Kiki (pseudo name) indicated that her parents were outside the country, another indicated that parents had died in a car accident and yet another respondent indicated her parents were divorced.

Responses to the question why children lived alone are displayed in Table 2. Respondents indicated that the children's relatives refused to stay with them. Four respondents indicated that they received ill-treatment from their relatives and they wanted to inherit their property, hence they decided to stay alone. One respondent had this to say: "*we would be scolded and beaten most of the time and with the accusation that orphans over-eat.*"

One respondent indicated that she refused to stay with her relatives because of her mother's death wish. Her actual words were: "*when our mother was dying, she indicated to our aunties that she would prefer us to live in a separate household and not with relatives.*" The other respondent indicated that he/she had no relatives. The findings are summarized and presented in Table 2.

Table 2. Pupils' responses on what made them stay alone instead of staying with relatives

Responses	%
1. Because of mother's death wish	5
2. Children not willing to stay with relatives	20
3. Relatives not willing to stay with the children	70
4. No relatives	5

The table shows that the majority of the respondents were not accepted by the extended family. As explained by Plan-Uganda (2005) siblings whose parents have died decide to live on their own for various reasons, the primary one being that the extended family is unable to cope with more children due to financial constraints.

Owing to the treatment these children experienced, trauma and stress. The International Stress Management Association (2000) affirms that stress is an emotional condition, experienced or felt when an individual has to cope with unsettling, frustrating or harmful situations. It further explains that stress is a disturbing sense of helplessness, which is uncomfortable and creates uncertainty and self-doubt. Hence psychosocial support is essential in order to help children to cope with emotional trauma and stress.

Teachers' Perception on Causes of Child-headed Families

The respondents indicated that HIV/AIDS had made most of the pupils to stay alone since relatives were not ready to shoulder the burden. Five teachers indicated that divorce and separation of parents may cause children to live alone because the parents may re-marry and may not let the other spouse know about the whereabouts of the children. Some end up renting them accommodation to stay alone. Another cause indicated by the respondents was economic hardships. Some parents opted to go abroad for greener pastures leaving children behind. The findings suggest that HIV/AIDS is the main cause of child-headed families.

Community Interview Responses on Causes of Child-headed Households

Pastors and Red Cross officers were interviewed. They mentioned AIDS as the main reason. They further indicated that the children were heading households before the parents died

because due to sickness the parents could no longer afford to fend for their young ones.

A Pastor indicated that some of the children (orphans) lived alone because they had negative experiences regarding the extended family especially at an emotional level. Unethical and inhuman statements such as: *“Go and exhume your parents from the graves for them to buy you and some clothes.”* These were experienced by some orphans when they asked for some social needs. Another pastor indicated that some of the children preferred to live on their own because it enabled the brothers and sisters to stay together in an area familiar to them, instead of being separated and sent to different locations. The Red Cross worker cited divorce and immigration as some other causes for the establishment of child-headed households. The findings indicated HIV/AIDS as the main factor causing child-headed families. Dwindling extended family safety nets are also responsible.

Educational Challenges Faced by Children Living in Child-headed Families

Children’s Questionnaire Responses on Educational Challenges

Questionnaires were administered to twenty pupils to solicit the educational problems they encountered. The responses are reflected on Table 3.

Table 3: Educational challenges faced by children (n =20)

Statement	Responses	
	Yes	No
I come to school everyday	5	15
School fees is paid in time	4	16
I have full school uniform	8	12
I have all the necessary school stationery	5	15

Table 3 reflects that five children attended school whilst fifteen indicated that they did not go to school every day. Sixteen of the respondents indicated that they did not pay school fees in time and only four had a positive response. Eight respondents had full uniforms while twelve had no full uniform. Only five respondents indicated that they had all the necessary stationery whilst fifteen reflected a negative response.

With regards to educational problems encountered by children, findings established several problems. However, the major problems were as follows: sixteen respondents indicated that they had fees problems, eight respondents indicated that they were laughed at because of inadequate uniforms and stationery to use in class. Six respondents indicated that they were beaten by their teachers because they did not do their homework. They blamed failure to do their homework on lack of assistance at home. Fifteen respondents indicated that they did not come to school every day due to home duties. One was quoted saying *“Often times I do not attend school because I will be selling brooms so as to raise money for school fees and food.”*

Teachers’ Views on Educational Problems Faced By the Children

The findings indicated erratic school attendance and lack of school fees as the most prevalent problems. Teachers attributed absenteeism to lack of resource material as well as responsibilities. Lack of homework books, pens, rulers and other stationery needed for class work were cited. Four respondents indicated that some children have low attention span due to hunger. This was manifested by observed signs of tiredness and sleeping during lessons. Three respondents indicated that some of the children lacked respect and discipline in the class room. This finding supports Foster et al.’s (2000) notion of premature adulthood. Two teachers indicated that although some children were apparently coping on a superficial level, they were showing real signs of trauma and stress. Another challenge was stigmatisation by other pupils and even some teachers. With regards to class performance of children living in child-headed households, responses are shown in Table 4.

Table 4: Class performance of children living in child-headed households as indicated by teachers (n = 6)

Performance	Frequency
Above average	0
Average	2
Below average	4

From the findings, most teachers indicated that the children’s class performance was below average. Two indicated that their performance was average. None of the respondents indicated these children’s performance as being above average.

Findings from Observed Problems of Children Living in Child-headed Families

Observations were carried out twice during tea break and lunch break. Observations were carried out whilst the children were unaware that they were being observed. Focus was on their facial expressions, dressing, interactions with other pupils and food eaten. Findings on the full sample were not consistent due to absenteeism by some participants. However, the following observations were made. Only four of the participants had lunch and they often looked happy. Those without lunch boxes would just sit quietly each one on his/her own without interacting with other pupils. Their facial expressions revealed signs of stress and depression. One girl was observed crying while sitting on a stone alone during lunch break.

Children's Questionnaire on Assistance They Got

Questionnaires were administered to 20 pupils. Table 5 summarises responses regarding assistance given to children living in child headed households.

Table 5: Assistance received by children living in child headed households

<i>Type of assistance</i>	<i>Responses of recipients</i>
Food	5
Rent	7
School fees and uniforms	11
Blankets and clothing	6

Findings from Table 5 indicated that eleven respondents received school fees and uniforms. Seven respondents indicated that they were assisted with money for rent. Six received blankets and clothing whilst five got food as assistance. Table 6 summarizes the sources of assistance.

Table 6: Sources of assistance

<i>Source</i>	<i>Frequency</i>
Isheanopa – Dikwindi School Club	4
Red Cross Society of Zimbabwe	7
Kenan Fund	1
Church	2
Relatives	1
Community Members	1
Basic Education Assistance Module (BEAM)	4

Findings show that four (4) respondents got assistance from Dikwindi *Isheanopa* and seven (7) from Red Cross. Red Cross assisted the children with school fees and uniforms, whilst *Isheanopa* helped them with sanitary pads, second hand jerseys and clothing. Kenan Fund paid school fees for one respondent. Two indicated that they sometimes got money for rentals from the church, relatives or community members. The table indicates that Red Cross helps more children than any other organisation at Dikwindi School in Masvingo urban area. The findings also indicated that the community was not very active in helping orphans.

Teachers' Charity Work Involvement

Findings from the six teachers indicate that *Isheanopa* Club, which was formed by teachers at Dikwindi primary, helped orphans and other vulnerable children with school fees and clothing. The teachers indicated that Dikwindi primary had many orphans and vulnerable children, hence the assistance rendered was not adequate. All the six teachers indicated that there was a counselling committee, which counselled identified children. Two teachers indicated that they sometimes shared their lunch boxes with these children. However they indicated that this was not always the case because sometimes teachers came with no food.

Community Assistance towards Disadvantaged Children

The two Pastors indicated that they had sixty children in Masvingo Urban on their program and that the church also helped some of them with school fees. However, since children were too many, they could not afford to pay school fees for every child. They also relied on money donated by church members. A pastor indicated that they paid school fees for two pupils at Dikwindi. It was learnt that food parcels were also given here and there due to difficult socio-economic conditions. Pastors also gave spiritual and moral support to some of the children.

A Red Cross worker indicated that they had five hundred people on their program in Masvingo. Support is also being rendered to child-headed children at the school. The children are assisted with full school fees, uniforms, and food parcels. Red Cross also offers psycho-social support. Findings from the Red Cross employee

also indicated that they had a counsellor who carried out home visits.

Another question sought to establish if there were any other groups or family support networks in the community to help these children. Findings from one pastor indicated that there was a widow taking care of six orphans from child-headed families and one of them was from Dikwindi School. Further indications were that the widow gave these children food parcels she solicited from churches and well-wishers. Pastors also paid for a girl child's schools fees. Findings from the community leaders indicated that assistance was not adequate since these children were many.

DISCUSSION

The findings concerning the educational problems faced by children living in child-headed families have been presented, analysed and interpreted. The major findings were that HIV/AIDS caused death to many parents, leaving children alone. These findings concur with Makufa et al. (2001), Mavise (2011) and UNDP (2012). Our findings also showed that relatives could not take children into their families for various reasons. The reasons included the disappearance of the spirit of helping orphans in the extended family, greed among extended family members, failure by the extended family to cope with the responsibilities due to financial constraints. These findings agree with Foster-Fishman et al. (1998).

The children preferred to stay alone rather than experience emotional stress from relatives who kept reminding them of their dead parents. The findings are in line with Moletsane (2004) who states that orphaned children are often discriminated against by family members as they feel that their families, especially those who died due to HIV/AIDS, have brought shame to the community. The orphans are then denied social, emotional and educational support by the extended families.

Regarding social problems faced by children living in child-headed households, findings suggest that they lived in poverty and struggled to attain basic needs for daily living. The children were poor and could not afford hospital bills. This is in line with Ankrah (1993) who argues that chronic impoverishment is common in child-headed households. Poor performance in class

by the children is attributed to impoverishment (see Zhangazha 2014).

The findings also reflected that children living in child-headed families lacked psycho-social support. As indicated earlier psycho-social support goes beyond simply meeting children's physical needs (see for example Drew, et al. 1996; Foster et al. 1995). Findings indicated that these children were mocked because of poverty (see also Zhangazha 2014; Ibebuike et al. 2014; Le Roux-Kemp 2013; Mavise 2011). They were also ill-treated by relatives. Hence their experiences included traumatic and stressful conditions.

The findings show that the children faced many educational challenges. This was evidenced by data from children's questionnaires, responses from teachers' and community leaders and the observations. The major problem was that of school fees. Most children dropped out of school due to unaffordable school fees. The findings are in line with Leighton (1996) who states that when a parent dies, the amount of resources available for education decreases. As a result, orphans are more likely to drop out of school as school fees become unaffordable. Such children live in poverty (Zhanagazha 2014; Ibebuike et al. 2014; Le Roux-Kemp 2013; Mavise 2011).

Findings also indicated that the majority of these children had erratic school attendance. The reasons behind this were increased responsibilities at home. They engaged in petty business so as to raise school fees and money for food. Absenteeism was also caused by stigmatization and discrimination from other fellow pupils. Hence, from the findings, children at Dikwindi ran away from school because they were laughed at for lack of uniform and learning materials (See also Moletsane 2004).

The findings indicated that these children always slept during lessons due to hunger (in line with Zhangazha 2014). The performance of these children was below average. The children have no one to supervise their homework. It was also noted that the children were showing signs of trauma and stress.

In terms of assistance, it was established that the assistance given was not sufficient. The findings indicated that Red Cross was the regular supporter of orphans. Basic Education Assistance Module (BEAM), which is an arm of the government paid only a quarter of the children's fees and most of these children did not pay fees

unless it was paid by Red Cross, *Isheanopa*, and Kenan Fund. Due to the increased number of orphans, assistance rendered was not adequate. The findings also reflected that the community was not taking part in orphanage activities. However, the churches helped with spiritual and moral activities.

The findings indicated that most of these households had nowhere to turn for emotional and social support. Although Red Cross offered psycho-social assistance, it was limited to few individuals due to the number of orphans they had on their programme. Teachers' findings indicated that they had counselling sessions and Red Cross had one counsellor to help these child-headed households.

CONCLUSION

The paper concludes that children that live under child-headed household conditions have a number of educational problems. Their academic performance is seriously affected by the negative conditions that prevail in their households. Their relations with peers at school and community members are not good. They are stigmatised and marginalised by peers since they are linked with HIV/AIDS. Most of them are traumatised by these conditions thus they do not perform well in class. Donations directed towards children living in child-headed households are inadequate such that they cannot assist all the affected. This indicated to us that more needs to be done to ensure that such children are protected from harsh conditions they are currently living under. The research concludes that the children from CHHs need all forms of support so as to reduce their educational problems for future development.

RECOMMENDATIONS

In light of the findings above, the following recommendations are made and are expected to have policy implications:

- ♦ Families need to be educated about the effects of HIV/AIDS. Educational campaigns would help to send the message. This will also help communities to have an understanding that children orphaned by HIV/AIDS are not different from other children, as a result they need to be treated equally. . They need moral support rather than denial

from the community and other children at school. Non-governmental organizations (NGOs), local authorities and churches are encouraged to develop brochures citing the help which they offer so that the children may know where to go to seek help.

- ♦ The extended family safety nets need to be strengthened in order to take these children into their families.
- ♦ It was recommended that the government should have a fund set aside for all the aged since these will be responsible for the upkeep of children whose parents are deceased. Institutional support should also be available for children living alone where their needs are fully catered for. Holistic support, including finance should be made available for children who might be vulnerable, maybe from the government, churches and NGOs.

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