Conditions of life for child-headed households
- An explorative interview study from South Africa

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Abstract

The objective of the study was to explore the conditions of every day life of child-headed households in South Africa. Following research questions were developed:

- How do South African children who are the head of the household perceive his or her life situation and the role as the household-head?
- How are the relations with siblings and other relatives?
- What kind of support do they need?

In order to fulfil the objective an interview study with the design as a case study was conducted. Seven children and young adults who had been heading household since under the age of 18 were found to be interviewed about their conditions of life. The result is presented as six case studies and is then discussed in the light of earlier knowledge on the subject as well as focusing on unique and mutual experienced of the informants. The results strongly support results in earlier research on life conditions for Child-headed households (CHH). Children living in CHHs face immense challenges and difficulties in their every day life and the support given is not enough. Conclusions that are made include that improving assistance must be offered both in the dimensions of prevention of children living alone and immediate support to children already living in CHHs.

Keywords: child-headed household*, South Africa, orphan*, AIDS, childhood
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Hanna Hirasawa
Abbreviations

ACORD  Agency for Cooperation and Research in Development
AHH   Adult-headed household
AIDS  Acquired Immunodeficiency Syndrome.
ANC   African National Congress
CBO   Community Based Organisation
CHH   Child-Headed Household
DSS   Hlabisa Demographic Surveillance system
FBO   Faith Based Organisation
GHS   General Household Survey
HIV   Human Immunodeficiency Virus
NGO   Non Governmental Organisation
OVC   Other Vulnerable Children
SALC  South African Law Commission
UDM   United Democratic Movement
UNCR  United Nations Convention on the Rights of the Child
UNAIDS the joint United Nations programme on HIV/AIDS
UNICEF United Nations Children’s Fund
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1. Introduction

Orphaning due to AIDS increased the number of children orphaned from all causes in Sub-Saharan Africa from 30.9 million in 1990 to 48.3 million by the end of 2005 (UNAIDS, 2006). The AIDS epidemic in South Africa is one of the worst in the world with an estimated 5.5 million people (18% of adults) living with HIV in 2005. The total number of orphans in the country are the same year 2.5 million, and of these are 1.2 million due to AIDS (UNICEF, 2006).

While people living with HIV/AIDS are mostly adults, children suffer most of the consequences. HIV/AIDS are exceptional as a cause of orphanhood. If one parent is infected with HIV, the probability that the spouse is also infected is relatively high. Children face a large risk of losing both parents in a relatively short period of time (Monk, 2001).

For countries that have had long and severe epidemics, AIDS is generating orphans so quickly that conventional orphan care systems can no longer cope. In order to escape the burden of being adopted by relatives in households where resources are already over stretched, or being institutionalised; many orphans leave for urban centres either to become street children or to provide cheap labour. Others, especially girls are lured into early marriages and some are exposed to sexual exploitation as child prostitutes. Increasingly however, rather than choosing the above options, more and more orphans are choosing to stay behind in their communities to run their own households. (Luzze, 2002)

The phenomenon described as a “child-headed household” (CHH) was first noted in the late 1980s in the Rakai district of Uganda (WHO 1990). It has been reported in academic and non-governmental organisations in the past few years, due in part to the AIDS-crisis in Sub-Saharan Africa. The subject has also featured in analyses of vulnerable children in the context of situations of conflicts and displacement. There has not been significant academic examination of the issues of child-headed households, but a discussion exists among NGOs in relation to the problems and circumstances of such families. The main topics concern the establishment of programmes to support these children, as well as recognition of their difficulties by international bodies such as the UN (MacLellan, 2005).

This study will explore the phenomenon of CHHs in South Africa, through persons who themselves are heading or have headed a household when they were under the age of 18. Thus this will describe experiences of CHHs both from children and young adults who are heading families.

Object of the study

The object of this study is to explore the conditions of every day life of child-headed households in South Africa.

Research questions

- How do South African children who are the head of the household perceive his or her life situation and the role as the household-head?
- How are the relations with siblings and other relatives?
- What kind of support do they need?
Definitions and key concepts

Child
The UN convention on the Rights of the Child (UNCRC 1989, Article 1) definition of children is adopted throughout this study. A child is understood as a person up to the age of 18. But it is important to have in mind that the definitional parameters used by the UN of children, orphans and other vulnerable children, are maybe not universally applicable. Some countries define an adult as 18 and over, others as over 20. In South Africa, CHHs are generally those where the main caregiver is younger than 18 (rather than 15). This is in line with the South African Constitution which defines a child as a person younger than 18. In addition persons younger than 21 in South Africa do not have the legal capacity to perform certain key acts (Sloth-Nielsen, 2004).

Orphan
Tolfree’s (2004, p.11) definition of an orphan as a child who has lost one or both parent is used in the study. The term can also be divided as single/maternal/paternal orphan (one parent diseased/the mother/or the father) and doubled orphan (both parents diseased). It is therefore based on the level of available adult care (MacLellan, 2005). Tolfree argues that the distinction between a double and single orphan is not always useful. In many cultures the term for orphan does not necessarily mean parental death. In some contexts an orphan is a child living in an irregular or unsatisfactory situation, regardless the status of his or her parents. The term can also be stigmatising to children. Meintjes and Giese (2006) insist in an article concerning language use in relation to the construction of orphanhood in South Africa, that in a context where many of South African children are marginalized due to poverty, the circumstances of poor, non-orphaned children may not be that different from those of children who have lost one or both parents.

The household-head
The household head is the person primarily responsible for the day-to-day running of the household, including childcare, breadwinning, and household supervision; if tasks were shared, an attempt was made to determine the person primarily responsible for this tasks. (Foster, Makufa, Drew and Karalovec, 1997; MacLellan, 2005)

Dilemmas of the definition CHHs
In a pilot study concerning CHHs in Uganda, people who came in contact with these families were interviewed how to define a CHH. There was no unified agreement about one single definition. All groups offered a variety of perceptions such as “single or double orphans, a child alone, children without parents, child responsible for the family, child with dependent relatives”. (Graham, 2004)

The question of what constitutes a CHH is important in trying to define a typology of the subject, and in assessing upon the legal rights and protection of children. (Foster, et al., 1997, Mclellan, 2005)

The assumption is that a CHH will always be comprised of sibling or family members. But it has been acknowledged that a variety of compositions within the CHH framework can exist – siblings, children with an incapacitated adult, extended family or groups of other vulnerable persons. In addition, the formation can alter in time. (MacLellan, 2005)
The most common is that a CHH consists of brothers and sisters where the eldest tends to be the head of the household. But there can be other compositions that are still headed by a child, but where the relationship between the members is different. A younger child can also take the responsibility, often because of lack of maturity on the part of the eldest, or for example if the eldest is a drug addict and unable to care for others. Some CHHs can consist of siblings and a parent or grandparent. The eldest child remains the head as the adult is unable to take responsibility or care because of illness, usually AIDS. Then the child is caring both for siblings and for the terminally ill adult. Households can consist of siblings and extended family such as half-brothers and sisters, cousins, uncle and aunts (who are still legally children), who might have joined the household in the hope of better living conditions. In some cases maybe older siblings themselves have children although not being of legal adult age. Certain households include a person who is not a relative at all. It can be a friend who needs a home or a non-related adult who has been brought in as support to the young children in a household as a housekeeper. (MacLellan, 2005)

The definition of household

The concept of household also requires examination as it can vary across cultures and societies. For example: what persons are included, is it a permanent or temporary sharing of shelter and food (MacLellan, 2005)? A study issued by Population Studies group of the Africa Centre for Health and Population about household composition and dynamics in KwaZulu Natal, is critically analysing the concept household. Households are an important unit of analysis for the study of demographic, social, health and economic processes. The difficulty of defining a household has caused problems for researchers for decades. It is not easy to pre-define something that is essentially subjective and involves a person’s own sense of whom they belong to. This feeling of belonging often has a basis in family and kinship, but is not defined exclusively in this way given the other supportive relationships that exist between people (e.g. care relationships, conjugal relationships, friends). (Hosegood & Timæus, 2001)

Household membership is a dynamic process, particularly in rural KwaZulu Natal, and it can change several times over a person’s life-time. Babies usually join a household to which their mother belongs, but may also be considered to be members of their father’s household, mainly if the parents are not married. As they grow, children’s needs for care and schooling can result in them joining other households. In adult life, individuals become members of households through marriage or by forming new households with spouses, children, or siblings. Household membership can end without a change in residency, as in the case of a non-resident member who does not maintain contact with the household and is eventually excluded from the social group. The household is a social construct with no biological base. Households are defined by their members and enumerations of them should be grounded in those self-definitions. (Hosegood & Timæus, 2001)

The extended family network of sub-Saharan Africa has a fundamental strong collective structure; care of children has often been the role of other adults as well as the parents. MacLellan (2005) means it could be appropriate to consider all groups sharing shelter and food, where there is an element of the division of tasks and roles, as a household. If so, then it is possible to identify a form of CHHs in refugee camps, for example, where un-parented children group together independently. Groups of street children could function as if in a CHH, because a defined hierarchy of members exists and an identification of roles including a primary decision maker in the group. It is essential to recognise that CHHs are increasingly a part of the structure of societies in sub-Saharan Africa, due to the devastating effects of conflict and AIDS. A re-conceptualisation of family and households is necessary, as well as a
change to the understanding of kinship. Legally acknowledging all the children related or unrelated in a household, as being part of one unit would announce a new form of "family" typology (MacLellan, 2005). Rosa (2004) argues the same for the necessary recognition and definition of 'family' that goes beyond the context of the nuclear family form and even the extended family form and recognises the existence of child-headed households as a current – and possibly growing – phenomenon. A denial of such existence, and worse, a presumption that such family forms are entirely negative and therefore should be eliminated, ignores the reality of children's experiences and consideration of their best interests.

With the above discussion in the background, a CHH in this study is defined as a household where a person younger than 18 is the head of the household.

Disposition
After presenting the study's aim and research questions and clarified central concepts and definitions in chapter one, chapter 2 will contain the background to the study; a brief summary of South Africa's complex history and its situation today is necessary, as well as how to view childhood from an African perspective. The chapter ends with a presentation of the legal challenges facing CHHs. Chapter 3 is a review of earlier research on the subject, followed by method chapter four, which discusses what strategies been used in conducting the study, data collection procedure, ethical considerations and limitations. The result of the empirical material is found in chapter five. The last chapter six include a discussion considering the result, the method and suggestions for further research.

2. Background

Introduction
To understand the case of South Africa, it is essential to comprehend the complex situation of the country. Therefore a brief presentation of its history and situation today is necessary. Then the concept of childhood is discussed in the context of South Africa, it brings up matters as how life can be for an African child, sibling care-giving and how HIV/AIDS have impacted on children’s lives. Then the legal framework for CHHs is presented.

Historical background
The reference used in the following section is Landguiden (2006-12-08) from the Swedish Foreign political Institute’s data bases.

The first settler
The original population of South Africa are the Khoikhoi; they lived in the country for thousands of years. They were gradually forced off by the Bantu speaking Negroid people, the ancestors of the black South Africans of today.

Europe got the knowledge about South Africa’s’ existence when Portuguese ships rounded the Cape of Good Hope in 1488. But the white colonisation of the country did not begun until 1652, when the Dutch Jan van Riebeeck landed in Table Bay where Cape Town is situated today. Riebeeck did not have the intention to establish a colony. He was supposed to set up a trade station on behalf of the East Indian Company, where ships on their way to India could stock up with provisions like meat and vegetables. But the local inhabitants did no want to sell their cattle as the reputation of the Khoikhoi depends on the numbers of animal one have. Therefore the Dutch employed by the company became farmers in South Africa to deliver
food to the ships. Cattle less Khoikhois and imported Malay slaves worked on the farms. In the beginning sexual relations over the race boundaries were not forbidden and mixed marriages occurred. This gave the origin to the race category that the South Africans of today call Coloured.

The British invaded the Cape Colony in 1795. Years of war followed both between the British and the Boers (the Dutch farmers) and the British and the tribes of the Zulu and Xhosa people. The Boers also fought with the Zulu tribes. They believed they were a ‘God’s chosen people’ whose duty was to civilize their Black neighbors.

Finally 1910, the British and the Boers together formed a constitution for the South African Union. This constitution did not give the African people any civil or political rights. Because of this, 1912 the African National Congress (ANC) was established to fight for the rights of South Africans with African origin.

The Dutch Reform Church developed a theology of racial discrimination during the first half of the 20th century. And as the Boers were a very religious people, this got extensive consequences in the South African Society. The party of the Boers – the Nationalist Party, won the elections in 1948 with the demand of consequent practise of racial discrimination – apartheid. (Landguiden, 2006-12-08)

**Apartheid**

After the victory, the Nationalist Party started to implement their strategy of apartheid, to systematically separate people with different origin from each other. Every individual was classified by race: Africans also called Black, Europeans or White, Coloured, and Asians. Interracial sex became illegal, as mixed marriages. The Group Areas of Act in 1950 banned non-whites into townships. All Blacks had to live in special ‘homelands’, these were established for every one of the African groups in the country. Millions of Africans were forced to move to the homelands despite that the black labour was needed in the white society. Instead, shacks were built for the male labourers, for example by the mines, and they had to stay far away from their families. The Separate Amenities Act created among other things; separate beaches, busses, hospitals, schools and even separate park benches. Blacks and Coloureds had to carry identity cards at all times and was prohibited being in town without a special permission.

A long time of struggles between the government and ANC followed. In 1960 ANC was banned. Nelson Mandela, the famous leader of ANC was arrested in 1960. South Africa became a republic in 1961 because of Great Britain’s criticism against the apartheid system. In 1980, South Africa was the only country in Africa where a white minority ruled a country and an international opinion was against the white regime. International pressure started to increase. The media was censored, economic sanctions began to dig in harder, and in 1985 the government declared a state of emergency. The racial laws were liquidated in the beginning of the nineties.

**Life after Apartheid**

In 1990 Nelson Mandela was released from prison after 27 years, and in 1994 the first democratic election was held. The ANC with Nelson Mandela as leader won with 62.7 percent. Today ANC still has the power with Thabo Mbeki as president. The focus under his leadership has been the great social problems the country is still struggling with, inherited from the years of apartheid. Even though there is a growing black middle class, the unemployment is high
among the African population. The exploding AIDS epidemic is also a heavy burden both humanly and economically.

Today almost 48 million people live in the country. The official statistics still divide the population into four racial groups; the Africans are the majority with 77% of the population, then the white come with 13%, Coloured 9%, and Asians 1%. The African population is divided into nine groups, all with their own official language. The biggest are the Zulus and the Xhosas. The white minority consists of 3 millions Afrikaans also called Boer, who speaks the language Afrikaans and 2 million of English speaking British descendants. The 3 million Coloured people mostly live in the Cape provinces and have Afrikaans as mother tongue. The majority of the 1 million of Asians have Indian heritage, they came to South Africa in 1860 to work on the British sugar plantations.

South Africa is one of the richest countries in Africa, but as a consequence of the apartheid system, the economical gaps between different national groups are huge. A twentieth of the population are owning nine tenths of all material assets, at the same time almost half of the South Africans are living under existence minimum, about R500 a month. Most of the white people have a living standard that are amongst the highest in the world, while a big part of the black population have a standard the same as the level of a third world country; in townships or in the poor rural areas. Indians and Coloureds have in general higher living standard than the Blacks.

**Socio-Economic & Demographic Profile: KwaZulu-Natal**

KwaZulu-Natal has more than 9,6 million people living on 92 100 km2 of land on the eastern coast of South Africa. The principal language spoken is isiZulu, followed by English and Afrikaans. The province’s unemployment rate of 31,7% is the second-highest of the nine provinces after Limpopo (website 1). When it comes to HIV/AIDS, KwaZulu-Natal accounts for 28,7% of total infections. KwaZulu-Natal accounts for nearly a third of all orphans in South Africa (Dorrington, Johnson, Bradshaw & Daniel, 2006).

**Childhood in South Africa**

The main sources in this chapter are literature by Hickson & Kriegler (1996) and Dawes & Donald (1994) who has written about childhood through a South African perspective. As this is made in the light of the consequences of apartheid and when the AIDS pandemic did not have started yet, a part concerning the impact of HIV/AIDS on children is added.

**The concept of childhood**

Anthropologists and psychologists have more and more sharpened the focus on the idea of childhood being quite a different concept in different contexts. Rather than conceiving of children’s’ needs as natural and universal, it is both culturally and biologically defined. (Tolfreee, 2004). The nature of childhood and the definitions of it started to be discussed more critically in the middle of the 1970s. A greater awareness was developed among psychologists that childhood was both a socio-cultural and a historical phenomenon. Different historical periods, cultures and classes have had different ideas about the duration of the period called childhood, the nature of children’s emotional vulnerabilities, their needs, their rights and their duties. The childhood of modern industrial “first world” society did not exist prior to the twentieth century, and for the majority of the children in the world – those of the “third world” – childhood implies a very different status from that which is regarded as right and proper in modern Euro-American society. So to discuss of what is “normal” for children is to ignore the facts beyond biological dimensions. The state of childhood is not natural but social,
and that is deeply influenced by the socio-cultural practises which provide a framework for psychological development. In South Africa with a mix of classes and cultures, there is both commonality and divergence in the way childhood is construed. (Dawes & Donald, 1994).

The life of an African child

Africans are very conscious of their culture. Most African children receive a comprehensive initiation into the realm of spiritual and social traditions and values, as well as in the history of their people and their ancestors. To comprehend African children it is important to understand the African value system and norms. Southern Africa consists of numerous African multicultural communities – Tswana, Zulu, Sotho, and Xhosa among many others. For many Africans cultural assimilation has not taken place and the practises of tribal societies still exist. There are diversities among African people, but there are also common elements. A universal guiding set of beliefs exist for most Africans despite tribal affiliation. Some of the major features of this system are found in attitudes toward nature, communal practices, the perception of time, the oral tradition, family customs, spiritual values and healing traditions (Hickson & Kriegler, 1996).

Africans adopt a holistic approach and believe they are one with nature. Humanity is an inseparable part of the universe and man’s unity with nature is stressed in African life through day-to-day activities, in human relations, in various rites and rituals and in attitudes to work, play, love and death. In the African society the group rather than the individual is given the most importance. The group represent an extended self in that the foundation for individual existence is to insure the survival of the group. What is good for the group is thought to be good for the individual. A collective responsibility as well as commonality and a sense of people hood are felt. (Hickson & Kriegler, 1996)

Unlike the Westerner, Africans are not time-bound and they do not live their lives by the clock. Time is seen as a realistic happening, not a mathematically precise event. Life should be lived in the present, guided by past events and memories. The future in contrast, cannot be guaranteed and is therefore “uncertain” and ill-defined. (Hickson & Kriegler, 1996)

Africans hold a deep spirituality and exercise their belief in a supernatural power integrated in daily life. The religious forms are manifested through faith healing, diviners who interpret messages intended for man, and charismatic modes such as speaking in tongues. Diviners also clarify various situations that may occur in many African’s lives and give advice in the choice of marriage partners and vocational guidance for example. (Hickson & Kriegler, 1996)

Family values

Few concepts are as deeply ingrained in the African psyche as the need and the desire to reproduce. The bearing of children is an obligation in African societies and that obligation is seen as a way of ensuring more labour and therefore a more productive group. In most African cultures children assume responsibility at a very early stage, even before the age of three. From the start they are considered as producers, not consumers. Traditional education prepares the children for life through learning by doing method. Learning is combined with ongoing responsibilities ranging from relatively simple jobs to more complicated tasks. Running errands and guarding the home during the day while the parents are away are among the simple tasks. More difficult tasks include tilling and cultivating plots of land, tending domestic animals and collecting firewood. Going to formal school for those who are fortunate enough to live within a school district or district means additional responsibility. (Hickson & Kriegler, 1996)
The role of family is that of moral education. African children are instructed to aspire to a good reputation. Children respect adults and adults respect other adults. Hierarchy is based on age and older persons are thought to have wisdom. In African societies females are not given equality with males and a patriarchal value system operates in which males are presumed to have more value than females. (Hickson & Kriegler, 1996)

Apartheid in South Africa has impacted negatively on the family relations. The strength of the family has been undermined by the impact of influx control (a government policy that set out to limit the urbanization of Africans by restricting them to residence in tribal areas and resulting in an overall migrant labour pattern) and by the process of urbanization. Bantustans (resettlements reserved for blacks), urbanization and rural living conditions and demands are all factors for parental separation and parents are often unable to meet their children’s needs and development demands. The major responsibility for child rearing is usually on the mother. The absence of male role models for extended periods of time and lack of preparation for future parenthood has become the norm for many African children (Hickson & Kriegler, 1996).

**Adversity during childhood**

Dawes and Donald (1994) explain that adversity during childhood is produced by a range of circumstances. There are clearly structural causes which include poverty and political oppression. There are also circumstances which arise in interpersonal contexts, such as the family or through accidents and illness. The majority of South African children can be considered to be deeply disadvantaged and as being at risk for less than optimal psychological development. This is mainly because of structurally generated conditions of disadvantage. These children are almost always black and live in a society in which barriers to social and economic advancement have been part of the racist structure of apartheid. Simply being black rather than white predisposes them to experiencing a range of adverse life conditions which would not have happen if they had been white. There is also a range of other major life struggles that are generated within the interpersonal realm to which all South African children can experience. This includes risks as being subjected to sexual or physical abuse and living with parental psychiatric illness or alcoholism. (Dawes & Donald 1994)

Hickson & Kriegler conclude that African children in South Africa have learned endurance and perseverance early in their lives. Because of the harshness and injustice of apartheid, the pain of hunger, lack of adequate clothing, difficulty encountered while walking long distances and lack of basic educational opportunities and materials are among the greatest obstacles they face. As a result, the African child has learned to develop early maturity in self-discipline, great patience and willingness and determination to endure hardship.

**The impact of HIV/AIDS on children in South Africa**

Because of HIV/AIDS, children are experiencing, and will experience at an increasing rate, the deaths of their parents, other family members, teachers and even their friends. Deaths will affect the provision of services, education, health and welfare. Children will grow up in societies where death is a common experience, affecting them emotionally, economically and psychologically. The epidemic violates many of the fundamental rights of South African children. (Desmond & Gow, 2002).

Policy Framework for orphans and other children made vulnerable by HIV and AIDS South Africa (2005), states that the socio-economic impact of the HIV and AIDS epidemic results in family, community and social disintegration:
This is evidenced by the increase in the number of orphans and vulnerable children, child-headed households and the inability of the extended family system to provide such children with basic requirements such as shelter, food, medical care, education, love and support. It is estimated that at least one in eight children are already orphans while many more are living with and often caring for ill parents or primary caregivers, as well as for their siblings. Stigma, discrimination and poverty lead to these children being denied or discouraged from accessing basic services, such as health care, education and social services. (p.7)

A study using data from a longitudinal household impact study and focus groups in the province of Free State in South Africa, illustrated that a very high and increasing number of children aged 15 and under had lost their mother or father. It also showed that HIV/AIDS resulted in children being passed from one household to another, particularly in the event of households affected by death. Non-attendance at school was higher amongst children in affected than in non-affected households, especially for children between 14-18 years. (Arntz & Booyssen, 2002)

Girls are more likely to be withdrawn from school than boys, in the event of economic hardship and deprivation, and more likely to be held back to provide care both for the infected person and for siblings. The declining Grade 1 enrolment in KwaZulu-Natal is showing a disproportionate decline in the enrolment of girls into the first year of school. (Desmond & Gow, 2002).

Children living in households with HIV infected persons are more exposed to opportunistic infections, such as TB and pneumonia. With caregivers periodically sick or absent, the child is less likely to get the medical attention she needs and more likely to have repeat infections. And as a result of the increased burden on health services, children suffering from conditions other than HIV will have to wait longer for access to a hospital bed and we can expect to see an increase in mortality among HIV+ patients due to delayed treatment. (Desmond & Gow, 2002).

Violence, abuse and neglect of children are on the increase in South Africa. Domestic violence is common among HIV infected families. The fear of disclosure among married women makes it difficult for them to make informed decisions. Women are therefore forced into continued child bearing and breastfeeding which may significantly compromise the health of her children. (Desmond & Gow, 2002).

In an article, Henderson (2006) examines assumptions of the domineering discourse concerning the vulnerabilities of AIDS orphans in South Africa. The focus on everyday life enables an appreciation of the various natures of the lives of young people who have lost one or both parents, many to the HIV/AIDS epidemic, in a remote rural community in KwaZulu-Natal. Henderson also points out the fact that South Africa’s children and youth have long been involved in fluid childcare arrangements where, not only adults, but children have been mobile in pursuit of schooling, work, health care and political safety due to apartheid. This does not mean that the long-term attrition HIV/AIDS epidemic will not have a deep effect on social relations, and the lives of young people. The problem is generalized conceptions of poverty and AIDS. The researcher argues that while not underestimating the devastating effects of HIV/AIDS on children’s lives in South Africa, there is improvisation and dexterity despite fractures within social worlds in which AIDS and consequently death is prevalent. (Henderson, 2006, p. 306)
Sibling caregiving

The idea of children living without care and protection of adults is often perceived as irregular and inappropriate. In some respects this is reflecting a westernised conceptualisation of childhood, in which care within a family, ideally a two-parent family, is seen as the norm. ‘Parenting’ is seen as the privilege of adults but it does not have to be the biological parents. Any living arrangement which departs from these norms tends to be seen as source of deprivation. Street children and child-headed households create a feeling that children cannot and should not be taking on parental responsibilities. But the fact is that in many societies children are involved in caring for younger siblings from very young age; they learn to care for their brothers and sisters alongside their parents, giving emotional support and comfort as well as meeting their physical needs, freeing their mothers for other domestic or economic activities. Sibling caretaking is seen as part of normal child development and an important preparation for adulthood (Mann in Tolfree, 2004). Zukow-Goldring (2002) is of a similar opinion as she discusses what roles sibling caregivers play in the development of their younger sisters and brothers and how giving care affects older siblings. She founds a dichotomy between findings from research conducted in urban-technology societies and those in rural-agrarian societies. In small non-western societies the mother’s workload correlates considerably with children’s’ assistance in the household work. Children are not excluded or separated from the ebb and flow of daily life in agrarian societies. They are engaged in nearly the full range of social and economic activities that continuously take place in family courtyards, neighbourhoods, and nearby fields. Older siblings are highly valued caregivers of younger family members whose assistance frees the mother to engage in economically more productive work. A family’s survival depends on sibling caregivers. These care giving practices marks older sibling as taking important steps towards becoming competent and appreciated members of the society. Sibling care giving is taken for granted in cultures that depend on the involvement of older brothers and sisters on a daily basis. Conversely, most adults in Western technological cultures do not acknowledge the important function of sibling care giving. (Zukow-Goldring, 2002)

Most siblings engage in care giving from the age of 5 to 10 years. Girls fill this role far more often than boys and also begin earlier than boys. Most commonly the mother assigns care giving responsibilities to the eldest daughter. Competent sibling caregivers understand the emotional states of younger sisters and brothers, know how to comfort a child in distress, can see more than one way to resolve a problem and can put another’s need before their own. (Zukow-Goldring, 2002)

Against this background it is not surprising that for many children who loose or become separated from their families, prefer to remain together in front of other available solutions. This can include being split up either among the extended family or in foster care or placement in an institution. (Rosa 2004; Tolfree, 2004)

Contradictory definitions of childhood

In South Africa, for a long time contradictory definitions of childhood and adolescence existed in the legal system. The state maintains for African children stopped when they turned sixteen, while white and coloured children were eligible for state support up to the age of eighteen (Dawes & Donald, 1994; Hickson & Kriegl, 1996). The social pensions of African persons could be reduced if they had their own children between 16 and 18 living with them. The African children were seen as being old enough to work and to contribute to the household income. These points showed that the law contained an underlying assumption that in some senses African children ended their childhood before other children in the country (Dawes & Donald, 1994).
Contradictory definitions of childhood and adolescence still take place between different cultural groups. Boys who have undergone initiation ceremonies in certain African communities are regarded as men within those societies and can no longer be disciplined by women, irrespective of their age. They are usually initiated during the early teens, but they may be as young as six. This can lead to serious problems in female-headed single households; because of customary practice a woman may not discipline her male child once he has been initiated. He has become an adult male and his mother is technically a minor. But in school, these “adult men” still have the status of children (Dawes & Donald, 1994; Hickson & Kriegler, 1996).

Hickson & Kriegler mean because of the rapid socio-political change in South Africa, roles and characteristics of childhood, adolescence and adulthood have to be defined in highly contextualized terms. A person can be a child in the context of the family as an economic unit and also in the classroom where he or she is a pupil, be an adolescent in terms of psychosexual and cognitive development similar to peers in Western industrial settings, and still be more adult in terms of political consciousness than adolescents in white affluent communities. This is in the context of apartheid when young black people engaged themselves in the fight against racial discrimination. Today, when that fight is “over”, I believe it can be applied in a new setting, where as Rosa (2004) put it, children increasingly have to assume more significant roles of responsibility in the era of HIV/AIDS. Though not a new phenomenon, more children have to take care of younger siblings or other children while care-givers are sick and dying or when they have already died.

**The legal framework of children living in child-headed households**

The situation of all orphans and vulnerable children in Sub-Saharan Africa is complex in the matter of rights. Children living in CHHs are facing many disadvantages and inequalities because of their insecure circumstances. The lack of an adult or legal responsible in the home to advocate can prevent such families from claiming support or property which is rightfully theirs. Children will have to take on the task of caring for themselves and others, which leads to a definite loss of rights for at least one member of the household – the one who heads it. He or she is the one who earns the money, who makes the decisions, and who, at the same time should be in the care of adults (Mclellan, 2004). This review will discuss the legal challenges faced by CHHs in terms of both international and national law.

**Child rights**

Child rights refer to a set of universal rights and principals which have been given legal status through their expression in the UN Convention on the Rights of the Child (UNCRC). The concept of child rights is fundamental because it expresses the idea of universal entitlements. These in turn imply clear political, moral and legal responsibilities to ensure that they are met. A child rights framework also helps to view the developmental needs of children in a holistic manner. A long term perspective is taken, giving a range of individuals and organisations the responsibility as duty-bearers, to ensure that rights are respected and to take action where they are not. The national governments have the initially responsibility for making sure that human rights are respected, protected and fulfilled (Tolfree, 2004). The UNCRC was adopted by the United Nations in 1989. When a country ratifies a treaty, it takes on obligations at the international level. South Africa has the duty to refrain form acting in a way that negates the objects and purposes of the treaty. It provides a useful framework for addressing the rights of children in CHHs (Sloth-Nielsen, 2004). The convention builds on four general principles (Tolfree, 2004, p.14-15):
1. **Non-discrimination** (Article 2). All rights apply to all children without exception. It is the State’s obligation to protect children from any form of discrimination and to take positive action to promote their rights.

2. **Best Interests of the Child** (Article 3). All actions concerning the child shall be in his or her best interests.

3. **The Child’s Right to survival and Development** (article 6). Every child has the right to life. The State has the obligation to ensure children’s survival and development.

4. **Participation** (Article 12). Girls and boys have the right to be involved decisions affecting them.

Children who have been orphaned or separated from their families are among those most at risk of having their rights denied. They are deprived of the protection and care of parents, who are normally the most immediate duty-bearers. They are also highly susceptible to others rights abuse, for example (but not only) neglect and exploitation, discrimination, denial of the right to education and loss of the right to leisure, recreation and cultural activities because of the need of many orphaned children to work. The UNCRC recognises their potentially vulnerable situation and some specific protection articles relate to this; if the child is deprived of his or her family environment, the State shall provide special protection and assistance (Article 20). A child who is placed by competent authorities for care, protection or treatment and other circumstances has right to periodic review of the treatment and other circumstances relevant to his or her placement (Article 25) (Tolffree, 2004, p.13-15). One of the most important foundations of the UNCRC is the idea that children are best raised in family environment. The UNCRC promotes the family’s role in realising the rights of the child in particular through Articles 5 and 18. The idea that it is best for children to grow up within their family is supported by the principle that, wherever possible, children should not be separated from their kin (Article 9). The convention makes provision for alternative care where children do not have a family environment, or when they are removed from their families. A wide range of care is promoted including foster care, Kafalah of Islamic law, adoption and where necessary, placement in suitable institutions. However, the best option is continuity in a child’s upbringing. (Sloth-Nielsen, 2004).

**General Comment No 3**

The UNCRC was prepared when widespread orphanhood as a result of HIV/AIDS was probably not foreseen. Because of this a general comment called ‘HIV/AIDS and the Rights of the Child, General Comment No. 3 has been drafted. This was done by the Committee on the Rights of the Child, a monitoring mechanism for the UNCRC. General comments are explanations of certain key themes to elaborate some of the UNCRC’s aims and goals. They do not have the same status as the binding provisions of the UNCRC, but they are authoritative and directive statements to guide state’s interpretations of their duties under international law. The committee recommends that measures to address HIV/AIDS must be holistic and rights-based, because the impact of HIV/AIDS on children’s lives is wide; it involves threats to their civil and political, social, cultural and economic rights. The four rights that are the UNCRC’s fundamental articles must be the guide at all levels, including prevention, treatment, care and support. Concerning policy considerations that are specific to CHHs, the General Comment underlines the need for legal, economic and social protection for affected children. The focus should be on access to education, access to shelter, access to social benefits such as social grants and access to health care service and fair inheritance rights. (Sloth-Nielsen, 2004)
The General Comment draws attention to acquiring proof of identity. This has very important implications for a child, because it is related to securing his or her recognition as a person before the law. Proof of identity also helps to protect other rights as inheritance rights and the right to education. (Sloth-Nielsen, 2004)

The General Comment acknowledges formally that CHHS now exist. States Parties are encouraged to provide financial and other support to them. But the policy of the General Comment is that communities are the frontline of the response to HIV/AIDS and other related consequences, such as CHHS. (Sloth-Nielsen, 2004)

The South African constitutional framework

The South African Constitution contains a dedicated children’s right clause in the Bill of Rights. Several rights in this section are relevant to children growing up in CHHS. They determine the state’s obligations towards these children. The constitution says:

- Every child has the right to a name and nationality from birth
- Every child has the right to family or parental care. Where there is no family or parental care or when the child has been removed from the family environment, the child must be given appropriate alternative care.

The Bill of Rights also gives children the right to a range of socio-economic rights:

- The right to basic nutrition
- The right to shelter
- The right to basic health care services
- The right to social services
- The right to protection from maltreatment, abuse, neglect or degradation
- The right not to be required or permitted to perform work or provide services that are inappropriate for a person of that age, or which place at risk the child’s wellbeing, educational or physical or mental health, or spiritual or moral or social development.

A very important constitutional provision is that children’s best interests are the most important consideration in all matters concerning a child. This provision has been seen as setting a higher standard than the one established by the UNCRC. The Constitution of South Africa says that a child’s interest is not just one of many important things to consider, but are the most important factor. (Sloth-Nielsen, 2004, p.10-11)

Who has the legal responsibility?

The law states that parental power terminates upon the death of a parent or both parents, the child attaining majority, or an order of court depriving the parent of power. Upon the death of both parents, the minor child has no legal or natural guardian, unless the natural guardian has appointed a guardian in a will. Then there is no one to legally control the child’s daily life, administer the child’s property, or supplement the child’s limited legal capacity. The High Court can in such a case appoint a tutor to administer the child’s property. Care and control of the minor’s person would have to be provided by making an application to the High Court for the appointment of a guardian to the child’s person (i.e. custodian), or make provisions for the custody of the ‘child in need of care’ under the Child Care Act. A curator would be appointed to represent the minor in legal proceedings where a minor has no parent or legal guardian. (Rosa, 2004). This guardianship is very inaccessible for most orphaned and vulnerable children and a system to implement it does not exist. High Court applications are also very expensive. Therefore the question of who should take responsibility for children where there is still no legally responsible person is unclear (Sloth-Nielsen, 2004).
Towards a new Children’s Bill?
During 1997, the Minister for Social Development requested that the South African Law Commission (SALC) investigate the Child Care Act 74 of 1983 and make recommendations to the Minister for the reform of this particular branch of the law. The bill is to replace the 1983 Child Care Act that currently regulates the child protection and care system. It had become very clear that existing legislation aimed at children was not in keeping with the realities of current social problems and no longer protected children adequately. In addition, it was recognised that South Africa had agreed to various international conventions, such as the UNCRC, the principles of which have to be incorporated into local legislation. This resulted in the Children’s Bill and extensive changes were proposed about the specific situation of CHHs. It has not yet been tabled and finalised in the Parliament. One of the new proposals is provision for a High Court procedure to allow persons other than parents to gain rights with regard to children; and the need to formally recognise and provide for CHHs. A mentor system is presented. According to this system, one or more appropriately selected and mandated adults are appointed as ‘mentors’ over a cluster of CHHs, by the Department of Social Development, a recognised/accredited NGO or the court. The proposed ‘mentor’ is able to access grants and other social benefits on behalf of the CHH. The ‘mentor’ is not supposed to make decisions in respect of the CHH without consulting the child at the head of the household and without giving due weight to the opinions of the siblings as appropriate to their age, maturity and stage of development. (Rosa, 2004; Sloth-Nielsen, 2004)

The Social Assistance Bill
The latest version of the Social Assistance Bill contains two relevant clauses on CHHs. First the definitions clause (section 1) now includes a definition of CHHs. It is defined through a cross-reference, as a household contemplated in the definition thereof in the Children’s Act 2003. However, the Children’s Bill was not passed in 2003. The body of the Social Assistance Bill does not say anything more about the special rights for children in CHHs, and it is unclear if the inclusion of the definition makes any practical difference. (Sloth-Nielsen, 2004)

Another positive is that section 1 refers to a primary care-giver as a person older than 16 who takes the main responsibility for meeting the daily care needs of a child whether or not the person is related to the child. This at least means that persons aged 16 and 17 years who are heading households can collect social grants. But the problem still remains in households headed by children younger than 16 who not qualify to receive grants directly (Sloth-Nielsen, 2004). As Rosa (2004, p.12) concludes: “These children are especially vulnerable without the care and financial support of adult parents or care-givers, and yet the State has not provided a mechanism for them to be able to access financial assistance – it has arguably made it more difficult.”

Social Grants
Three main grants are available relating to children: the foster care grant, the care dependency grant and the child support grant. These grants can help children who have been orphaned to get access to support. But the rules to get the grants are strict. They often mean that children in need and their care-givers are disqualified from accessing state financial aid. (Rosa, 2004; Sloth-Nielsen, 2004)

The Child Support Grant
The child support grant was initiated in 1998. By 2004 it reached over three million of the poorest children in South Africa, although these children are only 23% of all children living in poverty in the country. It is paid to the primary caregiver and available to children under the age of 14. The primary caregiver is defined as the person mainly responsible for meeting the
child’s daily care needs, without being paid to do so. The amount is about R170 per month. The child support grant has the potential to be an enormous source of financial support to children living in CHHs, especially where it can be received on behalf of a number of younger siblings. But there are difficulties in getting full access to the grant. For example the scarcity of social workers and social services staff able to process grant applications, lack of transport available to departmental officials to enable them to work in remote areas or difficulties associated with getting the necessary documents – such as children’s birth certificate, care giver’s death certificate etc. The key-barrier for CHHs is that children younger than 16, who do not have IDs, cannot collect the grant for their siblings. (Sloth-Nielsen, 2004)

3. A review of research

Introduction
The initial literature search started in Sweden where in order to find previous research on the subject. From this information research questions could be developed. The second phase of the search took place in Durban, South Africa where further written material was found.

Literature search
To find previous research of relevance to the study a literature search was made in the following databases: Social Services Abstracts, Sociological Abstracts, Academic Search Elite, Google Scholar and Swedish Save the Children library database. The key words used were: child-headed household*, South Africa, orphan*, AIDS and childhood in different combinations. The search resulted in findings of articles and reports that could be related to the subject matter of this study. The reference lists in these documents were also examined to see if any used references or articles were of interest. The main library at Stockholm University, the library of the department of social sciences at Stockholm University and the Nordic African Institute in Uppsala were used as well. Important material was also found in South Africa and included governmental and non-governmental sources. Using governmental internet pages, official documents and policy reports on the AIDS orphan crisis in the country were found. A further literature search was also made at the Kwa-Zulu Natal University in Durban, South Africa.

Content
This review will first discuss the main factors leading to the establishment of CHHs and the available statistics of the phenomenon. Then what earlier research has to say about advantages and strengths for these children, continuing with the disadvantages and finally about support and interventions. The review includes reports from various NGOs, policy documents from the South African Government, scientific articles and academic papers. All research discusses the phenomenon in an African context.

Factors leading to the establishment of child-headed households

A new coping mechanism in the shadow of AIDS?
Researchers are agreeing that the main factor for the establishment of CHHs is the increasing rates of AIDS victims (Foster et al., 1997; Graham, 2004; MacLellan, 2005).

Foster et al. (1997) examine the factors leading to the establishment of child-headed households in the case of Zimbabwe. 43 child- and adolescent-headed households were interviewed in order to get the result. The research concludes that AIDS is the main factor predisposing to the establishment of child- or adolescent-headed households, although not the only one. The
decision to leave children living in child-headed households was often made by relatives who were reluctant to foster older children. Child-headed households were more frequently established if a teenage child experienced in childcare was living in the household or if a relative lived nearby who could provide supervision. Decisions were influenced by siblings’ wishing to stay together in their homestead or a dying mother’s wish to preserve her family intact. The study also shows that the new phenomenon of child-headed households appearing in communities affected by AIDS is an indication of saturation of traditional extended-family orphan coping mechanisms. But it does not necessarily mean that the extended family are abandoning their responsibility to care for their younger relatives in need. Among households with known relatives, most were receiving regular supportive visits and small material support from their extended family. The final conclusion is that households headed by children or adolescents represent a new coping mechanism in response to the impact of AIDS in communities.

The breakdown of the extended family?

Foster (2000) discuss further the capacity of the extended family safety net for orphans in Africa. The majority of children orphaned by AIDS occur in Africa. It is important to monitor the capacity of extended families to take care of orphans. They were traditionally the social security system and its members were responsible for the protection of the vulnerable. Families included a large network of connections among people extending through different degrees of relationship over multiple generations, a wide geographic area and involving mutual obligations. In recent years, changes such as labour migration, the cash economy, demographic change, formal education and westernization have taken place which has weakened extended families. The AIDS epidemic has accelerated these changes, and has led to new coping practises. The traditional practise that the uncles and aunts take care of the orphan has lessened and it is more often the grandparents who take this responsibility. Children who slip through this safety net end up in various vulnerable situations like child-headed households, street children and child labour.

A study conducted in three provinces of South Africa (Free State, KwaZulu-Natal and Gauteng) assessed the views of 1400 adults (both current and prospective caregivers) regarding the placement of orphans. Most current caregivers believed that their partner (30%), a grandparent (25%) or another family member (33%) would look after the child/children if they were no longer able to. But 12% of parents could not identify a carer or predicted a problematic future for their children. Levels of poverty in all the areas was extremely high with 93% of people saying that they either did not have enough money for basic goods like food and clothing or were short of money for other important goods and services. Caring for additional children would be likely to place enormous extra economic stress on the family (Freeman and Nkomo, 2006).

There may be relatives able to take only one child from the family, but the desire from the siblings to stay together is so strong that they prefer to look after themselves. The extended family is maybe not prepared to take in any of the children, either because of lack of resources or due to stigma of AIDS if the parents or children were infected. Distance can be a barrier if the relatives live far away, as costs and beginning a new life in another province is uncertain. The relatives are maybe suffering from great hardship themselves, and are unable to help. (MacLellan, 2005)

However, Madhavan (2004) oppose against the theory about “breakdown” of the African extended family occurring in South Africa today. Discussing this, an implicit comparison is
made to a time when the extended family was intact and able to meet its obligations as a supportive institution. The question Madhavan raises is whether the situation in pre-AIDS South Africa (the last two decades of the apartheid years: 1970-1990), was as different from the present as we are made to believe. He examines how the HIV/AIDS crisis differs from the apartheid years with respect to the care of children. The apartheid system, especially the labour migration component, forced the separation and impoverishment of families in both rural and urban areas. Children's mobility and fluidity of living arrangements became survival strategies during a period of economic hardship and political oppression. It is clear that the extended family institution has been under assault for at least the past 50 years. Because of this history, HIV must be seen as an additional destabilising mechanism to an already fragile system.

Madhavan find Foster et al.'s (1997) idea to be mired in a static vision of the extended family, as responsibilities change over time in response to crises, as do the people responsible for providing care. Maybe a change is needed to the definitions and expectations of the extended family. It might be more beneficial Madhavan continues, to accept that changes in social organisation, such as a move towards individualism, are happening regardless of the HIV/AIDS epidemic. There seems to be little point in forcing a model of the extended family that might have outlived its utility as a result of other social changes and pressures.

Conflict and property protecting

Graham (2004) includes a common factor in Uganda, except from HIV/AIDS, is fleeing from domestic violence. After the death of the natural parent or parents, the step parent rejects the children. Another factor leading to CHH in Uganda was the migration of both children and whole families because of conflict in the country. In another study from Uganda (Luzze, 2002), 36 percent of the child- heads interviewed indicated that they had decided to stay on their own because they had no close relatives, while 29 percent had made a decision to stay on their own in order to protect family land and property from dishonest relatives and neighbours. In Rwanda, alongside with AIDS, the country’s conflict is the main factor for the high rate of CHHs. The genocide of 1994 left 1 million people dead. The structure and institution of the family became completely changed. Attempts to flee the killing resulted in mass displacement of the population and estrangement of families. (Maclellan, 2005)

The prevalence of CHHs

The available evidence suggests that the prevalence of CHHs is increasing, especially in countries affected by HIV/AIDS. (Luzze, 2002; Tolfree, 2004) In Rwanda after the genocide of 1994 there are thought to have been as many as 60,000 CHHs. (Tolfree, 2004)

There may not be as many CHHs in South Africa as people feared, despite HIV/AIDS being widespread in the society as a whole. It seems that, at present, most orphaned children are absorbed into wider family and community networks. However as HIV/AIDS continue to take lives among adults, communities will become less able to raise the orphan generation (Sloth-Nielsen, 2004). No one knows exactly how many AIDS orphans are currently living in CHHs in South Africa. Both qualitative and quantitative evidence seems to suggest that like all other households forms, CHHs are fluid. Normally they are transitional/temporary households existing for a period. Just after the death of a parent for example. Only small numbers of orphaned children are living without any resident adult caregiver in a CHH. The GHS (General Household Survey) data suggest that fewer than 1 percent (0.6%) of children in South Africa (orphaned or otherwise) were living this way in June 2002. But this number must be treated with caution because CHHs constitute a very small sub sample of the GHS and the weighted numbers are therefore unreliable. The same observation has been more significantly recorded in recent data from DSS (Hlabisa Demographic Surveillance system) in northern KwaZulu-
Natal. The area is heavily affected by HIV/AIDS. But a survey of the 11000 households constituting the DSS revealed very few CHHs, except as a temporary household form. (Hill et al., 2005; Hoosegood, et al, 2005 cited in Meintjes, H. & Giese, S, 2006). However, Rosa (2004) emphasises that the lack of statistical evidence and probable low incidence of child-headed households should not detract from the fact that child-headed households exist. Furthermore, in the context of increasing numbers of orphans as the HIV/AIDS pandemic progresses, it is possible that South Africa will face increasing numbers of child-headed households.

**Advantages and strengths for children in child-headed households**

**Siblings can remain together**

There are some advantages for children living in CHHs. For example groups of siblings can remain together. Siblings bonds are usually very strong with the sense of responsibility that older children may feel towards their younger brothers and sisters (Tolfree, 2004, p.163). The shared experience of the traumatic final months before the death of their parents can also bind the children very closely together. They depend very extensively on each other for support, comfort and a sense of belonging and feel very vulnerable when apart (Kelly, 2003). Another advantage is that siblings can retain ownership and occupation of the family home. This is highly significant in the context of property grabbing by relatives when the adults in a households die, for example of AIDS (Tolfree, 2004, p.163).

**Preferable to fostering**

Some children see the arrangement as preferable to fostering. This reflects the risk of children being separated between several foster homes. In some situations the fear of fostering is so great that children prefer to cope with considerable hardship on their own. Orphans also risk discrimination if placed in a new family. In a CHH they can live together with the same problems and difficulties instead of being isolated as an orphan in a family with the likelihood of being treated differently. Older children living on their own may value the economic independence that they are able to achieve (Tolfree, 2004, p.163).

**Strengths**

Donald and Glynis (2005) conducted a pilot study in KwaZulu-Natal, aimed to clarify the developmental vulnerabilities and strengths that specifically characterise children living in child-headed households in comparison to children living in adult-headed households (AHHs). Among other methods, interviews were held with child-heads in ten CHHs and with the oldest child in ten AHHs. Areas of specific strength in CHHs were the family interactions, especially for the heads of CHHs who showed empathy and sensitivity to the needs of others and effective conflict resolution. How to manage time and money were also clear coping strengths in these families. But the most important strength was the social networking strategies that children in CHHs demonstrate with both adults and peers, strategically deciding who can help best with homework, food, advice or emotional support. Henderson (2006) also illustrates how young people, who have lost parents through deaths, creatively establish new bonds. Networks of assistance do not only involve relatives, or people with the same clan name. Also neighbours, in many instances try to support alone children and bring them into their homes for periods of varying duration. Another example Henderson highlights is the CHH, comprised of two sisters who entered into early informal marriages for survival.
Disadvantages for children in child-headed households

Lack of education and the difficulties in earning a sufficient livelihood

Children in CHHs report they have to drop out of school. Instead they have to spend long hours working with the responsibilities of caring for themselves and for younger siblings. It is common that children will be under pressure to take part in risky activities such as prostitution and street work (Tolfree, 2004). Even though Child-heads of households often are forced to leave school to find work in order to meet the basic needs of their younger brothers and sisters, they usually make a lot of efforts to ensure their siblings stay at school (ACORD, 2001). In 2002, the Thandanani Foundation commissioned research into the conditions of child-headed households in KwaZulu-Natal, which involved interviews with heads and members of 45 child-headed families. The children interviewed generally did not have any access to state welfare benefits and they relied on casual work, assistance from neighbours and relatives, begging, borrowing and donations from NGOs and welfare bodies to survive. About half the children in these households who should be studying did not attend school due to lack of money for fees, uniforms, shoes and food. Some of those who were studying found themselves regularly punished, often beaten for coming late, failing tests or being unable to complete homework because of their responsibilities at home. Some of the children were out of school because they did not have birth certificates or IDs (Strode Consulting & Nonkosi Development Services, 2003). Other empirical research done in KwaZulu-Natal, give evidence that HIV/AIDS definitely have a negative socio-educational impact on adolescents living in child-headed households. The adolescent’s educational development is affected due to the lack of financial support, parental guidance. This situation often culminates in the student having to drop out of school (Chabilall, 2004). In the Rwandan study made by World vision and UNICEF (1997), it was estimated that 95% of the children in CHHs did not have access to education.

Lack of experience in dealing with problems

It can be very difficult for children to handle matters such as nutrition, illness, discrimination and the difficult behaviour of younger children. Negotiating with the adult world requires skills which they maybe have not learned yet. This can create great problems. Dealing with schools, community leaders, NGO staff, and the police for example can be difficult without support (Tolfree, 2004). Rules of inheritance in customary law make children vulnerable to being dispossessed of their houses and land. ‘Property grabbing’ by families and communities, who seize the land, cattle and other assets when household heads die, is linked to the spread of HIV/AIDS across Africa. Children living in CHHs may struggle to get births registered, and to get health care treatment, social security and other state mechanisms that can help them. Simply trying to survive and raise younger children creates very real practical problems for primary care-givers who are themselves still undergoing the transition to adulthood (Sloth-Nielsen, 2004).

Lack of support and advocacy of parental adults

Young people on their own refer to the problems in not having anyone to speak up for them if they are falsely accused of an offence or misbehaviour, or if people take advantage of them. They find themselves in a weak position with no parent figure to mediate on their behalf (Tolfree, 2004). There is also a lack of skills and knowledge. Especially in the areas of basic life skills, which means that younger children do not have the opportunities to learn or have access to the cultural knowledge that usually comes from the parents and family. Support and contact with the extended family can be limited, even where family members are living nearby. This is linked to the severe economic and emotional stress faced by the extended fami-
ily as well as the stigmatisation and exploitation the orphaned children can face with relatives (Walker, 2002). Luzze (2002) finds in his study involving 45 CHHs, that only 49% of the close relatives were described as supportive by the child-heads, even though nearly 40% of the close relatives lived within the immediate neighbourhood.

**Lack of psychosocial support**

Focusing only on the practical issues can sometimes hide the less obvious deprivations and needs for children growing up in CHHs. These include the psychological trauma in of observing parent’s terminal illness, of dealing with death, the absence of guidance and mentoring, and the need for love and social security (Sloth-Nielsen, 2004). On commercial farms in Zimbabwe most of the CHHs had nowhere to turn for emotional and social support to cope with the problems they face. They were coping on daily basis on a superficial level but they were losing their social energy, their initiative and hope for the future (Walker, 2002). Donald and Glynis (2005) also discovered the children’s lack of realistic long-term goals and a poor sense of self-worth or belief in them, together with a poor sense of an internal locus of control. The study highlighted their extremely disrupted and distressing lives, with a high degree of hurtful and unresolved emotions bound to certain experiences. It appeared that much of these emotions are pent up and unexpressed. ACORD (2001) found that children in CHHs have few ambitions, unable as they are to think about schools, marriage or leisure.

**Lack of family cohesion**

Despite their status as heads of households, older children, especially girls, lack authority over their younger siblings. Boys, even younger ones, see themselves as ‘little chiefs’. Internal conflicts are commonplace. Children argue over the management of resources and each has their own idea about managing the family assets. (ACORD, 2001).

**Lack of proper housing and food**

Some orphans are homeless either because of the destruction of their parents’ house or because of their reluctance to go back to their parents’ house because of insecurity. Others are unable to repair the damage done to their parents’ houses (ACORD, 2001). In research conducted in KwaZulu-Natal, most of the children lived in dilapidated informal housing. Two-thirds of the homes had electricity, but most of these were either illegally connected or the account had not been paid. Nine out of ten households used a pit latrine and most had to collect water from a communal tap (Strode Consulting & Nonkosi Development Services, 2003).

In 1997; UNICEF, together with World Vision (1998) implemented a qualitative needs assessment of CHHs in Rwanda. Discussions were held with, among others, 1649 children in CHHs, the result showed that the priority needs for CHHs were food, shelter and medical care. For the CHHs studied four years later in the same country food was the most important basic need, followed by clothes and health (ACORD, 2001).

**Lack of health care**

It is extremely difficult for child-heads of households to find medical care for themselves or for their siblings. And yet, they often fall ill because of malnutrition and overwork. As they grow weaker, so does their productive power. And they have no money to pay for medicine. Health problems that affect one member of the family soon affect the whole family, physically and emotionally. Health is seen as an important issue by the children who find themselves without anyone to turn to or anyone to take care of them (ACORD, 2001).
Vulnerability to abuse and exploitation

Girls in particular are in the risk of becoming involved in sex work (Tolfree, 2004). ACORD (2001) states that orphans living in girl-headed households are particularly vulnerable because any man who wants to, can enter their shelter and force them into sexual relationships. They do not tell anyone, because no one would defend them and they would experience further isolation from the community. Some girls enter prostitution to buy food and pay for school fees or medicines for their younger siblings. Sometimes, they give themselves to older men in order to live under their protection. This often leads to unwanted pregnancies and/or to AIDS.

Boys can be denied agreed money for labouring work or are paid half the wages given to adults for equivalent work. They are powerless to demand their rights. (ACORD, 2001; Tolfree, 2004)

The problems in the care-taker finding a marriage partner

Child-heads of households frequently the conflict between their sense of responsibility for their younger siblings and mention the difficulties in finding a marriage partner prepared to take on a ready-made family (Tolfree, 2004). Girls in particular have little prospects to move on from their situation. They often don’t marry for fear of leaving their siblings behind and few men wants to marry them and look after their younger brothers or sisters. On the contrary, many boys who are heads of households get married and giving little consideration to their siblings’ suffering (ACORD, 2001).

Loneliness and isolation in the community

This is especially relevant for children who have previously experienced some form of group living for example in residential care (Tolfree, 2004). In Rwanda, these children are completely ignored by the rest of the community. They are like ‘non-persons’ – neither children, nor adults. They are excluded from all forms of social, community or political life. They find themselves outside both the world of children and that of adults and feel rejected by society as a whole (ACORD, 2001). In a detailed case study, Roalkvam (2005) explores the trajectory leading to the isolation of one particular child-headed household in a Zimbabwean community. The researcher discovers the connection with the tradition of lobola, widespread over Southern Africa. Lobola is paid to the kinsmen of the bride from the kinsmen of the groom upon marriage and it usually consists of cattle, money and cloth. In poor communities lobola remains an unfinished and vulnerable business throughout the span of a marriage. Conflicts arise after the death of a daughter, sister or wife due to an unfinished lobola exchange regarding who the children to the decedent belongs to. Every society creates protective spaces for the key elements that are constitutive of its reproduction. The lobola tradition creates such a protective space that, when successful, secures not only identity, belonging and care for children, but in fact organises relations between families, lineages and communities. AIDS kills first of all the mid-generations and isolates the children that an institution such as lobola is set to protect. Roalkvam conclusion about the isolated children is that: They stand alone because they are left at a specific time, in a specific situation, when the relationships that should surround them, and that we expect will give them support and care, still have to be made. (p. 218)

Support and Interventions

There are two dimensions to consider when discussing the support and interventions for children living in CHHs. Firstly it is important to think of what can be done for children who are or who soon will be without a legal caregiver, especially in the context of the HIV/AIDS epi-
demic in South Africa. Secondly, of what are the most appropriate support and solutions for households headed by children.

Rosa (2004) is of the opinion that the government and many prominent NGOs in South Africa have been reluctant to put in place mechanisms to support children living without adult caregivers on an ongoing basis. Instead, their attention has been focused largely on arguing for the provision of substitute parental care, such as institutional care and the promotion of formal and informal foster care. The *South African Policy framework for orphans and other children made vulnerable by HIV and AIDS* (2005) sets out six key strategies, which is suppose to assist in developing comprehensive, integrated and quality responses for orphans and other vulnerable children (OVC) at programmatic level. These are;

1. Strengthen and support the capacity of families to protect and care.
2. Mobilise and strengthen community-based responses for the care, support and protection of orphans and other children made vulnerable by HIV and AIDS.
3. Ensure that legislation, policy; strategies and programmes are in place to protect the most vulnerable children.
4. Assure access for orphans and children made vulnerable by HIV and AIDS to essential services.
5. Raise awareness and advocate for the creation of a supportive environment for OVC.
6. Engage the civil society sector and business community in playing an active role to support the plight of orphans and children made vulnerable by HIV and AIDS (p. 8)

**Community response**

Researchers agree that point number two of the above is one of the most essential. There is a rapidly growing body of intervention-oriented research concerning the care for AIDS orphans. Researchers have devoted much effort into developing viable solutions to the orphan issue. Much of this research works on the theory that the extended family is indeed too stretched and therefore needs assistance from external actors. As a result, there has been an emphasis on community-based interventions. There are essentially two ways of developing community-based interventions: internal and external. For the former, there is an emphasis on the continuing importance of the extended family work (Madhavan, 2004). Chabilall (2004) highlights in her study about adolescents living in CHHs the importance of better communication between all service providers in a community. Everyone involved should be aware about the problems CHHs experiences in order to deliver a sustainable support system in affected areas. Walker (2002) means that short term interventions should be implemented to provide material for CHHs until the time the community are able to offer this support. But the focus must be on building sustained community safety nets so that the community can be empowered to access other more lasting sources of support. Tolfree (2004) argues that there is an important role for agencies to work with community structures and leaders to help to create bonds between these young people and the community. It is vital that their care and protection needs are met, if possible by sympathetic members of the community who can both advocate for them and provide tangible material, social and moral support to minimise risks and maximise opportunities to them to develop normally. Walker also sees the advantages of the community playing a key-role giving the psychosocial support as this not requires material resources.

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1 In this policy framework a vulnerable child is defined as “*a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfilment of his or her rights.*” (p.5)
The effect of NGO support

Even though material support from NGOs is necessary, Walker (2002) argues there are a number of dangers with offering material support in the case of CHHs on commercial farms in Zimbabwe. It can destroy the voluntarism that has developed in many communities. Voluntarism needs to be cultivated to respond to the orphan crisis. And offering support to CHHs only, can encourage orphaned children to stay alone and extended families to abandon their household in the belief that the children will the have better chance to of getting material support. Luzze (2002) conducted research in Uganda partly related to this issue. The study attempted to establish the effect of NGO intervention both on the coping strategies in CHHs and also on other community support systems. Key findings from the study include that NGOs are partly, though indirectly responsible to the emergence of CHHs. It was observed that in communities where NGO was targeting CHHs, the possibility of accessing support for CHHs tended to motivate communities to encourage some orphans to stay on their own, especially in households where there were older children. This argument was compounded by the belief that, after all, the NGO support tended to elevate the affluence of CHHs, sometimes even beyond that of neighbouring households. Furthermore it was observed that CHHs in areas where NGOs were operating were found to be heavily dependent on NGO support. This weakened other community initiatives towards CHHs. On the contrary, NGO intervention was seen to have potential both to strengthen coping capacities in CHHs and to destroy detrimental coping strategies. The sustainability of many NGO interventions in CHHs though very helpful was seen to be in doubt. But, Luzze concludes, with careful interventions, CHHs can be strengthened to sufficiently contribute to the nurturing of orphans.

The right to social assistance

Many researchers also press for point number four in the Policy framework, to assure access for orphans and children made vulnerable by HIV and AIDS to essential services. Rosa (2004) and Sloth-Nielsen (2004) both proclaim that the State must allow children functioning as factual primary caregivers to have direct access to the Child Support Grant, both on behalf of their siblings and themselves. In addition, the State should implement the mentorship scheme proposed by the draft Children’s Bill for child-headed households who are legally recognised. The mentor system combined with children being able to access grants directly if they are the head of a household, is a reasonable and necessary strategy for ensuring that child-headed households are able to access social assistance.

Brief summary

AIDS is taking its toll among the adult population in South Africa. As a consequence of this the orphan rate is exploding, leaving a tremendous need for alternative care options. Researchers discusses if the extended families capacity is breaking down and that this would be the primary factor for the establishment of CHHs. It is although indistinct how common the phenomenon is. Available statistics are unreliable and CHHs may not be as widespread as feared. However, researchers believe that this can change as the orphans’ numbers increase in the progress of the HIV/AIDS pandemic. Despite this, it is obvious that children living in CHHs are facing a range of challenges and problems. Even though there are some advantages such as the important factor that siblings want to remain together, the difficulties for CHHs are immense. The overall disadvantage is the lack of an adult who can give protection, advocacy and support for children who not yet are able to provide this for themselves. These children are very vulnerable for exploitation and abuse as well as for loneliness and isolation in the community. They often have to drop out from school to prioritise care for younger siblings and to earn sufficient livelihood is hard, food and proper housing can be scarce. It should be the communities’ primary response to support these children. The state must also
offer improving ways of gaining social assistance. The government grants have to be more easy accessible and the mentorship scheme providing CHHs with a person who can assist the CHH in collecting grants and dealing with problems should be implemented. NGO support must also be carefully evaluated as it can be partly responsible for the emergence of CHHs.

4. Method

Introduction
This is a qualitative interview study with a descriptive and explorative aim. The data collection includes interviews and observations. Qualitative methods differ from quantitative methods in aiming not primarily at precise measurement of predetermined hypothesis, but at a holistic understanding of complex realities and processes (Mayoux, 2006). In the qualitative method the researcher tries to gain knowledge on the individual’s subjective experiences from her own words and expressions. The researcher tries to understand the inner life world of the person studied, out of this individual’s own perspective (Larsson, 2005).

Epistemological position
The hermeneutic approach aims to an understanding of the meaning of a text. In this understanding, the pre-knowledge of the researcher is of great importance. The research interview is a conversation about the human lifeworld, transferred from an oral discourse into text. The interview is recorded and transcribed to a text and this text can then be interpreted. The interpretation of the meaning of the text is characterised of the so called hermeneutic circle. This means that a meaning of text occurs via a process where the separated parts of a text or the meaning of the parts forms how you understand the whole meaning of the text (Kvale, 1997).

Design
This study has the design of a qualitative case study. Yin (1989) defines a case study as

an empirical enquiry that: investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used. (p. 23)

Yin divides case studies into three groups: explorative, descriptive and explanatory. Explorative studies represent cases that research unexplored issues. Case studies are often explorative, as it can concern complicated cases from the reality, where the problems are not very well defined. An explorative case study can remind about a pilot study where research design and data collection can require moderation throughout the time of research. Explorative studies are therefore more about uncovering patterns than to see to casual connections (Tryggved, 2005).

This study desires to investigate a contemporary phenomenon (child-headed households) within its real-life context (South Africa). The aim is to gain knowledge about the phenomenon not only out of the experiences of the interviewed individuals, but also through a deeper understanding on the South African society and how a South African childhood can be defined. The study is explorative as earlier research on the subject is limited. The use of different sources makes it a descriptive study. Techniques include a review on earlier research, semi-structured interviews, empirical observations and reading of documents on the case. The choice of doing qualitative interviews was for the reason that interviews are especially appro-
appropriate when you want to study peoples views on the meanings of their lived lives, describe their experiences and self comprehension and clear their own perspectives on their life world (Kvale, 1997). The aim of this study was to explore the conditions of every day life of child-headed households in the context of South Africa; therefore interviews with persons with these experiences seemed to be the most appropriate. Interviews are also a commonly used method in development research because of the range of information that can be obtained (Willis, 2006). Case studies of individuals show what is special for specific persons and is an important complement to descriptions of what is important for groups of individuals (Tryggved, 2005).

The strategy in this study is more inductive than deductive as the focus is on the empirical findings. The deductive moment is included in the analyses, where the result of the study is viewed in the light of the earlier knowledge on the case as a theoretical framework. To interpret the findings with existing theories can be misleading as these are usually developed in a different context (the western world) than the phenomenon studied belongs to.

**Collection of data**

**Selection of informants**

To recruit informants to the study, the snowball technique was used. This means that one contact suggests other possible interviewees who in turn suggest others. This can be the only way to find informants when there is no clearly bounded group such as members for an organisation for example (Willis, 2006). It turned out to be more difficult than expected to find suitable informants. Blerk (2006) explains that some children such as child workers, street children and young sex workers can be difficult to gain access to, so called hard-to-reach groups. This is because they are less likely to attend school and many work in hidden occupations. I include children in child-headed household to this group as it is common that the head of the household have to drop out of school and due to the fact that a child having the responsibility for a household can be a source of shame for the people involved, and this can lead to not wanting to reveal the true status of the family situation. For that reason it is also difficult to know with families where there still is a living but sick adult, if a child is the head of the household. It could also be difficult to get hold of the informants as they might not have a telephone. Identifying organisations that support such children can help the researcher access participants (Blerk, 2006). My supervisor in the field used all her contacts with other NGOs, FBOs and CBOs in trying to find informants. I broadened the age of the informants to also include adolescents between 18-24 years as long as they became the head of the household when they were children. The experiences from the young adults both described their past as child-heads as well as their current situation. The reason why these narratives also could be interpreted on CHHs is that the vulnerability and difficulties for these families does not automatically disappear only because the head of the household turns 18 and stop being a child in a legal sense. Seven informants between 13-24 years, from six households were found, five females and two males. They lived in or around the areas of Durban in Kwa-Zulu Natal, the state in South Africa with the highest prevalence of HIV/AIDS victims. They were all of African origin, had Zulu as their first language and their skills in English differed greatly therefore an interpreter had to be used in some of the interviews.

**The use of an interpreter**

As the English language of some of the informants were very limited, an interpreter had to be used during these interviews. The same translator was used in the majority of the interviews. It was a professional social worker, a colleague to my supervisor. She had Zulu as first lan-
guage, but her English was good, though not perfect. Bujra (2006) means that researchers will find interpreters that speak the local language mother tongue, and have first hand knowledge of the area under study more useful than those whose English is faultless. Ideally, such people can be both translator and ethnographic informant. As a social worker with African origin, my interpreter did not only translate what the informants said, she could also explain the wider context that sometimes was unknown to me. It was also relevant that she was a social worker and therefore had knowledge in the matters that related to the area of research. Before the interviews were conducted I discussed the study and interview guide with the interpreter, this was also done after a completed interview. Considerable time is needed for debriefing after field work sessions so that the translator can expand what was said at the time or explain difficult concepts more detailed (Bujra, 2006).

The interview guide
The interview guide used was thematized and semi-structured and consisted of open questions divided into the following five themes: household composition, factors leading to the establishment of child-headed households, the life situation, the role as the household-head and support/ intervention. The guide was developed out of the knowledge gained from previous research and also discussed with the supervisor in the field, who had the local awareness of what could be appropriate or not to ask. Semi-structured interviews can ensure that the areas that thought to be important are covered, but it also provides the interviewees with opportunities to bring up their own ideas and thoughts (Willis, 2006).

Conducting the Interviews
The majority of the interviews were held at the informants own homes. When choosing the location of the interview it is important that it is somewhere the interviewee will feel comfortable, such as in their homes. Conducting interviews in this environment can also provide significant information to the research. It is a chance to see the living conditions as well as dynamics within the household (Willis, 2006). A small mp3-player was used to record the interviews. Direct recording has numerous benefits. It allows the interviewer to concentrate completely on the interview without having to worry about taking notes or remembering points to write up later. It also possible to check the meaning and of words and phrases could have been missed during the interview itself (Willis, 2006). The interviews were held in English or in Zulu with a translator and lasted approximately 45 minutes. Some of the informants were shyer and gave shorter replies, while some were very talkative and could give detailed and illustrative answers.

Analysis
The recorded interviews were transcribed verbatim by the interviewer into written text, the same day as the interview was recorded. The subject for the qualitative research interview is the interviewed person’s life world and her relation to it. The aim is to describe and understand the central themes that the interviewed experiences and relate to. The interviewer registers and interprets the meaning in what is said and how it is said (Kvale, 1997). A guiding principle in qualitative research is that the researcher needs to focus the analyse on a couple of specific themes that can be related to the study’s aim and research questions. The analyse method in this study is what Kvale defines as meaning-categorization. This method makes it possible to divide the material in a creative way. Long pronouncements can be reduced into different categories. The point is to reduce the content of information to more perspicuous descriptions of data. After reading through all of the material a first analyse was made on every interview into six different case studies. The material was divided into themes and cate-
categories that emerged with illustrative quotations. These case studies could then be compared with each other and mutual and unique experiences could be singled out.

**Reliability, Validity and Generalizability**

**Reliability**
A high reliability is obtained when a study can be replicable. This means the results can be verified through a second study performed in the same way. This can be difficult in qualitative studies. To obtain high reliability in such studies it is important to explain the methods used which has been the aim with this chapter (Tryggved, 2005). Kvale (1997) means that the reliability is related the consistency of the results within a study. During the data collection the researcher can test the consistency in the answers from the interviewees through asking several similar questions that focus on the same theme, which was done in the interviews of this study. The answers in a qualitative study might lack reliability if the questions asked are too guiding (Kvale, 1997). According to this, I was careful not to affect the answers by asking guiding questions.

**Validity**
Validity is related to if the study measures what the study intended to measure. It is a quality control that is done through the whole research process. The validity in the interviewing concerns the authenticity in the answers of the informants and the quality of the interviewing (Kvale, 1997). It may be difficult to know if the interviewed persons are telling their truth, especially when talking with children as they can provide answers they think the researcher want to hear, rather then their own feelings and opinions (Blerk, 2006). That is why it is important as an interviewer to always question the meaning of what is said and to control the received information, which was done in the conducted interviews. A critical examination of the collected material and the search for different sources of information on the same issue is part of the validation process (Kvale, 1997). The extensive research and literature review and both interviews and observations included in this study add for valid results.

**Generalizability**
The goal of positivistic social science is to create laws for human behaviour that can be universal generalised. According to contradicting humanistic approach, every situation is unique and has its own logic (Kvale, 1997). That is why it can be difficult to generalise the result in a qualitative study where the sample is small. However, the qualitative interviews generated knowledge of the informants’ experiences and can therefore prove to have naturalistic generalizability (Kvale). Generalizability related to case studies is often about to see patterns, how things are linked together. The experiences and results found could be viewed as a type of exemplary knowledge. Instead of using the word generalise one can speak about interpret the knowledge to new relations (Tryggved, 2005).

**Ethical considerations**
A qualitative research approach demands that the researcher consider in detail the ethical aspects that are related to taking part of private and in many cases sensitive information from an interviewee. There are certain ethical guidelines to assist in these matters (Larsson, 2005). Kvale (1997, s. 107-112) mentions the principles of informed consent, confidentiality, and consequences. As some of the informants in this study are children, special attention has to be made because the ethics of undertaking social research are particularly complex when working with children. It is important that the research is explained simply and clearly so that the implications of taking part are understood. Adults have the obligations to their own children...
and to those who have been entrusted to their care. If a person is under 18, consent must not only be sought from the child itself, also the care givers must give permission. If the child do not have an official care giver as the children in this study, consent can be required from other people, such as teachers or community leaders (Blerk, 2006). In this case an approval from the organization that supported the child gave a green card to conduct the interview. The informed consent in this study was obtained by informing the persons to be interviewed about the general aim with the study and how it was planned. The information was given in both English and Zulu. The participants were told that the participation in the interview was voluntarily and that they whenever they liked could terminate the interview.

The confidentiality means that personal data that the interviewee tells the interviewer will not be written in the report in a way that can reveal the identity of the informant (Kvale, 1997). In this study, the participants were told that their real names would not be used, that the recorded conversations would only be listened to by the interviewer and that they would be destroyed after use. Neither the names of the communities where the informants live, nor the organizations’ names are mentioned in order to protect the informants’ identity.

When it comes to which consequences a participation in a study can have, the guiding line is that the participants shall suffer as little damage as possible (Kvale, 1997). The informants in this study have all experienced and are still experiencing a lot of difficulties. It was of great importance that they felt comfortable with the interview situation. It was made clear that they were free to decide if they wanted to answer the questions or not and that they could take a break or terminate the interview at any time.

Whether working across cultures, or within one’s own culture, power imbalances between the researcher and the researched are common, especially in the global south. The researcher often has more access to resources and privileges such as money, education and knowledge than the persons being studied (Apentiik & Parpart, 2006). These power relations also exist between adults and children. This can raise expectations that that there will be physical benefits for those who participate. Therefore it is important to be clear about the research outcomes prior to engaging in the research process (Blerk, 2006).

**Limitations**

I spent 2,5 months in South Africa, during this time I both had to conduct the field work and complete the report. Devereux and Hoddinott (1992) argue the longer time spent in a field the better. This permits greater flexibility in the research schedule, more time to investigate subject matters and get close to respondents, and more time to cross-check information. It also allows more time to correct things that go wrong. The things listed above, all add to the limitations of this study. The procedure in conducting the informants moved very slowly and more time would have been appropriate. But Devereux and Hoddinott are of the opinion that this does not mean that there are no advantages to shorter periods of fieldwork. Doing field work for just a couple of months maintains a healthy tension and pressure, whereas staying too long can breed complacency. The interview material conducted is still a solid empirical base for a study of this extent.

The use of an interpreter can also impact on the result. The ideal is always that the researcher speaks the local language of the person to be interviewed. Translators are not persons without political or social views of their own. They could find it hard not to betray this in their translations, presenting one side’s position with more conviction and elaboration than the other. More generally it is more common for the translators to filter out what they consider unimport-
tant, even if this might be precisely what the researcher needs and wishes to know (Bujra, 2006). However, as already mention the use of an interpreter can also add positive effects to a study if she can be both a translator and ethnographic informant as the case was in my study.

5. Result

Introduction

The result will be presented as six case studies containing the head of the household’s own descriptions of her life situation divided in to different themes. The informants have been given new names to protect their identity.

Informant 1 Zulungile: “I just wanted to die that day”

Zulungile (Z) is an adolescent woman, 18 years old. She lives with her 15 year old sister in Durban. Her father left the family when the informant was a child. The mother had passed away just two weeks before the interview, but she had been sick since last year and the adolescent had been heading the household ever since. The two sisters both go to school, the informant has just finished grade 11.

The interview took place in a car outside Zulungile’s school, because of the need for privacy. No interpreter was required as she was very fluent in English.

Why she became the head of the household

Zulungile tells she became the head of the household when her mother became sick:

Yes the moment she became ill. Because I had to take care of everything she took care of. Start going to places, knowing people, paying bills because she couldn’t do nothing, she was just lying there, sick you know. I had to feed her and wash her for a long time.

But even though she cared for her sick mother for a long period, she claims she does not know what kind of illness her mother had.

They said everything. First they said it was meningitis or something, I don’t know, the brain is infected and something like that. And then obviously, she had asthma, now and again she had to go to the hospital and fetch her medication.

Contact with relatives

Zulungile gives a picture of very poor relations with her mother’s relatives. The mother did not get along with the rest of her family. The contact Zulungile has with them now is of a negative character. She tells that they only greed for her mother’s belongings, and do not give her and her sister any sort of support at all:

Now that she is dead they (the relatives, my comment) see the house, they want the house, they want everything. They came, they told us about everything so I wasn’t coping very well. So the next day I had to cry, I had to cry, I had to lock myself up and cry. That’s what I did; there was nothing else I could do except for cry. But then eventually somebody heard me, they came

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2 School life in South Africa spans 13 years or grades from grade 0 (also called grade R or reception year) to grade 12 or “matric” – the year of matriculation. Primary school is grade 0-6 and high school grade 7-12. Education is compulsory from age seven (grade 1) to age 15, or the completion of grade 9 (Website 2).
asking me what’s wrong and I explained. And somehow, someway we managed to sort that problem out.

Income
The family will get their income from the mother’s business. She owned a house and rented out rooms to other people. Zulungile describes how she has to collect the rent every end of the month. She is worried that she will have trouble with people not paying. But she also says it is too early to know whether that money will be sufficient for them. She recalls many times that this situation is new to her and that she still does not know how her life will be.

Housing conditions
There weren’t any possibilities to see Zulungile’s home. She says she and her sister live in the two room house that the government gave to her mother. It has two rooms, a bathroom, and a kitchen with running water and electricity.

Changes
Even though it is only two weeks since Zulungile’s mother died, she is clear about the changes in her life. But the fact is she has been heading the household for a longer period, since her mother became ill, so many of the changes are not that new. Except from the great change that she now is the one responsible for her sister, Zulungile highlights the importance of her doing well in school.

I am forced to do well you know, I can say that I have to finish school and go working. I have to do well, I have this pressure. When she was alive there was no pressure, I could fool around, but now, no fooling around. I have to focus.

Responsibilities
Zulungile explains that she just been taking over her mother’s responsibilities. She views herself as a parent now and believes that she learnt it already.

Okay, I have to dress my sister, that is obvious. I have to have budget, not waste the money. I know it’s a little bit but I have to budget, pay for the water, the main things. Nothing has changed really, I am just doing what my mother was doing. She is not there to look after me, to tell me this is the way or that is the way. I just have to learn, I’ve learned already. I know my responsibilities. I have to check that everything is okay in the house, that there is food in the house, pay our school fees, make sure she goes to school, just like any parent would do.

A special day
When Zulungile was asked about daily life, her answer came out differently than in the other interviews conducted. Instead of describing a normal day, she did the opposite. She tells about a day that she remembered really well, the day of her mother’s funeral. In detail she describes what she did, her emotions of stress, sorrow, loneliness and a strong feeling of just wanting to die.

I went to my mother’s room looking for her tablets. She has a bag full of tablets and I was looking for them and I couldn’t find them. Somehow god was there I don’t know how, but he was there. He made sure I didn’t find that bag. I was asking around, did you see my mother’s bag with the tablets inside, I just wanted to drink the whole thing, I just wanted to die that day. The way they treated me you know. Saying things, they didn’t say things like “shame
that child has just lost her mother”, count what ever they say to her, how it would feel, they just did it. They just did it anyhow.

Relation to siblings
Zulungile says her relation to her sister is not good, they are very different and do not get along with each other:

...you know me and my sister we don't get along. Because she that person, she just talks too much, for reason she just likes fighting. And I'm that person, down to earth person. I m like what ever you do to me I just keep quiet, accept it "well you did it, if it helps you fine and if it suits you fine" you know I m just that person, I accept everything

However, except for God she views her sister as the most important person in her life because “she is all I have left in this world”, she says. And she is very determined regarding the thought that she is the mother to her sister now and that she has to show her the right way in life.

As long I didn't die that day, I am thanking God, what was I thinking, trying to kill myself? What about my sister you know? Although she is like that, she is still my sister, I am her mother now, I have to take care of her either I like her or not, it's a fact. And I have to get on with my life of course, not to end it. It's not the end of the world only because she is gone, my life is carrying on.

Yes everything is coming back to her. You now when you are a parent and your favourite child doesn't turn out to be the best. The one that you don't want turn to be the best. It always happens like that. I don't know why. But now I am trying to show her the way, but I don't know if she sees the way. I hope that she eventually see the way, and see the light and trust in God, just like me.

Perceptions of being the household-head
Zulungile explains very intense how she does not want people to treat her differently from before. Even though she does not have any parents, she believes that right now her life is fine. Maybe, she says, there will be problems later but now she just wants continue her life without the pity surrounding her:

But right now there is no place for pityness because everything is fine, school is fine, financially everything is fine. Maybe NEXT year the problems will start, and then they can share their pity. Right now I don't feel any need for pity. Everything is fine, they should just ask me “how do you feel about that?” but they don't, they are just quick to judge.

When it comes to the future, as said before, Zulungile has difficulties talking about what will happen as the situation without the mother is so new. She says that maybe it will be worse, maybe they have to knock on people’s doors and beg, but she cannot tell, the future is very uncertain. However, she does talk about that she wants to become someone and maybe have children and a family like everyone else.

Good things in life
Zulungile shows a very strong faith in God. When asked about what makes her happy she tells about the youth section of a CBO (xxx = the name of the organisation) that she attends to.

Yes its xxx, we attend there. As soon as I enter the door I know I have a family waiting for me, it keeps me going, seeing people smiling at me, not the
neighbours. They are like “shame, shame”, although they shouldn’t be like that, they should be like “be strong”.

She says and also shows that she has a lot of confidence in herself. When asked about her strengths she has difficulties in deciding what to tell “as there are so many” but finally talks about her strong performance in school. She is also convinced that she is a much better person than her younger sister who she believes has big problems.

**Difficulties**

Zulungile has already explained the relations with her relatives and how they tried to take her mother’s belongings. She also experiences difficulties with other people who just enter her house without permission and eat food and do other things just as they like.

And then there was this time, it was Thursday morning I went to do groceries. I went to town bought the groceries and came back. And when I came back the house was full, it was full with people that didn’t like my mother when she was alive, they didn’t enter her house. Suddenly she was dead, and now they are coming doing what ever they like. That hurt me so much.

One issue that seems to bother her significantly is the discrimination she experiences from other people because she does not have any parents. This is something she comes back to over and over again:

!You know what, the PITY! If everyone could stop, because I am not different anyhow just because I don’t have any parents, I am just like you. I am normal. I am not isolating myself. You are isolating me, you put me on a spotlight and tell me “ahh she doesn’t have a parent!” if you just accept me… that really brakes my heart that people cant accept me for who I am. They are making life very difficult for me. Because some day that pithiness will turn me around, and I don’t know what I’ll do.

She is also very concerned about getting pregnant. She does not have a boyfriend, that would her mother never allow she says, but she is worried about rape. Then she does not have the power to control what is happening.

You can always sit and not be involved, but there is always rape out there, you heard about rape? You know you sit and you say, I don’t want to do that, I don’t want to go that far; you put a limit to everything for yourself. But at the end of the day the next person doesn’t know what you are thinking, and the next person doesn’t think like you. And they say I am not ready to have a child and do everything to prevent that, but someway, somehow I don’t know what happens, maybe I got raped you know and stuff like that. That is not nice, especially not to me.

**Support**

Zulungile expresses loneliness when it comes to support. She and her sister stand alone. But there are some people willing to help she says, like her neighbours. But it is not material support she needs she adds, that is the last thing o her mind. She does not go and knock on people’s doors asking for food, she will do that only if she really needs it; she is saving that for the future. Instead, Zulungile explains how deeply she would like to have someone to talk to:

What help I really need is to talk to somebody, to say how I feel. Maybe that person will help me, to come up with something cause right now… you can tell everyone I m not stressed, I m fine, you can bluff everyone. But at the end of the day you are sitting alone and everything is coming back. Not as
good memories and stuff, it’s coming back as bad. You want to run away sometimes, little things bring back the bad things. Maybe I have a fight with my sister, the next thing I maybe looking after a rope to hang myself in, those kinds of things. I just need someone to talk to, sit down and talk and tell them how I feel.

Comment
Zulongile is telling a story about loneliness and sorrow, but also about inner strength and resilience. Even though she previously lost her mother, do not have any support from her relatives and are the one responsible for herself and her sister who she is no getting along with, she is determined that her life have to carry on as usual and that other people have to accept that as well. She does not allow anyone to feel sorry for her because of her previous situation. She is showing great self confidence in herself and she knows she can handle the new life. She already experienced the long period with her mother’s illness which has adjusted her to being the head of the household, handling the mother’s business and taking care of her sister. She expresses one weak moment when she just wanted to disappear from it all and die, but from this moment new insights grew about what her life has to be now. It is obvious she feels a great comfort in her belief in God and she views the people she meets at the FBO as her family. Maybe this, to a certain extent, can explain her strong determination not to give up.

Informants 2 and 3 Beauty and Sipho: “We need a person who can guide us and save us”
Beauty and her brother Sipho (B & S) are two siblings that were interviewed together as they meant that they shared the responsibility heading the household. Beauty is a 14 year old girl and Sipho is her 17 year old brother. In the household is also their nine year old brother. They have a seven year old sister, but she lives with relatives somewhere else. The children became alone when their mother died last August, the father was absent. All children go to school.

The interview was conducted in the children’s house. An interpreter was present, but was only used to explain some of the interviewer’s questions, as the siblings preferred to speak in English even though it was limited. It was soon obvious who the ‘real’ head of the household was, as it was Beauty who did most of the talking and had all the answers.

Why they became the heads of the household
When asked this question, Beauty first says that she does not remember. Then she says it is because their mother died. But she does not know what kind of illness she had.

Contact with relatives
The family has an aunt living in Johannesburg. She comes and visits the children about three times per year and then usually stays for a whole month. It is obvious that this aunt is very important to the informants. When asked who was the head of the household Beauty says it is auntie. Furthermore, she is the only important person alive to her and the one that she feels that she can turn to if they need help. But this is also the only relative that the children have any contact with.

Income
The family does not have any regular income. The aunt supports them when she is there. They get some money from neighbours doing small work in return, and from teachers in school.
They do not collect any child support grants as the younger brother has a problem with his birth certificate and the two older are too old to collect this grant.

**Housing conditions**

The children live in a small one room house in Durban. It has electricity, running water and some furniture, very simple but clean and tidy.

**Changes**

The siblings both highlight the fact that the mother is not there anymore and the problem in not having enough food.

B: When mother died we are alone, we had to take care of everything and auntie cannot be here every time. We have to find food for every day. And our sister she left she had to go. It is better for her.

S: It was not good cause we didn't have any to eat. Before mother was here she took care of us. Now we are by ourselves.

**Responsibilities**

B: To take care of ourselves and make sure that we all are going in the right way and take care of our home.

I – How do you do this?

S: We have to go to school, make it nice here not dirty. We have to study.

Beauty shows her school books and how she does when she cooks over the little liquid gas stove and the small bathroom where they do all the washing. Meanwhile the brother just lie down in the bed and stare up on the ceiling. When they make decisions Beauty says she discusses everything with her brothers and that they decide together. If auntie is there she makes all the decisions she adds.

**Daily life**

Informant explains:

B: during the week from Monday to Friday I study and on Sunday I do the homework like cleaning and cooking and my brother helps me to clean outside.

I: Do you do the cooking every day?

B: No sometimes he cooks.

I: But you usually do the cooking and cleaning?

B: Yes

The brother says he goes to school and helps his sister with the chores. He also meets his friends and goes out with them.

**Relation to siblings**

Beauty says that the little brother maybe see her as a mother because she is the one who takes care of him most of the time. Sipho says that he views her sister as a sister and that she will always be his sister. They both claim that they do not experience any problems with each other.

B: We don't fight each other, we have to treat each other nicely. Because we have no parent we have to be nice.
Perceptions of being the household-head
It is very clear that the children feel alone:

B: I wish auntie come here more. But she work in Jo‘burg.
S: It would be better if auntie lived here.

Beauty also expresses how much she misses her mother. She is the most important person in her life she says

Good things in life
The siblings answer differently on this question, Beauty thinks of friends and school and her brother of the needed support.

B: Things that make me happy is maybe when we are playing a game or when I am sitting with friends and we are doing some schoolwork, that is things that make me feel happy.

S: I am happy when someone comes to support us and give us food and everything that we want.

Difficulties
The problem concerning the brother and the sister the most is security:

B: The most difficult to live like this is that are other people who came here and just wants us to open the door without our permission. So I think that wouldn‘t have happened if here were older people than us. That‘s why I think it’s difficult to live.
I: So do you feel unsafe?
B: For myself I can say I feel unsafe
I: And what about you? (to the brother)
S: I feel so too. Because here is no older to take the responsibility. We are all young.

Beauty also says it is difficult when they do not have enough food and they have to ask other people for it. One other thing that makes her sad is the discrimination she sometimes experiences:

I: What makes you sad?
B:Well a person who treat me badly or discriminates me, like they say you are an orphan so I can‘t stay with you.

Support
When discussing support both of the siblings refer to their aunt. When the aunt is not there, which she is not the majority of the time, they say they go to neighbours. Beauty says their neighbours are very nice to them and that they give them food. The CBO also support them, but more in terms of counselling. The girl mentions the teachers in school and the brother about a social worker that he feels that he can talk to. The nine year old brother is entitled to child support grant, but his ID-book states he is a girl. Beauty believes the most needed material support now is food, electricity and school uniforms for next year. When the interview is ending the girl says:

B: We need a person who will guide us and to save us and who can stay with us all the time. It is not good to be alone like us. Because we are children.
Sipho says he agrees with her sister.

**Comment**
The little family shows great loneliness and a feeling of giving up hope, especially from the brother’s side. They claim that they are heading the household together, but it is obvious that it is 14-year old Beauty who takes the major responsibilities. Sipho does not take any initiatives during the interview and when asked if he feels safe in his home the answer is negative. There are no signs of wanting to protect his younger siblings. Still they are surrounded by people who are willing to help; neighbours, teachers, social workers and the CBO. But it is not enough for these children as they desperately long for someone who can stay with them and protect them.

**Informant 4: Zandile “I just wish I could work”**
Zandile (Za) is a 22 year old adolescent man. The household consists of him and his three younger siblings – an 18 year old sister and two 12 year old boy-twins. The family lives in a semi-rural area about 30 km outside Durban. There is also a 24 year old brother who lives and works in Cape Town. Zandile has a one year old son who lives with his mother in the same village, they are expecting another baby. The mother in this family passed away in 1999 and the father two years later. There was a 27 year old sister who headed the household for a short period before she also became sick and had to stay at the hospital. Zandile had to drop out school in the 11th grade when he was 17, because the death of his sister and lack of money to his school fees. But his siblings all attend school.

The interview took place in Zandile’s house. An interpreter was present but was not used much as the informant’s English was quite fluent.

**Why he became the head of the household**
Zandile explains why he became the head of the household:

> There was no one to look after us, so I had to look after the children too and to find things, I am not working, I have to try to get grocery and everything.

On the question of what kind of illness his parents had he says:

> I don’t know, they were just sick, I wasn’t told about that and I didn’t try to find out.

**Contact with relatives**
Zandile has an uncle who lives close by, but his feelings for him are mixed. He tells that he has to consult the uncle when he is making decisions, but then changes his mind.

> Za: There are some other persons like my uncle that I have to consult if you need to give something here, you have to tell them because they are the oldest. You have to tell them what you gonna do here and then they tell us if you can go ahead with it or not. Cause my other uncle he is just there, but he doesn’t live here, he got a farm so he live there at his farm. So some of them are just around.

Interviewer (I) – so you speak to your relatives first?

> Za: Yea… no I am not in to them that much because we have problems here at home and I don’t like people making decisions for myself, I like to make decisions for myself I don’t like asking for something there so I have to try make it myself.
He expresses how much he misses his parents. They left some conflicts with relatives that he has to sort out himself:

I have to include the others, because I got my grandma, she lives here in Makuta and she got a sister who lives in Jo'burg. I try to phone here to sort these things out cause my grandma she doesn't want to come here, its been three years now she hasn't been here. She's just here in Makuta but she doesn't come here, I don't know why that is why I am trying to consult her sister to come here and help us with the situation.

Income
Zandile is unemployed but tries to earn money from small works. The family also have some money left from the parents. The company that the father worked for, pay for the siblings’ school fees.

Housing conditions
The family stay in their parent’s house. It is a well built house with several rooms, running water and electricity nice furniture, TV and stereo.

Changes
Zandile explains what changes he experienced when he became the household-head:

Like I have to make decisions, I have to make house rules, I have to see that the children go to school, I have to see that everything is okay, but I find it difficult because I am not working. Some times they need money for school trips. Like today they are going on a trip but I couldn’t afford to buy something. They could go on the trip because I was able to pay it, but for something to carry with them, I couldn’t.

Responsibilities
Zandile expresses his responsibilities when he speaks about the changes (above). He delegates the daily chores to his brothers and sisters. They have to clean the house in the morning. The sister is the one who cooks, sometimes he helps her.

Daily life
Zandile does not do much during his days. His siblings are in school. Sometimes he works in the yard. Sometimes he goes into town and tries to “fix some things, but it hasn’t been that easy” he says.

Relation to siblings
Zandile means that his siblings see him as a brother and not like a father, because he does everything as a brother. He emphasises that he does not want to be like a parent. However, he sees his siblings and his son as the most important persons in his life and to see them happy makes him happy. But it is not always a harmonic relationship. Zandile tells that people who do not listen to him makes him unhappy:

Interviewer: Do you experience a lot that people don't listen to you?
Za: Yes especially my small brothers, they are naughty.
I: So what do you do then?
Za: I just talk to them and try to make them listen, that's all. But I ’m trying, it’s hard to raise two big children
Perceptions of being the head of the household

Zandile explains how he feels about being the head of the household:

I am used to it now; I don’t feel anything because I am used to it. I am trying by all means to make life easy, to get something to eat but getting a job is not easy.

Over and over again Zandile speaks about how much he desires to have a job; he believes that would be the best solution for his family:

I just wish I could work, if I could work everything would be fine. Get a proper job, then I could be able to provide for my family.

He also talks about in what ways it has affected his own life. To have to quit school seems to have been difficult for him:

hmmm.... It is affecting me in many ways because I dropped out of school. It wasn’t that I wanted to drop out of school it was because of the situation. I wish I could go back to school and do something for myself, but if I had the money I have to make sure that grocery is here, they got food and if I got that money I have to buy something for myself… so there’s nothing much...

When talking about the future, Zandile does not have any special thoughts; the only concern is his siblings:

(sighs) It's nothing now I'm thinking of, just to see them grow, that's all. They must be able to provide for themselves.

He also has difficulties in expressing what kind of strengths he sees in himself, even though he just explained all his practical skills in building houses.

Difficulties

Zandile biggest concern is that he has to find money for groceries every week. Sometimes, he claims, it can be three weeks without having any money and still there is the challenge of trying to get something to eat.

Support

Zandile explains why he feels he does not have any support from his relatives:

I: Do you feel that you have support from you relatives?
Za: No
I: They don’t give you any kind of help or…?
Za: No
I: Why do you think it is like this?
Za: I don’t know because they can tell me if I need something, I can come to them and when I go to them they can say “hey I got this problem and this problem”. I try my best to get something for them (his siblings, my comment) that's why I don't like asking of something from relatives cause they can say ‘come!', if you need something, but when you come to them they say “I don't have money, I did this, I did that”, you see. Now, the children will get hurt cause you promised them to give them something and now you don't give them.
Except from the money, the family obtain for the sibling’s school fees from the father’s company; they do not get any other kind of support. Zandile tells how he tried to apply for the grants, but how complicated it was:

Za: I tried to apply for the grant, you know the government grant, but it took so long time...
I: So you don’t get any grants now?
Za: No, not even a thing.
I: Why was it so difficult?
Za: Because I had to go to so many places and I don’t have money, you have to take combis (a minibus taxi, a sort of public transport, my comment) to get there and I don’t have the money so I just stop going there.

When it comes to psychosocial support Zandile tells why he does not think he is in need for that but then he also explains he wants to talk to older persons.

Za: No because I understand the situation you see. But if I talk I don’t talk to a person in my age. I don’t like to talk to people who are my age, I like to talk to people who are older than me, who can give me advice what to do in some situations, that’s how I talk.
I: Do you have anyone older to turn for?
Za: No, its just my uncle he lives here in the area but it is difficult to tell him something. He always tells me what I should do: do this do that. But someone else outside my family I don’t talk.

Zandile believes that the most important support he is in need of is help to applying for the grants so he can get money to buy clothes for his siblings.

**Comment**

Zandile has already five years of experience of being the head of the household. He shows confidence in the role as he has been prepared from this situation from early childhood. He delegates most of the household chores to his younger brother and sister and does not take so much part in the practical work himself. His biggest concern is food security and trying to find work. In some point his self esteem is low related to that he cannot provide properly for his family. He is sad that he had to drop out from school. There is a great feeling of disappointment regarding the support from relatives who even though they live close by do not assist him more in his struggles for the family’s survival. Because of this he chooses not to have so much contact with them even though he desires someone older to talk to.

**Informant 5 Bongi: “For a whole year we did not go to school”**

Bongi (Bo) is a 17 year old girl who lives in a semi-rural 50 km from Durban. She takes care of her three sisters, 15, 12 and eight years old, and her own one year old baby. The girl became the head of the household when the mother passed away in 2004. The siblings now go to school, but the informant herself had to drop out in 8th grade.

The interview was conducted in Bongi’s community, in the house where the FBO holds meetings with the community members every Wednesday. There was no one else present in the room except for Bongi, the interviewer and the interpreter. The girl could just speak a little bit of English and the interpreter was greatly used.

**Why she became the head of the household**

Bongi became the head of the household when the mother passed away in 2004, she says:
she was sick, I didn’t know what the cause what, why she passed away.

Contact with relatives
Bongi’s mother’s family stays close by. Even though they do not give any material support they can help when problems occur, like situations when other people behave badly towards the informant and her sisters:

We go to our mother’s family and tell them about this story. And then mother’s family discipline those people who abuse us.

Income
Bongi is looking for work. The household has no income except the food parcels they get from a FBO once a week. The organisation also gives clothes and sometimes money for paraffin (which is needed for cooking when a house does not have electricity). Her siblings’ school fees are paid by the ministry in the community.

Housing conditions
The family lives in a two room house with no running water or electricity. For a long time the house was in a very bad condition with no roof or furniture. The FBO, mentioned earlier, recently helped them with this.

Changes
Bongi tells that their life is different from when the mother was alive. The most obvious change to her is that she now has the responsibility to get money and food.

When mother passed away no one could support us about the food we eat, no one can support the school fees, and everything. When you get some food you must try yourself.

Responsibilities
Except for the responsibility of getting food and clothes for her siblings and maintain the house, Bongi tells how she must make all the decisions in the family. She explains how she tells her sisters:

Yes I tell them the things that are right and that are wrong. I discipline my sisters the wrong things and the right things.

Daily life
The days are the same Bongi explains:

I clean the house, and then I do the washing and I cook for my sisters for the whole day.

Relation to siblings
Bongi tells how her siblings view her:

Bo: The younger ones see me as their mother, but this one after me doesn’t have the respect. There is no respect when she is talking with me.
I: How does it make you feel, the relation with you sister?
Bo: No problem when she stays with her sisters. When she start to make the wrong things we fight.

The relation to her sister troubles the informant a lot, she continues:
Bo: The sister that is after me has a problem with adults
I: She has problems with adults?
Bo: Yes now she is pregnant. She didn’t hear when I disciplined her and said you mustn’t do the wrong things, she didn’t hear.
I – So what will you do with her?
Bo: I will continue to sit down with her and tell her about the wrong things.

Perceptions of being the household-head
Bongi biggest wish is to be able to go back to school and then to have a good work.

I want to go back to school next year and get a work for the time being, for those months and the next year I want to go back to school. (...) I can have any work as the work get a lot of money to support my other sisters that is the most important really.

Bongi says she does not think much of being the head of the household because she accepted to take the responsibility for the children. She does not believe that they need an older person to take care of them:

It’s the same because life is going on. It’s the same if someone comes and stays with us because there is nothing to help us. We still help ourselves now.

Instead, she says:

The solution is to get everything they want and stay lovely with each other, to love my sisters and stay in peace and no fighting.

Good things in life
First Bongi answers the question with things that would make her happy, like finishing school, getting a job and be able to provide properly for her family. Then she tells how much better her life is now comparing from before:

Things that make me happy now is that I get some food here (from the FBO), not so much is wrong with my life. My life is not the same, life is better. It is better because I get the food parcels here and X goes to my house and makes the roof and gets some clothes for me, and gets the beds for sleeping.

Bongi ‘s belief in God is also a source for happiness to her. She considers God to be the most important person in her life:

God means everything to me, because everything is done by God.

Difficulties
Bongi says how much trouble she has with other people abusing her family:

Bo: People sometimes abuse us. Because we stay lonely as children so these people are older than my family so they abuse us.
I: What kind of abuse is it?
Bo: Sometimes they hit us, sometimes they chase away us and we must go to another place.
But her biggest concern is the difficulties she has with her younger sister, mentioned earlier. She feels that she does not know how to solve this problem.

**Support**
The family obtains most of the support from the FBO already mentioned. It is both material (limited) and psychosocial support. Bongi especially mentions one woman at the organisation that she can turn to if she needs to share her problems with someone. Regarding the difficulties with the sister she has a neighbour she can turn to for advice. The family does not collect any grants; she explains that she cannot find her ID-book which is necessary when applying for the grants.

Bongi also tells about the situation when she manage to arrange support for her siblings’ school fees:

> When our mother passed away, we stayed home the whole year we didn’t go to school so I went to the other white men and asked for money to the children, so they go to school. They have a ministry like that, the white men have a ministry. So I went to those white men and ask the money for those children to go to school. Church is paying for the school.

**Comment**
Bongi tells a story with many difficulties being the head of the household, but also about improvements in her life that made it better to live. She had to quit school at a young age and struggles to feed her family without any work or income. People sometimes abuse her family because there are no adult to protect them. Her mind is much occupied of her younger sister’s situation. Even though she tried her best to show her the right way in life she believes she failed as the sister now is pregnant and she does not know how to handle the situation. One must also remember that Bongi herself was in the exactly same situation a year ago, as she also became pregnant and gave birth to a child. She still believes her life is so much better now. She managed to arrange that her siblings could attend school again after a whole year’s break. Her home has a roof and beds to sleep in, which it did not have for along time. She has a special person who she can turn to for advice and guidance and she gets some protective support from relatives close by. She means her belief in God helps her through life. She has hopes that she can finish her studies next year. Bongi does not believe that her family needs an adult person in the household; they just have to stay in peace with each other.

*Informant 6 Bulelwa: “My brother is taking drugs and drinking alcohol”*

Bulelewa (Bu) is an adolescent 24 year old woman who lives in a semi-rural community 30 km outside Durban. She is heading a household consisting of her three brothers 17, ten and eight years old and a 38 year old uncle who is sick. She became responsible for the household in 1999 at the age of 17 when her parents died. Her brothers and sisters all go to school. Bulelewa has completed 12th grade.

The interview was conducted in the Bulelewa’s house. The interpreter was used quite much as her English was limited, but she tried to talk as much English as she could.

*Why she became the head of the household*
The mother and father died due to the political violence between the political parties ANC and UDM in Richmond 1999.
Contact with relatives
Bulelewa says she has many relatives but they do not stay close by. Her grandmother lives in the neighbourhood and she was the only one who helped them in the beginning when the parents died.

Income
Bulelewa has been unemployed ever since she graduated from school except for temporary job. But she collects child support grant from the government for her two youngest brothers. The company that her father worked for also contributes with a monthly allowance.

Housing conditions
The family lives in the parents’ house with two rooms and a kitchen, furniture and a TV. It has electricity, but the water must be collected from a tap in the garden.

Changes
She tells how it was when her parents went to Richmond and never came back:

It was terrible. They were staying here and then they go to Richmond and then we stayed alone here and then we continued to stay alone here. (…) A lot of things have changed, especially because of the fact that I am responsible for everything and how to get things for the family, everything changed since 1999.

Responsibilities
Except for being responsible for providing for her family, Bulelewa tells about decision making:

Bu: I am the one that makes decisions, I instruct them what to do. But the problem is that there are a little bit of resistance, they’re not responding of what I’m saying, but I am the one responsible to make decisions.
I: Your brothers sometimes don’t want to listen to you?
Bu: Yes because they are boys!
I: What do you do then?
Bu: There are some punishment deciding.
I: Like what?
Bu: Like if he needs something, and I say because you don’t want to do this, I can’t buy this for you, I can’t get this. They know that.
I: And then they listen to you?
Bu: – ya they listen

Daily life
She tells what she did the day of the interviewing and says that these are the things she usually do:

Just cleaning the house, and cooking and washing… looking after the children when they go to school.

She also explains how she teaches her brother to do the same things:

Bu: Yes I teach them how to wash dishes, how to wash their clothes, cleaning the house…
I: So they do that?
Bu: Yes they do! I teach them, I tell them when they come home from school, then they do things
Relation to siblings
Bulelewa explains how the youngest brothers view her:

They see me as a sister, as a mother... everything. They know that they
don’t have mother, but they are confused if you ask them they can not tell
you this, what they think what I am to them.

But she is experiencing problems with her 17 year old brother; she feels that he does not re-
spect her and that he is affecting the other brothers in a negative way:

My brother, he is taking drugs and drinking alcohol coming to us. They used
to respect me more, but then he comes here drunk and shouts, doing all
sorts of things here. Then they look at him, then they don’t say anything but I
need him to understand what the situation is here, but he don’t understand. I
always say the young ones they look at you and they will do it because you
do it. (...) I talk to him, but nothing change either you are talking or not talk-
ing...(...) He doesn’t respect anyone. If he wants to do a thing he is doing
that thing, no one can tell him don’t do it, you can’t do it, he never minds

Perceptions of being the head of the household
Bulelewa explains her feelings of being responsible over the household:

First I didn’t enjoy it because it was so hard. But during this time I enjoy it
when it becomes nice then I’m enjoying it. Now I don’t think about it a lot. It’s
like I’m going home, I’m a child, I’m a mother, I do what all girls are doing in
their homes.

She thinks she gained the experiences of motherhood, but she also mentions some of the prob-
lems:

I: How do you think being responsible for the family has affected you?
Bu: It affect me. Sometimes I gain sometimes I just become confused...
I: So what kind of experiences did you gain?
Bu: Like to be a mother, how hard and how easy it is. But sometimes I don’t
enjoy it, if there are problems that are hard I don’t like to be...sometimes I
say it’s nice...
I: What kind of problems do you experience?
Bu: Like if they don’t listen to me, like if there is a problem like discuss of
money, like that...

When talking about the future she says she wants to have her own children if she gets mar-
moved, otherwise she is concerned that her brothers must learn to take care of themselves:

To withheld my home, to stay with the children. It’s nice to have a house to
grow up with children. And my brothers having their own homes, I want to
teach them how to handle the home I want them to have a good life.

Good things in life
Bulelewa tells that her friends make her happy, when they come to see her talking and making
jokes. Then she does not feel alone. Life is also good when her family can stay in peace:

If we can stay in peace here, everything would be as I wish because some-
times there is conflict. But if we could stay in peace that is good.
Difficulties
Bulelewa’s greatest concern is the problems she has with her brother (already mentioned under the heading relation with sibling). She tells how other people also tried to solve this problem:

They talk to him. I used to give him money, pocket money to have to school but he misbehaved in school. They call me a lot from school, they end up talking with the social worker… hey… she failed to talk to him

She explains his behaviour:

He has friends and his friends got parents but he fails to understand that he don’t have parents. He wants to have what his other friends have. It’s hard to him.

Support
As already mentioned the family receives government grants and money every month from her father’s company. When it comes to psychosocial support there is a social worker from the welfare department who sometimes visit them. Bulelewa feels that she can talk to her about her problems. She does not mention any relatives. But she is of the opinion that the uncle who lives with them does not contribute with anything to the household, rather the other way around as he is sick and drinks a lot of alcohol.

Comment
In the beginning of the interview Bulelwa is very shy, but as time pass she begins to loosen up and shows a beautiful smile. She shows great affection and concern for her siblings and she tries to teach them about daily survival. For seven years she has been heading the household. During these years she has developed knowledge in how to be responsible for a family. She explains how her young brothers see her as their mother and how she herself believes she gain from these experiences raising children. She sets up rules and punishments if the rules are not followed. Her biggest worry is her eldest brother who has lost respect for each and everyone in his life and that has and bad impact on his younger brothers. She stands helpless. Bongi desperately wants her family to stay in peace, then life would be good she believes.

Informant 7 Pepsi: “Being with the children makes me happy”

Pepsi (P) is a 13 year old girl living in a semi-rural area 50 km outside Durban with her 11 year old brother, seven year old sister and a two year old nephew. Three years ago the mother left her family without any explanation. The father did not stay with them. The 27 year old brother then came and took over the responsibility, but he became sick and died one year later in 2004 and Pepsi and her brother and sister have been alone since then. The little nephew came to the household last year, when his mother left him in the family’s house when she and her siblings were in school. The nephew’s mother never came back. Pepsi and her siblings go to school, but they are not able to pay the school fees. Until now the school has accepted this, but this year they did not get their results.

The interview took place in a car just outside the Pepsi’s house. The decision to conduct it in the car was made due to the need of privacy; there were a lot of people around. The girl could not speak English and an interpreter was used during the whole interview.

Why she became the head of the household
Pepsi tells how it was before and when she became the head of the household:
P: Our brother used to come here, when mother was still here. And he came and advised mother about life, and how important it is to focus on her children and stay with them. But our mother still used to leave us alone. And whenever she left our brother came and took care of us. That is how it used to be. But my brother died.

I: So you became alone in 2004, but even before this your mother used to leave you?

P: She was never responsible for us. I remember that my brother tried to advise our mother a lot, but she never used to care. I feel that I can’t even call my mother my mother, I feel like I am an orphan. She has been useless to us.

Contact with relatives

The relative Pepsi is talking about is a cousin, a 23 year old woman who lives in Durban. Every month she comes and stays with the children for a couple of days and gives them food. It is obvious that this cousin is very important to Pepsi. She says that the cousin loves them and has always kept on eye on them. When the brother was alive she viewed her brother as her father and the cousin as a mother. But this is the only relative that the family has contact with.

Income

The household’s only income is the money Pepsi’s younger brother obtains when he goes into the nearest town begging, because all the white people live in town she says.

Housing conditions

It was the cousin who helped them build the house that they now live In. it is a very small two room house with no electricity or running water and a couple of old broken furniture.

Changes

She explains how life became when the mother disappeared:

We were living with our mother, and our father was living somewhere else. And one day our mother just left us and our father is no longer where he used to stay, so we don’t know where they are (...) When our mother left we had to remain alone, we had to continue life. I go to school with he children. We have a relative, but she is not our real sister. Sometimes she buys food for us and take care of us, but she lives in town, she doesn’t live with us. Here we are staying alone.

Responsibilities

Pepsi says she has to clean the house, cook for her family and dress and wash the little nephew. When she is making decisions, she does it together with her brother:

I: How do you make the decisions in the family?

P: I sit down and talk with my 11-year old brother about what I am planning to do. But I sometimes make my own decisions. (...) if I don’t know what to do I usually call my 11-year-old brother. He has more sense.

Daily life

Pepsi simply explains:

I go to school. I stay at home, I do all the work. Sometimes I visit friends and play with them and then come back and cook.
After the interview she shows her home where she spends the most of her time cooking and cleaning.

Relation to siblings
The informant expresses a very close relation to her brothers and sisters. She says they see her as a mother and that it makes her happy because they respect her a lot. She never has any difficulties with them.

Perceptions of being the household head

P: Right now I am okay, but when it happened for the first time it was difficult for me. I was staying in the house with so many kids I didn't know how to cope as young as I was. And now I'm okay, I'm used to it.
I: How do you think you managed to do this?
P: I just have the boldness now, I have given myself to that, I don't have a choice.

But Pepsi admits it not always easy:

It's stressful. Sometimes I come back and look at other children staying with their parents I feel bad and wish it was me. I want to live that life where I am free as a child.

She tells what she thinks would be the best solution for her family:

P: I believe that it's best for us to study, taking care of our home and we mustn't do what is wrong.
I: and what is wrong, what are wrong things to do?
P: Like playing in the house and breaking the windows, we try to avoid that.
One window is broken, my brother broke it, he was playing with stones.

And Pepsi has a bright look on the future for her family:

I think we have a better tomorrow because we go to school, and we are serious about it.

Good things in life
The most important persons in the Pepsi's life are her siblings and little nephew and her cousin. She says that being with the children makes her happy, to sit down and talk with them, she likes them very much. She also tells that she is a good dancer and that she plays basketball.

Difficulties
Pepsi tells what she believes it is the most difficult in her life:

The most difficult in my life is not to have somebody to look up to for advices. Everything we have to do ourselves.

She explains that she does not have any troubles in her life; it is only the situation her family is in that makes her sad. And at Christmas time she can feel even worse about it:

There is something that makes me feel bad. When its Christmas time, we have friends and their parents can by clothes for them and they can look nice.
on the Christmas day, and we don’t, we always look like that way, funny. I wish someone could buy Christmas clothes for us.

Pepsi also tells about the time when the little nephew arrived to the family:

The 2 year old is my brother’s baby, my brother who used to take care of me when our parents left. But he died. When my brother died, the mother of the baby came last year and she just left the baby when we were in school. She just left the baby alone weeping and when we came back from school, we found the baby in the house. And when asked about the baby the neighbours said that she said to that she was coming back. She just left the baby and never came back. And what I said to those people we can support the baby, at that time we were already staying alone. But the mother was gone.

**Support**

The support that Pepsi thinks they need the most is clothing, food and school fees. Except for the cousin in town who buys food for them and paid for their school uniforms, the household does not get any regular support from somebody else. She does not feel that she can speak with anyone in the community about her problems. The only person who helps them is a neighbour who takes care of the nephew when the other children are in school. There is one lady, Pepsi says, a help worker sent from the government to help orphans, she believes it is. She sometimes come to her and talks and gives her things, but not always. When it comes to government grants Pepsi explains that they cannot collect these as they are under aged.

**Comment**

Pepsi became the head of the household at the early age of 11, but even then she already had the sad experiences with an uncaring mother leaving them alone for longer periods of time. She gives the impression of a very tough little girl, she is telling about her life straight forward, without any problems in expressing her feelings and opinions. She explains about the hardship she felt in the beginning and how she after some time got used to the situation. How she brought the nephew into the family even though their situation was already hard to handle. She feels great comfort in her supporting cousin; just knowing that someone cares for her and her family is enough. She gives the impression of handling life well despite her young age and states a great love for her brother, sister and little nephew. They are all in this together, the brother going to town begging to get money for food, Pepsi cleaning and cooking, their mutual decision making and their determination of going to school and not do the wrong things. However, the support these very young children get from the community and others is far from sufficient. Pepsi expresses a longing for someone older to be able to turn for guidance and advice; it is hard to almost always be on your own. She feels stressed when she sees other children with parents and sad during Christmas time because of lack of nice clothes.

6. **Final discussion**

**Introduction**

In this section discussions of the result and method are made. Finally, this report ends with the conclusion and suggestions of future research.

**Discussion of the result**

The object of this study was to explore the conditions of every day life of child-headed households in South Africa. The informants’ perception about their situation shows a clear
unanimity to the earlier research about CHHs. But every individual also had some unique experiences in his or her life world as the household-head.

**Why the household became child-headed**

Earlier research states that the most common factor for a household to become child-headed was of parental death due to AIDS (Foster et al., 1997; MacLellan, 2005; Graham, 2004). Parental death was the leading factor in this study; however, none of the informants in the study mentioned AIDS as the cause of death, even though this is probably the truth in at least some of the cases. This must be understood in the shadow of the stigma HIV/AIDS still cause in South Africa. To be related to HIV/AIDS can result in discrimination and isolation. Pepsi is the exception with a mother who ran away, but the brother who took care of them after this he died, leaving his siblings alone. The father also shines with his absence in the informants’ stories. This can have many explanations of course, but one could be that in Zulu culture it is common that a man has more than one wife leaving their families behind when he marries a new woman.

**Contact with relatives**

Earlier research discusses the possible break down of the extended family as an effect to the maybe growing prevalence of CHHs. The families in this study have various contacts with their relatives of both positive and negative character. Zulungile experiences how relatives try to grab her property and other belongings to her dead mother which earlier research state is quite common in the context of CHHs (Luzze, 2002; Sloth-Nielsen, 2004). Zandile expresses disappointment in unsupportive relatives even though they live close by. Bongi feels she have protective support but not material support from her mother’s family. This can indicate the already heavy economical burden that the extended family experiences. But both the families of Beauty and Sipho and Pepsi have one relative that support them regularly. In the case of Beauty and Sipho it adds to their loneliness that their aunt cannot be with them all the time, for Pepsi it is a great comfort to know that there is someone to care for them.

**How to head the household**

The changes experienced by the informants when they became the household-head are mostly related to the new responsibilities in providing for the family and taking care of the home and younger siblings. The practical chores regarding daily life are not a challenge for the informants. Cooking, cleaning and washing have always been a part of African children’s every day life. The informants explain how they make decisions and house rules to make life easier. Little Pepsi decides everything with her younger brother as she is of the opinion that he has more sense. Zandile delegates the chores to his siblings so he can focus on providing food for the family. Bulelwa has developed a punishment system if the rules are not followed and trains her brother how to manage the household. Bongi is determined to teach her sisters the right way as well. Zulungile wants to do the same with her sister.

The perception of being the household-head is quite similar among some of the informants. There is a common feeling that it was tough and difficult in the beginning but that they are used to it now. Bongi believes that her family would not even need an older person in the household as they manage to survive on their own. It is only the youngest ones Pepsi and Beauty who expresses stressed feelings of being alone. So this can depend on age, the younger – the more difficult in having the headship of the household. What are also clear are the difficulties for the informants to mention any strength they see in themselves, which show a low self esteem. It is only Zulungile and Pepsi who can talk about things they are good at. Donald and Glynis (2005) also discovered that the children in CHHs’ lack of realistic long-
term goals and a poor sense of self-worth or belief in them. This was a result of their extremely disrupted and distressing lives, with a high degree of hurtful and unresolved emotions bound to certain experiences.

Relations to siblings
One of the strongest advantages for children remaining in CHHs according to previous research is that siblings can remain together (Kelly, 2003; Tolfree, 2004). The affection and love the informants show to their siblings are very obvious. The female informants all experienced how their younger brothers and sisters viewed them more as a mother than as a sister. This was not the case for Zandile, who did not want to be seen as a parent even though his siblings were truly important to him. This may be explained by that in African culture it is usually the mother who takes care of the upbringing of the children, it becomes more natural for girls to take on the mother role. But the siblings could also be one of the biggest sources for problems. Bongi expressed great worries and disappointment in not being able to handle her sister that now is pregnant. Bulelwa does not know what to do with her 17 year old brother that drinks alcohol, takes drugs and does not respect her. Zulungile is concerned about her sister’s future and Zandile’s brothers make him sad when they do not listen. The previous research tell us that despite their status as heads of households, older children, especially girls can lack authority over their younger siblings (ACORD, 2001). It is also obvious in these cases that teenage siblings cause more serious problems than younger ones. Pepsi says that her family gives her no trouble at all; her siblings are all under 12 years old. When Pepsi talks about not doing the wrong things she for example means not playing and breaking the windows in the home, when for Bongi it means avoiding pregnancy.

Difficulties
The informant opinions on what was the most difficult in life varied. Some experiences were mutual others unique. For example Zandile was the only one who mentioned food security as greatest concern. Pepsi was troubled that her family did not have nice clothes during the festive season.

Safety and people taking advantage
The issue of safety was a concern for some of the informants. Bongi were troubled with people abusing them because her family was young. Beauty was greatly worried about persons entering her home without permission and Zulungile felt the same. Earlier research highlights the problems for CHHs in dealing with problems and the lack of support and advocacy from parental adults (Tolfree, 2004). Even though Pepsi claimed she felt perfectly safe in her home, she meant that she felt alone in doing everything by herself and that she needed someone older to turn to. The same opinion had the siblings Sipho and Beauty. Zulungile as a young woman were scared of being raped and getting pregnant, girls living alone are in particular at great risk of being sexually abused (Tolfree, 2004; ACORD 2001).

Discrimination
Children in CHHs can experience loneliness and isolation in the community (Tolfree, 2004; ACORD 2001; Roalkvam 2005). Zulungile was particularly frustrated with the discrimination she felt from other people regarding she did not have any parents. Beauty also expressed sadness over being seen as an orphan and therefore not worth to be with. Again the explanation for this can be the stigma related to HIV/AIDS. On the other hand Pepsi stated that she did not have any problems at all with the people in the community, all treated her nicely.
Good things in life
Zulungile speaks warmly about the youth sector of the FBO she attends to, here she feels she have a family. Bongi also expresses how important God is to her and the CBO that have helped her improve her life situation. Luzze (2002) concludes that NGO intervention can have potential both to strengthen coping capacities in CHHs and to destroy detrimental coping strategies. Friends and family are other highlights in the informants’ life. School is a source to happiness and Zandile and Bongi who both had to drop out from school in order to take care of the household expresses regret about this. Pepsi explains that she believes that her family has a better future because they study hard, even though she right now is not able to pay her school fees.

Support/Intervention
The earlier research provides with the knowledge of three categories of support concerning CHHs.
Formal support
Formal support is support from the state or NGOs. Bulelwa is the only one of the informants collecting grants for her younger siblings, even though all the families should be entitled government support to at least some extent. This brings up the issues discussed earlier in this study regarding the right to social assistance for CHHs. Researchers have already argued for that the State must allow children functioning as factual primary caregivers to have direct access to the Child Support Grant, both on behalf of their siblings and themselves. (Rosa, 2004; Sloth-Nielsen, 2004). Social workers are present in the families of Beauty and Sipho and Bulelwa. It is even more surprising then that Sipho and Beauty did not get any assistance in trying to sort out the ID problem with their brother to be able to collect the grant for him. As all the informants were sampled through organisations, they also get some, although limited support from them. It mainly consists of food parcels and counselling. But for some this support meant more as for Zulungile and Bongi. Researchers are united in the conclusion that support for these children should be community based and that all service providers must collaborate to give the most appropriate care to these children (Chabilall, 2004; Madhavan, 2004; Tolfree, 2004; Walker 2002). However in these cases no such thing was noticed.

Informal support
Informal support can be help from relatives, friends and neighbours. Zulungile and Zandile express disappointment in their relatives’ unwillingness to help, while Pepsi, Beauty and Sipho obtain regular support from a relative. There are neighbours to some of the informants who are willing to help. One takes care of Pepsi’s little nephew when she is in school. Beauty and Sipho get money from their neighbours in return for small work. Bongi receives guidance from one special neighbour and Zulungile says that people in her neighbourhood are willing to help. Donald & Glynis (2005) highlight social networking strategies as the most important strength that children in CHHs demonstrate with both adults and peers, strategically deciding who can help best with homework, food, advice or emotional support. Another example of this is Bongi who went to the ministry in the community asking for support to her siblings’ school fees.

Needed support
Financial support is of course one of the main needs for the majority of the informants, as a regular income is scarce for the families. Especially money for food, electricity, clothes and school related things are required. Already discussed is the demand for someone older to turn for guidance and advise (Sipho and Beauty and Pepsi). Zulungile has a very strong wish in having someone to share her problems with, that is her primary need, not financial support at this stage. Zandile first says he wants to talk to someone older but then changes his mind, what he first of all need is assistance in applying for the grants.

Discussion of method
The extensive literary review and background research became an important tool when developing the interview guide.

This study involved children, and qualitative interviews may not always be the most useful method for them. Traditional social science methods in research with children have been criticised because they ignore the power balance between children and adults. This can project the authoritative stance of the researcher, which can result in intimidation. A method to overcome this is training children to be researchers themselves, involving them actively in the research (Blerk, 2006). However, as this study both includes children and young the more traditional interview method was chosen. The qualitative interview as a method was an appropriate way
in gaining valuable information about the informants’ perception of their life situation and role as the household-head. The choice of not conducting focus groups interviews were made due to the sensitive matters the informants maybe not wanted to reveal for others. To do a quantitative study on CHHs could have been interesting in trying to gain more generalised results, but the unique stories would then have been missed. That kind of study would also have been very time consuming as the informants, children in CHHs, were difficult to find. A limitation in the method used is still the language barriers, as neither the interviewer nor the informants had English as their first language. Though working with an interpreter proved beneficial.

**Conclusion**

To be a child and responsible for the household is an immense and difficult life task. Zulungile, Beauty, Sipho, Zandile, Bongi, Bulelwa and Pepsi are all examples of strong household-heads struggling for survival for themselves and their families. Their experiences are both mutual and unique. It is important to remember that they live in a culture where children from an early age take a great responsibility in taking care of the home and younger siblings. Still, leading the household should not be the part of a child; the informant’s stories teach us this. To be born as African children in South Africa gave them a disadvantage from the beginning as racial oppression still exists in the country. However, today it is not the issue of apartheid that is the most burning; instead the AIDS pandemic have the same devastating impact on peoples’ lives. The AIDS orphan crisis is a crucial fact for a country with millions of people already suffering great poverty. South Africa is fighting these problems, research and monitoring is done to improve the situation, new laws and policies are written. But still, meeting the affected children, show that these suggestions and solutions do not reach them. This is something that has to change.

**Policy**

What can be done to improve the conditions of life for children living in CHHs? The two dimensions of giving support must be considered. Firstly it is important to prepare children who will soon be without a legal caregiver about their future. What alternatives are there and what would be the best solution? In the context of HIV/AIDS there are time to plan ahead to prevent that children end up living alone in difficult circumstances. One must not also forget that children can head households even though the parents are still alive due to the state of illness of the parent. If the child is taken the major responsibility of the household, support has to be given to ease this burden. Home visits by social workers are essential to understand in what condition the family is living in. Secondly, when it comes to the most effective support to children already living in CHHs, the issue of social assistance is crucial. This study has showed that there is an urgent need for this. Almost none of the families interviewed receive social assistance even though earlier research strongly suggests that this has to be improved. The children who require it the most cannot collect it due to complicated rules and accessiblity. Further more, financial support is not the only demand. The children in this study reveal a deep feeling of loneliness and isolation. This has to be prevented; the proposed mentor system in the new Children’s Bill could be one way. The procedures of witch new legislations and policies are established must however be much faster. It has been over three years since the bill was written and it has not yet been finalised. In the mean time children continue to suffer.
Suggestions for future research

Hearing the life stories and opinions of the informants of this study, as well as reading the existed material on the subject matter, contributed to following suggestions for future research regarding CHHs:

- Research exploring siblings’ perception of their situation in a child-headed household. As this study show some serious problems concerning the upbringing of younger brothers and sisters.
- Research focusing on girls’ situation in child-headed households. There are already indications about their special vulnerability and this should be explored further.
- Research conducted over a longer period of time in CHHs. Longitudinal studies is necessary to truly comprehend the complex situation of a CHH. This would make it possible to reveal coping strategies, the complicated relations between household members and the extended family and how to best support these families.
References

**Literature**


**Reports and Documents**

ACORD. (2001). *Research into the living conditions of children who are heads of households in Rwanda*. Unpublished manuscript, ACORD.


Articles


**Web documents**

Website 1. KwaZulu-Natal profile:  

Webside 2. South African education:  
Appendix

Interview Guide

1) Household composition
List all persons now living in your household and indicate their relationship to you, their occupation and working conditions.

- Age:
- Sex:
- Relation:
- Occupation:
- Work/studies:

- Who is the head of the household?
- When did you become the head of the household?

2) Factors leading to the establishment of child-headed households
- Why are you the head of the household?
- What do you think would be the best solution for you and your family?

3) The life situation
- How has your life changed, from before?
- How do you get your income?
- What makes you happy?
- What makes you sad?
- Who are the most important person/persons in your life?

4) The role as the household-head
- What does being the household-head mean to you?
- Can you tell me about a normal day in your life?
- How do you make the decisions in the family?
- How has this role as the household-head affected the relationship between you and your sibling/s. (For example: do they look at you as a sibling, or as a parent?)
- How do you think being the head of the household will affect yourself as a person?
- What do you see as your strengths?
- What is the most difficult about being the head of the household?
- How do you feel about your situation?
- How do you think about the future?

5) Support/intervention
- What kind of support do you get, and from who?
- What kind of support do you think you need?

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3 Support is meant as both material support and psychosocial support.