

# Child Headed Households, The Emerging Phenomenon in Urban Informal Settlements in Kenya

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## Abstract

This study is centred on the phenomenon of the child headed household in urban informal settlements in Kenya. Such households have become an increasingly common occurrence in Sub-Saharan Africa, as a result, in particular, of the HIV/AIDS pandemic. This has caused millions of children to become orphaned, and has brought about new coping mechanisms. There has been considerable interest in Kenya's progress with regard to the emergence of child headed families and this can be seen by way of the number of NGOs interested in this subject. This work considers the challenges to livelihood survival and the non-material needs of those in child headed households in Kenya within the realities of daily life. Despite living under very pathetic and harsh conditions, orphans in CHHs have been known to develop unique resilience when their lives are changed radically. They develop a continuum of coping strategies, which also include adopting 'de facto' adult roles. Children take on new roles, acting as household heads, making household decisions even when parents are still living, and supporting their young brothers and sisters, at times suffering loss and peril themselves. Because of the overwhelming stress on the conventional orphan support systems, increasingly, CHHs are slowly becoming an accepted alternative form of orphan care and are thus attracting support from communities, women self-help groups (WSHG), CBOs, Churches and NGOs. The livelihood needs of CHHs are particularly challenged by the lack of opportunities for income generation, access to land rights and changes in household life, including revisions in programmes and policies. Furthermore the non-material needs of the children in these households are often unacknowledged; their stories frequently portray a lack of family and community support, marginalisation and isolation, which contests widely held and historic understandings of family and community. The area of study was Kibera slum of Nairobi Kenya and the researcher employed purposive sampling to select the respondents who participated in the study. A total of 50 children living in child headed household were identified through the chief's office and the support organisations for orphans operating in the above villages. Ten key informants including social workers from organisation supporting these children, chiefs, teachers and children's officers were also interviewed to give an in-depth understanding of the phenomenon. Findings of the study revealed that HIV and AIDS coupled with the breakdown or weakening of the extended family network has led to the emergence of Child headed households. Children in these households were found to face challenges such as lack of parent's love and affection, protection and care, Lack of basic necessities like food shelter and health care, social exclusion and stigmatization, disinheritance, exploitation abuse.

**Keywords:** Child Headed Households, Emerging Phenomenon, Urban Informal Settlement

## 1.1. Background

The family institution has experienced changes over time. Prior to industrialization, the family was deeply embedded in a broad set of kinship relations (the extended family) and was the hub of economic production. The transition to an industrial society, however, in which the family is no longer, as such, a unit of production, dissolved the extended family (Giddens, 1982.). Giddens goes on to say that the kinship relations became pared down to the "nuclear family" which means the family is composed of the parental couple and their immediate offspring.

Parsons *et al* in the book *Family, Socialization and Interaction Processes*, says that the family has become a more specialized agency than before. There is consensus that the family unit is very important in the contemporary society. The nuclear family is said to be the unit responsible for procreation and upbringing of children. This unit is also the main source of emotional support and satisfaction for its members. Not until the eighteenth century, did the family begin 'to hold society at a distance', to 'push it back beyond a steadily extending zone of private life' (Aries, 1973).

The extended family was the traditional social security system and its members were responsible for the protection of the vulnerable, care for the poor and sick and the transmission of traditional social values and education. In recent years, changes such as labour migration, the cash economy, demographic change, formal education and westernization have occurred and have weakened the extended family. Labour migration and urbanization have led to a reduction in the frequency of contact with relatives and encouraged social and economic dependence. In contention with the above observation, Giddens (2006) highlighted the characteristic of mechanic and organic solidarity as forms of division of labour which reflects the withering ties of today's society. In his argument, Giddens observed that the societies characterized by organic solidarity are held together by people's economic interdependent and their recognition of the importance of others contribution. As the division of labour expands, people become increasingly dependent upon one another, because each person needs goods and services

that those in other occupations supply.

In the contemporary society, possessions are perceived as personal property and no longer belong to the extended family. Increased life expectancy and family size mean it is now not possible for an extended family of three or four generations to reside together. The diminishing availability of land makes it difficult for large families to be economically independent through subsistence agriculture. Education about social values is likely to be obtained from schools and interactions of children with their peers rather than through traditional mechanisms. This has lessened the ability of older people to exert social control over the younger generation. Bride price is nowadays often a cash payment given to the bride's family, rather than cattle and other possessions raised by members of his extended family; thus marriage itself has become more a contract between two individuals leading to weaker links between and within extended families (Foster, 1997).

Child headed households have been noted in the late 1980s in the Rakai district of Uganda, child headed households (CHH) is a phenomenon that is attributed to the breakdown of the extended family structure. Other causes have also been attributed to the emergence of the phenomenon which includes the HIV/AIDS scourge, children being orphaned through other causes and a parent being disabled.

### **1.2. Statement of the Problem**

The appearance of child-headed households in communities affected by AIDS is a recent phenomenon with cases noted in the late 1980s in the Rakai district of Uganda (WHO 1990; Alden, Salole and Williamson 1991) and Kagera region of Tanzania (Mukoyogo and Williams 1991). In 1991, such households were observed in Lusaka, Zambia (Ham 1992), Manicaland, Zimbabwe (Foster et al. 1995) and, for the first time, in six villages in the Masaka district of Uganda, where previously no such households had been noted (Naerland 1993). In the United States, cases of teenagers caring for younger siblings after deaths of parents from AIDS were reported in 1993/94 (Levine 1995).

Before the emergence of AIDS, about only 2 percent of children in the developing world were orphans. By 1997, the proportion of orphans with one or both parents dead had risen to 7 percent in many African countries and in some cases reached an astounding 11 percent (UNAIDS, 2000).

For countries like Kenya that have had long and severe epidemics, AIDS is generating orphans so quickly that conventional orphan care systems can no longer cope. Yet through the accompanying waves of impoverishment and social disintegration, it also destroys the very social fabric necessary for absorbing the growing number of orphans. This two-pronged effect of the HIV/AIDS scourge, it can be emphasized is directly responsible for the emergence of CHHs. In order to escape the encumbrance of being adopted by relatives in households where resources are already over stretched, or being institutionalized; many orphans leave for urban centers 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. Despite living under very pathetic and harsh conditions, orphans in CHHs have been known to develop unique resilience when their lives are changed radically. They develop a continuum of coping strategies, which also include adopting 'de facto' adult roles. Hunter (2000) for example observes that, "Children take on new roles, acting as household heads, making household decisions even when parents are still living, and supporting their young brothers and sisters, at times suffering loss and peril themselves. Because of the overwhelming stress on the conventional orphan support systems, increasingly, CHHs are slowly becoming an accepted alternative form of orphan care and are thus attracting support from communities, women self-help groups (WSHG), CBOs, Churches and NGOs. What is however, not clear is how they are identified for support and what kind of support they receive and with what conditions if any.

### **1.3. Objective of the Study**

The main objective of the study is to examine factors surrounding the emergence and persistence of child headed households in Kibera slum, Nairobi.

### **1.4 REVIEW OF RELATED LITERATURE**

#### **HIV/AIDS and the Emergence of Child Headed Households**

Sub-Saharan Africa continues to bear the brunt of the global epidemic. Two thirds (63%) of all adults and children with HIV globally live in sub-Saharan Africa. Promising developments have been seen in recent years in global efforts to address the AIDS epidemic, including increased access to effective treatment and prevention programmes. However, the number of people living with HIV continues to grow, as does the number of deaths due to AIDS. A total of 39.5 million people were living with HIV in 2006 (UNAIDS 2006)

There are many AIDS-orphans living on the streets of African countries, and for every child orphaned by AIDS, there are several others about to be orphaned, nursing ill parents, and already acting as primary carers of younger siblings. AIDS-affected children include orphans and children whose parents are ill or too busy caring for

ill family members. Many suffer the isolation of fear surrounding the virus, hiding the secret of HIV in the family in case they are shunned by friends and neighbours. Even before they actually become orphans, children are effectively 'growing up alone' because of the shame and stigma which surrounds the disease. (UNICEF, 1999.)

Child-headed households face a wide range of issues. The most pressing relate to survival needs and poverty. Children and young people in child-headed households need to work hard to care for each other and to earn a living. They may miss out on education and health care. They may have to cope with grief stigma and discrimination. These children receive little or no support from the community ([www.ovcsupport.net](http://www.ovcsupport.net)).

For countries like Kenya that have had long and severe epidemics, AIDS is generating orphans so quickly that conventional orphan care systems can no longer cope. Yet through the accompanying waves of impoverishment and social disintegration, it also destroys the very social fabric necessary for absorbing the growing number of orphans. This two-pronged effect of the HIV/AIDS scourge, it can be emphasized is directly responsible for the emergence of Child Headed Households.

World Health Organization (2005) describes the HIV/AIDS situation in Kenya as a vicious circle. The report says that when parents die, in most cases the living relatives are not willing or are unable to provide care to the orphans. Child headed households have sprung up, and child labour has hit an all time high. They will be found roaming the streets, if they are not being trafficked for sex. This situation puts children at many kinds of risks, including the risk of HIV/AIDS transmission.

### **Child-Headed Households**

A child-headed household is one which is led by a child under the age of 18. This child takes on responsibilities usually carried out by parents, including providing care to other children. Children as young as 8 years act as heads of such households. The main event that leads to establishment of a child-headed household is the death of both parents. However, in some cases, one or both parents are still alive. Other events include parental illness or disability. In some cases, one or both parents have left the family home for some reason. The term is usually applied to households where the person heading it is not the parent. Although there are many documents about teenage pregnancy, this does not appear to have been identified as a factor in causing the establishment of child-headed households.

In some cases, adults do live within households which are child-headed. However, they play no part in providing care for the household and do not contribute to its livelihood. This may be due, for example, to disability or illness. Such households are called 'accompanied' child-headed households. This is distinct from 'unaccompanied' households which have no adults in them.

### **Why children choose to stay alone in child headed households**

It is widely stated that the creation of child-headed households is evidence that the extended family system is unable to cope with situations created by HIV/AIDS. Child headed households may also be a mechanism by extended families to cope with the situation. Some child-headed households live close to their extended families. They may receive limited amounts of material support. In some situations, younger children (under 5 years) are taken to live with the extended family. The older children and young people are kept together within a child-headed household.

Various reasons are given for children and young people living in a child-headed household rather than with the extended family. This may be because no relative could be identified to take them. Alternatively, it may reflect the wishes of the parent and/or the children. Many parents and children prefer to live as a child-headed household rather than to risk loss of the family home and other property. In addition, children and young people often wish to stay together. This is not always possible if care of children is taken on by extended family members.

### **Children's Rights in relation to child headed households**

Children affected by HIV/AIDS are vulnerable long before their parents die. Girls, in particular, assume caring responsibilities for their ailing parents besides parenting for their siblings. With the weakening extended family systems in our society most children find themselves without proper social support with the incapacitation and death of their parents. This would deny the OVC a chance to access their basic needs such as proper health care, education shelter and nutrition. Orphans suffer stigma, stress and trauma in addition to the loss of parental love, care and protection and more often they are disinherited (<http://www.olf.org.za/ovc-in-Kenya>).

### **The Convention on the Rights of the Child( UN-CRC)**

The UN Convention on the Rights of the Child, adopted by the United Nations in 1989, is the most important international treaty dealing with all aspects of children's rights. It provides a useful framework for addressing the rights of children in child-headed households. The document aims to: promote the protection of children; encourage their participation in society especially in matters that affect them; prevent harm being done to children; and provide assistance to ensure children's basic needs are met.

Concerning policy considerations that are specific to child-headed households, the General Comment number 3 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 state benefits such as social grants, and access to health care services, as well as fair inheritance rights. Acquiring proof of identity has very important implications for a child,

because it relates to securing his or her recognition as a person before the law. The General Comment draws attention to this. Proof of identity also helps to protect other rights, including inheritance rights and the right to education. The philosophy of the Committee is that orphans are best protected and cared for when siblings can stay together, in the care of relatives or family members, or the extended family. If the extended family has been destroyed by HIV/Aids, the state must then provide, as far as possible, family-type alternative care, such as foster care. Institutional care should play only an interim role in caring for children orphaned by HIV/Aids, and only when family or community based care is not available or feasible. The General Comment reminds State Parties that there must be limits on the length of time that children spend in institutions. The main goal must be to eventually reintegrate them into communities. The General Comment acknowledges formally that child-headed households now exist. States Parties are encouraged to provide financial and other support to them. As a matter of policy, though, the General Comment says that communities are the frontline of the response to HIV/Aids and other related consequences, such as child headed households. States' strategies must be designed to support them in deciding how they can best provide support to the orphans living in their communities (*Nielsen 2004*).

Because HIV/AIDS so often impoverishes and stigmatizes the children it affects, and claims the lives of so many in their extended family, these children are at high risk of having to eke out livelihoods on the street or in other potentially dangerous situations. AIDS-affected children face many obstacles to staying in school and thus to fulfilling their right to education. They are further disadvantaged in many cases by the unscrupulous and unlawful appropriation of property they are entitled to inherit from their parents, and in Kenya they are rarely able to take legal action to protect their inheritance rights. These factors together place at risk the realization by AIDS-affected children of their right to survival and development, which the government has an obligation to ensure "to the maximum extent possible" under the United Nations Convention on the Rights of the Child. Kenya needs to strengthen protections of the rights of AIDS-affected children. Governments around the world have neglected the consequences of AIDS on children and have failed to provide the necessary protections of their rights to survival and development. This failure is one of the most pervasive and lasting crises of the HIV/AIDS catastrophe, and it must be addressed with the greatest urgency (Human Rights Watch, 2001)

#### **The African Charter on the Rights and Welfare of the Child (1990)**

Kenya ratified the African Charter on the Rights and Welfare of the Child in 1990. It defines a child as any human being under the age of 18 years. The charter says that all children either boys or girls have the same rights. It is an important regional charter for protecting and promoting children's rights. The charter has outlined various rights that every child is entitled to, these include: The right to a name and identity, the right not to be discriminated because of a child's race, religion, race, disability, language or ethnic group. According to the charter children have a right to be cared and protected by their parents, a right to good health, a right to be protected against drug abuse and the right to education? Children are entitled to freedom of expression and freedom from being separated from parents.

The Charter reinforces states' obligation to ensure, to the maximum extent possible, children's survival, protection and development (Article 5), while recognizing that the family is the "natural unit and basis of society" (Article 18). The Charter specifically says that states "shall ensure that any child who is parentless, or who is temporarily or permanently deprived of his or her family environment...shall be provided with alternative family care, which could include, among others, foster placement or placement in suitable institutions for the care of children" (Article 25(2)).

It is largely silent on the specific issue of HIV/Aids and child-headed households, as it was also drafted before the enormity and scale of the pandemic was fully realized.

#### **The Children's Act**

The **Children's Act Cap 586** is a law enacted to promote the well being of children in Kenya. The act is a merger of the repealed Guardianship of Infants Act, Adoption Act and young Person's Act, which have been harmonized and updated. The Act addresses the rights a child is entitled to and the role of governments and parents in protecting these rights. The act also sets out the general roles and responsibilities of parents in ensuring the wellbeing of the child. It provides for the establishment of institutions dealing with children and gives the guidelines on issues of children's welfare, legal aid, custody and care of children, foster care, guardianship and adoption.

The Children's Act provides for the rights of all children as are provided for in the CRC and the African Charter.

The act stipulates that every child has the following rights;- Inherent right to life, Right to parental care, Right to Education, Right to religious education, Right to health care, Protection from child labour and armed conflict, Children should also not be recruited in armed conflict or take part in hostilities, Right to Name and Nationality, Right of Children with disabilities to be treated with dignity, Protection from child abuse, Protection from harmful cultural rites, Protection from the sexual exploitation, Protection from drugs, Leisure and recreation, Torture and deprivation of liberty and Right to privacy.

These rights are to be practiced with the following principles:

**Best interests Principle** - In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of children shall be a



primary consideration.

**Non Discrimination** - No child shall be subjected to discrimination on the ground of origin, sex, religion, creed, custom, language, opinion, conscience, colour, birth, social, political, economic or other status, race, disability, tribe residence or local connection.

**The Child's Opinion** - When working with children, it is always important to allow the child to air their views or opinions on an issue and also to ensure that the views or opinions are respected and given due weight.

**Maximum Survival and Development** - All actions affecting children should be directed in ensuring that their lives are protected and that they develop in the best possible way.

Despite these protections, children continue to suffer human rights abuses in Kenya today. Although the government and donors are involved in a multitude of protection activities, child protection systems are weak in Kenya, and children who experience neglect or abuse are often left with no one to turn to; they are also at heightened risk of HIV infection as a result. Children whose parents are terminally ill drop out of school to act as caregivers to their parents and younger siblings (Human Rights Watch, 2005).

#### **Kenya OVC Action Plan 2007-2010**

This is the Government of Kenya's National Plan of Action on Orphans and Vulnerable Children (OVC). The Ministry of Gender, Children and Social Development, through the Department of Children Services, found it necessary to develop this document as a response to the ever increasing orphans and vulnerable children country wide. The aim of the plan is to strengthen the capacity of families to protect and care for OVC, provide economic, psychosocial and other forms of social support, as well as mobilize and support community based responses to increase OVC access to essential services such as food and nutrition, education, health care, housing, water and sanitation. The Department of Children Services, within the Ministry of Gender, Children and Social Development, in collaboration with the National Steering Committee on OVC developed the OVC Policy, a key aspect of which is the provision of a direct predictable and regular cash subsidy of KSH 1,500 per month to households caring for OVC (Department of children's services 2007)

It was estimated that by 2005, the number of orphans was 2.4 million, 48% of these being as a result of HIV/AIDS. This figure is besides a higher number of children rendered vulnerable by poverty, emergencies, insecurity, amidst other factors. The government and other stakeholders have come up with several interventions to address the problem of OVC but this has remained inadequate in the face of the increasing number of OVC.

HIV/Aids scourge compounded with high poverty levels and the recent post election violence have aggravated the situation of OVC in Kenya. The above situation exposes the orphans and vulnerable children to different forms of abuse and exploitation; physical abuse, defilement, sexual exploitation, child labour, and early marriages while more flock to streets to fend for themselves. This situation diminishes their capacity to participate in matters affecting their life. The above is in contravention of the rights of the children.

The Government of Kenya and other stakeholders are coming up with a number of interventions in an effort to address the situation of OVC in the country. However, many remain unreached.

Through the National Plan of Action for OVC the Kenyan government has identified the following Priority Strategic Areas as key for OVC interventions: Strengthen the capacity of families to protect and care for OVC, Mobilize and support community based responses, Ensure access for OVC to essential services including but not limited to education, health care, birth registration, psychosocial support and legal protection, to ensure improved policy and legislation are put in place to protect the most vulnerable children, Create a supportive environment for children and families affected by HIV/AIDS, Strengthen and support national coordination and institutional structures and Strengthen national capacity to monitor and evaluate programme effectiveness and quality.

In this regard, the National Plan of Action for OVC spells a minimum package for OVC support that is age oriented. This is in recognition that OVC are not a homogenous population but like other children, their needs change with their physical, emotional and mental growth. Through the Area Advisory Council, the government has a responsibility to ensure that the plight of orphans is not exploited by unscrupulous persons/ institutions that purport to be providing support to OVC but end up enriching themselves or abusing the orphans. The community also has a primary role in safeguarding the rights of orphans in their midst. The Government through Department of Children Services with support from Development Partners is implementing a Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC) to extremely poor households taking care of OVC. This is a social protection intervention which provides regular and predictable cash transfers to these extremely poor families in order to encourage fostering and retention of OVC within their families and promote their human capital development. The programme is being implemented in some locations of 47 old administrative districts and is currently covering 45,815 households. The existing Area Advisory Councils (AACs) have been further strengthened to take up the responsibilities of this programme at the districts levels. The future scale-up of this programme would be dependent on the availability of more funds from both the government and development partners.

An OVC Secretariat has been established at the Department of Children's Services Headquarters to enhance coordination of OVC initiatives in the country. A multi-sectoral National Steering Committee on OVC was established in 2004 to provide policy guidance on OVC interventions. The Government has developed Child Adoption Regulations to streamline the adoption procedures and protect the rights of adopted children. Likewise, Charitable Children Institutions Regulations (CCI) have a gazzeted legal framework which guides the establishment and management of these institutions that cater for orphans and other vulnerable children. There are other government ministries that have services that target all children including the OVC such as in health and education. However there is need for these service/ programmes to take care of the vulnerability and the special needs of the orphans. In this regard a heightened intervention at the school level is highly recommended to ensure increased school enrolment, attendance and retention for the OVC. The government recognizes and appreciates efforts made by development partners, non-governmental organizations, and civil society organizations; community based organizations and faith based organizations in providing support to OVC in the country.

### **1.5 Theoretical Framework**

A theory is a set of interrelated constructs, definitions and propositions that present a systematic view of phenomenon by specifying relations among variables, with the purpose of explaining and predicting the phenomena (Kerlinger, 1964:11). A theory provides the basis for establishing the hypotheses to be tested in the study (Mugenda and Mugenda, 2003:15)

#### **Structural Functionalism**

According to Marion (1918) structural functionalism is simply a synonym for explicit scientific analysis. As an occupational role, the term function may refer to specialised activity, duties, work or a set of official roles assigned to public functionary for example function of a clerk, teacher, nurse etc. It may also mean an appropriate and sustaining activity or part played by a unit within the context of a larger whole. It refers to positive and negative consequences of social institutions and processes.

Structural functionalism is a view of society as a self-regulating system of interrelated elements with structured social relationships and observed regularities. It is a sociological perspective which seeks to explain a social element or cultural pattern in terms of its consequences for different elements as well as for the system as a whole. It stresses the integrative role of structures in society, enabling it to keep a social equilibrium. It emphasizes structures over individual actors. As bearers of social or political functions, structures were typically seen as having a life of their own. Some of the tenets of this school of thought are Auguste Comte, Herbert Spenser, Emile Durkheim, Tarcott Parson, Radcliffe-Brown and Merton.

This theory is very applicable to my study. The emergency of CHH can be argued is as result of some disturbance or change in the family institution. The extended family was at equilibrium until the HIV scourge which to my view has destabilized the extended family as a system. This has led to the system adapting through having CHH in order to re-establish equilibrium. The extended family tends to be accepting this new phenomenon as there is evidence of some of the CHH receiving support from the extended families.

Radcliff Brown also talks about social conjunction and social disjunction. According to him, social disjunction implies divergence of interests and possibility of conflict, while conjunction requires stability and avoidance of strife. Abrahamson on the hand emphasizes the fact that society experiences conflict, disorder and change. This can be said of the emergency of the CHH phenomenon. It can be urged it is as result of disorder in the extended family and also as result of its changing nature. Merton argues that while it is possible to have a standardised social and cultural believes in small and primitive societies, this is not possible in the modern society because of social change.

#### **Social Systems Theory**

The social system consists of units of individual actors and their interaction patterns that contribute to structural development or change (Parsons; 1967). According to Phillips (1969), there are three types of social systems- namely, groups which include the family, organization, the community; social category systems, which include sex and age, social class, ethnic groups, ecology and demography; while the institution includes economic system, religion, science and education, the political system.

The social systems are not static; they are in constant interchange with their environment. All three types of social system include elements of social systems- namely, values, norms and interaction patterns (Parsons; 1967).

In order to maintain itself, the social system must do the following;

1. Satisfy at least the minimal needs of a sufficient proportion of the population.
2. Acquire at least a minimum amount of support and motivation from members so that needed tasks and roles can be fulfilled; and
3. Provide for the production of at least adequate cultural resources.

As a social system becomes more complex in size, segmentation and differentiation, it faces some kind of functional problems such as allocation of resources and facilities. Because the demand for gratification is greater

than the available resources and supplies, everyone cannot get all he would prefer. This is true of the extended family having constraints because of the enormous numbers of orphans the society all competing for the limited resources within the extended family. If this functional problem is not resolved adequately, it could lead to the replacement of the existing social system by a new one (Michell; 1967). It is quite evident that the problem has not been dealt with adequately hence the emergence of CHH which is threatening to replace the existing extended family structure with one where children can leave on their own and be recognized as a family unit.

When a new social system replaces the old social system, it causes displacement of members of the society and alters their position in relation to the new system. This implies that the major cause for the emergence of CHH, particularly in Africa, is as result of replacement of old social system where the extended family took care of orphaned children by a new one where children are living on their own.

## 1.6 Findings of the study

Table 1: Age distribution

Age/year	Frequency	Percentage (%)
11-15	20	40
16-18	30	60
<b>Total</b>	<b>50</b>	<b>100.0</b>

Majority of the children living in a child headed household were aged between 16- 18 years who accounted for 30 children (60%). Those aged between 11-15 accounted for 20 (40%) of the total. Children who had lost both of their parents accounted for 84%. Those living with a sick mother accounted for 13% while those living with sick father accounted for 3%.

### Gender Composition

Table 2: Gender distribution

Sex	Frequency	Percentage (%)
Male	29	58
Female	21	42
<b>Total</b>	<b>50</b>	<b>100.0</b>

Most of the children interviewed were male. Out of the 50 children interviewed 29(58%) children were males while 21 (42%) were females of which majority of the family heads were boys (73%). This is attributed to the fact that most girls had gone away from home to seek employment as house helps while others got married and the boys were left at home. The boys therefore managed the day to day decisions in the households. It also came out that relatives preferred picking girls than boys when parents died. Girls would be preferred because the host relative would forego the cost of hiring a house help who are usually girls.

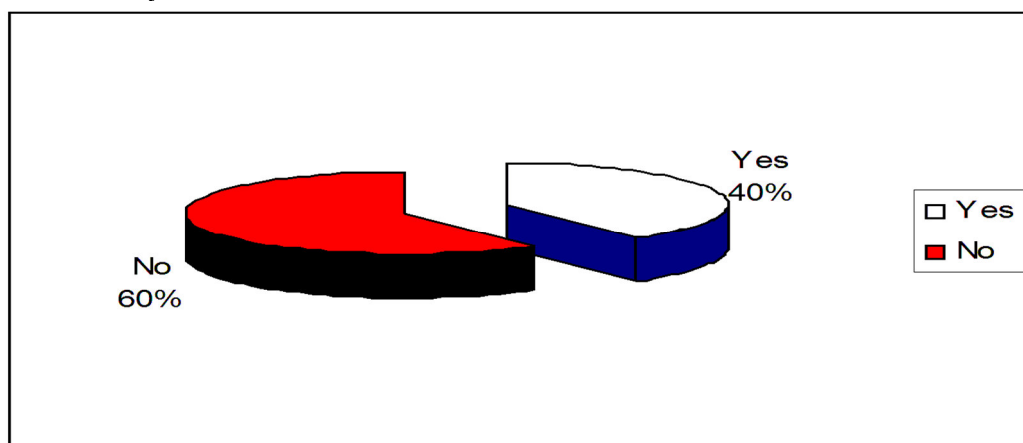
### Family Size

Table 3: Family size

Number of household members	Frequency	Percentage (%)
2-5	35	70
More than 5	15	30
<b>Total</b>	<b>50</b>	<b>100.0</b>

The study revealed that most of the child headed households had two to five members which accounted for 35(70%) of the total. Only 15(30%) of the child headed households had five or more members. The small size of households can be attributed to the fact that Kibera is an urban settlement where the rate of family planning is high and also the fact that parents are highly sensitized on the importance of having a small family. The urban influence may have resulted to parents giving birth to few children. Since most of the parents died of HIV related illnesses, they died in the prime reproductive age hence the small family size. Others may have been deterred from having large families because of their HIV AIDS related illness.

### School attendance by the children



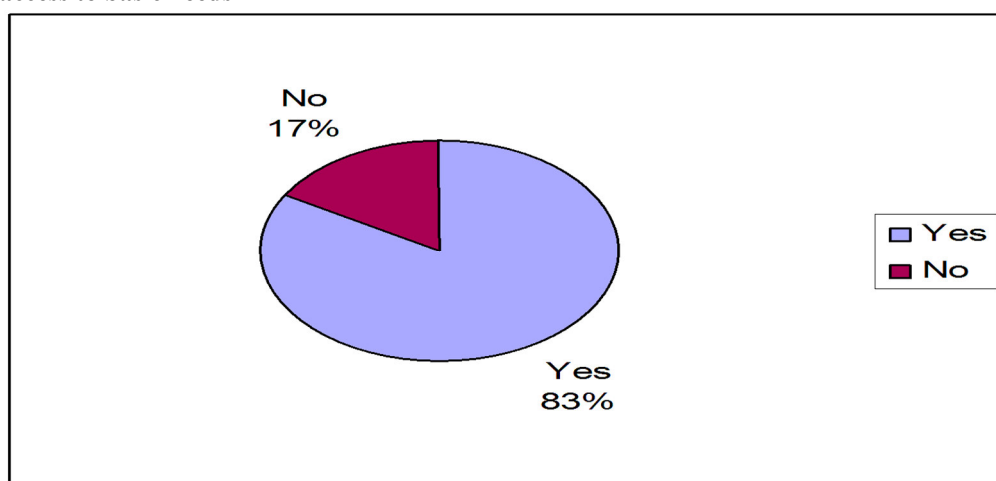
**Figure 1: School attendance**

Of the children interviewed, 30(60%) were not attending school while 20(40%) were in school. Those that were not in school had dropped out at primary school level for various reasons. The key informants who were interviewed said that some of these reasons were lack of learning materials, lack of parental moral support and the stigma they faced that is associated with orphan hood due HIV/AIDS. Some had also dropped out school due to the need to work and support the younger siblings. Information from schoolteachers revealed that most of the orphans are bright children but in most cases their performance was affected by psychological issues. They explained that some of the orphans seemed withdrawn in school and lacked confidence.

#### **Challenges faced by children in child headed households**

Children in child headed households described financial problems like lack of income and psychosocial problems, social stigma and discrimination as the major problems they face them. In this regard ,the AIDS orphans described that the economic problem arise from income loss due to the death of a parent/guardian from AIDS and it is considered as a major problems hindering them from accessing the basic needs like food ,shelter and clothing as well as the problem of health and education. The financial problems were found to affect the survival of orphans and their families. The study found out that these problems are deterring the orphans from adequate feeding, clothing, schooling, shelter, health care services thus the livelihood and welfare of these children was highly affected. These children described emotional and psychological challenges which they have to contend with.

#### **Lack of access to basic needs**



**Figure 2: Lack of access to needs**

Of the children interviewed, 83% reported having been unable to access basic needs after the death of their parents while only 17% reported to have had no difficulty accessing services they required after the death of their parents.

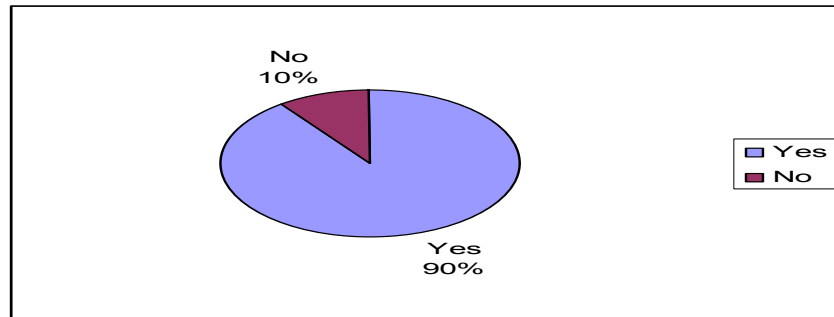
The nature of services that children had difficult in accessing included: basic necessity like food, health and education needs among other services. The children reported that the local shopkeepers were not willing to advance credit services to them even when they assured them they could pay for the items on a certain day. This meant unless they had ready cash, they could at times go without food. Despite the fact the education is now free in Kenya, some children sited lack of school uniform and other learning materials. At times when their needs



necessitated that they ask for assistance from their neighbours both materially and financially to support their health and education requirements, many individuals were reluctant to do so. They alleged that the children had no means of repaying them and therefore could not extend any credit service to them.

The children also reported that they had difficulties in acquiring birth certificates. This is due to the fact that information about their birth dates and place was needed of which they did not have.

### **Exploitation**



**Figure 3: Exploitation**

When the children were asked if anyone had taken advantage of them, 90% reported having been taken advantage of while 10% were not. Both boys and girls reported that they either did work which they are not paid for and in addition, girls reported of being sexually abused. They reported that some people did not pay for the services offered by the children fully since they claimed that they could not be paid like grown ups although the service rendered was the same. Girls sighted instances when men had approached them for sexual favors in exchange with food or money. One of the girls described how a shopkeeper almost raped her when she declined to sleep with him. He hauled insults at her claiming she had attempted to steal from him. This says this really made her miss the protection of her parents.

The children reported that their property had been grabbed by families and communities on demise of their parents. Some children cited to have been shown the grave of their parents as the only piece of land that they possessed and the rest was taken away.

### **Psychosocial problems**

They narrated how they have never forgotten memories of their deceased parents. It was evident from that the majority of children suffer feelings of loneliness, desperation and depression following bereavement and stress associated with shouldering an adult role at a young age, low self-esteem, fear, and a sense of alienation. This sickness has made me like a child. I can't even cook for myself. My children have to look for food and cook. When I look at them, I feel very bad because I can't even help them. One thing that disturbs me most is knowing that even if I died like today, my children have no one to turn to.

Some children expressed fear about their lives without their parents and explaining that their future is almost hopeless. They were not sure they will be able to complete their education and be able to have a bright future.

They explained that these psychological and emotional problems like lack of love; discrimination and stigmatization made them feel worthless and always wished their parents were alive. Some tried to elaborate their experiences by saying that they do miss a lot of things due to their parent absence. They expressed feeling of grief and trauma following the death of their parents. For these children, loss of parent/s means loss of everything like love, hope, protection or security, care and support. One child described how they felt jealous when they saw other children being hugged by their parents. They said they missed their parents and the days they spent together.

### **Lack of protection and parental support**

Some of the orphans interviewed in this study described how they faced problems that required parents' intervention but on the contrary they did not have anyone to protect them. They pointed out instances when some members of the community sometimes accused them wrongly. They said even when they knew they had done the wrong, they did not have a voice. They explained that members of the community were very fast to point fingers at them when a wrong had been done for example if something was stolen.

### **Stigma and discrimination**

Because of social exclusion and stigma attached to HIV, most orphaned children are vulnerable to sexual exploitation and labour abuse. Due to stigma and discrimination from some members of the society, many orphaned children are afraid of seeking basic social services like health, education.

Some of the orphans interviewed in this study provided their reasons for the causes of stigmatization and discrimination as the negative attitudes and misconceptions surrounding HIV transmission. Most of these children are assumed to be HIV positive since their parents died of HIV related illnesses. Some orphans said that some neighbors do not allow their children to play with them while others reject them which is so painful to them. This

treatment has left the children feeling rejected and worthless. They said that to avoid this treatment, they keep to themselves and do not mingle with other children freely.

### **Disinheritance**

Children who are solely responsible for their siblings struggle not only to support the household, but also to keep their homes. Property grabbing is a practice where relatives of the deceased come and claim the land and other property, is reportedly a serious problem for widows and child-headed households in Kenya. Traditional law in many rural areas dictates that women and children cannot inherit property. (Makame et al, 2002.). The study found that there were cases of relatives who chased away the orphans after the death of their parents and took over whatever property that had been left for them. This practice of property grabbing heightens the strain on extended families and increases the number of street children. (Geballe & Gruendel, 1998.). Some of the children described how they had been thrown out by their relatives and this has made their relation very poor. They confessed feeling very frustrated about this and not even willing to approach these relatives even when they were faced with an issue.

On paper, Kenyan inheritance law provides children with important protections when both parents die without leaving a will, their property is to be divided equally among their children, whether male or female. Yet, in reality, many children in Kenya do not inherit the property they are entitled to from their deceased parents, such as a house or apartment, land, or movable property. Unfortunately this has not been enforced or adhered to.

Peter (not his real name) a twelve year old boy said, *"When my father died, we went to the village for his burial and after the ceremony, my uncle pointed at my fathers grave and said that it was the only piece of property we owned in the village."*

### **Poor living conditions**

Through observation, the researcher found the living condition of these children very poor. It was evident that they were having severe problems of clothing, food, and shelter. Some of these children looked very malnourished and looked stunted. Most wore tattered clothes and some of their houses were in deplorable condition.

## **1.7 Conclusions and Recommendations**

Child headed households (CHHs) has been identified as an emerging phenomenon in Kibera slum. The study revealed that the major cause of orphan hood leading to emergence of these CHHs in Kibera is HIV/AIDS. The overwhelming stress on the conventional orphan support systems has forced the acceptance of CHHs as an alternative form of orphan care. This has attracted support from communities, women self-help groups (WSHG), CBOs, Churches and NGOs as opposed to the extended family network that is expected to take up parenting roles to the less fortunate children.

Children in these households have therefore developed unique resilience when their lives are changed radically due to the demise of their parents. They have developed various coping mechanisms including: taking up of new roles, acting as household heads, making household decisions even when parents are still living, and supporting their siblings, at times suffering the agony of nursing their ailing parents. It also emerged that boys are heading the home as the girls move out to seek means of sustaining their siblings by offering domestic services as house helps; by extension girls have also indulged into commercial sex work in order to fulfill the same. Children in CHH face numerous challenges including not being able to access education, health care, and food. Stigma and social isolation are also very common.

These children are facing other forms of exploitation such as domestic labor, commercial sex, being disinherited by relatives upon demise of their parents. The findings in this study also reveal that when the parent/s dies this lead to income loss in the household/family, erosion of the social capital, support mechanism and the quality of life of the orphans. This generation of children is going to grow up without socialization, emotional and economic support of their parents or their guardians.

Children in child headed households need support mechanisms such as visits from community volunteers, modest levels of material support, capacity building in various aspects which include; skills about growing-up, including issues relating to sex, drugs and alcohol, household management, about laws and human rights, conflict management in families, how to record family history and memories and skills in caring for sick people.

Interventions targeting Children in CHH should not destroy vital coping strategies and they should promote sustainable solutions by CHHs so as to avoid dependency on these organizations which may consequently jeopardize chances of survival in the event of the absence of such supporting agencies.

Since the big percentage of orphans in CHHs is adolescents, the specific needs of this category need to be adequately addressed. This group is largely ignored by virtue of their developmental stage that lies between adulthood and childhood. Most girls at their teenage are exploited sexually through early marriages; commercial sex and thus continuous sex education need to be emphasized to enable these girls to assert their sexual rights among other issues that make them vulnerable.

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