

Child-Headed Households and Educational Problems in Urban Informal Settlements in Kenya

Perpetua Gaciuki

Lecturer, Sociology and Criminology Department, Kibabii University

Abstract

The present study investigates the educational problems faced by child-headed households in Urban settlements in Kenya. These households are a result of challenges such as parental deaths (mainly due to HIV and AIDS). 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. 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. Since Kenyan families are traditionally extended, the increase in the number of orphans puts pressure on relatives who have to fend for additional children. Child-headed household arrangements seem to represent a new coping mechanism for orphans in urban settlements in Kenya. Community-based organizations (CBOs) also help extended families to carry the burden of orphans. Using a qualitative research methodology and a case study design, the paper investigates the educational problems faced by child-headed households in Kibera Slums, an informal settlement in Nairobi, Kenya. 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

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

The attainment of independence in Kenya (1963) brought massive changes in family lifestyles. This was due to movement of people into various parts of the country and the world in search of greener pastures. This, therefore, led to changes in children's life styles (see for example, Mavise 2011). Skolnick and Skolkin (1991: 82) echo that "Middle class people move to different parts of the world to live and work". The Kenyan socio-economic crisis (2000 to 2009) instigated migration of people into the 'diaspora'. Consequently some parents divorced and others died due to HIV/AIDS or overworking in foreign lands. This has therefore led to a number of children living in child-headed households. As observed by Ash (1973), such children will be vulnerable to a number of problems such as lack of parental guidance, physical abuse, and other harsh living conditions (Zhangazha 2014).

Boyden (1987) posits that the negligent behaviour of children is yet another aspect not well understood. Apart from specific symptoms such as physical injuries, negligence can lead to specific anxiety symptoms such as nightmares, loss of bladder control, sexually transmitted diseases, and depression, loss of confidence and loss of self-esteem. Piaget (1958) (a renowned behavioural theorist) suggests that early childhood experiences affect one's adult life. Usually abused children will end up fearing anybody similar to their abusers. They can also be affected in their school work, and in some cases, they tend to bully others or live careless life-styles.

According to Zhangazha (2014: 1), "...various deprivations faced by urban children that retard their physical, social and economic development." It is therefore against this background that the paper sought to examine the educational challenges faced by children child-headed households in urban informal settlements. African societies hold that children are a communal responsibility and the extended family is a safety net for orphans. This safety net, as propounded by Arvidson (1996), is now stretched to its limits by the effects of war (for example in Somalia), genocide (such as in Rwanda), armed conflict (such as in DR Congo), family disintegration and, most importantly, the HIV/AIDS pandemic (Maqoko and Dreyer 2007).

1.2 Statement of the Problem

The present research sought to investigate the educational problems faced by child-headed households in Urban settlements in Kenya. Such places have many children living in child-headed households. In the United States, cases of teenagers caring for younger siblings after deaths of parents from AIDS were reported in 1993/94 (Levine 1995). 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. The responsibilities that face children living in child-headed families are so enormous that they take a toll on their ability to study well at school due to lack of resources and time to accomplish key educational requirements. It is against this background that this study sought to investigate the educational challenges that faced by child-headed households in Urban settlements in Kenya

1.3 Objectives of the Paper

The main objective of the paper was to investigate the educational problems faced by child-headed families in Kibera informal settlement in Nairobi Kenya. study sub-objectives included finding out the causes of child headed families and other social problems that affect child-headed families. It was also imperative to establish the kind of assistance needed by such households.

1.4 Literature Review

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

The first reports of large numbers of childheaded households were made in the late 1980s in the Rakai district of Uganda (Plan 2005). Foster-Fishman et al. (1998) in Plan (2005), mentions that until that time, orphans in Africa did not exist due to extended families within the African culture. The kinship system took orphans into its care. According to the national orphans and vulnerable children's policy of Uganda, nine hundred and forty thousand (940 000) children—fourteen percent (14%) of their child population had been orphaned by HIV/AIDS by the year 2003 (Ministry of Gender, in Plan 2005). Plan, together with the Ugandan government, has formulated the orphans and vulnerable children's policy in order to implement support programs for child-headed families (Plan 2005). It is common knowledge that the scourge of HIV/AIDS has far-reaching consequences (Maqoko and Dreyer 2007). The UNDP Blog (2012) states clearly that: "*Globally there are 34 million people living with HIV. While new HIV infections have declined by 20 percent between 2001 and 2011, the HIV epidemic continues to outpace the response. In 2011, 2.5 million people were newly infected with HIV and 1.7 million people died from AIDS-related causes.*"

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

and natural disasters have also contributed to an escalation in child-headed families in the world, especially in the African continent. Taking the above mentioned into consideration, it is important to discuss the situation of childheaded households in Zimbabwe (see for example Zimbabwe Independent 2014).

Causes of Child Headed Households: The Zimbabwean Context

Four out of every thousand households in Sub-Sahara Africa are child-headed (Foster-Fishman et al. 1998). Zimbabwe had fifty thousand childheaded households in 2002, three years later, the figure had jumped to three hundred and eighteen thousand (318 000) (Magure 2010). Latest figures from the UNICEF Zimbabwe (2011) state that there are about 100,000 child-headed households (CHHs) in Zimbabwe. "One in every four children in Zimbabwe has lost one or both parents due to HIV and other causes" (UNICEF 2012). Makufa et al. (2001) pointed out that, in Zimbabwe HIV/AIDS coupled with poverty (Zhangazha 2014) are the main factors leading to sprouting child-headed households (see Campbell et al. 2014 for further discussions).

Foster (2000) also discussed the weakening of the extended family's safety nets in the country.

The author explains that extended family members decline to take these children forcing them to adjust to these changing circumstances by means of accepting child-headed households as a resourceful problem solving strategy.

Challenges of Child-headed Households

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

Bradley et al. (1994) and Campbell et al. (2014) assert that children from poor economic backgrounds are more likely to experience various health problems. The fact that there is often no one to monitor their health means that children living in child-headed families are additionally vulnerable (Ramsden 2002). The health problems include impaired vision, iron deficiency, anemia, growth retardation due to lack of proteins and prematurity (Ministry of Health and Child Welfare Welfare 1994). This may also influence the individual's cognitive development and contribute to lower levels of school achievement.

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

1.5 RESEARCH METHODOLOGY

This paper followed a qualitative research methodology and a case study design. These enabled exploration of complex patterns in sufficient depth and detail. The data collection techniques included interviews, a questionnaire and observations. 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.

1.6 RESULTS

Teachers' Perception on Causes of Child-headed Families

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

Community Interview Responses on Causes of Child-headed Households

Pastors and Red Cross officers were interviewed. They mentioned AIDS as the main reason.

They further indicated that the children were heading households before the parents died because due to sickness the parents could no longer afford to fend for their young ones. A Pastor indicated that some of the children (orphans) lived alone because they had negative experiences regarding the extended family especially at an emotional level. Another pastor indicated that some of the children preferred to live on their own because it enabled the brothers and sisters to stay together in an area familiar to them, instead of being separated and sent to different locations. The Red Cross worker cited divorce and immigration as some other causes for the establishment of child-headed households. The findings indicated HIV/AIDS as the main factor causing child-headed families. Dwindling extended family safety nets are also responsible.

Educational Challenges Faced by Children Living in Child-headed Families

Findings reveal that out of the 50 children, 15 attended school whilst 35 indicated that they did not go to school every day. Sixteen of the respondents indicated that they did not pay school fees in time and only four had a positive response. Eight respondents had full uniforms while 42 had no full uniform. Only five respondents indicated that they had all the necessary stationery whilst 45 reflected a negative response. With regards to educational problems encountered by children, findings established several problems. However, the major problems were as follows: sixteen respondents indicated that they had fees problems, eight respondents indicated that they were laughed at because of inadequate uniforms and stationery to use in class.

Six respondents indicated that they were beaten by their teachers because they did not do their homework. They blamed failure to do their homework on lack of assistance at home. Fifteen respondents indicated that they did not come to school every day due to home duties. One was quoted saying *“Often times I do not attend school because I will be collecting and selling plastic water bottles and scrap metal within Kibera slums so as to raise money for school fees and food.”*

Teachers’ Views on Educational Problems Faced By the Children

The findings indicated erratic school attendance and lack of school fees as the most prevalent problems. Teachers attributed absenteeism to lack of resource material as well as responsibilities.

Lack of homework books, pens, rulers and other stationery needed for class work were cited. Four respondents indicated that some children have low attention span due to hunger. This was manifested by observed signs of tiredness and sleeping during lessons. Three respondents indicated that some of the children lacked respect and discipline in the class room. This finding supports Foster et al.’s (2000) notion of premature adulthood. Two teachers indicated that although some children were apparently coping on a superficial level, they were showing real signs of trauma and stress. Another challenge was stigmatisation by other pupils and even some teachers.

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

Observations were carried out twice during tea break and lunch break. Observations were carried out whilst the children were unaware that they were being observed. Focus was on their facial expressions, dressing, interactions with other pupils and food eaten. Findings on the full sample were not consistent due to absenteeism by some participants. However, the following observations were made. Only four of the participants had lunch and they often looked happy.

Those without lunch boxes would just sit quietly each one on his/her own without interacting with other pupils. Their facial expressions revealed signs of stress and depression. One girl was observed crying while sitting on a stone alone during lunch break.

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

These findings agree with Foster-Fishman et al. (1998).

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

Regarding social problems faced by children living in child-headed households, findings suggest that they lived in poverty and struggled to attain basic needs for daily living. The children were poor and could not afford hospital bills.

This is in line with Ankrah (1993) who argues that chronic impoverishment is common in childheaded

households. Poor performance in class by the children is attributed to impoverishment (see Zhangazha 2014).

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

The findings show that the children faced many educational challenges. This was evidenced by data from children's questionnaires, responses from teachers' and community leaders and the observations. The major problem was that of school fees. Most children dropped out of school due to unaffordable school fees.

The findings are in line with Leighton (1996) who states that when a parent dies, the amount of resources available for education decreases. As a result, orphans are more likely to drop out of school as school fees become unaffordable. Such children live in poverty (Zhangazha 2014;

Ibebuike et al. 2014; Le Roux-Kemp 2013; Mavise, 2011). Findings also indicated that the majority of these children had erratic school attendance. The reasons behind this were increased responsibilities at home. They engaged in petty business so as to raise school fees and money for food.

Absenteeism was also caused by stigmatization and discrimination from other fellow pupils.

Hence, from the findings, children at Dikwindi ran away from school because they were laughed at for lack of uniform and learning materials (See also Moletsane 2004).

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

In terms of assistance, it was established that the assistance given was not sufficient. The findings indicated that Red Cross was the regular supporter of orphans. Basic Education Assistance Module (BEAM), which is an arm of the government paid only a quarter of the children's fees and most of these children did not pay fees and Kenan Fund. Due to the increased number of orphans, assistance rendered was not adequate. The findings also reflected that the community was not taking part in orphanage activities. However, the churches helped with spiritual and moral activities.

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

1.7 CONCLUSIONS AND RECOMMENDATIONS

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

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

Families need to be educated about the effects of HIV/AIDS. Educational campaigns would help to send the message. This will also help communities to have an understanding that children orphaned by HIV/AIDS are not different from other children, as a result they need to be treated equally. They need moral support rather than denial from the community and other children at school. Non-governmental organizations (NGOs), local authorities and churches are encouraged to develop brochures citing the help which they offer so that the children may know where to go to seek help.

The extended family safety nets need to be strengthened in order to take these children into their families.

It is recommended that the government should have a fund set aside for direct support of all children whose parents are deceased. Institutional support should also be available for children living alone where their needs are fully catered for. Holistic support, including finance should be made available for children who might be vulnerable, possibly from the Kenyan government, churches and NGOs.

REFERENCES

Aid Workers Network 2012. Child-headed Households. From <<http://www.aidworkers.net/?q=node/652>>

- (Retrieved on 11 August 2012).
- Andrews J 2007. *Family –Orphans and Foster Homes*. New York: Julie Andrews Collection.
- Ankrah EM 1993. *The Impact of HIV/AIDS on the Family and Other Significant Relationships: The African Clan Revisited*. London: Sage Publications.
- Anti Essays 2012. Consequences of Child Headed Families in Kenya. From <<http://www.antiessays.com/freesays/96504.html>> (Retrieved on 11 August, 2012).
- Arvidson M 1996. Caring for Children: Orphans in the AIDS-affected in Zimbabwe. Program on Population and Development. Report No. 13. Lund, Sweden: University of Lund.
- Ash R 1973. *Talking about the Family*. London: Wayland Publishers
- Awino D 2010. *Child/Adolescent Headed Households: A Qualitative Study on Everyday Life Experience of Children Living in Child/Adolescent Headed Households in Western Kenya Region*. Master Thesis. Kenya: UMEÁ University.
- Bequele A 2007. The Emerging Challenge of Children Heading Households. From <<http://www.africanchild.info/documents/>> (Retrieved on 10 October 2014).
- Bloom L 1964. *Changing Africa: An Introduction to Sociology*. Hong Kong: MacMillan Publishers.
- Boyden S 1987. Education Survival and a Better Word: From <<http://www.biopolitics.gr/HTML/pubs/vol3/bi-boy.htm>> (Retrieved on 15 March 2009).
- Bradley RH, Whiteside L, Mundfrom DJ, Casey PH, Kehheher KJ, Pope SK 1994. Early indications of resilience and their relation to experiences in the home environments of low birth weight, premature children living in poverty. *Child Dev*, 65(2): 346– 366.
- Campbell C, Andersena L, Mutsikiwab A, Pufalle E, Skovdald M, Madanhirec C, Nyamukapae C, GregsonS 2014. Factors Shaping the HIV-Competence of Two Primary Schools in Rural Zimbabwe. *Int J Educ Dev* 2014. From <<http://dx.doi.org/10.1016/j.ijedudev.2014.05.007>> (Retrieved on 26 October 2014).
- Claherty J 2001. Educational Theory. From <<http://www.blackwell-synergy.com>> (Retrieved on 11 August 2012).
- Drew RS, Foster G , Chitima J 1996. Cultural practices of orphaned families in the North Nyanga District of Zimbabwe. *J Soc Dev in Africa*, 11(1): 79-86.
- Foster-Fishman PG, Salem DA, Chibnall S, Legler R, Yapchai C 1998. Empirical support for the critical assumptions of empowerment theory. *American J of Comm Psy*, 26(4): 507-536.
- Foster G 2000. The Capacity of the Extended Family Safety Net for Orphans in Africa. From <<http://web17epnet.com.raulib.rau.ac.za/citation.asp?tb=1andug=sid+BC6A4E1E%2>> (Retrieved on 12 May 2010).
- Foster G 1995. Am I my brother's keeper? Orphans, AIDS and the extended family's choice of caregiver. *Societes d'Afrique and SIDA*, 10(2): 14-16.
- Gladding ST 2002. *Family Therapy – History, Theory and Practice*. Ohio: Merrill Prentice Hall.
- Grant K 2001. Stigma and Discrimination. From <<http://www.ovcsupport.net/sw3085.asp>> (Retrieved on 26 October 2014).
- Gregson S, Zhuwau T, Anderson RM, Chandiwana S 1996. *The Early Socio-demographic Impact of the HIV-1 Epidemic in Rural Zimbabwe*. Harare: Blair Research Institute.
- Greig A, Taylor J 1999. *Doing Research with Children*. London: SAGE Publications.
- Hughes L 2002. *Paving Pathways Child and Adolescents Development*. Stanford: Wadsworth-Thompson Learning.
- Ibebuike JE, Van Belkum C, Maja TMM 2014. The Lived Experiences and Needs of Children in Child Headed Households in Resource Poor Communities in Soshanguve, South Africa. *J of Good Gov and Sust Dev in Africa*, 2: 61-83. From <<http://www.rcmss.com>> (Retrieved on 26 October 2014).
- Le Roux-Kemp A 2013. Child Headed Households in South Africa: The Legal and Ethical Dilemmas When Children are the Primary Caregivers in a Therapeutic Relationship (2013). In: Peter Bray, Diana Mak (Eds.): *People Being Patients: International, Interdisciplinary Perspectives*, Inter-Disciplinary Press, 2013. Available at SSRN. From <<http://ssrn.com/abstract=2412868>> (Retrieved on 26 October 2014).
- Leighton C 1996. *The Direct and Indirect Costs of HIV/AIDS in AIDS in Kenya: Socio-economic Im Impact and Policy Implications*. Nairobi: University of Kenya.
- Magure T 2010. Message from the Chief Executive Officer. *Newsletter of the National Aids Council of Zimbabwe Vol. 5 No. 1, August, 2010*. Harare: National Aids Council of Zimbabwe (NACZ).
- Makufa C, Drew R, Mashumba S, Kambeu S 2001. *Perceptions of Children and Community Members Concerning the Circumstances of Orphans in Rural Zimbabwe*. Harare: Southern Africa AIDS Information.
- Maphalala MC, Ganga E 2014. Developmental experiences of OVC in child-headed households and the impact on cognition and learning. *Med J of Soc Sci*, 5(1): 312-323.
- Maqoko Z, Dreyer Y 2007. Child-headed households because of the trauma surrounding HIV/AIDS. HTS,

- 63(2): 717–731.
- Mavise A 2011. Child-headed households as contested spaces. *An InterJ for Res Pol and Care*, 6(4): 321-329.
- Merton N 1976. *Contemporary Social Problems*. 4th Edition. Chicago: Jovanovich Inc. Publishers.
- Moletsane M 2004. *Challenges Faced by Both Learners Orphaned by AIDS and Their Educators in South African Schools*. Pretoria: University of Pretoria.
- Piaget J 1958. The growth of logical thinking from childhood to adolescence. *AMC*, 10: 12. Plan-Uganda 2005. *Supporting AIDS Orphans in Uganda*. Finland. Plan.
- Ramsden N 2002. *Community Help for Children Living in an HIV+World*. Durban: Children's Rights Centre.
- Skolnick S, Skolnick H 1992. *Family in Transition*. 7th Edition. London: Harper and Row Publishers.
- The International Stress Management Association 2000. *Stress News*. England: Waltham Cross.
- UNDP 2012. HIV/AIDS. From <<http://www.undp.org/content/undp/en/home/ourwork/hiv-aids/overview.html>.> (Retrieved on 11 August 2012).
- UNICEF 2011. *UNICEF Report: Rights of Women and Children Remain Critical in Zimbabwe*. From <http://www.unicef.org/zimbabwe/media_12648.html.> (Retrieved on 30 November 2014).
- UNICEF 1998. HIV/AIDS. From <<http://www.dfid.gov.uk/>> (Retrieved on 12 June 2009).
- World Health Organization (WHO). 1990. *Draft Discussion Paper on the Care and Support of Children of HIV Infected Parents*. 14 September. Geneva: WHO.