

DOI: [10.20472/SS.2020.9.2.006](https://doi.org/10.20472/SS.2020.9.2.006)

## **CHILD-HEADED HOUSEHOLD IN ETHIOPIA - THE CASE OF ADDIS ABABA CITY AND ADAMA TOWN IN ETHIOPIA**

*GIRUM M. ZELEKE, HERAN EJARA, ELENI GEBRESENBET HAILE, BIRUK TEREFE*

### **Abstract:**

Despite the decreasing number of HIV/AIDS deaths, there are still growing concerns about the increasing number of child-headed households caused by AIDS-related adult mortality, traffic accidents, divorce, and other circumstances. Based on data collected from focus groups over the period 2019-2020, this paper examined child-headed households and their vulnerabilities, like school dropout, economic, psychological, social, and coping mechanisms strategies to survive. Child-headed households are overlooked by society and policymakers despite the number of children living in this form of household significantly high. The paper addresses the need for attention for child-headed households and suggests policies and efficient strategies, and services.

### **Keywords:**

Children, child family, child welfare, extended family, HIV, AIDS, childcare, Ethiopia

**JEL Classification:** J13, A14, M16

### **Authors:**

GIRUM M. ZELEKE, University of South-Eastern Norway, Norway, Email: girumzeleke@gmail.com

HERAN EJARA, Jimma University, Ethiopia, Email: heran.tolla@ju.edu.et

ELENI GEBRESENBET HAILE, Jimma University, Ethiopia, Email: elenigst@gmail.com

BIRUK TEREFE, Addis Ababa University, Ethiopia, Email: s.terefe@yahoo.com

### **Citation:**

GIRUM M. ZELEKE, HERAN EJARA, ELENI GEBRESENBET HAILE, BIRUK TEREFE (2020). Child-Headed Household in Ethiopia - The Case of Addis Ababa City and Adama Town in Ethiopia. International Journal of Social Sciences, Vol. IX(2), pp. 99-118., 10.20472/SS.2020.9.2.006

## Introduction

In 2018, 690,000 people were HIV positive in Ethiopia and 11,000 died from an AIDS-related illness. The number of AIDS-related deaths has decreased since 2010, with 45% dropping, from 20,000 deaths to 11,000 deaths as well as decreasing from 29,000 to 23,000 new HIV-related infections over the same time (USAIDs, 2011). UNICEF defines an orphan as a child under the age of 18 years old who, for any cause of death, has lost one or both parents. Based on this definition, in 2015, there were approximately 140 million orphans worldwide who have lost both parents, lost a father, survived a mother or lost a mother but have a surviving father (UNICEF, 2017).

An estimated 153 million children have lost either one or both parents during their childhood globally. Of these, 56.1 million (37%) live in sub-Saharan Africa, where 6.6 million (11%) have lost their parent(s) due to HIV/AIDS (USAID, 2011). In 2017, an estimated 610,000 Ethiopian people were living with HIV, and every year some 20,000 people die of AIDS, leaving an estimated 100,000 children orphaned. Ethiopia, the second-most populous nation in Africa with about 102 million people, has one of the largest orphan populations in the world. Furthermore, HIV/AIDS changes the household structure and family size. Countries strongly affected by HIV/AIDS-related deaths have witnessed the emergence of child-headed households (CHH).

CHHs are rising internationally and nationally (Phillip, 2011). According to Bouwer (2002), a CHH is a scenario where the parents or adult caregiver have died or abandoned the children, and the head of the family is a child under the age of eighteen (18) years. Germann (2005) describes a child-headed household as a household where both parents and/or other adult caregivers are permanently absent. The person responsible for the day-to-day management of the entire family is less than twenty (20) years of age. CHH has been described within the context of the change in the composition, structure, and function of a family. For this study, CHH is defined as a situation where a child whose age is under eighteen (18) has taken parental responsibility when parents or primary caregiver are permanently absent as a result of death, abandonment or rejection of a child, too ill or/and too old to provide the care required.

Reasons for CHH are multifaceted in Ethiopia. Besides HIV/AIDS, migration for breadwinning could also be a potential reason. Since Ethiopia has a high degree of unemployment, parents are forced to migrate out of the country, searching for a work opportunity. Ethnic conflicts that result in divorce or separation could also be another reason for the emergence of CHH. In Ethiopia, there are no or few institutions that could support CHH with their economic, psychological, emotional, and social problems. Many of them, mostly females, could likely get engaged in high-risk activities such as sex work, and boys in criminal activities for survival. Thus, it is essential to undertake in-depth research to come up with evidence-based intervention measures to support child-headed households. In light of the seriousness of the problem in Ethiopia, studies regarding the socioeconomic and demographic profiles of orphans, especially the child-headed

households, are minimal. A study that attempts to enumerate the challenge and practice associated with child-headed households is a vital issue at the moment.

## Research Questions:

- ☐ What are the foremost factors contributing to the presence of a child-headed family in Ethiopia?
- ☐ What is the causal relationship between CHH's status with child development outcome?
- ☐ What is the role of children as a household head as well as a social member?
- ☐ How do children take the responsibility as breadwinners of their siblings?

The above questions were answered in this research to explain the potential challenges and practices of child-headed households in Ethiopia.

## Contribution of the Study

The study intends to portray and conceptualize the challenges and practices of CHHs through in-depth research of their life experiences, livelihood practices, the available social support systems, and the perceptions of the different service giving organizations and individual community members. In the extent of the researchers' knowledge, the situation of CHH requires interdisciplinary intervention to boost their wellbeing. For instance, designing counseling programs aiming at advising child-headed households on strategies of coping mechanisms for their expected challenges. Since CHH is a global phenomenon, it can benefit those countries experiencing the same and/or related issues. Furthermore, it is expected that the research may serve as a foundation for further research in a similar area.

## Scope of the research

The study focused on the challenges and practices of child-headed households in Ethiopia, particularly in Addis Ababa, which is the capital city of Ethiopia, and Adama City in central Oromia regional state. Although the researchers believe that the problem would have been studied thoroughly, due to a shortage of time, finance, and other constraints bears limitation on the geographical coverage and extent of the study.

## Review of Literature

Family is a fundamental social institution in society. It is a social unit created by blood, marriage, or adoption, and can be described as nuclear (parent and children) or extended (encompasses other relatives). Family institutions provide future generations and give love and affection to children while facilitating the socialization process (Nam, 2004). Luck of love and

care from parents is one of the key factors which affect the children's wellbeing. Having this in mind, HIV/AIDS does incalculable damage to the emotional and physical health and wellbeing of children whose lives are radically altered when their parents become ill and die.

Children in CHHs are also at increased risk of neglect, violence, sexual assault, and other abuses because they do not live in a safe environment (Maqoko & Dreyer 2007). They forego their education to take up jobs and shoulder the burden of their families. Orphaned children have the responsibility to manage the household and siblings with minimal to no financial assistance. They are often forced to give up school, have less access to healthcare, and become vulnerable to malnutrition as family resources dwindle. Apart from the apparent fallout of malnutrition, they also end up taking adult responsibilities at a very early age.

Francis-Chizororo (2010) and Meintjes et al. (2010) identify the following reasons for the appearance of child-headed households:

- increasing HIV/AIDS-related parental bereavement;
- relatives being unwilling or unable to accommodate additional children in their households due to economic constraints;
- the death or illness of a relative, for example, an elderly caregiver, who had previously taken charge of the children concerned;
- the lack of contact and the distance between the relatives and the remaining children;
- the presence of older children willing and able to provide care to younger siblings; and
- possibly related to the previous point, the surviving children inheriting the family home.

A considerable amount of research in the area of HIV/AIDS has been conducted. Several types of research have described children in a child-headed household. However, despite all the attention and focus on CHHs, there is an evident shortage of qualitative research studies on the subject matter. Some of these challenges for CHHs are increased nursing responsibilities and care of sick family members (Evans & Becker, 2009); difficulty dealing with the stigma of sick or dead family members due to HIV/AIDS; lack of access to primary healthcare (Seckinelgin, 2007); increased risk of and malnutrition (Madhavan & Townsend, 2007); increased school dropouts and poor school performance; and sexual exploitation. Although the problems of CHH have been highly discussed, there are also researches which are cognizant of the fact that there are often several children in such CHHs who display strong resilience (Lethale & Pillay, 2013).

Tolfree (2003) points out ten reasons why this is so: segregation, discrimination, and isolation that institutionalized children often experience; lack of personal care and stimulation; the lack of opportunity to learn about the role of adults; the high risk of institutional abuse; the lack of attention to specific psychological needs; and finally the fact that institutionalized children often experience problems in adjusting to life outside of the institution. The literature argues for the placement of orphans with the extended family, a pattern of informal fostering that is prevalent in Africa even among non-orphans. Nevertheless, research that shows the resource and capacity of the extended family to provide such care is rapidly and dramatically weakening (Boris, Thurman, Snider, & Brown, 2006).

Other research was done by Kidus (2015) regarding the efficacy of child-headed household (CHH) to perform essential household functions, and sought to explain that, CHH as a concept attracts policy attention as a social and economic issue in many cases. Since a substantial segment of child-headed households is "adult less" households or households with no permanent adult resident contributing to household income, child headship may imply a substantial economic burden on children who bear the responsibility of maintaining households (Kidus, 2015). According to Kidus, the situation is assumed to be particularly critical in Ethiopia, where social welfare systems that could support this vulnerable group are nonexistent or inadequate.

Some studies indicate that the extended family will, in the future, be unable to continue absorbing orphaned and vulnerable children. In Ethiopia also there is a trend when children/Children lose their family through death due to HIV/AIDS or any other undesired life incidences, the orphaned child/children is/are looked after within the extended family structure. However, these days, such practice has undergone some changes due to various reasons. Thus, the difficult question is what happens to the orphan children or/and vulnerable children who can be accommodated neither within the existing traditional coping mechanisms nor in institutional care. Alemu (2010) asserted that CHH in Ethiopia, especially in Addis Ababa is on the increase. The nature of the trend causes a significant lack of reliable data that addresses the magnitude and complexity of CHH. Unfortunately, CHH has become a reality that cannot be underestimated in Ethiopia. However, there are no researches that directly deal with the challenges and practices of a CHH in Ethiopia. Against this background, this study will try to fill these gaps by describing in detail the challenges and practices of CHH in order to create the deserved attention to developing lessons for future actions. This study is, therefore, intended to understand the challenges and practices of child-headed households in Ethiopia in the capital Addis Ababa and Adama town, which is about 100km outside Addis Ababa.

## Objective of the research

The objective of this research is simply to highlight and describe the challenges and practices of child-headed households in Ethiopia.

The specific objectives are:

- ☐ To identify the factors that lead to the emergence of a child-headed household;
- ☐ To examine the significant challenges of CHHs and their coping strategies while carrying out household leadership role;

## Methods

The study followed a qualitative research approach, involving the use of the semi-structured and unstructured in-depth interview method. Although the study at hand has a broad area to be covered, this study only focuses on the challenges and practices of CHH. Therefore, it is with this delimitation that the study has been done.

Qualitative method is selected because it is assumed to be appropriate for this analysis as Nziyane and Alpalan (2012) contend that it is concerned with the creation of social phenomenon explications. It allows us to understand the social world. With this insight, researchers choose to understand the day-to-day children-headed households by making sense of the various comments and experiences that participants conveyed. Creswell (2009) states that qualitative research allows personal perspectives and opinions to be documented. Focus group discussions were held in Addis Ababa and Adama cities. The method is a means for grounded theory analysis investigation. The research method used in this research is also required to contribute scientific and rational argument behind the selection of methods and techniques of research. One method alone is more prone to errors related to that specific method. Much more fieldwork would have been appropriate given the magnitude of the research area required; however, triangulation was appropriate to make sure that the data are plausible and trustworthy. Thus, combinations of observation, interview, and document analysis were seen as necessary because a single method would have been more vulnerable to errors to that particular method.

## Sampling

Purposive sampling was applied in order to gather information from participants such as government sector offices like the Ministry of Women Children and youth and community-based organizations, the primary focus groups of child-headed households. There were a total of two focus group interviews with 33 persons: 21 teenage boys and 12 girls. Nine participants lived with HIV, from which five were girls between the ages of 14-17. Participants from which most could be learned were selected because the objective of objective sampling is to ensure that a small number of information-rich participants participate in the study, as echoed by Creswell (2009) and McMillan and Schumacher (2010).

## Data Collection and Analysis

To study the participants' views on CHH issues and procedures, a variety of approaches, semi-structured and unstructured interviews with key informants, focus groups like governmental institutions and NGOs, are applied. In most cases, studies are based on interviews with CHH in order to describe their own experiences concerning their relationship with caregivers, their social and material conditions in which they live, and how they made sense of parental death. After the collection of data, the researcher categorized data thematically in order to develop a general conclusion. Interview audio was transcribed into the NVIVO data collection program kit. For information collected in this research, NVIVO has been used for the data organization. The participants' focus group scripts have been used to identify essential areas that are relevant to the CHH context.

## Ethical Consideration

The research team contacted local *Kebele* Offices (or Sub-City Councils offices) in both cities that had a registered data. Partly, some of the participants were recruited by other participants which was a typical a snowball effect. The ethical guideline was obtained from the Ministry of Women and Children Affairs since participants were under eighteen years of age. Participants in this research have been told of the intent of the study, estimated time, and what will be done with the data. There was assurance for confidentiality and anonymity, which was enhanced by the use of pseudonyms. Participants were also notified from the onset that they were at liberty to withdraw at any given point from the study and that they would not be questioned about their withdrawal. All names used are fictional to keep the anonymity of participants.

## Finding

In this section, the responses of participants who participated in the study are presented in a way that answers the research question properly. As explained in the methodology part, the study attempted to involve individuals and organizations that have direct or indirect relation with the issue in order to explore in more detail.

## Factors Contributing to the Presence of Child-headed Households

This section highlights factors contributing to the presence of a child-headed family. Based on the responses of key children who are living in this situation, significant factors that lead children to take the responsibility of the entire household are the death of both parents due to various reasons, such as diseases (in most cases AIDS). In some cases, road traffic accident and migration to the Middle East for a better life, physical or mental illness of parents and divorce, cause being half – orphan (especially losing mother). In addition, this research reveals that failure of the extended family to absorb orphaned children and also, in some cases, the choices of abandoned children to handle the responsibility by themselves, can also be another factor in the presence of a CHH.

## Losing parents by death

Death of both parents is one of the reasons behind most of the children who are exposed to handle the whole household. Children might lose their parents due to various reasons. According to the informants, the cause of the parents' death can be diseases. Although the welfare of children is a primary concern for the Ethiopian government, it is a low-income country. The Ethiopian Human Development Index (HDI), the metric used to assess a country's development by the United Nations, was 0.463 points in 2017, placing it 173rd in the ranking of 189 nations.

**HIV/AIDS:** From informants who participated in the study, most of them lost their parents due to HIV. As one 16-year-old female child who lost both parents stated:

"I was ten years old when our mom died. After two years, we also lost our dad. It was a sad and shocking incident for me and my sibling (who was eight years old at that moment). They both died because of HIV/AIDS, and I was the one who was taking care of them before they died."

A key informant from the women and children affairs office also revealed that the majority of the child-headed households lost their parents due to HIV/AIDS

**Accidents:** As to the informants, various accidents, such as road traffic accident (RTA), are other factors behind the presence of child-headed family. The case below states about one young boy who lost his parents through road traffic accident:

**Case 1:** Henok is a seventeen-year-old boy heading his own household in Adama town. Henok and his two siblings lost their parents in a car accident. He remembers the moment as follows:

"Our parents were merchants, and I can say that we were living in a better economic condition when compared with others. Two years ago, my mom and dad went to Addis Ababa for business as usual, and a car accident happened when returning home. Accepting this shocking incident was hard and painful for all of us."

Henok was in tears and could not explain the situation easily during the interview. Currently, he is living with his two younger brothers, Asrat (15 years old) and Misikir (11 years old), as a household holder heading his family business. However, it will not be easy for him to run it successfully, and has been declining from year to year in relation to the time when his parents were alive.

## Being half-orphaned

Among the issues the informants raised were being half-orphaned, which is also the other factor causing child-headed households. According to the informants, in a family where one parent is lost, especially the household who lost the mother, the children (daughters) are forced to face various kinds of situations. One of the informants aged 16 explained this condition as follows:

"Having a drunk and ignorant dad in the house where mom is lost is too difficult to handle. After our mom was gone, our dad was not capable of taking the responsibility of taking care of his children. Rather, he used to drink alcohol all the time and started abusing us by beating and insulting each of us using such harsh words. He is a daily laborer, and his income will not be sufficient even for himself. So, I started taking care of my younger sisters and brother as much as I can."

According to some key informants, such situations lead female children to engage in activities like a sex worker, daily laborer, and domestic worker in order to earn money for living.



## Physical and mental illness of parents

Physical and mental illness of parents makes them withdraw from their previous responsibilities, including taking care of their children. So, children will replace their parents' role and start heading the family as much as they can. In some cases, the children are even forced to earn an income to cover their survival.

In a household where there is a physically or mentally ill parent who is extracted from her/his job, children will face multiple tasks. They are expected to take care of the parent who needs support in addition to the other siblings. This increases not only the burden of the responsible child, but also the possibility of dropping out of school to have sufficient time for their duty.

In one single group, seven children who dropped out of primary school due to the illness and the death of their mothers clearly shows this condition. One of them in this group was Haymanot (girl), and she presented as follows:

**Case 2:** Haymanot (15). She was in grade five at the moment when her mother had a mental illness, and her father left them alone by marrying another woman in another town. She is living in Adama with her mom and her younger brother Anteneh (a seven-year-old boy learning at grade one). Her mom has had mental illness for a long time, which was occasional. However, now, she has not been recovering for the last two years. That is why Haymanot had to decide to drop out of school in order to serve her mom and younger brother.

"At a time where my mom was in good health condition, she was a domestic worker. She used to work different domestic works at different houses and earn better than other domestic workers. She was strong and skilled in managing her family. So, she does not want that I spend time helping her, but she keeps advising focus on education."

Haymanot was a competent pupil during her school time, and it was not a simple decision for her to drop out. Now she is engaged in petty trade activity and has started selling chewing gum, lottery, and newspapers by the main streets. She expresses her sincere appreciation to one of her neighbors, who supported her to start this work.

## Divorce

Key informants revealed that divorce is also the other factor for the presence of a child-headed household. This is because, one or another way, divorce can bring considerable crisis, psychologically, socially, and economically, especially in a family where there is little income earned. One of the key informants from the kebele representatives (which is the local council office), who works with children stated the issue as follows:

"In Ethiopia, where the patriarchal family system is dominant, it will not be easy for mothers to be economically independent after divorce. So, they start searching for a job by leaving their children at home with lots of responsibility. Even there are cases in which both parents leave their children because of divorce."

As understood from key informants, unsuccessful marriage (marriage full of conflict and disagreement) also makes children (siblings) leave the house and start living alone by leading themselves.

### The unwillingness of extended family members:

Most of the informants started living alone because of the refusal of other relatives to take them home. The economic problem and low attachment of relatives with that family is the reason for the negative response of taking children home. As one of the informants stated:

"After the death of our mom, we were eagerly expecting our uncle (our mother's brother) and aunties (our fathers' sisters) to take us to their home. Half of our relatives are living here in Addis Ababa, but none one of them wants to take us to their home and live with their children (our cousins). We did not want to give up for the first three to six months because some of our neighbors were trying to convince them. Then we started facing our challenges alone."

### The unwillingness of orphans to join other family members:

In some cases, orphans also reject the request from relatives due to different reasons such as fear of being abused, unhappy to separate from their siblings, and losing trust in relatives in managing the wealth they inherited from their dead parents. Some informants who are orphaned and rejected the call from their relatives have a terrible image of living with relatives. They had concerns about being abused and being given too hard domestic work or a combination of both situations. In addition to this, there are relatives who lack willingness to take orphaned children (all siblings) due to lack of income and other living conditions. These were among several reasons why one of the informants (a 16-year old girl) was reluctant to live with her relatives. She was unwilling to live separately from her sister. She stated that:

"When our parents died, our relatives offered me an opportunity to move and live with them, but I did not accept the offers. It is because if I accept the offer, my sisters and I will live separately. After all, none of our relatives could take both of us together. For that reason, I have decided to take care of the family, even if we are in a challenging situation."

From another aspect, there are conditions when orphaned children lose trust in relatives in managing their parents' wealth properly. Most of the time, this kind of thing will happen in a family where there is a better economic condition, especially where there is a private business. One of the informants explained his reason behind rejecting requests from relatives as follows.

"When our parents passed away, I decided to lead this family. That was because if I let some of our relatives become a caregiver to our family, they might abuse my siblings and also take everything we have got from our late parents. Mom and dad were hard workers, loving and caring parents for us. They always taught us to be very strong and to be there

for each other, whatever the situation. So I feel like I am the only one who is responsible for my siblings to give them love and care."

## Livelihoods of Child-headed Households

According to the data obtained from focus group participants and based on the observations made by the researchers, most of the CHHs generate income by engaging themselves in temporary and small kind of jobs. Domestic work and commercial sex work, shoe shining, petty trades such as selling lottery and chewing gum, braiding hair, *and* remittance from family members who have migrated to the Middle East to work as a housemaid. Many children who are heading the households work hand to hand to make ends meet and to survive economic storms that are entirely beyond their capacity.

## Major Survival Strategies of Child-headed Households

Most of the child-headed households suffered from food insecurity problems due to poverty. The situation they are in forced them to resort to various survival techniques so as they could safeguard the continuity and survival of their family.

### Domestic work

Most of the CHHs (mostly female) are engaged in domestic work like working for other households or individuals with payment in money or kind. The type of work could be; washing clothes, cleaning houses, cooking meals, doing dishes, and baking *enjera*, and so on. The hours and the amount of work they do are not proportionate with the income they earn. For that reason, most of the younger siblings are also engaged in income-earning activities to contribute to their households. Participants in the focus group discussion associated the death of their parents and CHHs economic insecurity in such a way that;

"Most children who are heading their household engaged themselves in temporary work such as domestic work for earning money and supporting their younger siblings since their means of income is dried with the death of their parents. They are vulnerable to labor abuse and violation because they are on their own and helpless."

In supporting the above argument, one of the informants, a female child heading the household, narrated her own story as follows;

"My name is Meseret, and I am 14 years old. I am attending 7<sup>th</sup>-grade education in the evening session. I am serving as a domestic worker for our neighborhood. Before our parents passed away, they used to give us some housework tasks which could be done in our capacity. They wanted us to be strong and independent. That trend helped me with my present situation. I do all of the housework, like cleaning homes and cooking. Since the neighborhoods know the situation we (me and my

siblings) are in, they feel pity. In addition to my salary, they also support me with some gifts-in-kind."

Meseret, whom herself needs care and support, is taking care of her younger siblings. She scores good grades in her education. She said, in an uncompromising tone of voice, that, in the future, she wants to be a doctor. Ethiopians have a tradition of sharing what they have with the needy person for various motives, such as spiritual, moral, humanitarian, or other reasons. For developing countries like Ethiopia, the magnitude of the problem of CHH cannot be managed only by the government's effort; such tradition is found to be very helpful.

## Commercial sex work

According to the data obtained from participants, except for a very few children heading households who inherited their family houses and wealth, the rest were engaged in different kinds of income-generating activities for covering their household expenses. Among these is commercial sex work. According to the data obtained from most of the key informants, children heading households engage themselves in sex work activity because of the burden they have. One of the key informants describes it in a way that;

"Sometimes, even the neighborhoods take advantage of their economic situation and make sexual intercourse with female heading household by convincing them to give some money."

The case below explains this condition

**Case 3:** Tigist is a seventeen-year-old girl residing in Adama, 99km away from Addis Ababa. She dropped out of school due to the burden of household responsibilities. She lives with her three younger siblings. They are double orphaned children. Their mom and dad died from HIV/AIDS four and two years previously respectively. Tigist, who is heading her household, narrated her story accordingly;

"When our parents died, I was the oldest child in our household. So I was the one in charge of running the house. In the beginning, I was engaged in petty trade activities, like selling vegetables in front of our home. I was very good at business. I led the family for two years by doing this work. But one day, one of my siblings became very sick. She was admitted to the hospital for 20 days. At that time, I could not afford to buy medicine for her because I had stopped working in order to take care of her. I was confused. I did not know what to do. At that time, a person who was working in the hospital asked me to sleep with him and in reward he would give me enough money for my sister's medical treatment. I said ok and started to sleep with him whenever he wanted to do it. At that time, my only wish was to save my sister, and, thanks to God, she became well. That was the time I started sex work for earning income purposes. My siblings do not know that I did such kind of thing. Though my younger siblings helped me with the housework activities like cleaning the house, cooking food, washing their clothes, I never let them engage in

income-generating activities. That is because I want them to focus on their school education and score a good grade. I do not care about myself. I only want my siblings to be ok and successful in their education."

Due to the economic hardship they are in, children who are living in such households are more likely engaged in whatever kind of work they get offered. Even though they spend several hours on work, the payment is deficient in covering all of their living expenses.

## Challenges of Child-Headed Households

Children who are heading the households are struggling with economic, psychological, emotional as well as social challenges which are entirely beyond their capacity in order to maintain a continuity of familial life. Indeed, the crumbling houses they are living in, the messy clothes they wear, and malnutrition food they eat give a clear picture of their economic insecurities. Obviously, eldest siblings take over the household leadership and shoulder all the bulk of household responsibilities, which eventually affects their schooling and results in frequent school dropouts.

## Economic Problems

For most of our participants who are heading the households, the daily income ranged from 20 to 50 ETB per day. The majority of female child-headed households are engaged in domestic works. One of the participants described her story in such a way;

"My name is Selamawit. I am 18 years old and orphaned. When our parents died, I was a 9<sup>th</sup>-grade student. I dropped out of school to take care of my siblings. I started working as a housemaid in two homes on a contractual basis. They pay me 500.00 ETB for each. This means I get 1000.00 ETB per month. Even though this money is not enough to cover all of our monthly expenses, I do not want my siblings to engage in income-generating activities. That is because I want them fully concentrating on their education and scoring a good grade. Since we live in kebele-owned houses, we do not have a house rent expense. But still, we do not have a guarantee even for the kebele house. I have many sleepless nights because of the constant worry about the challenge tomorrow may bring."

Most CHHs live their lives under poverty, which could make them vulnerable to school dropout, malnutrition, and child labor abuse, physical and verbal abuse, as well as social isolation. The burden of household management has devastating effects on their physical, mental, psychological, and social development. In line with this, the following explanation gives the reader a glimpse of the multifaceted problems and the tragic worlds of child heading households.

## Psychological Problems

Data indicate that most CHHs come into existence due to parental deaths due to HIV/AIDS, car accidents, and chronic illness. However, children are also left behind by one or both parents due to parental labor migration (inter-country and abroad country), chronic illness of family-like HIV, mental illness, significant physical disabilities, and addiction due to excessive substance abuse. Whatever the reason could be, children who live under such family structures are vulnerable to lack of physical, economic, psychological, mental, emotional, as well as social distresses.

**Case 4:** Bereket is a 9<sup>th</sup>-grade student who is heading her household. She has one 11-year-old younger sister. Her younger sister is a 5<sup>th</sup>-grade student. They are residing in Addis Ababa, which is the capital city of Ethiopia. They lost their parents within a year by HIV/AIDS. Their mother was a trader, and their father was a teacher. This household is relatively found in a good economic condition.

A story shared by Bereket;

"When mom died, our father was also too ill and incapacitated. Since I was the eldest child in our home, I was responsible for taking care of my ill father and the overall household leadership. When dad died, after six months, mom died, and my 11-year-old younger sister and I felt lonely and helpless. Even if dad was sick and weakened to run the house, his presence at home created a feeling of being secured and protected for us. I was unprepared to accept his death because I never imagined us (I and my younger sister) without mom and dad. Living in the absence of mom and dad is the hardest thing in my life. But since my younger sister is my responsibility, I have to be strong and pretend to be happy."

Children are left without adult caregivers on account of parental, death, chronic illness, mental disabilities, and inter-country as well as migration abroad. Children who themselves need care and support are seen taking care of the household and overall familial responsibilities. They are deprived of their sense of childhood and comfort. Data indicate that children leading their households face various problems in their everyday lives. For instance, when they are burdened by income and household management, when one of the households get sick, when conflicts occur among siblings, their siblings ask them some questions or advice beyond their capacity, and when they miss their parents and feel sad about it. Children who are heading households are playing an adult role before their physical and emotional maturity is ready and using their survival instinct to develop crude coping mechanisms with insufficient adult support. Experiencing such life stressors for a prolonged period could create long-term physical as well as mental developmental problems.

## Emotional and Social Distress

Traditionally, rearing orphaned or vulnerable children was a collective responsibility of an extended family and even close community members like neighborhoods, teachers as well as close friends of the deceased parents. It was common to think that, when children lost their parents, members of the extended family would take care of them. Nowadays, such a trend is viewed to be weakened due to various reasons. Among the potential factors, poverty dispersed geographical location, refusal of children as well as urbanization.

Urbanization plays a significant role in weakening the bond with extended family members. Due to the busy life, most of the time, parents who settled in urban cities failed to create a strong bond of communication with their prior families as well as the community members. Parents' positive image and benevolence before their death have an effect on the nature of support children will receive from extended family as well as community members. This explanation was supported by a study participant who was a child-headed household boy as follows;

"Our parents were very reserved persons throughout their lives; both traveled from Addis Ababa to Adama because of a job transfer. None of our relatives came to invite us before and after the death of our parents. I have never seen my parents involved in any social gatherings like wedding ceremony, iddir, or any cultural ceremony. Both of our parents were government workers. My parents did not allow me and my sisters to play outside the house. I remember that dad said to me, "You do not need any other friends, you can play with your younger sisters. That is it." And when our parents passed away, my youngest siblings and I did not get support from our relatives or our neighborhoods during our grief. We are on our own".

Most of the children involved in the study area indicated that children suffer from social exclusion, stigma and discrimination, social isolation, shame, and a lack of emotional support. Under normal circumstances, children attend school and live under leadership parents. However, in such cases, CHHs are forced to take over the responsibility for providing the parental role due to the absence of or enduring incapacity of an adult caregiver. Since many children of child-headed households lack access to adequate information or counseling on household management and care of younger siblings, they develop trauma when problems beyond their solving capacity appear.

Generally, CHHs grow up in underprivileged livelihoods. The burden of household management creates an environment that does not foster school performance. Younger siblings are more vulnerable to drop out of school to take care of their younger siblings and household responsibilities. Every factor which has robbed children's first line of protection puts them under a devastating situation which their shoulders cannot carry. They are denied their sense of childhood comfort and are burdened physically, economically, psychologically, emotionally, as well as socially, which is directly related to being the head of a household. Such problems could happen in all types of family structure, what makes it unique for CHH is because the problems are experienced by children who themselves need adult care and support.

## Intervention of Concerned Bodies

CHH is a problem that has to be taken seriously and needs to be given attention by the relevant stakeholders. Interventions that are directed at increasing the benefits and reducing the harm to children in CHH are needed from concerned bodies in order to create better conditions for them.

Based on the information collected from key informants (Women and Children Affairs Office and the kebele offices in both cities), it is possible to say that the issue of the CHH situation is not being given enough attention, especially from the government bodies. Key informants from concerned government body stated that:

"Although there are times when our office requested to identify children who are in need of support in general, it will not be possible to reach children who are living in all kebeles due to different reasons, including lack of commitment."

As found from documented data during the interview, a total number of 375 children from two kebeles (Adama City) were registered this year (2019) as children who are the most vulnerable and in need of support. According to the informants, the data are collected roughly and still cannot represent the whole number of vulnerable children in the town. The roughly collected data include all kinds of vulnerable children, such as orphans living with extended families, half-orphaned in a severe economic problem, and the like. However, there are no valid data prepared explicitly regarding CHH.

Based on the information gathered from key informants, children who need support, in general, get little support from governmental and non-governmental organizations, and *Idir* (those are engaged in voluntary activities), and voluntary individuals and groups only occasionally. However, the given support is not sustainable, and none of the government and non-government organizations specifically emphasize CHH.

## Conclusion

This study tried to shed a light on the Challenge and Practice of Child-Headed Household in Ethiopia. Government sector offices such as the Ministry of Women and Children Affairs (MoWA), community (kebele)-based organizations, local and international NGOs, and the subject matter of this study, CHHs, participated in the study in order to gain an insight into the issue. In order to explain the potential challenges and practices of the CHHs in Ethiopia, the study tried to identify the factors leading to CHHs, their livelihoods, and the challenges they face and the intervention of concerned bodies on the issue.

Death of both parents due to various reasons, such as diseases (commonly HIV) and accidents (road traffic accident), migration to another country for a better life, being half-orphan (especially losing mother), physical or mental illness of parents and divorce are identified as significant factors behind the existence of CHH.



According to the data obtained from research participants, the livelihoods of CHHs are generated mostly based on domestic work, petty trade activity, commercial sex work, conducting taxis, braiding hair, inherited family wealth, remittance from a family who are migrated internally or abroad to generate income or other purposes. Due to the economic hardship they are in, children who are living in such households are more likely engaged in whatever kind of work they are offered. Even though they spend several working hours, the payment is too meager to cover all of their living expenses. Children who are heading the households are struggling with economic, psychological, emotional as well as social challenges in order to maintain a continuity of familial life. Every factor which has robbed children's first line protection puts them under a devastating situation which their shoulders cannot carry. They are denied their sense of childhood comfort and are burdened physically, economically, psychologically, emotionally, as well as socially, which is directly related to being the head of a household.

As the finding of the study showed, although CHHs are serious problems that have to be given attention from the government, there is no/little recognition and intervention done by the concerned bodies when related to the level of the problem. It is undeniable that children deserve a better life, and creating a comfortable environment is not only the responsibility of the government, but also all members of the society to ease the conditions that they live in.

## References

- Alemu, G. (2010). *Poverty analysis of children in child headed households in Addis Ababa*. Ethiopian Journal of Economics, 19(2), 73-100.
- Boris, N. W., Brown, L. A., Thurman, T. R., Rice, J. C., Snider, L. M., Ntaganira, J., & Nyirazinyoye, L. N. (2008). Depressive symptoms in youth heads of household in Rwanda: correlates and implications for intervention. *Archives of Pediatrics & Adolescent Medicine*, 162(9), 836-843. <https://doi.org/10.1001/archpedi.162.9.836>
- Bower, C. (2005). *South Africa: The case of child-headed households*. Bernard and Leer Foundation.
- Cluver, L., Operario, D., Lane, T., & Kganakga, M. (2012). 'I can't go to school and leave her in so much pain': Educational shortfalls among adolescent "young carers" in the South African AIDS epidemic', *Journal of Adolescent Research*, 27(5), 581–605. <http://dx.doi.org/10.1177/0743558411417868>
- Cresswell, J. W., Clark, V. L. P., Gutmann, M. L., & Hanson, W. (2009). E. (2003). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. In J.W. Creswell & J.D. Creswell (eds.), *Handbook of Mixed Methods in Social & Behavioural Research*, 209-240.
- Evans, R., & Becker, S. (2009). *Children caring for parents with HIV and AIDS: Global issues and policy responses*. Policy Press. <https://doi.org/10.2307/j.ctt9qgvzh>
- Francis-Chizororo, M. (2010). Growing up without parents: Socialization and gender relations in orphaned-child-headed households in rural Zimbabwe. *Journal of Southern African Studies*, 36(3), 711-727. <https://doi.org/10.1080/03057070.2010.507578>
- Germann, S. E. (2005). I am a hero-orphan in child-headed households and resilience. *Commonwealth Youth and Development*, 3(2), 39-53.

- Guo, Y., Li, X., & Sherr, L. (2012). The impact of HIV/AIDS on children's educational outcome: A critical review of global literature. *AIDS Care*, 24(8), 993–1012.  
<http://dx.doi.org/10.1080/09540121.2012.668170>
- Kidus, B. (2015). *The efficacy of Child-Headed Households in Caring for Orphans in Slum area of Addis Ababa*. Addis Ababa University. Ethiopia.
- Lethale, P. S., & Pillay, J. (2013). Resilience against all odds: A positive psychology perspective of adolescent-headed families. *Africa Education Review*, 10(3), 579-594.  
<https://doi.org/10.1080/18146627.2013.853550>
- Madhavan, S., & Townsend, N. 2007. The social context of children's nutritional status in rural South Africa. *Scandinavian Journal of Public Health*, 35(69), 107–117.  
<http://dx.doi.org/10.1080/14034950701355700>
- McMillan, J. H., & Schumacher, S. (2010). *Research in Education: Evidence-Based Inquiry*, MyEducationLab Series. Pearson.
- Meintjes, H., Hall, K., Marera, D. H., & Boulle, A. (2010). Orphans of the AIDS epidemic? The extent, nature, and circumstances of child-headed households in South Africa. *AIDS Care*, 22(1), 40-49. <https://doi.org/10.1080/09540120903033029>
- Maqoko, Z., & Dreyer, Y. (2007). Child-headed households because of the trauma surrounding HIV/AIDS. *HTS Teologiese Studies/Theological Studies*, 63(2), 717-731.  
<https://doi.org/10.4102/hts.v63i2.221>
- Nam, C. B. (2004). The concept of the family: Demographic and genealogical perspectives. *Sociation Today*, 2(2), 1-9.

- Nziyane, L. F., & Alpaslan, A. H. (2012). The realities of orphaned children living in child-headed households. *Social Work/Maatskaplike Werk*, 48(3). <https://doi.org/10.15270/48-3-86>
- Phillips, C. (2011). *Child-Headed Households: A Feasible Way Forward, or an Infringement of Children's Right to Alternative Care?* ERIC Clearinghouse.
- Rocha, C. J. (1997). Factors that contribute to economic well-being in female-headed households. *Journal of Social Service Research*, 23(1), 1-17. [https://doi.org/10.1300/J079v23n01\\_01](https://doi.org/10.1300/J079v23n01_01)
- Seckinelgin, H. (2007). *The International Politics of HIV/AIDS: Global disease, local pain*. London: Routledge. <https://doi.org/10.4324/9780203946152>
- Skovdal, M., & Daniel, M. (2012). Resilience through participation and coping-enabling social environments: The case of HIV-affected children in Sub-Saharan Africa. *African Journal of AIDS Research*, 11(3), 153–164. <http://dx.doi.org/10.2989/16085906.2012.734975>.
- Tolfree, D. (2003). *Community-based care for separated children*. Stockholm: Save the Children Sweden.
- UNICEF. (2017). UNAIDS and PEPFAR (2006). *Africa's orphaned and vulnerable generations: children affected by AIDS*. (UNICEF).
- UNAIDS, U., & World Health Organization. (2011). *Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011*. Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011.
- USAID. (2020). *Ethiopia*. <https://www.unaids.org/en/regionscountries/countries/ethiopia>