The Emerging Challenge of Children Heading Households: Some Reflections

Assefa Bequele, Ph.D.

Executive Director

The African Child Policy Forum

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Some Reflections

Let me begin by expressing my appreciation to our ANPPCAN hosts and partners for organizing a conference on a subject of such importance, indeed enormous impact and urgency in the lives and wellbeing children here in Africa. I would also like to congratulate ANPPCAN Uganda for the efficiency with which they have organised this conference and above all for this wonderful ambiance of music and youthful exuberance.

The topic of my speech is ***The emerging challenge of children heading households***. Much has been said about the plight of orphaned children in Africa. And this is as it should be. But the need for urgent attention and action is no less, and in fact even more compelling for households headed by children.

I recognize that our knowledge of this subject is limited. That is what we at ***The African Child Policy Forum*** discovered in launching a study which is now under progress. To our surprise, the literature on the subject is practically non-existent. My purpose to night is therefore modest - it is to put the issue of child-headed households before you and hopefully engage you in pushing it forward on the research and policy agenda.

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There is a famous African adage that says, "It takes a village to raise a child." The saying encapsulates the wisdom embedded in African societies in raising their children, wisdom that espouses and embraces all children as communal responsibilities. But this safety net is now stretched to its limits by the effects of armed conflict, family disintegration and, most importantly, the HIV/AIDS pandemic. We witness today throughout the continent the unfolding of an unprecedented phenomenon where siblings bear the awesome responsibility of providing for the material and psychological needs of children of their own age or of their sick parents. Young children

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Note: This presentation is based on a paper prepared by my colleague Shimelis Tsegaye ***: "HIV/AIDS and the Emerging Challenge of Children Heading households"*** mimeo, The African Child Policy Forum, Addis Ababa, 2007

are now caring for entire households spending sleepless nights in an attempt to make ends meet and to ensure family continuity in a world that is littered with uncertainties. And as Stephen Lewis said, there is absolutely no historical precedent ever for what is happening. Indeed country after country in east, west, central and southern Africa has more than a million orphans or so, and they simply cannot cope. "The grandmothers bury their own children first and then they have to look after their grandchildren. And when grandmothers die, given the fragmentation of the extended family, there is no one coming up behind. So you have the phenomenon of child-headed households."

We thus have in our hands a phenomenon that is new and quite baffling to policy makers and social scientists, baffling because it poses a huge, hitherto unknown challenge to existing modalities of social protection and legislative action.

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The first reports of large numbers of child headed households appeared in the early nineties in Uganda and later on in Tanzania, Zambia and Zimbabwe, where the HIV/AIDS epidemic started to develop. Now a few years later, the problem seems to pervade nearly all countries of the continent.

Partial estimates put the figure of child-headed households as high as three per cent of all households in Zimbabwe, seven percent in Zambia and 13% in Rwanda. We at the African Child Policy Forum have just initiated work which would help us map the nature, extent and dimensions of the problem which we hope to share with others sometime soon. What we know so far from our preliminary findings is that, however low or high the figure might be, no one can underestimate its brutality and impact on the lives and destiny of children and its threat to our collective sense of solidarity

Who are these - these Child-Headed Households?

They often are households where practically everyone who lives there is younger than 18 years old and headed by a child that is recognized as being independent and responsible for providing leadership and sustenance for the household.

This characterization needs however to be qualified. It fails to reflect the not-so-uncommon fact that such households may include an incapacitated care taker, mother or father in need of care, even if by children. So, for all practical purposes when we speak of child-headed households what we are talking about is households run by persons under 18 years-old:

- because they have lost both parents; or
- because the parents or primary caregivers are chronically ill with HIV/AIDS or with other causes.

The main difference between orphans in general and child heads of households is that the latter **do not** and **cannot** rely on adult care, guidance and protection, and do not receive strong family support. The child is left on his/her own and is responsible for sustaining the family with both material and, paradoxical as it may seem, even emotional support. And this is the **heart of the problem**.

Children within child headed households are therefore likely to grow up deprived of the values and structures which give meaning to social and cultural life. They grow up in permanent risk of neglect, violence, sexual assault and other abuses. Many have to fight to retain their access to their own property as neighbours and opportunists seek to take advantage of their difficult situation. They live in constant fear about their future as they are grappling with awesome responsibilities, without possessing the required skills and experiences.

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A few words on how they get formed. The first major triggering factor is HIV/AIDS which along with armed conflict and grinding poverty (and therefore the disintegration of the family) is one of the three greatest threats to childhood today in Africa.

In families affected by HIV/AIDS, children start to carry the burden of being head of households even before the death of their parents**.** The void created by the mother (starting during her prolonged illness) precipitates the eldest child (in most cases) to take over all household chores and the task of income-earning.

Once death occurs, traditionally, the extended family, spear-headed by aunts and uncles, is at the front line for caring for orphans, and when this link has weakened, grand-parents come to the rescue. In nearly every sub-Saharan African country, extended families have assumed responsibility for more than 90% of orphaned children. This is likely to continue to be the case for some time to come. But this traditional support system is under severe pressure since it is overstretched by the additional resources needed to support an ever growing number of orphans. And the fact also is that neither new nor conventional formal and informal care systems have been able to cater to the needs of the millions and growing number of orphaned and vulnerable children. When all these options of care fail, children will have no choice but to establish as a household with the eldest often taking the headship.

But this is not the whole story.

Although we are inclined to think that children are in need of these traditional and modern mechanisms for protection, there is also the less well-known fact that children **rationally and consciously** make a choice to establish as child-headed households, even when there are alternative care systems. There are various reasons for this.

First and foremost, these children may not want to be separated from their siblings and go to an orphanage.

Secondly, they may also want to keep the family's property and land. Children sometimes view the apparent zeal of some relatives to "adopt" them with mistrust and suspicion especially when these potential care givers are known or perceived to be grabbing what little property is left of deceased parents. And they have good reasons for being suspicious as studies from Zimbabwe and Uganda demonstrate.

Thirdly, children may establish their own child-headed household out fear of being mistreated or exploited in foster families. This is not uncommon - a study in Tanzania showed that 50% of the foster parents accepted non-related orphans because they wanted to employ them as domestic workers.

There are also finally emotional or sentimental factors at work. In some rare cases, children decide to stick together to fulfill promises made to a dying mother who may entrust adolescents to take care of the younger children and

keep them together. As a result of such promises, adolescents resist even reasonable strategies for fostering, even when they may be genuinely motivated and could be shown to be manifestly in their interest.

Whatever the underlying causes, the phenomenon of child-headed households continues to give rise to a plethora of serious short-term and long term consequences. Perhaps by far the most important is the impoverishment of child headed households. During the terminal stages of the illness, many households sell off land or whatever property to raise money for hospital bills and medical treatment. Hence the resources that are badly needed for survival are depleted already, signaling the chronic impoverishment of these children even long before they are left to fend for themselves. As a result, they resort to legitimate and not-so-legitimate means in order to meet their survival needs: employment in hazardous work with its accompanying physical and psychological risks and exposure to various forms of slavery and prostitution; getting engaged in petty jobs; selling the family assets; and engaging in begging and, sometimes, in anti-social activities. Girls marry at early age or are prostituted. And boys may join illegal military service or city gangs.

The impact of this heavy cocktail of loss of parental psychological and moral support and love on one hand and the inability to meet basic needs on the other is enormous. It manifest itself in a high level of **stress** due to multiple tasks beyond their physical and emotional capacity, deterioration in their physical and psychological constitution including a decline in their health and nutritional status, and an irreversible slide to depression, fear and low self-esteem

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What is to be done?

First, we should with modesty and humility admit that what we have in our hands is a hydra-headed dragon requiring multi-pronged attack on the vicious cycle of HIV/AIDS, War and Poverty. But this takes us way beyond our subject and our time. I would therefore - at the risk of oversimplification - submit as a point of departure some elements for a possible programme of action.

First let's admit two things: our **ignorance both of the dimensions of the problem and of the appropriate responses.** We don't know enough about

the dimensions and nature of the problem. We don't quite know how to deal with it. It is amorphous, heterogeneous and spatially dispersed, thus making it difficult for targeted and effective intervention. What little we know is based mostly on anecdotal evidence and on very limited, often small and scattered sample surveys. We need to know and collect the facts. **Knowledge** is key to advocacy and policy development. We need to:

- **Document and study the problem,** and
- **Document good practices** especially community-based responses

Second we need to work toward the **legal recognition and legal protection** of the rights of child-headed households and **articulate the obligations of the state/community** in the way that it is being approached for example, in South Africa.

Third, we need to promote preventive measures aimed at

- Improving the quality and longevity of the lives of parents through such means as easy and cheap access to ARV drugs, and
- Keeping children in a safe adult-led home environment through community-based care

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Closing remarks

We see here a phenomenon that proves the extraordinary resilience of children. But it is to be neither mystified nor idolized. It is at its best the purest and innocent expression of love of older siblings to their younger ones and the keeping of a promise made to a dying mother. But it is also mostly borne out of the compelling urge for survival, a desperate attempt to cling to life. It is, to use the mundane programming term, a kind of coping mechanism.

Whatever the reason and however we view it, the fact is they have little chance of getting out of poverty without external support and aid. They have neither the skills nor the resources for a healthy and thriving life. Without a concerted societal and governmental effort, they are, by and large, condemned to perpetual poverty, abuse and exclusion.

It is our collective problem and our collective responsibility. You would recall the famous words

> ***"No man is an island, entire of itself; every man is a piece of the continent, a part of the main… Any man's death diminishes me, because I am involved in mankind. And therefore never send to know for whom the bell tolls: it tolls for thee"*** **[John Donne]**

We moreover **have made promises**: The Convention on the Rights of the Child and The African Charter on the Rights and Welfare of the Child. And promises are meant to be kept and this *cri de cœur* from the millions of children heading households and their siblings must be heard by all of us, most of all by those who are the custodians of our nations and not least by those of us in this assembly hall who are committed to respect, defend and promote the cause of children - all children.

Thank you.